

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_mpl1p_wp033, Report 3

Request ID: cder_mpl1p_wp033_nsdv_v01

Request Description: In this request we examined urate-lowering therapy (ULT) use and switching between ULT drug products among individuals with gout diagnoses in the Sentinel Distributed Database (SDD). This is report 3 of 4. This report describes counts of "prevalent new users" of the ULT products febuxostat and allopurinol and characterizes switching between doses and generic products. Report 1 describes counts of individuals with gout diagnoses and examines cardiovascular morbidities and gout severity among those individuals. Report 2 describes counts of incident users of the ULT products febuxostat and allopurinol and characterizes switching between doses and generic products. Report 4 describes counts of all users of the ULT products febuxostat and allopurinol and characterizes switching between doses and generic products.

Sentinel Routine Querying Module: Cohort Identification and Descriptive Analysis (CIDA) module, version 7.3.3, with additional ad hoc programming.

Data Source: We distributed this request to 16 Data Partners on July 8, 2019. The study period included data from January 1, 2009 to March 31, 2018. See Appendix A for a list of dates of available data for each Data Partner.

Study Design: We obtained counts and calculated background rates of prevalent new ULT use and switching patterns among patients with gout diagnoses. We calculated the number of qualifying patients with the exposures of interest overall and stratified by age group, sex, and year. Additionally, continuous exposure duration until switching event was calculated for all exposure of interest cohorts.

Exposures of Interest: The exposures of interest, ULT products febuxostat and allopurinol, were defined using National Drug Codes (NDCs). Each drug was assessed at the generic name level and at the dosage level, with a focus on febuxostat (40 mg, 80 mg) and allopurinol (100 mg, 300 mg). Allopurinol (200 mg) was included in the overall count by generic name (i.e., "allopurinol (any dose) dispensing") but it was not evaluated individually. Please see Appendix B for generic and brand medical product names used to define ULTs in this request.

Events of Interest: We defined a switch as a new dispensing which differed in dose or generic name from the valid ULT dispensing of interest (index). For example, a switch from febuxostat (40 mg) to febuxostat (80 mg) would be captured if an episode that initiated with a febuxostat (40 mg) dispensing had a new dispensing of febuxostat (80 mg) during the initial exposure episode. In this example, febuxostat (40 mg) was considered the index exposure and the dispensing of febuxostat (80 mg) was the switching event of interest.

We identified the following switches among exposure groups as events:

1. Febuxostat (40 mg), switched to 1) febuxostat (80 mg), 2) allopurinol (100 mg), or 3) allopurinol (300 mg);
2. Febuxostat (80 mg), switched to 1) febuxostat (40 mg), 2) allopurinol (100 mg), or 3) allopurinol (300 mg);
3. Allopurinol (100 mg), switched to 1) allopurinol (300 mg), 2) febuxostat (40 mg), or 3) febuxostat (80 mg);
4. Allopurinol (300 mg), switched to 1) allopurinol (100 mg), 2) febuxostat (40 mg), or 3) febuxostat (80 mg);
5. Febuxostat (any dose), switched to allopurinol (any dose);
6. Allopurinol (any dose), switched to febuxostat (any dose).

Cohort Eligibility Criteria: We required members to be enrolled in health plans with medical and drug coverage in the 183 days prior to their index date in order to be included in the cohort; a gap in coverage of up to 45 days was allowed and treated as continuous enrollment. All individuals were required to have a gout diagnosis within the 183 days prior to or on the dispensing date of the ULT of interest. The following age groups were included in the cohort: 21-44, 45-64, and 65+ years. Please see Appendix C for International 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 the gout inclusion criteria in this request.

Overview for Request cder_mpl1p_wp033, Report 3

In order to capture prevalent new use ULT dispensings, we required individuals to have no evidence of a dispensing of the specific index-defining ULT generic name (either febuxostat or allopurinol) in the 183 days prior to the index dispensing. Additionally, we required individuals to have evidence of a dispensing of the non-index defining ULT generic name of interest in the 183 days prior to the index dispensing and have no evidence of that generic on the same day as the index dispensing. For example, if the index dispensing was allopurinol, the individual would be required to have evidence of a dispensing of febuxostat in the 183 days prior to the allopurinol dispensing, but could not have evidence of a febuxostat dispensing on the same day as the allopurinol dispensing. All individuals were also required to have a gout diagnosis within the 183 days prior to or on the dispensing date of the ULT of interest. Please see Appendix C for International 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 the gout inclusion criteria in this request.

For the ULT base cohorts, only the first valid dispensing during the query period was considered; no cohort re-entry was allowed. For the ULT switching cohorts, all valid dispensing dates within the query period were considered, until the first switching event; cohort re-entry was allowed until switching occurred.

Follow-up Time: We determined continuous exposure duration by the length of the exposure episodes. Exposure episode lengths were defined using outpatient pharmacy dispensing days supplied to create a sequence of continuous exposure. Exposure episodes were considered continuous if gaps in days supply were less than 30 days.

For the base cohort exposures, exposure episodes were accumulated until the first occurrence of any of the following: 1) the end of the first valid exposure episode, 2) death, 3) disenrollment, or 4) end of Data Partner availability. For the exposure episodes that identified a switching event, exposure episodes were accumulated until the first occurrence of any of the following: 1) the end of the last valid exposure episode, 2) death, 3) disenrollment, 4) end of Data Partner availability, or 5) the switching event of interest.

Index ULT dispensings for the switching cohorts had to occur within the query period. However, episodes that began in the request period could continue past March 31, 2018 to assess for a switching event for Data Partners with additional data.

Baseline Characteristics: We assessed the following baseline characteristics in the 183 days prior to or on the day of the index ULT dispensing: age, year, sex, Charlson/Elixhauser combined comorbidity score¹, health service and drug utilization, chronic kidney disease, and cardiovascular conditions as identified in the CARES trial². These cardiovascular conditions included myocardial infarction, unstable angina, stroke (hemorrhagic and ischemic), transient ischemic attack, peripheral vascular disease, and diabetes mellitus with evidence of macrovascular or microvascular disease. Chronic kidney disease and cardiovascular conditions were identified as evidence of a diagnosis or procedure code in the inpatient care setting, any diagnosis position, using ICD-9-CM diagnosis and procedure codes, ICD-10-CM diagnosis codes, International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) procedure codes, Healthcare Common Procedure Coding System (HCPCS) procedure codes, Current Procedural Terminology, Third Edition (CPT Category III), and Current Procedural Terminology, Fourth Edition (CPT-4) procedure codes.

Gout severity measures were assessed as a baseline characteristic from the beginning of enrollment until the day of index ULT dispensing. Gout severity measures included presence of tophi, gouty arthritis, kidney stones, and acute gout flares. Gout flares were identified as two separate dispensings of non-ULT gout agents (colchicine, corticosteroids, and prescription non-steroidal anti-inflammatory drugs (NSAID) in the assessment window on different days. Gout severity measures were identified both separately and in various combinations (e.g., tophi, gouty arthritis, tophi and gouty arthritis, etc.) in any care setting using ICD-9-CM diagnosis and procedure codes, ICD-10-CM, ICD-10-PCS, HCPCS, and CPT-4 codes.

See Appendix D for a list of diagnosis and procedure codes and Appendix E for generic and brand medical product names used to identify baseline characteristics.

Please see Appendix F for the specifications of parameters and Appendix G for baseline characteristics used in the analyses for this request.

Limitations: Algorithms to define exposures, outcomes, inclusion and exclusion criteria, and covariates are imperfect and may be misclassified. Therefore, data should be interpreted with this limitation in mind.

Overview for Request cder_mpl1p_wp033, Report 3

Notes: Please contact the Sentinel Operations Center (info@sentinelssystem.org) for questions and to provide comments/suggestions for future enhancements to this document. For more information on Sentinel's routine querying modules, please refer to the documentation (<https://dev.sentinelssystem.org/projects/SENTINEL/repos/sentinel-routine-querying-tool-documentation/browse>).

¹Gagne JJ, Glynn RJ, Avorn J, Levin R, Schneeweiss S. A combined comorbidity score predicted mortality in elderly patients better than existing scores. *J Clin Epidemiol.* 2011;64(7):749-759

²White WB, Saag KG, Becker MA, Borer JS, Gorelick PB, Whelton A, Hunt B, Castillo M, Gunawardhana L. Cardiovascular Safety of Febuxostat or Allopurinol in Patients with Gout. *N Engl J Med.* 2018;378:1200-1210

Table of Contents

<u>Glossary</u>	List of Terms Found in this Report and their Definitions
<u>Table 1a</u>	Baseline Characteristics for Members with Prevalent New Use Dispensings of Febuxostat (40 mg) in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018
<u>Table 1b</u>	Baseline Characteristics for Members with Prevalent New Use Dispensings of Febuxostat (80 mg) in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018
<u>Table 1c</u>	Baseline Characteristics for Members with Prevalent New Use Dispensings of Febuxostat (Any Strength) in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018
<u>Table 1d</u>	Baseline Characteristics for Members with Prevalent New Use Dispensings of Allopurinol (100 mg) in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018
<u>Table 1e</u>	Baseline Characteristics for Members with Prevalent New Use Dispensings of Allopurinol (300 mg) in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018
<u>Table 1f</u>	Baseline Characteristics for Members with Prevalent New Use Dispensings of Allopurinol (Any Strength) in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018
<u>Table 2a</u>	Summary of Members with Prevalent New Use Urate-Lowering Therapy Dispensings in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, Overall
<u>Table 2b</u>	Distribution of Continuous Exposure Duration of Prevalent New Use Urate-Lowering Therapy in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, by Length Categories
<u>Table 2c</u>	Descriptive Statistics of Continuous Exposure Duration of Prevalent New Use Urate-Lowering Therapy in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, in Days
<u>Table 3a</u>	Summary of Members with Prevalent New Use Urate-Lowering Therapy Dispensings in the Sentinel Distributed Database between January 1, 2009 and March 31, 2018, by Sex
<u>Table 3b</u>	Distribution of Continuous Exposure Duration of Prevalent New Use Urate-Lowering Therapy in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, by Length Categories and Sex
<u>Table 3c</u>	Descriptive Statistics of Continuous Exposure Duration of Prevalent New Use Urate-Lowering Therapy in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, in Days, by Sex
<u>Table 4a</u>	Summary of Members with Prevalent New Use Urate-Lowering Therapy Dispensings in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, by Age Group
<u>Table 4b</u>	Distribution of Continuous Exposure Duration of Prevalent New Use Urate-Lowering Therapy in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, by Length Categories and Age Group
<u>Table 4c</u>	Descriptive Statistics of Continuous Exposure Duration of Prevalent New Use Urate-Lowering Therapy in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, in Days, by Age Group
<u>Table 5</u>	Summary of Members with Prevalent New Use Urate-Lowering Therapy Dispensings in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, by Year

Table of Contents

<u>Table 6a</u>	Summary of Members with Prevalent New Use Urate-Lowering Therapy Dispensings among Exposures with a Subsequent Switch in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018,
<u>Table 6b</u>	Distribution of Continuous Exposure Duration of Prevalent New Use Urate-Lowering Therapy Exposures with a Subsequent Switch in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, by Length Categories
<u>Table 6c</u>	Descriptive Statistics of Continuous Exposure Duration of Prevalent New Use Urate-Lowering Therapy Exposures with a Subsequent Switch in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, in Days
<u>Table 7a</u>	Summary of Members with Prevalent New Use Urate-Lowering Therapy Dispensings among Exposures with a Subsequent Switch in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, by Sex
<u>Table 7b</u>	Distribution of Continuous Exposure Duration of Prevalent New Use Urate-Lowering Therapy Exposures with a Subsequent Switch in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, by Length Categories and Sex
<u>Table 7c</u>	Descriptive Statistics of Continuous Exposure Duration of Prevalent New Use Urate-Lowering Therapy Exposures with a Subsequent Switch in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, in Days, by Sex
<u>Table 8a</u>	Summary of Members with Prevalent New Use Urate-Lowering Therapy Dispensings among Exposures with a Subsequent Switch in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, by Age Group
<u>Table 8b</u>	Descriptive Statistics of Continuous Exposure Duration of Prevalent New Use Urate-Lowering Therapy Exposures with a Subsequent Switch in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, in Days, by Age Group
<u>Table 9</u>	Summary of Members with Prevalent New Use Urate-Lowering Therapy Dispensings among Exposures with a Subsequent Switch in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, by Year
<u>Figure 1a</u>	Time to Censor (days) for Episodes that were Censored due to Disenrollment, Evidence of Death, End of Data Partner Data, End of Exposure Episode or the Occurrence of a Switching Event between Febuxostat (40 mg) and Allopurinol (100 mg) in Prevalent New Users in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018
<u>Figure 1b</u>	Time to Censor (days) for Episodes that were Censored due to Disenrollment, Evidence of Death, End of Data Partner Data, End of Exposure Episode or the Occurrence of a Switching Event between Febuxostat (40 mg) and Allopurinol (300 mg) in Prevalent New Users in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018
<u>Figure 1c</u>	Time to Censor (days) for Episodes that were Censored due to Disenrollment, Evidence of Death, End of Data Partner Data, End of Exposure Episode or the Occurrence of a Switching Event between Febuxostat (80 mg) and Allopurinol (100 mg) in Prevalent New Users in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018
<u>Figure 1d</u>	Time to Censor (days) for Episodes that were Censored due to Disenrollment, Evidence of Death, End of Data Partner Data, End of Exposure Episode or the Occurrence of a Switching Event between Febuxostat (80 mg) and Allopurinol (300 mg) in Prevalent New Users in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018

Table of Contents

<u>Figure 1e</u>	Time to Censor (days) for Episodes ¹ that were Censored due to Disenrollment, Evidence of Death, End of Data Partner Data, End of Exposure Episode or the Occurrence of a Switching Event between Febuxostat (Any Strength) and Allopurinol (Any Strength) in Prevalent New Users in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018
<u>Figure 1f</u>	Time to Censor (days) for Episodes that were Censored due to Disenrollment, Evidence of Death, End of Data Partner Data, End of Exposure Episode or the Occurrence of a Switching Event between Allopurinol (100 mg) and Febuxostat (40 mg) in Prevalent New Users in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018
<u>Figure 1g</u>	Time to Censor (days) for Episodes that were Censored due to Disenrollment, Evidence of Death, End of Data Partner Data, End of Exposure Episode or the Occurrence of a Switching Event between Allopurinol (100 mg) and Febuxostat (80 mg) in Prevalent New Users in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018
<u>Figure 1h</u>	Time to Censor (days) for Episodes that were Censored due to Disenrollment, Evidence of Death, End of Data Partner Data, End of Exposure Episode or the Occurrence of a Switching Event between Allopurinol (300 mg) and Febuxostat (40 mg) in Prevalent New Users in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018
<u>Figure 1i</u>	Time to Censor (days) for Episodes that were Censored due to Disenrollment, Evidence of Death, End of Data Partner Data, End of Exposure Episode or the Occurrence of a Switching Event between Allopurinol (300 mg) and Febuxostat (80 mg) in Prevalent New Users in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018
<u>Figure 1j</u>	Time to Censor (days) for Episodes that were Censored due to Disenrollment, Evidence of Death, End of Data Partner Data, End of Exposure Episode or the Occurrence of a Switching Event between Allopurinol (Any Strength) and Febuxostat (Any Strength) in Prevalent Users in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018
<u>Figure 2</u>	Survival Probability by Time to Switching Event Stratified by Switching Event For Prevalent Urate-Lowering Therapy Users in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018
<u>Figure 3</u>	Survival Probability by Time to Censor Stratified by Switching Event For Prevalent Urate-Lowering Therapy Users in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018
<u>Appendix A</u>	Dates of Available Data for Each Data Partner (DP) as of Request Distribution Date (July 8, 2019)
<u>Appendix B</u>	List of Generic and Brand Medical Product Names Used to Define Urate-Lowering Therapies in this Request
<u>Appendix C</u>	List of International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes Used to Define Gout in this Request
<u>Appendix D</u>	List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request
<u>Appendix E</u>	List of Generic and Brand Medical Product Names Used to Define Baseline Characteristics in this Request
<u>Appendix F</u>	Specifications Defining Parameters Used in this Request
<u>Appendix G</u>	Specifications Defining Baseline Characteristics Examined in this Request

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*all terms may not be used in this report

Table 1a. Baseline Characteristics for Members with Prevalent New Use Dispensings of Febuxostat (40 mg) in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018

Characteristic	Number	Percent
Number of episodes	66,276	100%
Number of unique patients	66,276	100%
Demographics¹	Mean	Standard Deviation
Mean Age (years)	69.7	11.6
Age (years)	Number	Percent
21-44	3,887	5.9%
45-64	15,154	22.9%
65+	47,235	71.3%
Sex		
Male	41,025	61.9%
Year		
2009	1,357	2.0%
2010	4,803	7.2%
2011	8,781	13.2%
2012	8,391	12.7%
2013	8,033	12.1%
2014	8,142	12.3%
2015	8,353	12.6%
2016	8,565	12.9%
2017	8,113	12.2%
2018	1,738	2.6%
Recorded History of Characteristics in the 183 Days prior to Index:	Mean	Standard Deviation
Prior combined comorbidity score	2.8	3.0
	Number	Percent
Chronic kidney disease	10,863	16.4%
Diabetic macro- or microvascular disease	6,937	10.5%
Myocardial infarction	1,207	1.8%
Peripheral vascular disease	3,067	4.6%
Stroke	1,953	2.9%
Transient ischemic attack	528	0.8%
Unstable angina	1,243	1.9%
Recorded History of Characteristics in Enrollment History prior to Index:	Mean	Percent
Gout flares	54,390	82.1%
Gouty arthritis	41,497	62.6%
Gouty arthritis and kidney stones	5,363	8.1%
Kidney stones	8,217	12.4%
Tophi	10,659	16.1%
Tophi and gouty arthritis	8,655	13.1%
Tophi and gouty arthritis and kidney stones	1,202	1.8%
Tophi and kidney stones	1,501	2.3%

Table 1a. Baseline Characteristics for Members with Prevalent New Use Dispensings of Febuxostat (40 mg) in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018

Health Service Utilization Intensity in the 183 Days prior to Index:	Number	Standard Deviation
Mean number of ambulatory encounters (AV)	14.1	10.5
Mean number of emergency room encounters (ED)	0.5	1.1
Mean number of inpatient hospital encounters (IP)	0.4	0.8
Mean number of non-acute institutional encounters (IS)	0.1	0.6
Mean number of other ambulatory encounters (OA)	5.2	8.3
Mean number of unique drug classes	11.3	5.0
Mean number of generics	13.3	5.7
Mean number of filled prescriptions	33.6	22.3

¹Counts of number of new users per year could be influenced by various factors including availability of Data Partner data (Appendix A), market entries, and discontinuations of product

Table 1b. Baseline Characteristics for Members with Prevalent New Use Dispensings of Febuxostat (80 mg) in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018

Characteristic	Number	Percent
Number of episodes	17,265	100%
Number of unique patients	17,265	100%
Demographics¹	Mean	Standard Deviation
Mean Age (years)	65.5	11.5
Age (years)	Number	Percent
21-44	1,590	9.2%
45-64	5,392	31.2%
65+	10,283	59.6%
Sex		
Male	12,688	73.5%
Year		
2009	458	2.7%
2010	1,358	7.9%
2011	2,476	14.3%
2012	2,189	12.7%
2013	2,160	12.5%
2014	1,965	11.4%
2015	2,081	12.1%
2016	2,137	12.4%
2017	2,067	12.0%
2018	374	2.2%
Recorded History of Characteristics in the 183 Days prior to Index:	Mean	Standard Deviation
Prior combined comorbidity score	2.1	2.8
	Number	Percent
Chronic kidney disease	1,984	11.5%
Diabetic macro- or microvascular disease	1,444	8.4%
Myocardial infarction	237	1.4%
Peripheral vascular disease	584	3.4%
Stroke	333	1.9%
Transient ischemic attack	82	0.5%
Unstable angina	279	1.6%
Recorded History of Characteristics in Enrollment History prior to Index:	Mean	Percent
Gout flares	14,703	85.2%
Gouty arthritis	11,051	64.0%
Gouty arthritis and kidney stones	1,421	8.2%
Kidney stones	2,101	12.2%
Tophi	2,930	17.0%
Tophi and gouty arthritis	2,456	14.2%
Tophi and gouty arthritis and kidney stones	356	2.1%
Tophi and kidney stones	418	2.4%

Table 1b. Baseline Characteristics for Members with Prevalent New Use Dispensings of Febuxostat (80 mg) in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018

Health Service Utilization Intensity in the 183 Days prior to Index:	Number	Standard Deviation
Mean number of ambulatory encounters (AV)	12.7	9.8
Mean number of emergency room encounters (ED)	0.4	1.2
Mean number of inpatient hospital encounters (IP)	0.3	0.7
Mean number of non-acute institutional encounters (IS)	0.1	0.4
Mean number of other ambulatory encounters (OA)	4.1	7.1
Mean number of unique drug classes	10.8	4.9
Mean number of generics	12.7	5.6
Mean number of filled prescriptions	31.8	21.2

¹Counts of number of new users per year could be influenced by various factors including availability of Data Partner data (Appendix A), market entries, and discontinuations of product

Table 1c. Baseline Characteristics for Members with Prevalent New Use Dispensings of Febuxostat (Any Strength) in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018

Characteristic	Number	Percent
Number of episodes	83,034	100%
Number of unique patients	83,034	100%
Demographics ¹	Mean	Standard Deviation
Mean Age (years)	68.8	11.7
Age (years)	Number	Percent
21-44	5,443	6.6%
45-64	20,399	24.6%
65+	57,192	68.9%
Sex		
Male	53,357	64.3%
Year		
2009	1,813	2.2%
2010	6,154	7.4%
2011	11,233	13.5%
2012	10,540	12.7%
2013	10,130	12.2%
2014	10,023	12.1%
2015	10,354	12.5%
2016	10,610	12.8%
2017	10,085	12.1%
2018	2,092	2.5%
Recorded History of Characteristics in the 183 Days prior to Index:	Mean	Standard Deviation
Prior combined comorbidity score	2.6	2.9
	Number	Percent
Chronic kidney disease	12,762	15.4%
Diabetic macro- or microvascular disease	8,320	10.0%
Myocardial infarction	1,431	1.7%
Peripheral vascular disease	3,631	4.4%
Stroke	2,279	2.7%
Transient ischemic attack	607	0.7%
Unstable angina	1,511	1.8%
Recorded History of Characteristics in Enrollment History prior to Index:	Mean	Percent
Gout flares	68,619	82.6%
Gouty arthritis	52,145	62.8%
Gouty arthritis and kidney stones	6,693	8.1%
Kidney stones	10,214	12.3%
Tophi	13,445	16.2%
Tophi and gouty arthritis	10,973	13.2%
Tophi and gouty arthritis and kidney stones	1,532	1.8%
Tophi and kidney stones	1,892	2.3%

Table 1c. Baseline Characteristics for Members with Prevalent New Use Dispensings of Febuxostat (Any Strength) in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018

Health Service Utilization Intensity in the 183 Days prior to Index:	Number	Standard Deviation
Mean number of ambulatory encounters (AV)	13.8	10.4
Mean number of emergency room encounters (ED)	0.5	1.1
Mean number of inpatient hospital encounters (IP)	0.4	0.8
Mean number of non-acute institutional encounters (IS)	0.1	0.5
Mean number of other ambulatory encounters (OA)	4.9	8.1
Mean number of unique drug classes	11.2	5.0
Mean number of generics	13.2	5.7
Mean number of filled prescriptions	33.2	22.0

¹Counts of number of new users per year could be influenced by various factors including availability of Data Partner data (Appendix A), market entries, and discontinuations of product

Table 1d. Baseline Characteristics for Members with Prevalent New Use Dispensings of Allopurinol (100 mg) in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018

Characteristic	Number	Percent
Number of episodes	16,380	100%
Number of unique patients	16,380	100%
Demographics¹	Mean	Standard Deviation
Mean Age (years)	71.4	11.3
Age (years)	Number	Percent
21-44	716	4.4%
45-64	3,254	19.9%
65+	12,410	75.8%
Sex		
Male	9,702	59.2%
Year		
2009	71	0.4%
2010	716	4.4%
2011	1,780	10.9%
2012	1,722	10.5%
2013	2,004	12.2%
2014	2,381	14.5%
2015	2,417	14.8%
2016	2,369	14.5%
2017	2,292	14.0%
2018	628	3.8%
Recorded History of Characteristics in the 183 Days prior to Index:	Mean	Standard Deviation
Prior combined comorbidity score	3.3	3.2
	Number	Percent
Chronic kidney disease	3,421	20.9%
Diabetic macro- or microvascular disease	2,207	13.5%
Myocardial infarction	370	2.3%
Peripheral vascular disease	1,101	6.7%
Stroke	736	4.5%
Transient ischemic attack	180	1.1%
Unstable angina	362	2.2%
Recorded History of Characteristics in Enrollment History prior to Index:	Mean	Percent
Gout flares	13,259	80.9%
Gouty arthritis	10,715	65.4%
Gouty arthritis and kidney stones	1,443	8.8%
Kidney stones	2,100	12.8%
Tophi	3,189	19.5%
Tophi and gouty arthritis	2,603	15.9%
Tophi and gouty arthritis and kidney stones	402	2.5%
Tophi and kidney stones	484	3.0%

Table 1d. Baseline Characteristics for Members with Prevalent New Use Dispensings of Allopurinol (100 mg) in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018

Recorded History of Characteristics in the 183 Days prior to Index:	Mean	Standard Deviation
Mean number of ambulatory encounters (AV)	14.3	11.2
Mean number of emergency room encounters (ED)	0.5	1.2
Mean number of inpatient hospital encounters (IP)	0.5	1.0
Mean number of non-acute institutional encounters (IS)	0.2	0.8
Mean number of other ambulatory encounters (OA)	7.1	11.7
Mean number of unique drug classes	11.4	5.1
Mean number of generics	13.3	5.8
Mean number of filled prescriptions	34.7	23.6

¹Counts of number of new users per year could be influenced by various factors including availability of Data Partner data (Appendix A), market entries, and discontinuations of product

Table 1e. Baseline Characteristics for Members with Prevalent New Use Dispensings of Allopurinol (300 mg) in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018

Characteristic	Number	Percent
Number of episodes	11,286	100%
Number of unique patients	11,286	100%
Demographics¹	Mean	Standard Deviation
Mean Age (years)	66.8	11.2
Age (years)	Number	Percent
21-44	935	8.3%
45-64	3,148	27.9%
65+	7,203	63.8%
Sex		
Male	8,188	72.6%
Year		
2009	93	0.8%
2010	603	5.3%
2011	1,264	11.2%
2012	1,286	11.4%
2013	1,553	13.8%
2014	1,617	14.3%
2015	1,547	13.7%
2016	1,524	13.5%
2017	1,402	12.4%
2018	397	3.5%
Recorded History of Characteristics in the 183 Days prior to Index:	Mean	Standard Deviation
Prior combined comorbidity score	2.0	2.8
	Number	Percent
Chronic kidney disease	1,178	10.4%
Diabetic macro- or microvascular disease	876	7.8%
Myocardial infarction	156	1.4%
Peripheral vascular disease	409	3.6%
Stroke	283	2.5%
Transient ischemic attack	76	0.7%
Unstable angina	158	1.4%
Recorded History of Characteristics in Enrollment History prior to Index:	Mean	Percent
Gout flares	9,327	82.6%
Gouty arthritis	7,373	65.3%
Gouty arthritis and kidney stones	933	8.3%
Kidney stones	1,344	11.9%
Tophi	1,917	17.0%
Tophi and gouty arthritis	1,599	14.2%
Tophi and gouty arthritis and kidney stones	229	2.0%
Tophi and kidney stones	267	2.4%

Table 1e. Baseline Characteristics for Members with Prevalent New Use Dispensings of Allopurinol (300 mg) in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018

Health Service Utilization Intensity in the 183 Days prior to Index:	Number	Standard Deviation
Mean number of ambulatory encounters (AV)	12.1	10.1
Mean number of emergency room encounters (ED)	0.4	1.1
Mean number of inpatient hospital encounters (IP)	0.3	0.8
Mean number of non-acute institutional encounters (IS)	0.1	0.5
Mean number of other ambulatory encounters (OA)	4.1	7.8
Mean number of unique drug classes	10.1	4.8
Mean number of generics	11.9	5.5
Mean number of filled prescriptions	29.6	20.8

¹Counts of number of new users per year could be influenced by various factors including availability of Data Partner data (Appendix A), market entries, and discontinuations of product

Table 1f. Baseline Characteristics for Members with Prevalent New Use Dispensings of Allopurinol (Any Strength) in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018

Characteristic	Number	Percent
Number of episodes	27,331	100%
Number of unique patients	27,331	100%
Demographics¹	Mean	Standard Deviation
Mean Age (years)	69.6	11.4
Age (years)	Number	Percent
21-44	1,630	6.0%
45-64	6,309	23.1%
65+	19,392	71.0%
Sex		
Male	17,652	64.6%
Year		
2009	163	0.6%
2010	1,305	4.8%
2011	3,016	11.0%
2012	2,990	10.9%
2013	3,504	12.8%
2014	3,959	14.5%
2015	3,899	14.3%
2016	3,850	14.1%
2017	3,633	13.3%
2018	1,012	3.7%
Recorded History of Characteristics in the 183 Days prior to Index:	Mean	Standard Deviation
Prior combined comorbidity score	2.8	3.1
	Number	Percent
Chronic kidney disease	4,555	16.7%
Diabetic macro- or microvascular disease	3,051	11.2%
Myocardial infarction	519	1.9%
Peripheral vascular disease	1,491	5.5%
Stroke	1,006	3.7%
Transient ischemic attack	249	0.9%
Unstable angina	517	1.9%
Recorded History of Characteristics in Enrollment History prior to Index:	Mean	Percent
Gout flares	22,283	81.5%
Gouty arthritis	17,824	65.2%
Gouty arthritis and kidney stones	2,319	8.5%
Kidney stones	3,375	12.3%
Tophi	5,015	18.3%
Tophi and gouty arthritis	4,117	15.1%
Tophi and gouty arthritis and kidney stones	611	2.2%
Tophi and kidney stones	729	2.7%

Table 1f. Baseline Characteristics for Members with Prevalent New Use Dispensings of Allopurinol (Any Strength) in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018

Health Service Utilization Intensity in the 183 Days prior to Index:	Number	Standard Deviation
Mean number of ambulatory encounters (AV)	13.4	10.8
Mean number of emergency room encounters (ED)	0.4	1.1
Mean number of inpatient hospital encounters (IP)	0.4	0.9
Mean number of non-acute institutional encounters (IS)	0.1	0.7
Mean number of other ambulatory encounters (OA)	5.9	10.4
Mean number of unique drug classes	10.9	5.0
Mean number of generics	12.8	5.7
Mean number of filled prescriptions	32.6	22.6

¹Counts of number of new users per year could be influenced by various factors including availability of Data Partner data (Appendix A), market entries, and discontinuations of product

Table 2a. Summary of Members with Prevalent New Use Urate-Lowering Therapy Dispensings in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, Overall

	New Users	Eligible Members¹	New Users per 10,000 Eligible Members	Years at Risk	Adjusted Dispensings	Days Supplied	Amount Supplied
Febuxostat (40 mg)	66,276	2,813,390	235.57	54,360.0	464,972	17,451,599	17,618,525
Febuxostat (80 mg)	17,265	2,813,390	61.37	14,079.9	115,837	4,475,520	4,450,816
Febuxostat (any strength)	83,034	2,813,390	295.14	77,792.2	666,022	25,299,777	25,490,058
Allopurinol (100 mg)	16,380	221,891	738.20	13,701.8	104,515	4,457,621	6,026,238
Allopurinol (300 mg)	11,286	221,891	508.63	10,579.7	73,619	3,467,127	3,551,906
Allopurinol (any strength)	27,331	221,891	1,231.73	26,643.5	196,554	8,802,577	10,565,881

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

Table 2b. Distribution of Continuous Exposure Duration of Prevalent New Use Urate-Lowering Therapy in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, by Length Categories

Exposures	Total Members		<1 month		1 - <3 months		3 - <6 months		6 months - <1 year		1 - <3 years		3 - <5 years		5+ years	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Febuxostat (40 mg)	66,276	100.0	1,296	2.0	22,689	34.2	15,559	23.5	11,240	17.0	11,650	17.6	2,776	4.2	1,066	1.6
Febuxostat (80 mg)	17,265	100.0	312	1.8	5,673	32.9	4,190	24.3	3,031	17.6	3,114	18.0	678	3.9	267	1.5
Febuxostat (any strength)	83,034	100.0	1,600	1.9	25,726	31.0	18,169	21.9	14,597	17.6	16,830	20.3	4,353	5.2	1,759	2.1
Allopurinol (100 mg)	16,380	100.0	422	2.6	5,104	31.2	4,010	24.5	2,811	17.2	3,082	18.8	726	4.4	225	1.4
Allopurinol (300 mg)	11,286	100.0	269	2.4	3,062	27.1	2,891	25.6	1,886	16.7	2,333	20.7	644	5.7	201	1.8
Allopurinol (any strength)	27,331	100.0	682	2.5	7,531	27.6	6,518	23.8	4,600	16.8	5,823	21.3	1,617	5.9	560	2.0

Table 2c. Descriptive Statistics of Continuous Exposure Duration of Prevalent New Use Urate-Lowering Therapy in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, in Days

Exposures	Total		Standard		Minimum	Q1	Median	Q3	Maximum
	Members	Mean	Deviation						
Febuxostat (40 mg)	66,276	299.58	407.59		1	60	125	335	3,354
Febuxostat (80 mg)	17,265	297.87	399.17		1	60	128	337	3,214
Febuxostat (any strength)	83,034	342.19	447.88		1	60	150	410	3,585
Allopurinol (100 mg)	16,380	305.53	400.04		1	60	129	360	2,914
Allopurinol (300 mg)	11,286	342.39	436.93		1	63	142	411	3,039
Allopurinol (any strength)	27,331	356.06	453.05		1	63	151	434	3,039

Table 3a. Summary of Members with Prevalent New Use Urate-Lowering Therapy Dispensings in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, by Sex

Sex	New Users	Eligible Members ¹	New Users per 10,000 Eligible Members	Years at Risk	Adjusted Dispensings	Days Supplied	Amount Supplied
Febuxostat (40 mg)							
Male	41,025	1,901,775	215.72	32,486.0	271,133	10,388,356	10,505,054
Febuxostat (80 mg)							
Male	12,688	1,901,775	66.72	10,270.0	83,274	3,263,261	3,246,684
Febuxostat (any strength)							
Male	53,357	1,901,775	280.56	49,115.3	411,064	15,942,089	16,081,018
Allopurinol (100 mg)							
Male	9,702	143,127	677.86	7,642.5	56,405	2,472,517	3,453,987
Allopurinol (300 mg)							
Male	8,188	143,127	572.08	7,607.9	52,496	2,492,816	2,574,119
Allopurinol (any strength)							
Male	17,652	143,127	1,233.31	16,844.1	121,210	5,559,077	6,710,911

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

Table 3b. Distribution of Continuous Exposure Duration of Prevalent New Use Urate-Lowering Therapy in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, by Length Categories and Sex

Exposures	Total Members		<1 month		1 - <3 months		3 - <6 months		6 months - <1 year		1 - <3 years		3 - <5 years		5+ years	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Febuxostat (40 mg)																
Total	66,276	100.0	1,296	100.0	22,689	100.0	15,559	100.0	11,240	100.0	11,650	100.0	2,776	100.0	1,066	100.0
Male	41,025	61.9	854	65.9	14,312	63.1	9,816	63.1	6,945	61.8	6,848	58.8	1,610	58.0	640	60.0
Febuxostat (80 mg)																
Total	17,265	100.0	312	100.0	5,673	100.0	4,190	100.0	3,031	100.0	3,114	100.0	678	100.0	267	100.0
Male	12,688	73.5	240	76.9	4,236	74.7	3,064	73.1	2,203	72.7	2,251	72.3	494	72.9	200	74.9
Febuxostat (any strength)																
Total	83,034	100.0	1,600	100.0	25,726	100.0	18,169	100.0	14,597	100.0	16,830	100.0	4,353	100.0	1,759	100.0
Male	53,357	64.3	1,088	68.0	16,694	64.9	11,851	65.2	9,350	64.1	10,554	62.7	2,683	61.6	1,137	64.6
Allopurinol (100 mg)																
Total	16,380	100.0	422	100.0	5,104	100.0	4,010	100.0	2,811	100.0	3,082	100.0	726	100.0	225	100.0
Male	9,702	59.2	260	61.6	3,087	60.5	2,468	61.5	1,655	58.9	1,751	56.8	369	50.8	112	49.8
Allopurinol (300 mg)																
Total	11,286	100.0	269	100.0	3,062	100.0	2,891	100.0	1,886	100.0	2,333	100.0	644	100.0	201	100.0
Male	8,188	72.6	208	77.3	2,241	73.2	2,088	72.2	1,358	72.0	1,693	72.6	447	69.4	153	76.1
Allopurinol (any strength)																
Total	27,331	100.0	682	100.0	7,531	100.0	6,518	100.0	4,600	100.0	5,823	100.0	1,617	100.0	560	100.0
Male	17,652	64.6	461	67.6	4,898	65.0	4,280	65.7	2,967	64.5	3,709	63.7	981	60.7	356	63.6

Table 3c. Descriptive Statistics of Continuous Exposure Duration of Prevalent New Use Urate-Lowering Therapy in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, in Days, by Sex

Exposures	Total Members	Mean	Standard Deviation	Minimum	Q1	Median	Q3	Maximum
Febuxostat (40 mg)								
Total	66,276	299.58	407.59	1	60	125	335	3,354
Male	41,025	289.23	398.83	1	60	121	318	3,354
Febuxostat (80 mg)								
Total	17,265	297.87	399.17	1	60	128	337	3,214
Male	12,688	295.64	401.5	1	60	123	332	3,214
Febuxostat (any strength)								
Total	83,034	342.19	447.88	1	60	150	410	3,585
Male	53,357	336.21	444.86	1	60	150	397	3,585
Allopurinol (100 mg)								
Total	16,380	305.53	400.04	1	60	129	360	2,914
Male	9,702	287.72	376.1	1	60	120	332	2,890
Allopurinol (300mg)								
Total	11,286	342.39	436.93	1	63	142	411	3,039
Male	8,188	339.37	436.79	1	60	140	407	3,039
Allopurinol (any strength)								
Total	27,331	356.06	453.05	1	63	151	434	3,039
Male	17,652	348.53	446.56	1	61	150	421	3,039

Table 4a. Summary of Members with Prevalent New Use Urate-Lowering Therapy Dispensings in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, by Age Group

Age Group	New Users	Eligible Members ¹	New Users per 10,000 Eligible Members	Years at Risk	Adjusted Dispensings	Days Supplied	Amount Supplied
Febuxostat (40 mg)							
21-44 years	3,887	182,414	213.09	2,390.3	20,564	722,650	735,472
45-64 years	15,154	751,207	201.73	11,414.2	98,468	3,606,854	3,666,685
65+ years	47,235	1,995,757	236.68	40,555.6	345,940	13,122,095	13,216,369
Febuxostat (80 mg)							
21-44 years	1,590	182,414	87.16	1,001.1	8,697	299,277	301,002
45-64 years	5,392	751,378	71.76	4,185.6	35,511	1,315,360	1,313,476
65+ years	10,283	1,996,245	51.51	8,893.2	71,629	2,860,883	2,836,338
Febuxostat (any strength)							
21-44 years	5,443	182,414	298.39	3,959.8	34,698	1,222,498	1,247,381
45-64 years	20,399	751,070	271.60	18,036.9	156,102	5,796,877	5,868,382
65+ years	57,192	1,995,542	286.60	55,795.6	475,222	18,280,402	18,374,296
Allopurinol (100 mg)							
21-44 years	716	15,351	466.42	380.5	3,307	112,416	167,705
45-64 years	3,254	57,925	561.76	2,200.1	17,932	690,393	990,580
65+ years	12,410	155,522	797.96	11,121.2	83,276	3,654,812	4,867,953
Allopurinol (300 mg)							
21-44 years	935	15,351	609.08	595.0	5,099	180,438	200,470
45-64 years	3,148	57,916	543.55	2,639.2	20,659	847,081	886,629
65+ years	7,203	155,537	463.11	7,345.5	47,861	2,439,608	2,464,807
Allopurinol (any strength)							
21-44 years	1,630	15,351	1,061.82	1,099.4	9,500	339,216	426,135
45-64 years	6,309	57,878	1,090.05	5,359.4	43,007	1,731,413	2,104,945
65+ years	19,392	155,455	1,247.43	20,184.7	144,047	6,731,948	8,034,800

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

Table 4b. Distribution of Continuous Exposure Duration of Prevalent New Use Urate-Lowering Therapy in the Sentinel Distributed Database (SDD between January 1, 2009 and March 31, 2018, by Length Categories and Age Group

Exposures	Total Members		<1 month		1 - <3 months		3 - <6 months		6 months - <1 year		1 - <3 years		3 - <5 years		5+ years	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Febuxostat (40 mg)																
Total	66,276	100.0	1,296	100.0	22,689	100.0	15,559	100.0	11,240	100.0	11,650	100.0	2,776	100.0	1,066	100.0
21-44 years	3,887	5.9	101	7.8	1,682	7.4	927	6.0	579	5.2	466	4.0	96	3.5	36	3.4
45-64 years	15,154	22.9	365	28.2	5,590	24.6	3,659	23.5	2,413	21.5	2,355	20.2	553	19.9	219	20.5
65+ years	47,235	71.3	830	64.0	15,417	67.9	10,973	70.5	8,248	73.4	8,829	75.8	2,127	76.6	811	76.1
Febuxostat (80 mg)																
Total	17,265	100.0	312	100.0	5,673	100.0	4,190	100.0	3,031	100.0	3,114	100.0	678	100.0	267	100.0
21-44 years	1,590	9.2	39	12.5	662	11.7	392	9.4	233	7.7	203	6.5	*****	*****	*****	*****
45-64 years	5,392	31.2	101	32.4	1,929	34.0	1,263	30.1	886	29.2	952	30.6	*****	*****	*****	*****
65+ years	10,283	59.6	172	55.1	3,082	54.3	2,535	60.5	1,912	63.1	1,959	62.9	442	65.2	181	67.8
Febuxostat (any strength)																
Total	83,034	100.0	1,600	100.0	25,726	100.0	18,169	100.0	14,597	100.0	16,830	100.0	4,353	100.0	1,759	100.0
21-44 years	5,443	6.6	139	8.7	2,119	8.2	1,255	6.9	849	5.8	818	4.9	189	4.3	74	4.2
45-64 years	20,399	24.6	464	29.0	6,795	26.4	4,514	24.8	3,404	23.3	3,867	23.0	948	21.8	407	23.1
65+ years	57,192	68.9	997	62.3	16,812	65.4	12,400	68.2	10,344	70.9	12,145	72.2	3,216	73.9	1,278	72.7
Allopurinol (100 mg)																
Total	16,380	100.0	422	100.0	5,104	100.0	4,010	100.0	2,811	100.0	3,082	100.0	726	100.0	225	100.0
21-44 years	716	4.4	21	5.0	317	6.2	183	4.6	100	3.6	82	2.7	*****	*****	*****	*****
45-64 years	3,254	19.9	87	20.6	1,242	24.3	795	19.8	535	19.0	472	15.3	*****	*****	*****	*****
65+ years	12,410	75.8	314	74.4	3,545	69.5	3,032	75.6	2,176	77.4	2,528	82.0	621	85.5	194	86.2
Allopurinol (300 mg)																
Total	11,286	100.0	269	100.0	3,062	100.0	2,891	100.0	1,886	100.0	2,333	100.0	644	100.0	201	100.0
21-44 years	935	8.3	34	12.6	363	11.9	221	7.6	156	8.3	129	5.5	*****	*****	*****	*****
45-64 years	3,148	27.9	72	26.8	998	32.6	752	26.0	553	29.3	589	25.2	*****	*****	*****	*****
65+ years	7,203	63.8	163	60.6	1,701	55.6	1,918	66.3	1,177	62.4	1,615	69.2	482	74.8	147	73.1

Table 4b. Distribution of Continuous Exposure Duration of Prevalent New Use Urate-Lowering Therapy in the Sentinel Distributed Database (SDD between January 1, 2009 and March 31, 2018, by Length Categories and Age Group

Exposures	Total Members		<1 month		1 - <3 months		3 - <6 months		6 months - <1 year		1 - <3 years		3 - <5 years		5+ years	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Allopurinol (any strength)																
Total	27,331	100.0	682	100.0	7,531	100.0	6,518	100.0	4,600	100.0	5,823	100.0	1,617	100.0	560	100.0
21-44 years	1,630	6.0	53	7.8	618	8.2	389	6.0	264	5.7	247	4.2	45	2.8	14	2.5
45-64 years	6,309	23.1	156	22.9	2,032	27.0	1,479	22.7	1,081	23.5	1,180	20.3	283	17.5	98	17.5
65+ years	19,392	71.0	473	69.4	4,881	64.8	4,650	71.3	3,255	70.8	4,396	75.5	1,289	79.7	448	80.0

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

Table 4c. Descriptive Statistics of Continuous Exposure Duration of Prevalent New Use Urate-Lowering Therapy in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, in Days, by Age Group

Exposures	Total Members	Mean	Standard Deviation	Minimum	Q1	Median	Q3	Maximum
Febuxostat (40 mg)								
Total	66,276	299.58	407.59	1	60	125	335	3,354
21-44 years	3,887	224.61	334.24	1	60	102	225	2,898
45-64 years	15,154	275.11	391.08	1	60	120	297	3,354
65+ years	47,235	313.6	417.12	1	60	137	363	3,343
Febuxostat (80 mg)								
Total	17,265	297.87	399.17	1	60	128	337	3,214
21-44 years	1,590	229.96	340.58	1	60	107	244	2,987
45-64 years	5,392	283.53	390.26	2	60	120	320	3,214
65+ years	10,283	315.89	410.61	1	60	150	367	2,952
Febuxostat (any strength)								
Total	83,034	342.19	447.88	1	60	150	410	3,585
21-44 years	5,443	265.72	386.58	1	60	120	283	3,585
45-64 years	20,399	322.96	440.66	1	60	136	376	3,511
65+ years	57,192	356.33	454.83	1	60	161	434	3,343
Allopurinol (100 mg)								
Total	16,380	305.53	400.04	1	60	129	360	2,914
21-44 years	716	194.08	276.04	4	60	97	206	2,550
45-64 years	3,254	246.96	341.34	1	60	120	270	2,890
65+ years	12,410	327.32	417.38	1	60	150	397	2,914
Allopurinol (300 mg)								
Total	11,286	342.39	436.93	1	63	142	411	3,039
21-44 years	935	232.44	324.15	2	60	120	258	2,456
45-64 years	3,148	306.22	407.24	1	60	125	358	3,039
65+ years	7,203	372.48	458.26	1	90	156	471	2,949
Allopurinol (any strength)								
Total	27,331	356.06	453.05	1	63	151	434	3,039
21-44 years	1,630	246.35	339.8	2	60	120	278	2,550
45-64 years	6,309	310.27	413.84	1	60	129	360	3,039
65+ years	19,392	380.18	470.74	1	88	171	483	2,949

Table 5. Summary of Members with Prevalent New Use Urate-Lowering Therapy Dispensings in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, by Year

Year	New Users	Eligible Members ¹	New Users per 10,000 Eligible Members	Years at Risk	Adjusted Dispensings	Days Supplied	Amount Supplied
Febuxostat (40 mg)							
2009	1,357	208,976	64.94	1,014.0	7,955	319,692	328,119
2010	4,803	556,038	86.38	4,587.9	39,425	1,475,501	1,502,635
2011	8,781	729,858	120.31	8,984.6	78,630	2,908,735	2,939,677
2012	8,391	820,035	102.32	8,377.3	72,024	2,711,562	2,738,302
2013	8,033	927,922	86.57	7,507.7	64,357	2,428,517	2,453,062
2014	8,142	1,004,211	81.08	7,443.8	63,148	2,408,872	2,423,886
2015	8,353	1,059,081	78.87	6,770.6	57,669	2,168,753	2,177,129
2016	8,565	1,106,726	77.39	5,745.1	48,003	1,817,393	1,835,574
2017	8,113	1,133,960	71.55	3,643.0	30,746	1,122,969	1,130,353
2018	1,738	684,766	25.38	286.0	3,015	89,605	89,788
Febuxostat (80 mg)							
2009	458	208,976	21.92	414.3	3,328	130,723	130,209
2010	1,358	556,146	24.42	1,284.5	10,786	407,830	406,502
2011	2,476	730,540	33.89	2,467.1	20,633	790,547	787,040
2012	2,189	821,857	26.63	2,109.6	17,685	673,955	670,264
2013	2,160	930,737	23.21	1,992.0	16,305	638,068	632,311
2014	1,965	1,007,902	19.50	1,665.4	13,830	529,006	529,105
2015	2,081	1,063,717	19.56	1,682.7	13,537	536,859	531,242
2016	2,137	1,112,194	19.21	1,429.9	11,428	449,247	446,084
2017	2,067	1,140,190	18.13	966.5	7,630	297,820	296,757
2018	374	689,113	5.43	67.9	675	21,465	21,302
Febuxostat (any strength)							
2009	1,813	208,976	86.76	1,755.4	13,981	565,740	574,613
2010	6,154	555,973	110.69	6,994.2	60,518	2,278,486	2,313,797
2011	11,233	729,590	153.96	13,433.5	116,905	4,402,744	4,439,490
2012	10,540	819,340	128.64	12,043.8	103,410	3,940,330	3,969,483
2013	10,130	926,828	109.30	10,926.9	93,638	3,579,493	3,607,638
2014	10,023	1,002,708	99.96	10,246.6	87,244	3,349,866	3,368,516
2015	10,354	1,057,349	97.92	9,380.3	79,880	3,043,808	3,052,639
2016	10,610	1,104,670	96.05	7,813.2	65,607	2,507,198	2,525,015
2017	10,085	1,131,637	89.12	4,843.4	41,087	1,519,386	1,526,121
2018	2,092	683,195	30.62	355.1	3,752	112,726	112,746
Allopurinol (100 mg)							
2009	71	3,394	209.19	44.0	378	13,608	21,702
2010	716	23,167	309.06	667.6	5,177	214,781	304,864
2011	1,780	40,531	439.17	1,858.7	14,527	606,403	815,052
2012	1,722	53,195	323.71	1,709.2	13,221	556,971	793,767
2013	2,004	68,519	292.47	1,990.2	15,035	654,058	893,275
2014	2,381	74,916	317.82	2,216.1	17,252	720,897	968,354
2015	2,417	77,974	309.98	2,278.7	16,625	747,991	983,851
2016	2,369	81,489	290.71	1,741.4	13,103	563,586	754,912
2017	2,292	82,011	279.47	1,082.8	8,148	342,544	444,714
2018	628	50,353	124.72	113.0	1,049	36,782	45,746

Table 5. Summary of Members with Prevalent New Use Urate-Lowering Therapy Dispensings in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, by Year

Year	New Users	Eligible Members ¹	New Users per 10,000 Eligible Members	Years at Risk	Adjusted Dispensings	Days Supplied	Amount Supplied
Allopurinol (300 mg)							
2009	93	3,394	274.01	66.1	558	20,373	20,300
2010	603	23,169	260.26	573.6	4,296	184,872	189,334
2011	1,264	40,546	311.74	1,323.9	9,903	430,657	440,467
2012	1,286	53,247	241.52	1,397.5	9,642	457,947	474,568
2013	1,553	68,618	226.33	1,763.0	12,283	581,681	597,295
2014	1,617	75,123	215.25	1,745.4	11,683	574,493	588,611
2015	1,547	78,232	197.75	1,676.8	11,096	556,947	563,028
2016	1,524	81,759	186.40	1,243.4	8,553	406,925	418,516
2017	1,402	82,401	170.14	707.7	4,926	226,140	231,960
2018	397	50,738	78.25	82.5	679	27,092	27,827
Allopurinol (any strength)							
2009	163	3,394	480.26	123.0	1,054	38,983	48,692
2010	1,305	23,163	563.40	1,423.1	10,829	465,419	569,231
2011	3,016	40,464	745.35	3,696.1	28,291	1,223,712	1,465,891
2012	2,990	52,949	564.69	3,512.9	25,969	1,162,868	1,436,265
2013	3,504	68,120	514.39	4,144.7	30,388	1,380,729	1,647,185
2014	3,959	74,434	531.88	4,344.1	31,900	1,436,723	1,716,524
2015	3,899	77,374	503.92	4,234.5	29,834	1,410,920	1,666,316
2016	3,850	80,796	476.51	3,131.1	22,980	1,027,707	1,240,353
2017	3,633	81,259	447.09	1,838.6	13,566	591,190	701,394
2018	1,012	49,838	203.06	195.3	1,743	64,326	74,029

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

Table 6a. Summary of Members with Prevalent New Use Urate-Lowering Therapy Dispensings among Exposures with a Subsequent Switch in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, Overall

	New Users	Eligible Members ¹	New Users per 10,000 Eligible Members	Years at Risk	Adjusted Dispensings	Days Supplied	Amount Supplied	New Episodes with a Switching Event	Percent of New Users that Switched	Switching Events per 1,000 Years at Risk
Febuxostat (40 mg) to Allopurinol (100 mg)	66,276	2,813,390	235.57	50,450.3	469,523	17,623,263	17,792,729	9,440	14.2	187.11
Febuxostat (40 mg) to Allopurinol (300 mg)	66,276	2,813,390	235.57	52,493.4	470,391	17,655,298	17,824,416	6,427	9.7	122.43
Febuxostat (80 mg) to Allopurinol (100 mg)	17,265	2,813,390	61.37	13,397.6	117,037	4,519,474	4,495,420	1,684	9.8	125.69
Febuxostat (80 mg) to Allopurinol (300 mg)	17,265	2,813,390	61.37	13,082.3	116,804	4,511,938	4,487,144	2,657	15.4	203.10
Febuxostat (any strength) to Allopurinol (any strength)	83,034	2,813,390	295.14	68,620.5	672,064	25,525,065	25,716,692	20,003	24.1	291.50
Allopurinol (100 mg) to Febuxostat (40 mg)	16,380	221,891	738.20	12,963.6	105,156	4,482,183	6,059,676	2,439	14.9	188.14
Allopurinol (100 mg) to Febuxostat (80 mg)	16,380	221,891	738.20	13,568.0	105,773	4,504,091	6,088,981	887	5.4	65.37
Allopurinol (300 mg) to Febuxostat (40 mg)	11,286	221,891	508.63	10,231.9	74,201	3,494,184	3,580,451	1,248	11.1	121.97
Allopurinol (300 mg) to Febuxostat (80 mg)	11,286	221,891	508.63	10,405.8	74,374	3,499,176	3,585,603	819	7.3	78.71
Allopurinol (any strength) to Febuxostat (any strength)	27,331	221,891	1,231.73	24,848.7	197,692	8,852,235	10,626,911	5,284	19.3	212.65

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

Table 6b. Distribution of Continuous Exposure Duration of Prevalent New Use Urate-Lowering Therapy Exposures with a Subsequent Switch in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, by Length Categories

Exposures	Total Members		<1 month		1 - <3 months		3 - <6 months		6 months - <1 year		1 - <3 years		3 - <5 years		5+ years	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Febuxostat (40 mg) to Allopurinol (100 mg)	9,440	100.0	3,838	40.7	3,289	34.8	1,043	11.0	627	6.6	520	5.5	104	1.1	19	0.2
Febuxostat (40 mg) to Allopurinol (300 mg)	6,427	100.0	2,396	37.3	2,292	35.7	838	13.0	467	7.3	367	5.7	53	0.8	14	0.2
Febuxostat (80 mg) to Allopurinol (100 mg)	1,684	100.0	684	40.6	570	33.8	189	11.2	130	7.7	96	5.7	*****	*****	*****	*****
Febuxostat (80 mg) to Allopurinol (300 mg)	2,657	100.0	966	36.4	965	36.3	369	13.9	193	7.3	139	5.2	*****	*****	*****	*****
Febuxostat (any strength) to Allopurinol (any strength)	20,003	100.0	7,686	38.4	6,853	34.3	2,419	12.1	1,508	7.5	1,253	6.3	232	1.2	52	0.3
Allopurinol (100 mg) to Febuxostat (40 mg)	2,439	100.0	1,210	49.6	768	31.5	235	9.6	139	5.7	*****	*****	*****	*****	****	*****
Allopurinol (100 mg) to Febuxostat (80 mg)	887	100.0	416	46.9	324	36.5	89	10.0	36	4.1	*****	*****	*****	*****	0	0.0
Allopurinol (300 mg) to Febuxostat (40 mg)	1,248	100.0	602	48.2	436	34.9	115	9.2	52	4.2	*****	*****	*****	*****	0	0.0
Allopurinol (300 mg) to Febuxostat (80 mg)	819	100.0	375	45.8	291	35.5	90	11.0	45	5.5	*****	*****	*****	*****	0	0.0
Allopurinol (any strength) to Febuxostat (any strength)	5,284	100.0	2,543	48.1	1,736	32.9	532	10.1	282	5.3	172	3.3	*****	*****	*****	*****

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

Table 6c. Descriptive Statistics of Continuous Exposure Duration of Prevalent New Use Urate-Lowering Therapy Exposures with a Subsequent Switch in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, in Days

Exposures	Total		Standard					
	Members	Mean	Deviation	Minimum	Q1	Median	Q3	Maximum
Febuxostat (40 mg) to Allopurinol (100 mg)	9,440	108.72	221.83	2	20	39	89	2,595
Febuxostat (40 mg) to Allopurinol (300 mg)	6,427	110.56	213.53	2	21	43	98	2,352
Febuxostat (80 mg) to Allopurinol (100 mg)	1,684	103.43	190.43	2	20	41	93	2,325
Febuxostat (80 mg) to Allopurinol (300 mg)	2,657	108.88	211.54	2	22	46	97	2,583
Febuxostat (any strength) to Allopurinol (any strength)	20,003	118.59	233.64	2	21	42	99	2,595
Allopurinol (100 mg) to Febuxostat (40 mg)	2,439	72.73	138.82	2	14	30	68	1,960
Allopurinol (100 mg) to Febuxostat (80 mg)	887	64.59	122.71	2	15	32	65	1,674
Allopurinol (300 mg) to Febuxostat (40 mg)	1,248	70.44	141.87	2	16	31	66	1,683
Allopurinol (300 mg) to Febuxostat (80 mg)	819	64.34	100.71	2	14	33	71	1,110
Allopurinol (any strength) to Febuxostat (any strength)	5,284	74.32	145.57	2	15	31	70	2,062

Table 7a. Summary of Members with Prevalent New Use Urate-Lowering Therapy Dispensings among Exposures with a Subsequent Switch in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, by Sex

Sex	New Users	Eligible Members ¹	New Users per 10,000 Eligible Members	Years at Risk	Adjusted Dispensings	Days Supplied	Amount Supplied	New Episodes with a Switching Event	Percent of New Users that Switched	Switching Events per 1,000 Years at Risk
Febuxostat (40 mg) to Allopurinol (100 mg)										
Male	41,025	1,901,775	215.72	30,363.5	274,139	10,501,216	10,620,413	5,486	13.4	180.68
Febuxostat (40 mg) to Allopurinol (300 mg)										
Male	41,025	1,901,775	215.72	31,236.0	274,487	10,512,849	10,631,711	4,453	10.9	142.56
Febuxostat (80 mg) to Allopurinol (100 mg)										
Male	12,688	1,901,775	66.72	9,808.5	84,184	3,297,336	3,281,514	1,154	9.1	117.65
Febuxostat (80 mg) to Allopurinol (300 mg)										
Male	12,688	1,901,775	66.72	9,499.4	83,978	3,290,727	3,274,165	2,058	16.2	216.65
Febuxostat (any strength) to Allopurinol (any strength)										
Male	53,357	1,901,775	280.56	43,350.1	414,905	16,088,701	16,229,277	13,004	24.4	299.98
Allopurinol (100 mg) to Febuxostat (40 mg)										
Male	9,702	143,127	677.86	7,209.3	56,749	2,487,578	3,475,311	1,395	14.4	193.50
Allopurinol (100 mg) to Febuxostat (80 mg)										
Male	9,702	143,127	677.86	7,524.2	57,102	2,499,518	3,494,237	611	6.3	81.20
Allopurinol (300 mg) to Febuxostat (40 mg)										
Male	8,188	143,127	572.08	7,385.8	53,016	2,516,239	2,598,494	847	10.3	114.68
Allopurinol (300 mg) to Febuxostat (80 mg)										
Male	8,188	143,127	572.08	7,466.8	53,068	2,516,517	2,598,932	635	7.8	85.04
Allopurinol (any strength) to Febuxostat (any strength)										
Male	17,652	143,127	1,233.31	15,662.3	121,978	5,594,369	6,754,937	3,421	19.4	218.42

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

Table 7b. Distribution of Continuous Exposure Duration of Prevalent New Use Urate-Lowering Therapy Exposures with a Subsequent Switch in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, by Length Categories and Sex

Exposures	Total Members		<1 month		1 - <3 months		3 - <6 months		6 months - <1 year		1 - <3 years		3 - <5 years		5+ years	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Febuxostat (40 mg) to Allopurinol (100 mg)																
Total	9,440	100.0	3,838	100.0	3,289	100.0	1,043	100.0	627	100.0	520	100.0	104	100.0	19	100.0
Male	5,486	58.1	2,175	56.7	1,950	59.3	630	60.4	371	59.2	282	54.2	65	62.5	13	68.4
Febuxostat (40 mg) to Allopurinol (300 mg)																
Total	6,427	100.0	2,396	100.0	2,292	100.0	838	100.0	467	100.0	367	100.0	53	100.0	14	100.0
Male	4,453	69.3	1,598	66.7	1,640	71.6	580	69.2	324	69.4	261	71.1	*****	*****	*****	*****
Febuxostat (80 mg) to Allopurinol (100 mg)																
Total	1,684	100.0	684	100.0	570	100.0	189	100.0	130	100.0	96	100.0	*****	*****	*****	*****
Male	1,154	68.5	453	66.2	410	71.9	125	66.1	95	73.1	*****	*****	*****	*****	*****	*****
Febuxostat (80 mg) to Allopurinol (300 mg)																
Total	2,657	100.0	966	100.0	965	100.0	369	100.0	193	100.0	139	100.0	*****	*****	*****	*****
Male	2,058	77.5	723	74.8	750	77.7	299	81.0	152	78.8	114	82.0	*****	*****	*****	*****
Febuxostat (any strength) to Allopurinol (any strength)																
Total	20,003	100.0	7,686	100.0	6,853	100.0	2,419	100.0	1,508	100.0	1,253	100.0	232	100.0	52	100.0
Male	13,004	65.0	4,813	62.6	4,570	66.7	1,610	66.6	1,006	66.7	812	64.8	154	66.4	39	75.0
Allopurinol (100 mg) to Febuxostat (40 mg)																
Total	2,439	100.0	1,210	100.0	768	100.0	235	100.0	139	100.0	*****	*****	*****	*****	*****	*****
Male	1,395	57.2	671	55.5	443	57.7	150	63.8	81	58.3	*****	*****	*****	*****	0	0.0
Allopurinol (100 mg) to Febuxostat (80 mg)																
Total	887	100.0	416	100.0	324	100.0	89	100.0	36	100.0	*****	*****	*****	*****	0	0.0
Male	611	68.9	283	68.0	223	68.8	68	76.4	*****	*****	*****	*****	0	0.0	0	0.0
Allopurinol (300 mg) to Febuxostat (40 mg)																
Total	1,248	100.0	602	100.0	436	100.0	115	100.0	52	100.0	*****	*****	*****	*****	0	0.0
Male	847	67.9	404	67.1	296	67.9	75	65.2	40	76.9	*****	*****	*****	*****	0	0.0
Allopurinol (300 mg) to Febuxostat (80 mg)																
Total	819	100.0	375	100.0	291	100.0	90	100.0	45	100.0	*****	*****	*****	*****	0	0.0
Male	635	77.5	283	75.5	229	78.7	74	82.2	37	82.2	*****	*****	*****	*****	0	0.0
Allopurinol (any strength) to Febuxostat (any strength)																
Total	5,284	100.0	2,543	100.0	1,736	100.0	532	100.0	282	100.0	172	100.0	*****	*****	*****	*****
Male	3,421	64.7	1,601	63.0	1,143	65.8	360	67.7	194	68.8	*****	*****	*****	*****	*****	*****

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

Table 7c. Descriptive Statistics of Continuous Exposure Duration of Prevalent New Use Urate-Lowering Therapy Exposures with a Subsequent Switch in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, in Days, by Sex

Exposures	Total	Standard		Minimum	Q1	Median	Q3	Maximum
	Members	Mean	Deviation					
Febuxostat (40 mg) to Allopurinol (100 mg)								
Total	9,440	108.72	221.83	2	20	39	89	2,595
Male	5,486	109.75	228.05	2	20	40	90	2,549
Febuxostat (40 mg) to Allopurinol (300 mg)								
Total	6,427	110.56	213.53	2	21	43	98	2,352
Male	4,453	112.58	217.06	2	22	44	99	2,337
Febuxostat (80 mg) to Allopurinol (100 mg)								
Total	1,684	103.43	190.43	2	20	41	93	2,325
Male	1,154	100.82	185.49	2	21	43	91	2,325
Febuxostat (80 mg) to Allopurinol (300 mg)								
Total	2,657	108.88	211.54	2	22	46	97	2,583
Male	2,058	112.4	218.22	2	22	48	98	2,583
Febuxostat (any strength) to Allopurinol (any strength)								
Total	20,003	118.59	233.64	2	21	42	99	2,595
Male	13,004	120.62	238.02	2	21	44	100	2,583
Allopurinol (100mg) to Febuxostat (40 mg)								
Total	2,439	72.73	138.82	2	14	30	68	1,960
Male	1,395	73.86	127.18	2	14	31	76	1,326
Allopurinol (100 mg) to Febuxostat (80 mg)								
Total	887	64.59	122.71	2	15	32	65	1,674
Male	611	60.21	92.01	2	15	33	67	1,030
Allopurinol (300 mg) to Febuxostat (40 mg)								
Total	1,248	70.44	141.87	2	16	31	66	1,683
Male	847	72	135.02	2	17	31	67	1,525
Allopurinol (300 mg) to Febuxostat (80 mg)								
Total	819	64.34	100.71	2	14	33	71	1,110
Male	635	63.97	96.72	2	14	35	75	1,110
Allopurinol (any strength) to Febuxostat (any strength)								
Total	5,284	74.32	145.57	2	15	31	70	2,062
Male	3,421	75.19	138.6	2	15	32	73	2,062

Table 8a. Summary of Members with Prevalent New Use Urate-Lowering Therapy Dispensings among Exposures with a Subsequent Switch in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, by Age Group

Age Group	New Users	Eligible Members ¹	New Users per 10,000 Eligible Members	Years at Risk	Adjusted Dispensings	Days Supplied	Amount Supplied	New Episodes with a Switching Event	Percent of New Users that Switched	Switching Events per 1,000 Years at Risk
Febuxostat (40 mg) to Allopurinol (100 mg)										
21-44 years	3,887	182,414	213.09	2,303.2	20,748	729,285	742,377	305	7.8	132.42
45-64 years	15,168	751,460	201.85	10,595.5	99,277	3,639,180	3,699,726	1,907	12.6	179.98
65+ years	47,260	1,996,306	236.74	37,551.6	349,498	13,254,798	13,350,626	7,228	15.3	192.48
Febuxostat (40 mg) to Allopurinol (300 mg)										
21-44 years	3,887	182,414	213.09	2,282.1	20,800	731,075	744,587	374	9.6	163.88
45-64 years	15,169	751,461	201.86	10,830.4	99,294	3,638,606	3,699,232	1,748	11.5	161.40
65+ years	47,255	1,996,321	236.71	39,380.9	350,297	13,285,617	13,380,598	4,305	9.1	109.32
Febuxostat (80mg) to Allopurinol (100mg)										
21-44 years	1,590	182,414	87.16	982.8	8,763	301,657	303,382	80	5.0	81.40
45-64 years	5,399	751,501	71.84	3,988.0	35,873	1,328,119	1,326,990	451	8.4	113.09
65+ years	10,290	1,996,425	51.54	8,426.8	72,401	2,889,698	2,865,048	1,153	11.2	136.83
Febuxostat (80mg) to Allopurinol (300mg)										
21-44 years	1,590	182,414	87.16	941.7	8,772	301,947	303,672	218	13.7	231.50
45-64 years	5,398	751,479	71.83	3,823.7	35,776	1,324,936	1,323,067	900	16.7	235.37
65+ years	10,290	1,996,413	51.54	8,316.9	72,256	2,885,055	2,860,405	1,539	15.0	185.04
Febuxostat (any strength) to Allopurinol (any strength)										
21-44 years	5,443	182,414	298.39	3,603.3	34,999	1,233,831	1,258,774	956	17.6	265.31
45-64 years	20,426	751,353	271.86	15,647.7	157,357	5,845,908	5,918,254	4,932	24.1	315.19
65+ years	57,225	1,996,064	286.69	49,369.4	479,708	18,445,326	18,539,664	14,115	24.7	285.91
Allopurinol (100 mg) to Febuxostat (40 mg)										
21-44 years	716	15,351	466.42	358.4	3,325	113,189	168,621	73	10.2	203.68
45-64 years	3,257	57,954	562.00	2,079.2	18,032	694,195	995,424	419	12.9	201.52
65+ years	12,418	155,572	798.22	10,526.0	83,799	3,674,799	4,895,631	1,947	15.7	184.97
Allopurinol (100 mg) to Febuxostat (80 mg)										
21-44 years	716	15,351	466.42	373.3	3,353	114,784	171,271	49	6.8	131.26
45-64 years	3,256	57,958	561.79	2,148.4	18,056	695,043	996,334	225	6.9	104.73
65+ years	12,420	155,589	798.26	11,046.2	84,364	3,694,264	4,921,376	613	4.9	55.49

Table 8a. Summary of Members with Prevalent New Use Urate-Lowering Therapy Dispensings among Exposures with a Subsequent Switch in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, by Age Group

Age Group	New Users	Eligible Members ¹	New Users per 10,000 Eligible Members	Years at Risk	Adjusted Dispensings	Days Supplied	Amount Supplied	New Episodes with a Switching Event	Percent of New Users that Switched	Switching Events per 1,000 Years at Risk
Allopurinol (300 mg) to Febuxostat (40 mg)										
21-44 years	935	15,351	609.08	582.4	5,135	181,504	201,641	63	6.7	108.17
45-64 years	3,153	57,951	544.08	2,536.6	20,903	855,830	895,756	302	9.6	119.06
65+ years	7,204	155,583	463.03	7,112.9	48,163	2,456,850	2,483,054	883	12.3	124.14
Allopurinol (300 mg) to Febuxostat (80 mg)										
21-44 years	935	15,351	609.08	579.1	5,136	181,534	201,671	65	7.0	112.24
45-64 years	3,154	57,960	544.17	2,582.1	20,969	857,455	897,351	259	8.2	100.31
65+ years	7,206	155,592	463.13	7,244.6	48,269	2,460,187	2,486,581	495	6.9	68.33
Allopurinol (any strength) to Febuxostat (any strength)										
21-44 years	1,630	15,351	1,061.82	1,023.0	9,548	340,816	428,050	246	15.1	240.47
45-64 years	6,316	57,927	1,090.34	4,942.5	43,330	1,743,327	2,118,204	1,173	18.6	237.33
65+ years	19,401	155,527	1,247.44	18,883.2	144,814	6,768,092	8,080,657	3,865	19.9	204.68

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

Table 8b. Descriptive Statistics of Continuous Exposure Duration of Prevalent New Use Urate-Lowering Therapy Exposures with a Subsequent Switch in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, in Days, by Age Group

Exposures	Total Members	Mean	Standard Deviation	Minimum	Q1	Median	Q3	Maximum
Febuxostat (40 mg) to Allopurinol (100 mg)								
Total	9,440	108.72	221.83	2	20	39	89	2,595
21-44 years	306	84.3	189.79	2	17	34	62	1,558
45-64 years	1,910	94.5	209.93	2	17	34	76	2,468
65+ years	7,228	113.73	226.5	2	21	41	92	2,595
Febuxostat (40 mg) to Allopurinol (300 mg)								
Total	6,427	110.56	213.53	2	21	43	98	2,352
21-44 years	374	81.75	175.12	2	17	35	70	1,882
45-64 years	1,751	88.52	181.9	2	18	36	76	2,297
65+ years	4,305	122.01	227.08	2	22	47	113	2,352
Febuxostat (80 mg) to Allopurinol (100 mg)								
Total	1,684	103.43	190.43	2	20	41	93	2,325
21-44 years	80	65.3	104.52	2	21	35	71	813
45-64 years	454	91	180.25	2	19	37	86	2,325
65+ years	1,153	111.05	198.1	2	21	44	99	1,918
Febuxostat (80 mg) to Allopurinol (300 mg)								
Total	2,657	108.88	211.54	2	22	46	97	2,583
21-44 years	218	90.99	156.47	2	23	43	89	1,285
45-64 years	902	96.39	199.79	2	21	41	86	2,583
65+ years	1,539	118.72	224.08	2	22	49	103	2,269
Febuxostat (any strength) to Allopurinol (any strength)								
Total	20,003	118.59	233.64	2	21	42	99	2,595
21-44 years	959	90.57	181.92	2	19	36	78	1,882
45-64 years	4,940	103.08	221.2	2	18	36	84	2,583
65+ years	14,115	126.05	240.75	2	21	45	108	2,595
Allopurinol (100 mg) to Febuxostat (40 mg)								
Total	2,439	72.73	138.82	2	14	30	68	1,960
21-44 years	73	83.68	108.58	2	16	41	115	507
45-64 years	421	59.77	106.39	2	13	29	58	1,034
65+ years	1,947	75.14	145.66	2	14	30	71	1,960
Allopurinol (100 mg) to Febuxostat (80 mg)								
Total	887	64.59	122.71	2	15	32	65	1,674
21-44 years	49	50.92	44.17	2	17	33	81	162
45-64 years	227	54.51	76.93	2	15	31	57	590
65+ years	613	69.88	139.45	2	15	33	68	1,674
Allopurinol (300 mg) to Febuxostat (40 mg)								
Total	1,248	70.44	141.87	2	16	31	66	1,683
21-44 years	64	52.81	65.67	2	16	30	65	389
45-64 years	302	69.03	128.22	2	16	29	61	1,007
65+ years	883	72.34	150.09	2	17	32	67	1,683
Allopurinol (300 mg) to Febuxostat (80 mg)								
Total	819	64.34	100.71	2	14	33	71	1,110
21-44 years	65	50.15	74.78	2	15	28	49	507
45-64 years	259	61.19	88.3	2	13	33	67	687
65+ years	495	67.85	109.34	2	14	35	79	1,110

Table 8b. Descriptive Statistics of Continuous Exposure Duration of Prevalent New Use Urate-Lowering Therapy Exposures with a Subsequent Switch in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, in Days, by Age Group

Exposures	Total Members	Mean	Standard Deviation	Minimum	Q1	Median	Q3	Maximum
Allopurinol (any strength) to Febuxostat (any strength)								
Total	5,284	74.32	145.57	2	15	31	70	2,062
21-44 years	247	61.25	78.25	2	16	33	75	507
45-64 years	1,177	64.79	112.99	2	14	30	62	1,338
65+ years	3,865	78.17	157.02	2	15	31	72	2,062

Table 9. Summary of Members with Prevalent New Use Urate-Lowering Therapy Dispensings among Exposures with a Subsequent Switch in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, by Year

Year	New Users	Eligible Members ¹	New Users per 10,000 Eligible Members	Years at Risk	Adjusted Dispensings	Days Supplied	Amount Supplied	New Episodes with a Switching Event	Percent of New Users that Switched	Switching Events per 1,000 Years at Risk
Febuxostat (40 mg) to Allopurinol (100 mg)										
2009	1,357	208,976	64.94	971.5	7,956	319,722	328,149	108	8.0	111.17
2010	4,808	556,176	86.45	4,295.5	39,455	1,476,422	1,503,556	603	12.5	140.38
2011	8,808	730,557	120.57	8,294.6	78,814	2,915,854	2,946,916	1,239	14.1	149.37
2012	8,463	821,839	102.98	7,727.6	72,369	2,723,305	2,750,135	1,221	14.4	158.01
2013	8,167	930,744	87.75	7,017.1	65,035	2,456,010	2,480,447	1,171	14.3	166.88
2014	8,286	1,007,977	82.20	6,872.1	63,747	2,431,098	2,446,207	1,178	14.2	171.42
2015	8,513	1,063,751	80.03	6,270.6	58,760	2,210,548	2,219,082	1,277	15.0	203.65
2016	8,748	1,112,280	78.65	5,315.8	48,880	1,850,339	1,868,631	1,295	14.8	243.61
2017	8,305	1,140,234	72.84	3,409.6	31,429	1,148,533	1,157,976	1,189	14.3	348.72
2018	1,785	689,092	25.90	276.0	3,078	91,432	91,630	159	8.9	576.09
Febuxostat (40 mg) to Allopurinol (300 mg)										
2009	1,357	208,976	64.94	979.2	7,955	319,692	328,119	107	7.9	109.27
2010	4,809	556,163	86.47	4,359.2	39,469	1,476,842	1,503,976	525	10.9	120.43
2011	8,812	730,563	120.62	8,608.0	78,861	2,916,682	2,947,744	935	10.6	108.62
2012	8,469	821,959	103.03	8,054.2	72,572	2,731,966	2,758,796	818	9.7	101.56
2013	8,176	930,961	87.82	7,263.6	65,139	2,458,998	2,484,036	788	9.6	108.49
2014	8,307	1,008,264	82.39	7,200.5	63,956	2,437,973	2,452,444	735	8.8	102.08
2015	8,522	1,064,154	80.08	6,601.0	58,691	2,208,009	2,216,423	806	9.5	122.10
2016	8,759	1,112,741	78.72	5,596.6	49,081	1,858,692	1,876,803	830	9.5	148.30
2017	8,341	1,140,814	73.11	3,549.4	31,568	1,154,517	1,163,950	777	9.3	218.91
2018	1,794	689,491	26.02	281.8	3,099	91,927	92,125	106	5.9	376.15

Table 9. Summary of Members with Prevalent New Use Urate-Lowering Therapy Dispensings among Exposures with a Subsequent Switch in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, by Year

Year	New Users	Eligible Members ¹	New Users per 10,000 Eligible Members	Years at Risk	Adjusted Dispensings	Days Supplied	Amount Supplied	New Episodes with a Switching Event	Percent of New Users that Switched	Switching Events per 1,000 Years at Risk
Febuxostat (80 mg) to Allopurinol (100 mg)										
2009	458	208,976	21.92	403.1	3,329	130,728	130,214	17	3.7	42.17
2010	1,359	556,206	24.43	1,200.5	10,847	409,643	408,315	106	7.8	88.30
2011	2,482	730,775	33.96	2,343.6	20,647	791,042	787,535	227	9.1	96.86
2012	2,212	822,456	26.90	2,015.4	17,776	677,294	673,603	230	10.4	114.12
2013	2,175	931,651	23.35	1,921.7	16,482	645,532	639,711	209	9.6	108.76
2014	2,006	1,009,165	19.88	1,570.4	14,090	537,826	537,925	218	10.9	138.82
2015	2,117	1,065,171	19.87	1,598.1	13,679	542,591	536,989	199	9.4	124.52
2016	2,187	1,113,952	19.63	1,362.3	11,756	460,447	457,803	227	10.4	166.63
2017	2,109	1,142,199	18.46	914.4	7,744	302,417	301,534	236	11.2	258.09
2018	385	690,464	5.58	68.0	687	21,954	21,791	15	3.9	220.59
Febuxostat (80 mg) to Allopurinol (300 mg)										
2009	458	208,976	21.92	394.8	3,328	130,723	130,209	49	10.7	124.11
2010	1,359	556,188	24.43	1,181.3	10,847	409,643	408,315	202	14.9	171.00
2011	2,483	730,710	33.98	2,294.2	20,647	791,027	787,520	365	14.7	159.10
2012	2,214	822,332	26.92	1,966.4	17,755	676,622	672,931	334	15.1	169.85
2013	2,174	931,530	23.34	1,872.0	16,447	644,432	638,555	339	15.6	181.09
2014	2,001	1,008,996	19.83	1,558.5	14,005	535,325	535,424	294	14.7	188.64
2015	2,117	1,064,978	19.88	1,535.0	13,678	541,926	536,324	343	16.2	223.45
2016	2,178	1,113,706	19.56	1,319.8	11,662	458,085	454,937	357	16.4	270.50
2017	2,102	1,141,917	18.41	896.8	7,750	302,291	301,228	343	16.3	382.47
2018	383	690,262	5.55	63.4	685	21,864	21,701	31	8.1	488.96

Table 9. Summary of Members with Prevalent New Use Urate-Lowering Therapy Dispensings among Exposures with a Subsequent Switch in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, by Year

Year	New Users	Eligible Members ¹	New Users per 10,000 Eligible Members	Years at Risk	Adjusted Dispensings	Days Supplied	Amount Supplied	New Episodes with a Switching Event	Percent of New Users that Switched	Switching Events per 1,000 Years at Risk
Febuxostat (any strength) to Allopurinol (any strength)										
2009	1,813	208,976	86.76	1,628.3	13,981	565,740	574,613	294	16.2	180.56
2010	6,161	556,098	110.79	6,136.0	60,624	2,282,168	2,317,479	1,447	23.5	235.82
2011	11,262	730,182	154.24	11,845.8	117,142	4,410,945	4,447,841	2,775	24.6	234.26
2012	10,631	820,922	129.50	10,651.8	103,968	3,957,054	3,986,237	2,572	24.2	241.46
2013	10,282	929,359	110.64	9,736.6	94,576	3,619,906	3,647,403	2,498	24.3	256.56
2014	10,206	1,006,117	101.44	8,972.0	88,111	3,381,421	3,399,807	2,416	23.7	269.28
2015	10,537	1,061,594	99.26	8,211.3	80,931	3,083,753	3,092,472	2,577	24.5	313.84
2016	10,851	1,109,747	97.78	6,843.9	66,992	2,558,380	2,576,570	2,657	24.5	388.23
2017	10,318	1,137,412	90.71	4,266.0	41,891	1,550,131	1,558,668	2,462	23.9	577.12
2018	2,157	687,106	31.39	328.8	3,848	115,567	115,602	305	14.1	927.62
Allopurinol (100 mg) to Febuxostat (40 mg)										
2009	71	3,394	209.19	41.8	378	13,608	21,702	*****	*****	215.31
2010	716	23,170	309.02	637.1	5,177	214,781	304,864	81	11.3	127.14
2011	1,780	40,569	438.76	1,765.9	14,536	606,673	815,592	276	15.5	156.29
2012	1,733	53,354	324.81	1,595.5	13,263	558,739	796,320	282	16.3	176.75
2013	2,011	68,778	292.39	1,874.0	15,102	656,343	896,327	312	15.5	166.49
2014	2,402	75,280	319.08	2,119.2	17,460	728,478	979,514	371	15.4	175.07
2015	2,446	78,416	311.93	2,169.4	16,736	752,178	989,450	357	14.6	164.56
2016	2,391	82,002	291.58	1,646.7	13,197	567,833	759,824	364	15.2	221.05
2017	2,324	82,638	281.23	1,004.5	8,239	346,249	449,818	338	14.5	336.49
2018	641	50,829	126.11	109.6	1,068	37,301	46,264	*****	*****	447.08

Table 9. Summary of Members with Prevalent New Use Urate-Lowering Therapy Dispensings among Exposures with a Subsequent Switch in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, by Year

Year	New Users	Eligible Members ¹	New Users per 10,000 Eligible Members	Years at Risk	Adjusted Dispensings	Days Supplied	Amount Supplied	New Episodes with a Switching Event	Percent of New Users that Switched	Switching Events per 1,000 Years at Risk
Allopurinol (100 mg) to Febuxostat (80 mg)										
2009	71	3,394	209.19	43.4	378	13,608	21,702	*****	*****	69.12
2010	716	23,172	308.99	654.1	5,177	214,781	304,864	39	5.4	59.62
2011	1,783	40,598	439.18	1,846.3	14,621	609,198	820,337	88	4.9	47.66
2012	1,739	53,430	325.47	1,682.8	13,291	559,557	797,203	93	5.3	55.27
2013	2,017	68,930	292.62	1,955.5	15,137	656,831	896,906	113	5.6	57.79
2014	2,425	75,488	321.24	2,226.2	17,653	737,149	991,589	124	5.1	55.70
2015	2,459	78,682	312.52	2,259.6	16,927	758,530	996,892	135	5.5	59.75
2016	2,401	82,285	291.79	1,718.9	13,231	568,989	761,591	121	5.0	70.39
2017	2,335	82,974	281.41	1,068.4	8,276	347,716	451,161	142	6.1	132.91
2018	651	51,110	127.37	112.9	1,082	37,732	46,735	*****	*****	256.86
Allopurinol (300 mg) to Febuxostat (40 mg)										
2009	93	3,394	274.01	62.7	558	20,373	20,300	11	11.8	175.44
2010	603	23,171	260.24	533.0	4,296	184,872	189,334	60	10.0	112.57
2011	1,266	40,588	311.91	1,285.0	9,908	430,807	440,617	147	11.6	114.40
2012	1,292	53,398	241.96	1,351.1	9,653	458,434	475,070	143	11.1	105.84
2013	1,571	68,864	228.13	1,708.2	12,464	589,372	605,421	182	11.6	106.54
2014	1,634	75,421	216.65	1,693.0	11,813	580,513	595,322	187	11.4	110.45
2015	1,566	78,605	199.22	1,622.9	11,143	559,819	565,810	173	11.0	106.60
2016	1,546	82,196	188.09	1,212.3	8,680	412,834	424,556	171	11.1	141.05
2017	1,423	82,867	171.72	683.5	4,995	229,339	235,418	145	10.2	212.14
2018	408	51,040	79.94	80.3	691	27,821	28,604	29	7.1	361.15

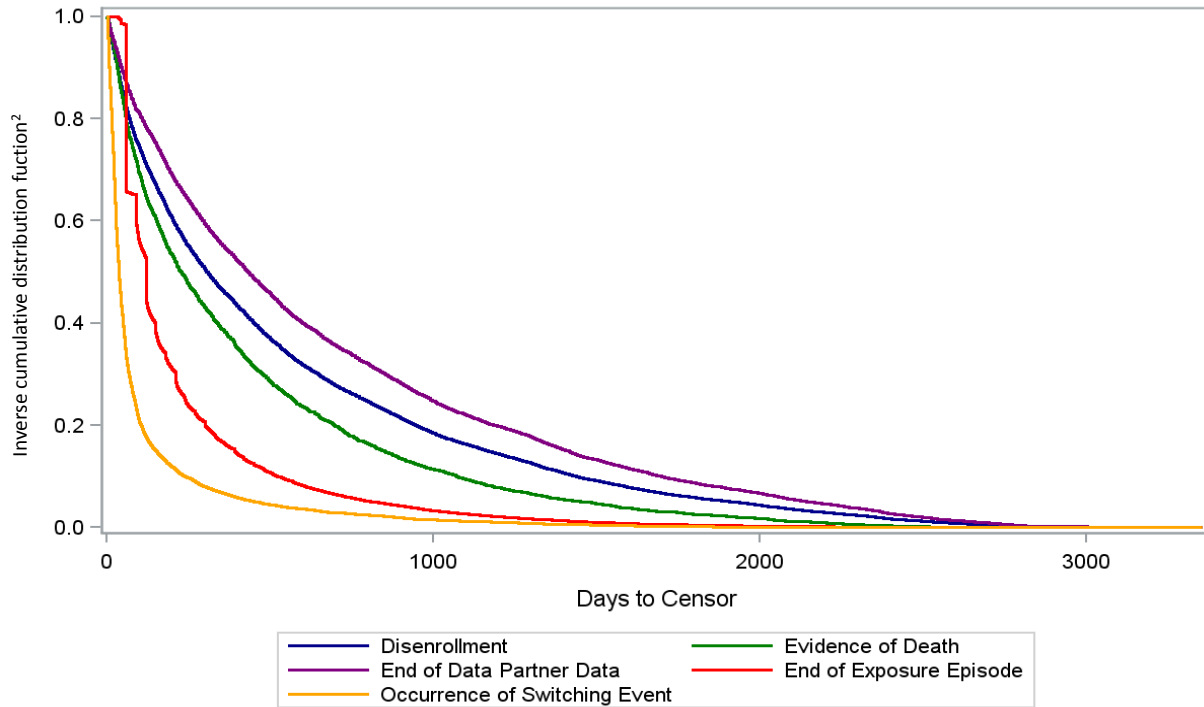
Table 9. Summary of Members with Prevalent New Use Urate-Lowering Therapy Dispensings among Exposures with a Subsequent Switch in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, by Year

Year	New Users	Eligible Members ¹	New Users per 10,000 Eligible Members	Years at Risk	Adjusted Dispensings	Days Supplied	Amount Supplied	New Episodes with a Switching Event	Percent of New Users that Switched	Switching Events per 1,000 Years at Risk
Allopurinol (300 mg) to Febuxostat (80 mg)										
2009	93	3,394	274.01	66.1	558	20,373	20,300	0	0.0	0.00
2010	603	23,173	260.22	567.4	4,296	184,872	189,334	29	4.8	51.11
2011	1,267	40,601	312.06	1,301.6	9,948	432,007	441,817	86	6.8	66.07
2012	1,296	53,434	242.54	1,365.0	9,700	459,944	476,580	85	6.6	62.27
2013	1,572	68,926	228.07	1,746.1	12,491	589,865	605,914	104	6.6	59.56
2014	1,636	75,491	216.71	1,728.0	11,831	581,403	596,212	120	7.3	69.44
2015	1,569	78,681	199.41	1,646.3	11,192	561,165	567,246	122	7.8	74.11
2016	1,551	82,273	188.52	1,217.5	8,686	413,386	425,168	133	8.6	109.24
2017	1,422	82,957	171.41	686.9	4,983	228,550	234,629	120	8.4	174.70
2018	406	51,130	79.41	81.1	689	27,611	28,404	20	4.9	246.61
Allopurinol (any strength) to Febuxostat (any strength)										
2009	163	3,394	480.26	114.9	1,054	38,983	48,692	22	13.5	191.47
2010	1,305	23,167	563.30	1,313.3	10,829	465,419	569,231	204	15.6	155.33
2011	3,018	40,519	744.84	3,499.0	28,293	1,223,832	1,466,011	585	19.4	167.19
2012	3,002	53,134	564.99	3,242.9	26,004	1,164,384	1,437,946	599	20.0	184.71
2013	3,534	68,445	516.33	3,860.6	30,587	1,388,841	1,656,582	692	19.6	179.25
2014	4,001	74,857	534.49	4,091.7	32,247	1,450,736	1,736,853	786	19.6	192.10
2015	3,935	77,872	505.32	3,969.3	30,011	1,419,371	1,676,126	770	19.6	193.99
2016	3,888	81,374	477.79	2,904.7	23,160	1,037,765	1,250,972	771	19.8	265.43
2017	3,680	81,935	449.14	1,668.1	13,726	597,179	709,054	728	19.8	436.42
2018	1,035	50,318	205.69	184.4	1,781	65,725	75,443	127	12.3	688.72

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

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

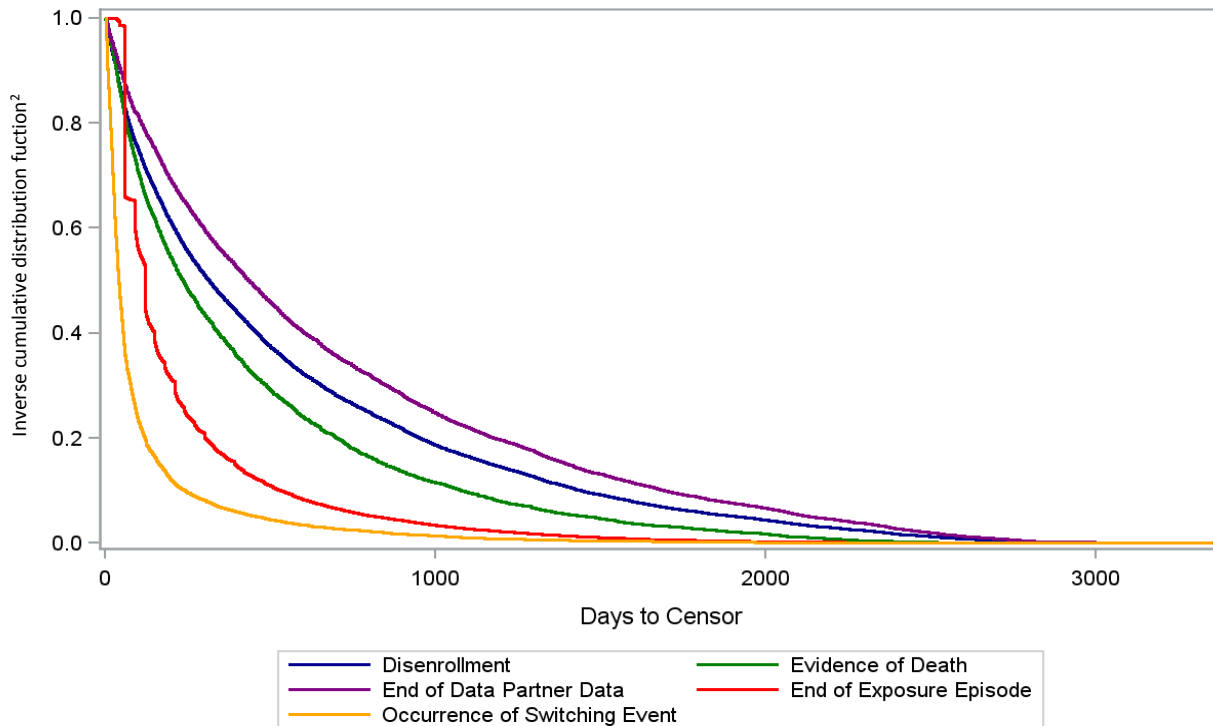
Figure 1a. Time to Censor (days) for Episodes¹ that were Censored due to Disenrollment, Evidence of Death, End of Data Partner Data, End of Exposure Episode or the Occurrence of a Switching Event between Febuxostat (40 mg) and Allopurinol (100 mg) in Prevalent New Users in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018



¹ A single episode may contribute to multiple categories if the member was censored due to multiple criteria on the same day

² Inverse Cumulative distribution function (CDF) gives the value associated with a specific cumulative probability, i.e. the cumulative probability of days to censor for each censoring category

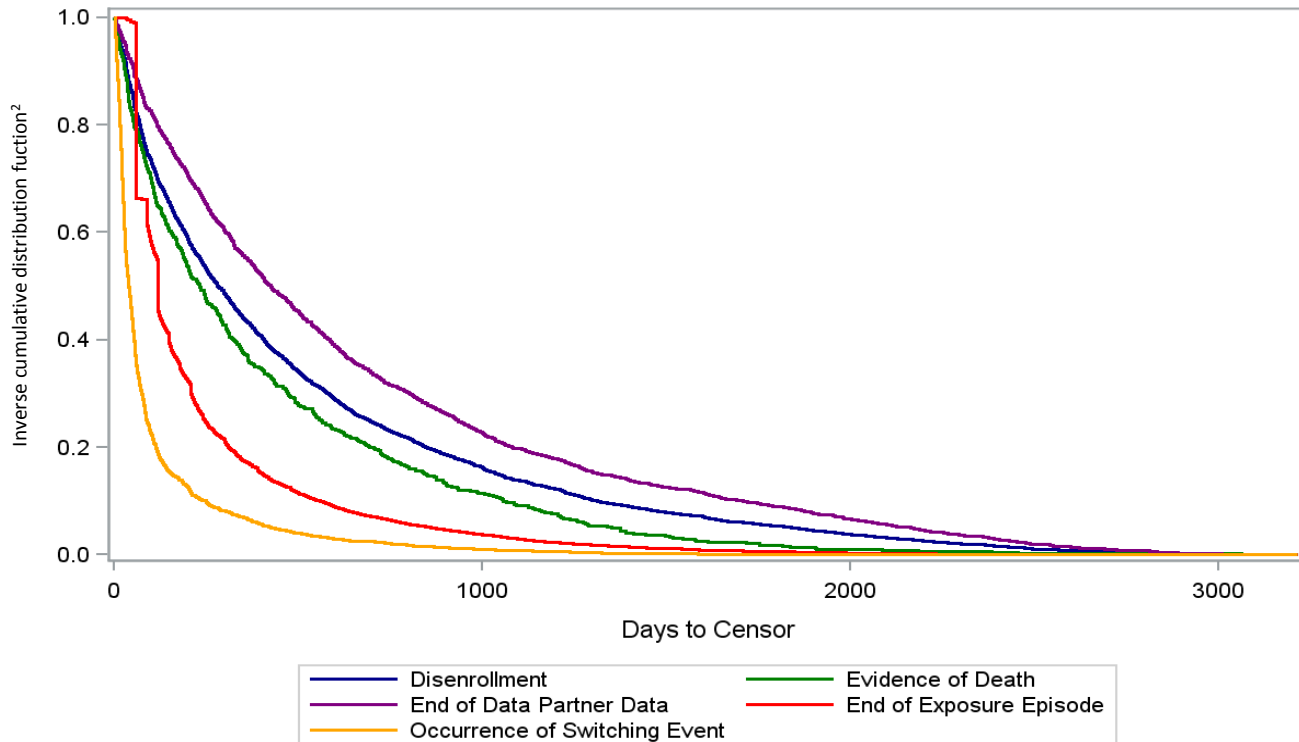
Figure 1b. Time to Censor (days) for Episodes¹ that were Censored due to Disenrollment, Evidence of Death, End of Data Partner Data, End of Exposure Episode or the Occurrence of a Switching Event between Febuxostat (40 mg) and Allopurinol (300 mg) in Prevalent New Users in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018



¹ A single episode may contribute to multiple categories if the member was censored due to multiple criteria on the same day

² Inverse Cumulative distribution function (CDF) gives the value associated with a specific cumulative probability, i.e. the cumulative probability of days to censor for each censoring category

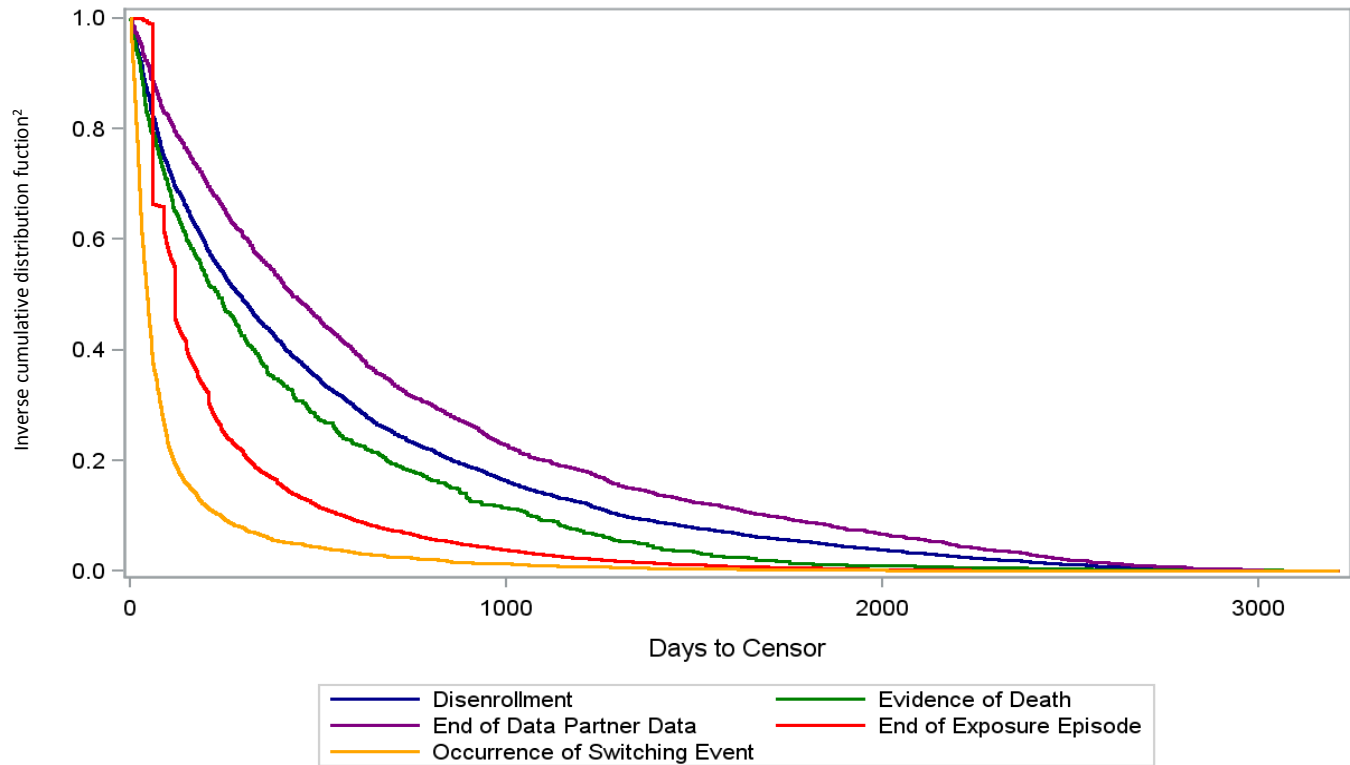
Figure 1c. Time to Censor (days) for Episodes¹ that were Censored due to Disenrollment, Evidence of Death, End of Data Partner Data, End of Exposure Episode or the Occurrence of a Switching Event between Febuxostat (80 mg) and Allopurinol (100 mg) in Prevalent New Users in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018



¹ A single episode may contribute to multiple categories if the member was censored due to multiple criteria on the same day

² Inverse Cumulative distribution function (CDF) gives the value associated with a specific cumulative probability, i.e. the cumulative probability of days to censor for each censoring category

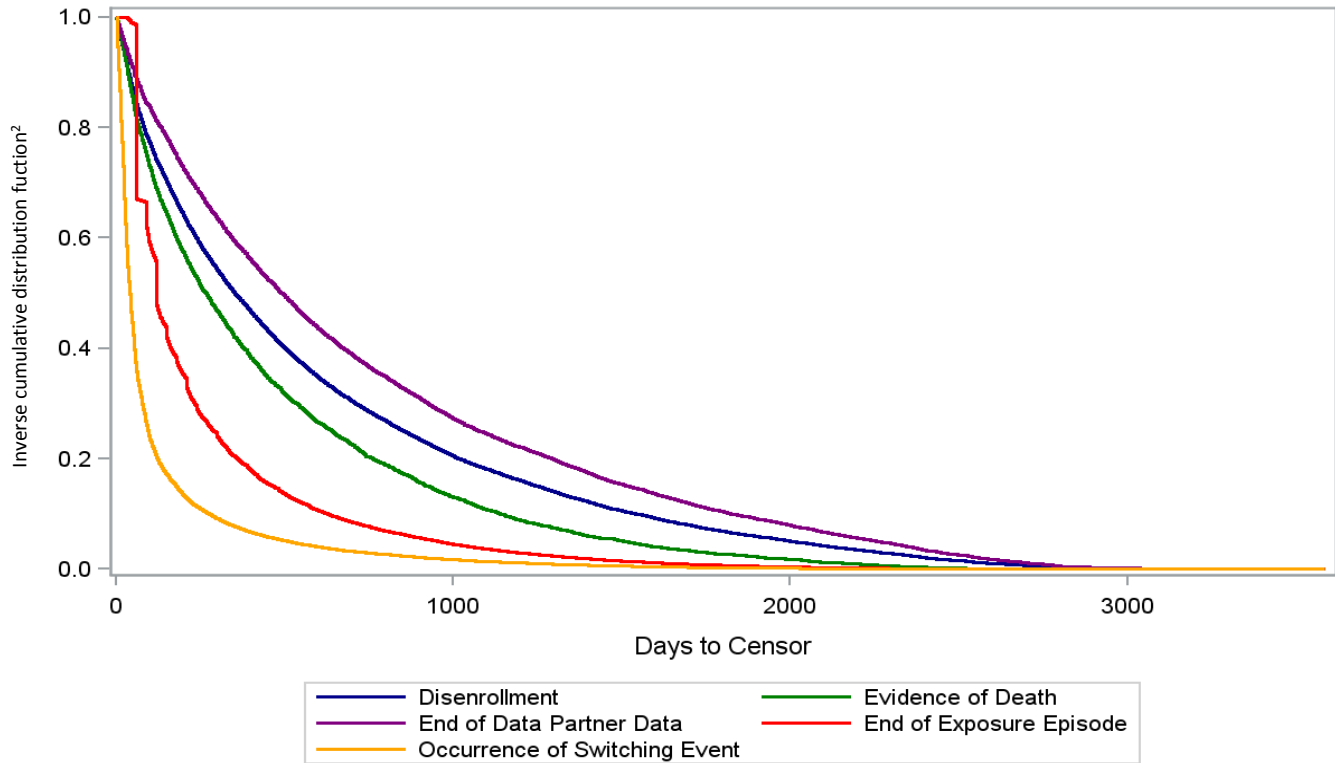
Figure 1d. Time to Censor (days) for Episodes¹ that were Censored due to Disenrollment, Evidence of Death, End of Data Partner Data, End of Exposure Episode or the Occurrence of a Switching Event between Febuxostat (80 mg) and Allopurinol (300 mg) in Prevalent New Users in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018



¹ A single episode may contribute to multiple categories if the member was censored due to multiple criteria on the same day

² Inverse Cumulative distribution function (CDF) gives the value associated with a specific cumulative probability, i.e. the cumulative probability of days to censor for each censoring category

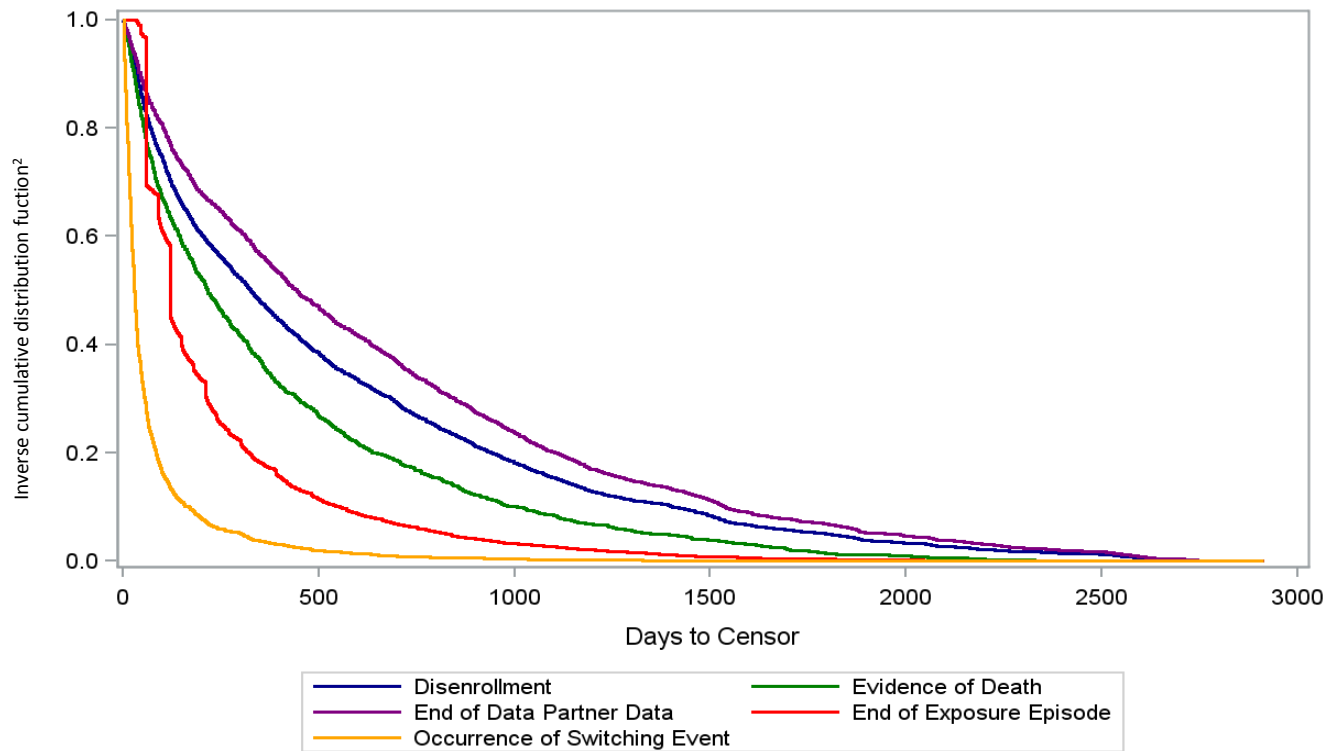
Figure 1e. Time to Censor (days) for Episodes¹ that were Censored due to Disenrollment, Evidence of Death, End of Data Partner Data, End of Exposure Episode or the Occurrence of a Switching Event between Febuxostat (Any Strength) and Allopurinol (Any Strength) in Prevalent New Users in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018



¹ A single episode may contribute to multiple categories if the member was censored due to multiple criteria on the same day

² Inverse Cumulative distribution function (CDF) gives the value associated with a specific cumulative probability, i.e. the cumulative probability of days to censor for each censoring category

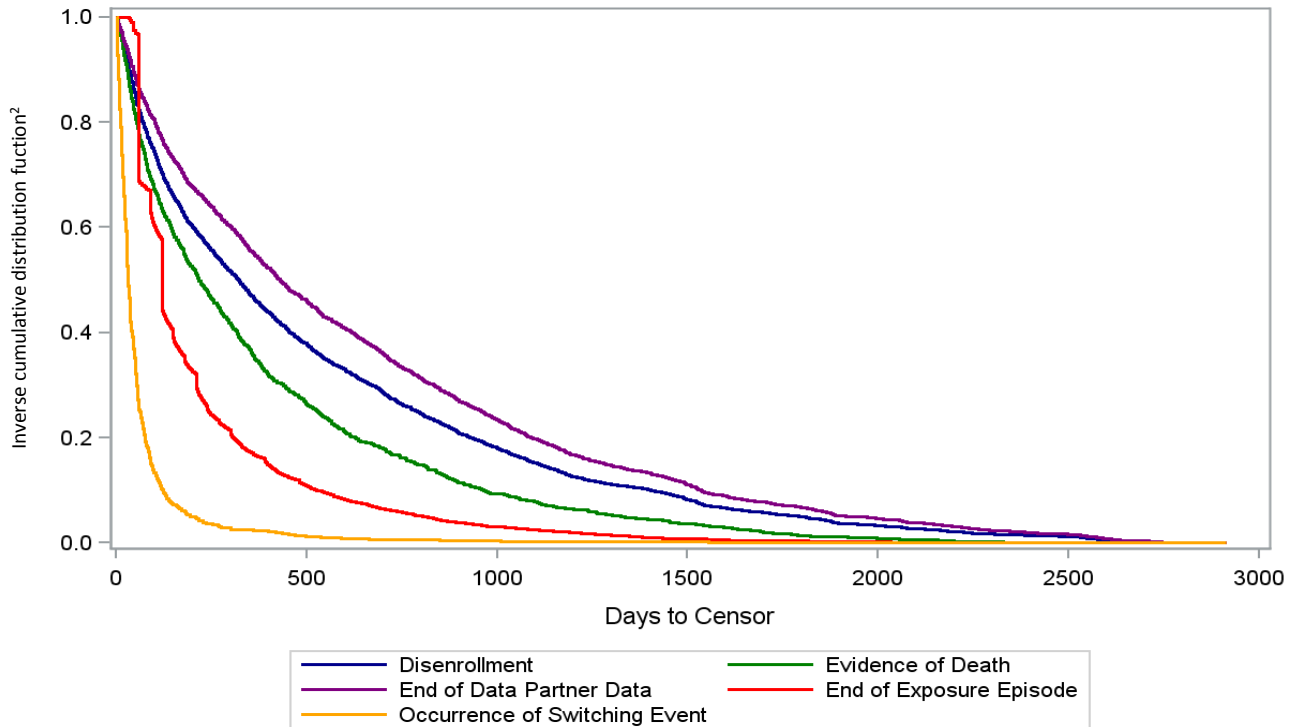
Figure 1f. Time to Censor (days) for Episodes¹ that were Censored due to Disenrollment, Evidence of Death, End of Data Partner Data, End of Exposure Episode or the Occurrence of a Switching Event between Allopurinol (100 mg) and Febuxostat (40 mg) in Prevalent New Users in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018



¹ A single episode may contribute to multiple categories if the member was censored due to multiple criteria on the same day

² Inverse Cumulative distribution function (CDF) gives the value associated with a specific cumulative probability, i.e. the cumulative probability of days to censor for each censoring category

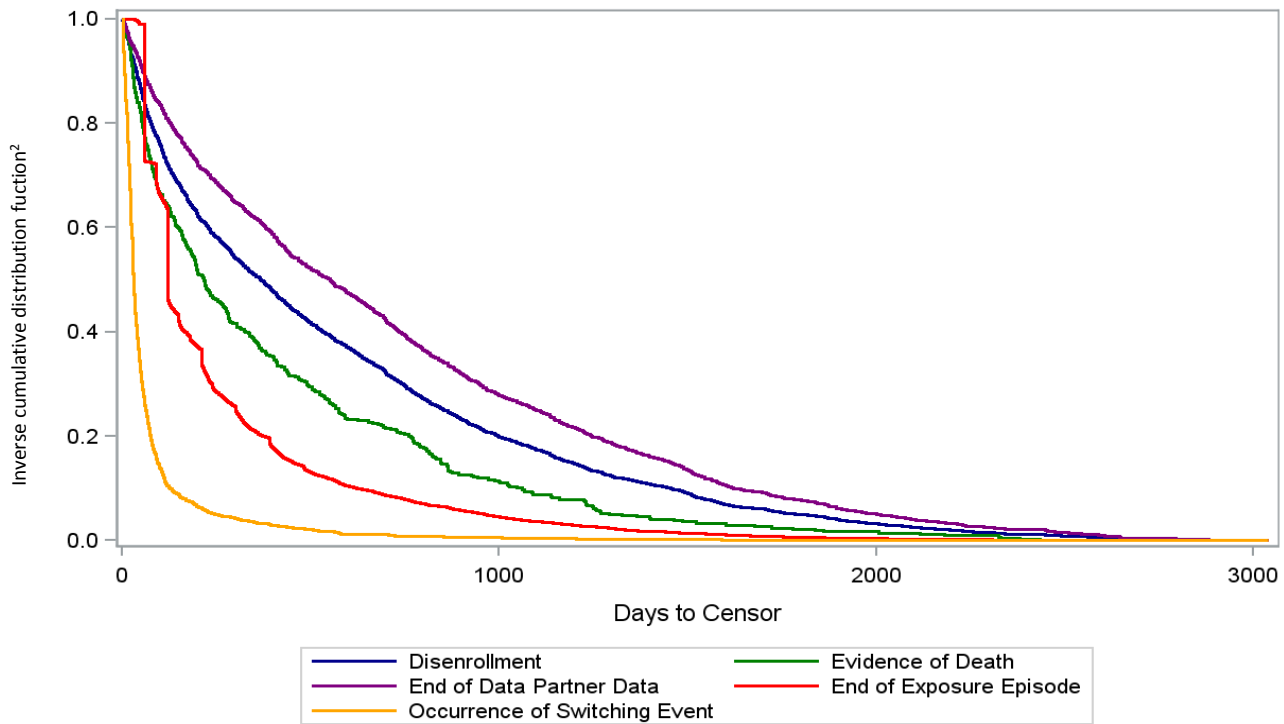
Figure 1g. Time to Censor (days) for Episodes¹ that were Censored due to Disenrollment, Evidence of Death, End of Data Partner Data, End of Exposure Episode or the Occurrence of a Switching Event between Allopurinol (100 mg) and Febuxostat (80 mg) in Prevalent New Users in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018



¹ A single episode may contribute to multiple categories if the member was censored due to multiple criteria on the same day

² Inverse Cumulative distribution function (CDF) gives the value associated with a specific cumulative probability, i.e. the cumulative probability of days to censor for each censoring category

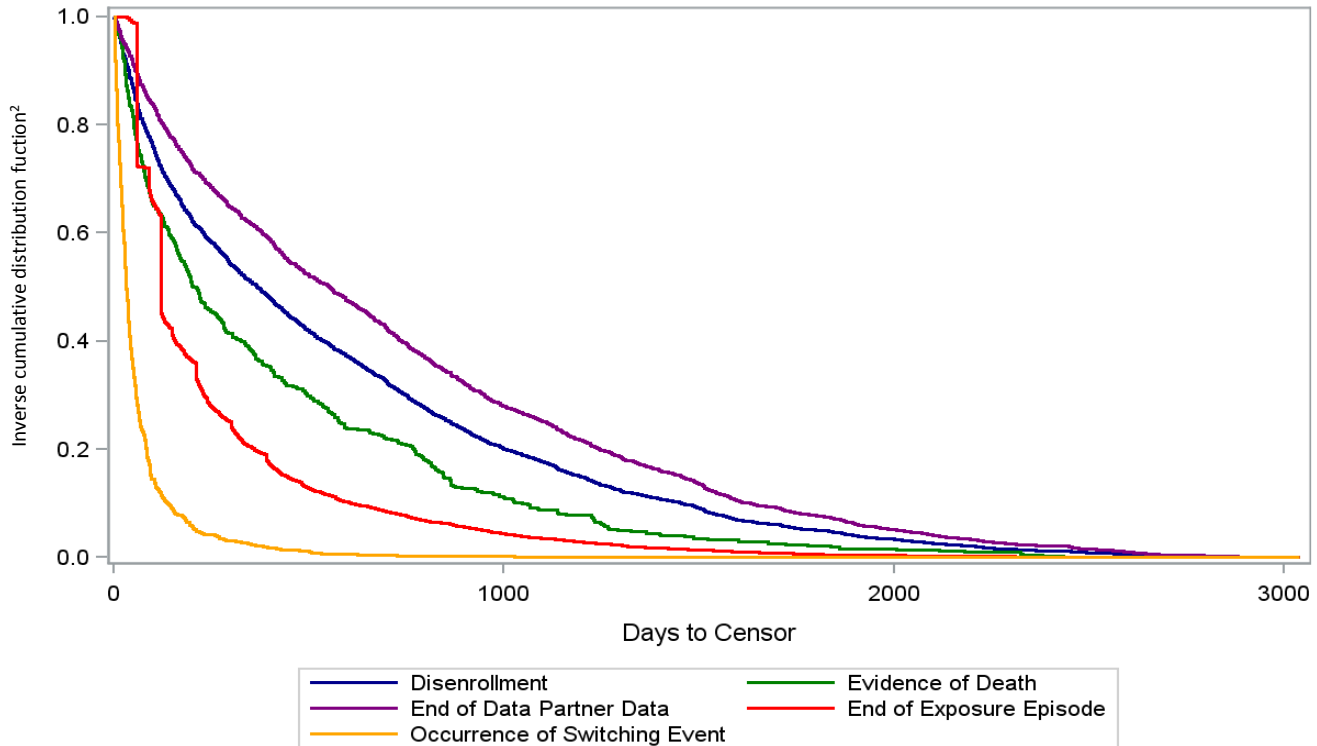
Figure 1h. Time to Censor (days) for Episodes¹ that were Censored due to Disenrollment, Evidence of Death, End of Data Partner Data, End of Exposure Episode or the Occurrence of a Switching Event between Allopurinol (300 mg) and Febuxostat (40 mg) in Prevalent New Users in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018



¹ A single episode may contribute to multiple categories if the member was censored due to multiple criteria on the same day

² Inverse Cumulative distribution function (CDF) gives the value associated with a specific cumulative probability, i.e. the cumulative probability of days to censor for each censoring category

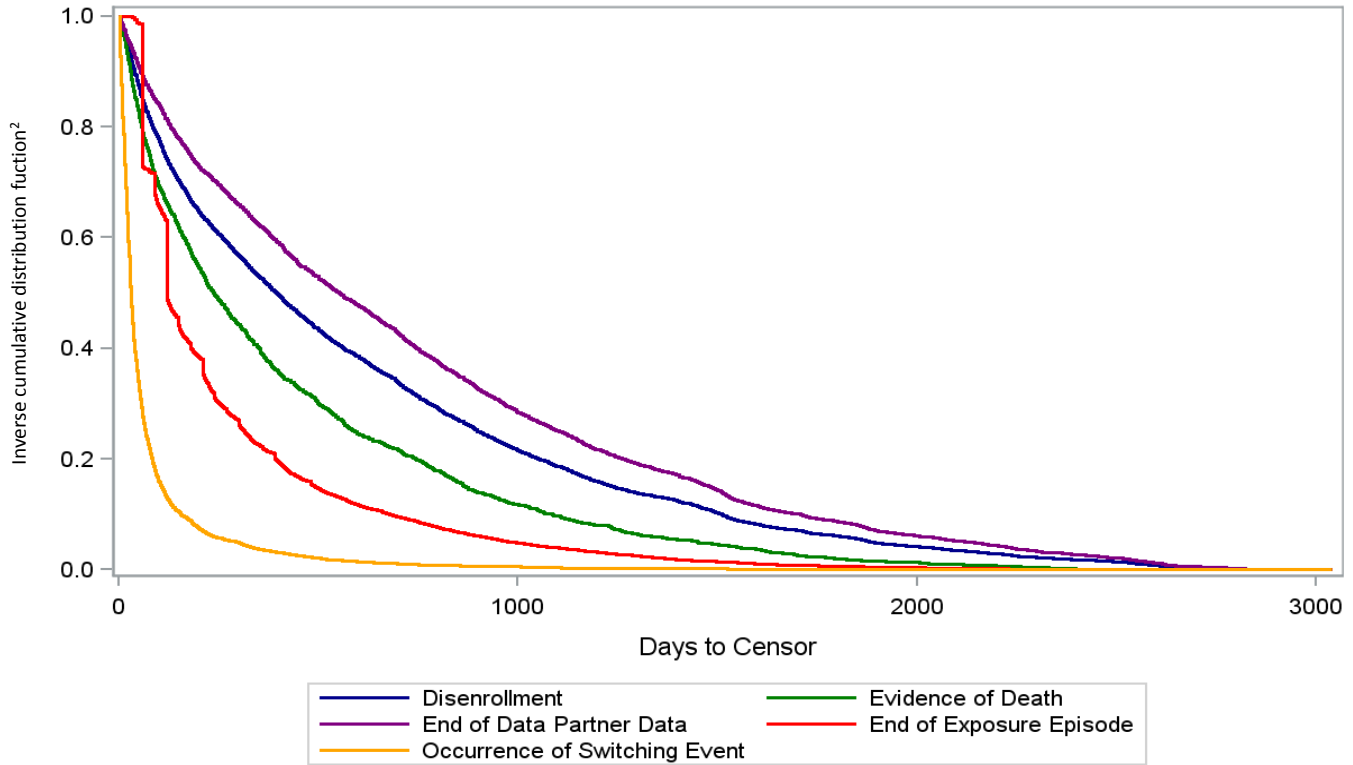
Figure 1i. Time to Censor (days) for Episodes¹ that were Censored due to Disenrollment, Evidence of Death, End of Data Partner Data, End of Exposure Episode or the Occurrence of a Switching Event between Allopurinol (300 mg) and Febuxostat (80 mg) in Prevalent New Users in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018



¹ A single episode may contribute to multiple categories if the member was censored due to multiple criteria on the same day

² Inverse Cumulative distribution function (CDF) gives the value associated with a specific cumulative probability, i.e. the cumulative probability of days to censor for each censoring category

Figure 1h. Time to Censor (days) for Episodes¹ that were Censored due to Disenrollment, Evidence of Death, End of Data Partner Data, End of Exposure Episode or the Occurrence of a Switching Event between Allopurinol (Any Strength) and Febuxostat (Any Strength) in Prevalent New Users in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018



¹ A single episode may contribute to multiple categories if the member was censored due to multiple criteria on the same day

²Inverse Cumulative distribution function (CDF) gives the value associated with a specific cumulative probability, i.e. the cumulative probability of days to censor for each censoring category

Figure 2. Survival Probability by Time to Switching Event Stratified by Switching Event For Prevalent Urate-Lowering Therapy Users in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018

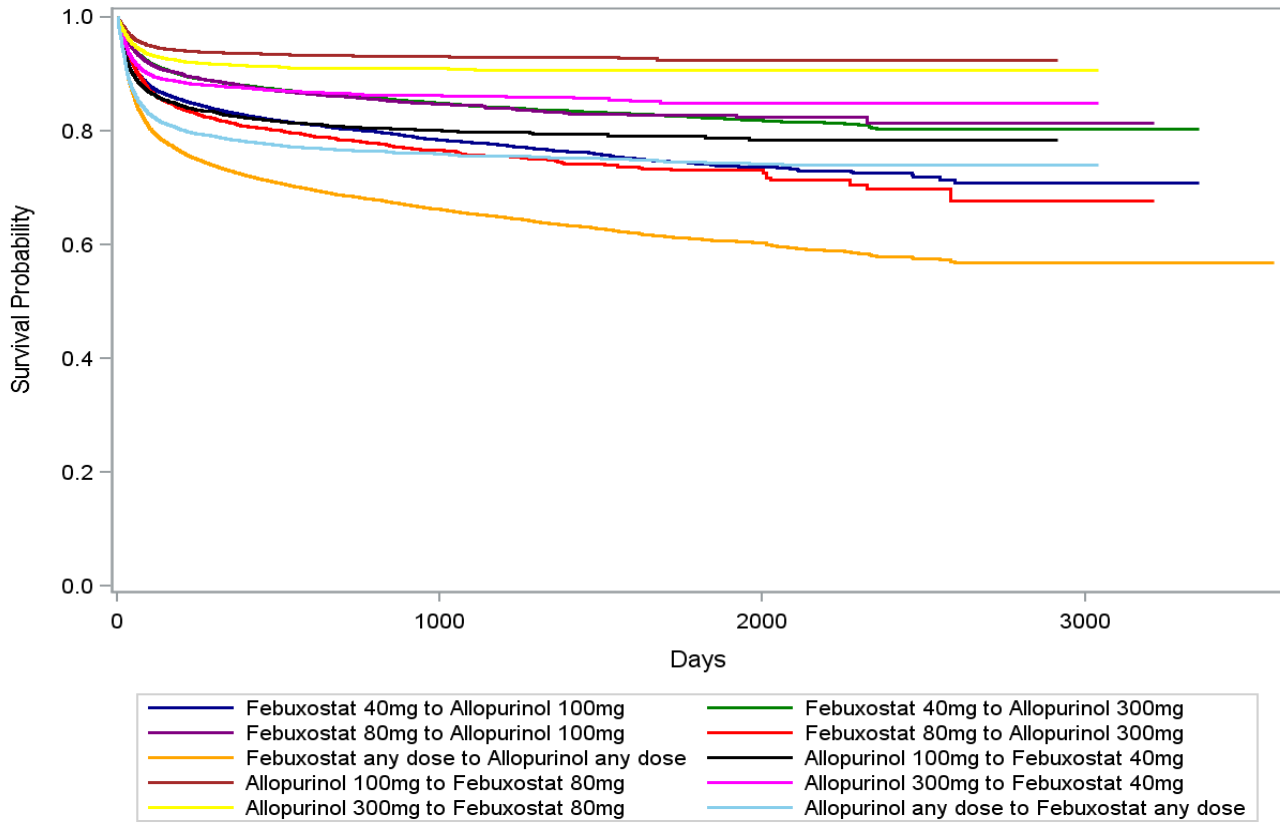
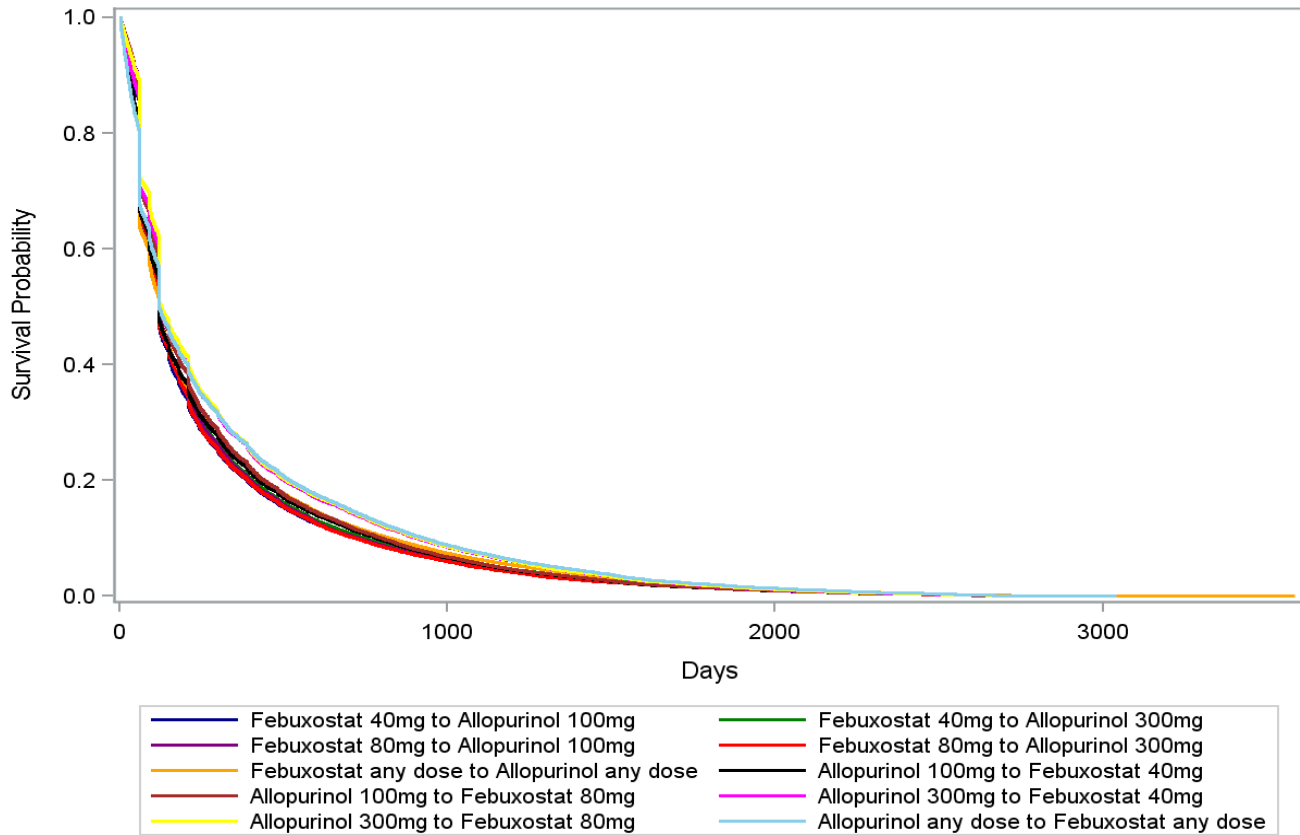


Figure 3. Survival Probability by Time to Censor Stratified by Switching Event For Prevalent Urate-Lowering Therapy Users in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018



Appendix A. Dates of Available Data for Each Data Partner (DP) as of Request Distribution Date (July 8, 2019)

DP ID	Start Date ¹	End Date ¹
DP01	1/1/2000	7/31/2017
DP02	1/1/2000	1/31/2019
DP03	1/1/2004	8/31/2018
DP04	1/1/2008	11/30/2018
DP05	1/1/2006	5/31/2018
DP06	1/1/2000	12/31/2017
DP07	1/1/2010	3/31/2018
DP08	1/1/2000	12/31/2017
DP09	6/1/2007	7/31/2018
DP10	1/1/2000	3/31/2016
DP11	1/1/2005	9/30/2017
DP12	1/1/2000	6/30/2018
DP13	1/1/2000	6/30/2018
DP14	1/1/2008	12/31/2017
DP15	1/1/2000	3/31/2018
DP16	1/1/2012	6/30/2017

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

Appendix B. List of Generic and Brand Medical Product Names Used to Define Urate-Lowering Therapies in this Request

Generic Name	Brand Name
Allopurinol (100 mg)	
allopurinol	Allopurinol
allopurinol	Zyloprim
Allopurinol (300 mg)	
allopurinol	Allopurinol
allopurinol	Zyloprim
Allopurinol (Other Dosages)	
lesinurad/allopurinol	Duzallo
Febuxostat (40 mg)	
febuxostat	Uloric
Febuxostat (80 mg)	
febuxostat	Uloric

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

Code	Description	Code Type	Code Category
Gout			
274	Gout	ICD-9-CM	Diagnosis
274.0	Gouty arthropathy	ICD-9-CM	Diagnosis
274.00	Gouty arthropathy, unspecified	ICD-9-CM	Diagnosis
274.01	Acute gouty arthropathy	ICD-9-CM	Diagnosis
274.02	Chronic gouty arthropathy without mention of tophus (tophi)	ICD-9-CM	Diagnosis
274.03	Chronic gouty arthropathy with tophus (tophi)	ICD-9-CM	Diagnosis
274.1	Gouty nephropathy	ICD-9-CM	Diagnosis
274.10	Gouty nephropathy, unspecified	ICD-9-CM	Diagnosis
274.11	Uric acid nephrolithiasis	ICD-9-CM	Diagnosis
274.19	Other gouty nephropathy	ICD-9-CM	Diagnosis
274.8	Gout with other specified manifestations	ICD-9-CM	Diagnosis
274.81	Gouty tophi of ear	ICD-9-CM	Diagnosis
274.82	Gouty tophi of other sites	ICD-9-CM	Diagnosis
274.89	Gout with other specified manifestations	ICD-9-CM	Diagnosis
274.9	Gout, unspecified	ICD-9-CM	Diagnosis
M10.00	Idiopathic gout, unspecified site	ICD-10-CM	Diagnosis
M10.011	Idiopathic gout, right shoulder	ICD-10-CM	Diagnosis
M10.012	Idiopathic gout, left shoulder	ICD-10-CM	Diagnosis
M10.019	Idiopathic gout, unspecified shoulder	ICD-10-CM	Diagnosis
M10.021	Idiopathic gout, right elbow	ICD-10-CM	Diagnosis
M10.022	Idiopathic gout, left elbow	ICD-10-CM	Diagnosis
M10.029	Idiopathic gout, unspecified elbow	ICD-10-CM	Diagnosis
M10.031	Idiopathic gout, right wrist	ICD-10-CM	Diagnosis
M10.032	Idiopathic gout, left wrist	ICD-10-CM	Diagnosis
M10.039	Idiopathic gout, unspecified wrist	ICD-10-CM	Diagnosis
M10.041	Idiopathic gout, right hand	ICD-10-CM	Diagnosis
M10.042	Idiopathic gout, left hand	ICD-10-CM	Diagnosis
M10.049	Idiopathic gout, unspecified hand	ICD-10-CM	Diagnosis
M10.051	Idiopathic gout, right hip	ICD-10-CM	Diagnosis
M10.052	Idiopathic gout, left hip	ICD-10-CM	Diagnosis
M10.059	Idiopathic gout, unspecified hip	ICD-10-CM	Diagnosis
M10.061	Idiopathic gout, right knee	ICD-10-CM	Diagnosis
M10.062	Idiopathic gout, left knee	ICD-10-CM	Diagnosis
M10.069	Idiopathic gout, unspecified knee	ICD-10-CM	Diagnosis
M10.071	Idiopathic gout, right ankle and foot	ICD-10-CM	Diagnosis
M10.072	Idiopathic gout, left ankle and foot	ICD-10-CM	Diagnosis
M10.079	Idiopathic gout, unspecified ankle and foot	ICD-10-CM	Diagnosis
M10.08	Idiopathic gout, vertebrae	ICD-10-CM	Diagnosis
M10.09	Idiopathic gout, multiple sites	ICD-10-CM	Diagnosis
M10.10	Lead-induced gout, unspecified site	ICD-10-CM	Diagnosis
M10.111	Lead-induced gout, right shoulder	ICD-10-CM	Diagnosis
M10.112	Lead-induced gout, left shoulder	ICD-10-CM	Diagnosis
M10.119	Lead-induced gout, unspecified shoulder	ICD-10-CM	Diagnosis
M10.121	Lead-induced gout, right elbow	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
M10.122	Lead-induced gout, left elbow	ICD-10-CM	Diagnosis
M10.129	Lead-induced gout, unspecified elbow	ICD-10-CM	Diagnosis
M10.131	Lead-induced gout, right wrist	ICD-10-CM	Diagnosis
M10.132	Lead-induced gout, left wrist	ICD-10-CM	Diagnosis
M10.139	Lead-induced gout, unspecified wrist	ICD-10-CM	Diagnosis
M10.141	Lead-induced gout, right hand	ICD-10-CM	Diagnosis
M10.142	Lead-induced gout, left hand	ICD-10-CM	Diagnosis
M10.149	Lead-induced gout, unspecified hand	ICD-10-CM	Diagnosis
M10.151	Lead-induced gout, right hip	ICD-10-CM	Diagnosis
M10.152	Lead-induced gout, left hip	ICD-10-CM	Diagnosis
M10.159	Lead-induced gout, unspecified hip	ICD-10-CM	Diagnosis
M10.161	Lead-induced gout, right knee	ICD-10-CM	Diagnosis
M10.162	Lead-induced gout, left knee	ICD-10-CM	Diagnosis
M10.169	Lead-induced gout, unspecified knee	ICD-10-CM	Diagnosis
M10.171	Lead-induced gout, right ankle and foot	ICD-10-CM	Diagnosis
M10.172	Lead-induced gout, left ankle and foot	ICD-10-CM	Diagnosis
M10.179	Lead-induced gout, unspecified ankle and foot	ICD-10-CM	Diagnosis
M10.18	Lead-induced gout, vertebrae	ICD-10-CM	Diagnosis
M10.19	Lead-induced gout, multiple sites	ICD-10-CM	Diagnosis
M10.20	Drug-induced gout, unspecified site	ICD-10-CM	Diagnosis
M10.211	Drug-induced gout, right shoulder	ICD-10-CM	Diagnosis
M10.212	Drug-induced gout, left shoulder	ICD-10-CM	Diagnosis
M10.219	Drug-induced gout, unspecified shoulder	ICD-10-CM	Diagnosis
M10.221	Drug-induced gout, right elbow	ICD-10-CM	Diagnosis
M10.222	Drug-induced gout, left elbow	ICD-10-CM	Diagnosis
M10.229	Drug-induced gout, unspecified elbow	ICD-10-CM	Diagnosis
M10.231	Drug-induced gout, right wrist	ICD-10-CM	Diagnosis
M10.232	Drug-induced gout, left wrist	ICD-10-CM	Diagnosis
M10.239	Drug-induced gout, unspecified wrist	ICD-10-CM	Diagnosis
M10.241	Drug-induced gout, right hand	ICD-10-CM	Diagnosis
M10.242	Drug-induced gout, left hand	ICD-10-CM	Diagnosis
M10.249	Drug-induced gout, unspecified hand	ICD-10-CM	Diagnosis
M10.251	Drug-induced gout, right hip	ICD-10-CM	Diagnosis
M10.252	Drug-induced gout, left hip	ICD-10-CM	Diagnosis
M10.259	Drug-induced gout, unspecified hip	ICD-10-CM	Diagnosis
M10.261	Drug-induced gout, right knee	ICD-10-CM	Diagnosis
M10.262	Drug-induced gout, left knee	ICD-10-CM	Diagnosis
M10.269	Drug-induced gout, unspecified knee	ICD-10-CM	Diagnosis
M10.271	Drug-induced gout, right ankle and foot	ICD-10-CM	Diagnosis
M10.272	Drug-induced gout, left ankle and foot	ICD-10-CM	Diagnosis
M10.279	Drug-induced gout, unspecified ankle and foot	ICD-10-CM	Diagnosis
M10.28	Drug-induced gout, vertebrae	ICD-10-CM	Diagnosis
M10.29	Drug-induced gout, multiple sites	ICD-10-CM	Diagnosis
M10.30	Gout due to renal impairment, unspecified site	ICD-10-CM	Diagnosis
M10.311	Gout due to renal impairment, right shoulder	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
M10.312	Gout due to renal impairment, left shoulder	ICD-10-CM	Diagnosis
M10.319	Gout due to renal impairment, unspecified shoulder	ICD-10-CM	Diagnosis
M10.321	Gout due to renal impairment, right elbow	ICD-10-CM	Diagnosis
M10.322	Gout due to renal impairment, left elbow	ICD-10-CM	Diagnosis
M10.329	Gout due to renal impairment, unspecified elbow	ICD-10-CM	Diagnosis
M10.331	Gout due to renal impairment, right wrist	ICD-10-CM	Diagnosis
M10.332	Gout due to renal impairment, left wrist	ICD-10-CM	Diagnosis
M10.339	Gout due to renal impairment, unspecified wrist	ICD-10-CM	Diagnosis
M10.341	Gout due to renal impairment, right hand	ICD-10-CM	Diagnosis
M10.342	Gout due to renal impairment, left hand	ICD-10-CM	Diagnosis
M10.349	Gout due to renal impairment, unspecified hand	ICD-10-CM	Diagnosis
M10.351	Gout due to renal impairment, right hip	ICD-10-CM	Diagnosis
M10.352	Gout due to renal impairment, left hip	ICD-10-CM	Diagnosis
M10.359	Gout due to renal impairment, unspecified hip	ICD-10-CM	Diagnosis
M10.361	Gout due to renal impairment, right knee	ICD-10-CM	Diagnosis
M10.362	Gout due to renal impairment, left knee	ICD-10-CM	Diagnosis
M10.369	Gout due to renal impairment, unspecified knee	ICD-10-CM	Diagnosis
M10.371	Gout due to renal impairment, right ankle and foot	ICD-10-CM	Diagnosis
M10.372	Gout due to renal impairment, left ankle and foot	ICD-10-CM	Diagnosis
M10.379	Gout due to renal impairment, unspecified ankle and foot	ICD-10-CM	Diagnosis
M10.38	Gout due to renal impairment, vertebrae	ICD-10-CM	Diagnosis
M10.39	Gout due to renal impairment, multiple sites	ICD-10-CM	Diagnosis
M10.40	Other secondary gout, unspecified site	ICD-10-CM	Diagnosis
M10.411	Other secondary gout, right shoulder	ICD-10-CM	Diagnosis
M10.412	Other secondary gout, left shoulder	ICD-10-CM	Diagnosis
M10.419	Other secondary gout, unspecified shoulder	ICD-10-CM	Diagnosis
M10.421	Other secondary gout, right elbow	ICD-10-CM	Diagnosis
M10.422	Other secondary gout, left elbow	ICD-10-CM	Diagnosis
M10.429	Other secondary gout, unspecified elbow	ICD-10-CM	Diagnosis
M10.431	Other secondary gout, right wrist	ICD-10-CM	Diagnosis
M10.432	Other secondary gout, left wrist	ICD-10-CM	Diagnosis
M10.439	Other secondary gout, unspecified wrist	ICD-10-CM	Diagnosis
M10.441	Other secondary gout, right hand	ICD-10-CM	Diagnosis
M10.442	Other secondary gout, left hand	ICD-10-CM	Diagnosis
M10.449	Other secondary gout, unspecified hand	ICD-10-CM	Diagnosis
M10.451	Other secondary gout, right hip	ICD-10-CM	Diagnosis
M10.452	Other secondary gout, left hip	ICD-10-CM	Diagnosis
M10.459	Other secondary gout, unspecified hip	ICD-10-CM	Diagnosis
M10.461	Other secondary gout, right knee	ICD-10-CM	Diagnosis
M10.462	Other secondary gout, left knee	ICD-10-CM	Diagnosis
M10.469	Other secondary gout, unspecified knee	ICD-10-CM	Diagnosis
M10.471	Other secondary gout, right ankle and foot	ICD-10-CM	Diagnosis
M10.472	Other secondary gout, left ankle and foot	ICD-10-CM	Diagnosis
M10.479	Other secondary gout, unspecified ankle and foot	ICD-10-CM	Diagnosis
M10.48	Other secondary gout, vertebrae	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
M10.49	Other secondary gout, multiple sites	ICD-10-CM	Diagnosis
M10.9	Gout, unspecified	ICD-10-CM	Diagnosis
M1A.00X0	Idiopathic chronic gout, unspecified site, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.00X1	Idiopathic chronic gout, unspecified site, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0110	Idiopathic chronic gout, right shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0111	Idiopathic chronic gout, right shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0120	Idiopathic chronic gout, left shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0121	Idiopathic chronic gout, left shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0190	Idiopathic chronic gout, unspecified shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0191	Idiopathic chronic gout, unspecified shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0210	Idiopathic chronic gout, right elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0211	Idiopathic chronic gout, right elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0220	Idiopathic chronic gout, left elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0221	Idiopathic chronic gout, left elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0290	Idiopathic chronic gout, unspecified elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0291	Idiopathic chronic gout, unspecified elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0310	Idiopathic chronic gout, right wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0311	Idiopathic chronic gout, right wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0320	Idiopathic chronic gout, left wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0321	Idiopathic chronic gout, left wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0390	Idiopathic chronic gout, unspecified wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0391	Idiopathic chronic gout, unspecified wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0410	Idiopathic chronic gout, right hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0411	Idiopathic chronic gout, right hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0420	Idiopathic chronic gout, left hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0421	Idiopathic chronic gout, left hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0490	Idiopathic chronic gout, unspecified hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0491	Idiopathic chronic gout, unspecified hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0510	Idiopathic chronic gout, right hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0511	Idiopathic chronic gout, right hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0520	Idiopathic chronic gout, left hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0521	Idiopathic chronic gout, left hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0590	Idiopathic chronic gout, unspecified hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0591	Idiopathic chronic gout, unspecified hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0610	Idiopathic chronic gout, right knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0611	Idiopathic chronic gout, right knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0620	Idiopathic chronic gout, left knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0621	Idiopathic chronic gout, left knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0690	Idiopathic chronic gout, unspecified knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0691	Idiopathic chronic gout, unspecified knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0710	Idiopathic chronic gout, right ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0711	Idiopathic chronic gout, right ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0720	Idiopathic chronic gout, left ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0721	Idiopathic chronic gout, left ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0790	Idiopathic chronic gout, unspecified ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
M1A.0791	Idiopathic chronic gout, unspecified ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.08X0	Idiopathic chronic gout, vertebrae, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.08X1	Idiopathic chronic gout, vertebrae, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.09X0	Idiopathic chronic gout, multiple sites, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.09X1	Idiopathic chronic gout, multiple sites, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.20X0	Drug-induced chronic gout, unspecified site, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.20X1	Drug-induced chronic gout, unspecified site, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2110	Drug-induced chronic gout, right shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2111	Drug-induced chronic gout, right shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2120	Drug-induced chronic gout, left shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2121	Drug-induced chronic gout, left shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2190	Drug-induced chronic gout, unspecified shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2191	Drug-induced chronic gout, unspecified shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2210	Drug-induced chronic gout, right elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2211	Drug-induced chronic gout, right elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2220	Drug-induced chronic gout, left elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2221	Drug-induced chronic gout, left elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2290	Drug-induced chronic gout, unspecified elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2291	Drug-induced chronic gout, unspecified elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2310	Drug-induced chronic gout, right wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2311	Drug-induced chronic gout, right wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2320	Drug-induced chronic gout, left wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2321	Drug-induced chronic gout, left wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2390	Drug-induced chronic gout, unspecified wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2391	Drug-induced chronic gout, unspecified wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2410	Drug-induced chronic gout, right hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2411	Drug-induced chronic gout, right hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2420	Drug-induced chronic gout, left hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2421	Drug-induced chronic gout, left hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2490	Drug-induced chronic gout, unspecified hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2491	Drug-induced chronic gout, unspecified hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2510	Drug-induced chronic gout, right hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2511	Drug-induced chronic gout, right hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2520	Drug-induced chronic gout, left hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2521	Drug-induced chronic gout, left hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2590	Drug-induced chronic gout, unspecified hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2591	Drug-induced chronic gout, unspecified hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2610	Drug-induced chronic gout, right knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2611	Drug-induced chronic gout, right knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2620	Drug-induced chronic gout, left knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2621	Drug-induced chronic gout, left knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2690	Drug-induced chronic gout, unspecified knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2691	Drug-induced chronic gout, unspecified knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2710	Drug-induced chronic gout, right ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2711	Drug-induced chronic gout, right ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
M1A.2720	Drug-induced chronic gout, left ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2721	Drug-induced chronic gout, left ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2790	Drug-induced chronic gout, unspecified ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2791	Drug-induced chronic gout, unspecified ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.28X0	Drug-induced chronic gout, vertebrae, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.28X1	Drug-induced chronic gout, vertebrae, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.29X0	Drug-induced chronic gout, multiple sites, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.29X1	Drug-induced chronic gout, multiple sites, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.30X0	Chronic gout due to renal impairment, unspecified site, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.30X1	Chronic gout due to renal impairment, unspecified site, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3110	Chronic gout due to renal impairment, right shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3111	Chronic gout due to renal impairment, right shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3120	Chronic gout due to renal impairment, left shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3121	Chronic gout due to renal impairment, left shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3190	Chronic gout due to renal impairment, unspecified shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3191	Chronic gout due to renal impairment, unspecified shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3210	Chronic gout due to renal impairment, right elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3211	Chronic gout due to renal impairment, right elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3220	Chronic gout due to renal impairment, left elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3221	Chronic gout due to renal impairment, left elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3290	Chronic gout due to renal impairment, unspecified elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3291	Chronic gout due to renal impairment, unspecified elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3310	Chronic gout due to renal impairment, right wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3311	Chronic gout due to renal impairment, right wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3320	Chronic gout due to renal impairment, left wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3321	Chronic gout due to renal impairment, left wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3390	Chronic gout due to renal impairment, unspecified wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3391	Chronic gout due to renal impairment, unspecified wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3410	Chronic gout due to renal impairment, right hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3411	Chronic gout due to renal impairment, right hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3420	Chronic gout due to renal impairment, left hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3421	Chronic gout due to renal impairment, left hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3490	Chronic gout due to renal impairment, unspecified hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3491	Chronic gout due to renal impairment, unspecified hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3510	Chronic gout due to renal impairment, right hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3511	Chronic gout due to renal impairment, right hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3520	Chronic gout due to renal impairment, left hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3521	Chronic gout due to renal impairment, left hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3590	Chronic gout due to renal impairment, unspecified hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3591	Chronic gout due to renal impairment, unspecified hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3610	Chronic gout due to renal impairment, right knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3611	Chronic gout due to renal impairment, right knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3620	Chronic gout due to renal impairment, left knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3621	Chronic gout due to renal impairment, left knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3690	Chronic gout due to renal impairment, unspecified knee, without tophus (tophi)	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
M1A.3691	Chronic gout due to renal impairment, unspecified knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3710	Chronic gout due to renal impairment, right ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3711	Chronic gout due to renal impairment, right ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3720	Chronic gout due to renal impairment, left ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3721	Chronic gout due to renal impairment, left ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3790	Chronic gout due to renal impairment, unspecified ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3791	Chronic gout due to renal impairment, unspecified ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.38X0	Chronic gout due to renal impairment, vertebrae, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.38X1	Chronic gout due to renal impairment, vertebrae, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.39X0	Chronic gout due to renal impairment, multiple sites, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.39X1	Chronic gout due to renal impairment, multiple sites, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.40X0	Other secondary chronic gout, unspecified site, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.40X1	Other secondary chronic gout, unspecified site, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4110	Other secondary chronic gout, right shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4111	Other secondary chronic gout, right shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4120	Other secondary chronic gout, left shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4121	Other secondary chronic gout, left shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4190	Other secondary chronic gout, unspecified shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4191	Other secondary chronic gout, unspecified shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4210	Other secondary chronic gout, right elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4211	Other secondary chronic gout, right elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4220	Other secondary chronic gout, left elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4221	Other secondary chronic gout, left elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4290	Other secondary chronic gout, unspecified elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4291	Other secondary chronic gout, unspecified elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4310	Other secondary chronic gout, right wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4311	Other secondary chronic gout, right wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4320	Other secondary chronic gout, left wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4321	Other secondary chronic gout, left wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4390	Other secondary chronic gout, unspecified wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4391	Other secondary chronic gout, unspecified wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4410	Other secondary chronic gout, right hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4411	Other secondary chronic gout, right hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4420	Other secondary chronic gout, left hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4421	Other secondary chronic gout, left hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4490	Other secondary chronic gout, unspecified hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4491	Other secondary chronic gout, unspecified hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4510	Other secondary chronic gout, right hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4511	Other secondary chronic gout, right hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4520	Other secondary chronic gout, left hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4521	Other secondary chronic gout, left hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4590	Other secondary chronic gout, unspecified hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4591	Other secondary chronic gout, unspecified hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4610	Other secondary chronic gout, right knee, without tophus (tophi)	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
M1A.4611	Other secondary chronic gout, right knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4620	Other secondary chronic gout, left knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4621	Other secondary chronic gout, left knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4690	Other secondary chronic gout, unspecified knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4691	Other secondary chronic gout, unspecified knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4710	Other secondary chronic gout, right ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4711	Other secondary chronic gout, right ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4720	Other secondary chronic gout, left ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4721	Other secondary chronic gout, left ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4790	Other secondary chronic gout, unspecified ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4791	Other secondary chronic gout, unspecified ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.48X0	Other secondary chronic gout, vertebrae, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.48X1	Other secondary chronic gout, vertebrae, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.49X0	Other secondary chronic gout, multiple sites, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.49X1	Other secondary chronic gout, multiple sites, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.9XX0	Chronic gout, unspecified, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.9XX1	Chronic gout, unspecified, with tophus (tophi)	ICD-10-CM	Diagnosis

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

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

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

Code	Description	Code Type	Code Category
410.82	Acute myocardial infarction of other specified sites, subsequent episode of care	ICD-9-CM	Diagnosis
410.9	Acute myocardial infarction, unspecified site	ICD-9-CM	Diagnosis
410.90	Acute myocardial infarction, unspecified site, episode of care unspecified	ICD-9-CM	Diagnosis
410.91	Acute myocardial infarction, unspecified site, initial episode of care	ICD-9-CM	Diagnosis
410.92	Acute myocardial infarction, unspecified site, subsequent episode of care	ICD-9-CM	Diagnosis
I21.01	ST elevation (STEMI) myocardial infarction involving left main coronary artery	ICD-10-CM	Diagnosis
I21.02	ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery	ICD-10-CM	Diagnosis
I21.09	ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall	ICD-10-CM	Diagnosis
I21.11	ST elevation (STEMI) myocardial infarction involving right coronary artery	ICD-10-CM	Diagnosis
I21.19	ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall	ICD-10-CM	Diagnosis
I21.21	ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery	ICD-10-CM	Diagnosis
I21.29	ST elevation (STEMI) myocardial infarction involving other sites	ICD-10-CM	Diagnosis
I21.3	ST elevation (STEMI) myocardial infarction of unspecified site	ICD-10-CM	Diagnosis
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	ICD-10-CM	Diagnosis
I21.9	Acute myocardial infarction, unspecified	ICD-10-CM	Diagnosis
I21.A1	Myocardial infarction type 2	ICD-10-CM	Diagnosis
I21.A9	Other myocardial infarction type	ICD-10-CM	Diagnosis
I22.0	Subsequent ST elevation (STEMI) myocardial infarction of anterior wall	ICD-10-CM	Diagnosis
I22.1	Subsequent ST elevation (STEMI) myocardial infarction of inferior wall	ICD-10-CM	Diagnosis
I22.2	Subsequent non-ST elevation (NSTEMI) myocardial infarction	ICD-10-CM	Diagnosis
I22.8	Subsequent ST elevation (STEMI) myocardial infarction of other sites	ICD-10-CM	Diagnosis
I22.9	Subsequent ST elevation (STEMI) myocardial infarction of unspecified site	ICD-10-CM	Diagnosis
Unstable Angina			
411.1	Intermediate coronary syndrome	ICD-9-CM	Diagnosis
413	Angina pectoris	ICD-9-CM	Diagnosis
413.0	Angina decubitus	ICD-9-CM	Diagnosis
413.1	Prinzmetal angina	ICD-9-CM	Diagnosis
413.9	Other and unspecified angina pectoris	ICD-9-CM	Diagnosis
I20.0	Unstable angina	ICD-10-CM	Diagnosis
I20.1	Angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I20.8	Other forms of angina pectoris	ICD-10-CM	Diagnosis
I20.9	Angina pectoris, unspecified	ICD-10-CM	Diagnosis
I25.110	Atherosclerotic heart disease of native coronary artery with unstable angina pectoris	ICD-10-CM	Diagnosis
I25.111	Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I25.118	Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
I25.119	Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris	ICD-10-CM	Diagnosis
I25.700	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unstable angina pectoris	ICD-10-CM	Diagnosis
I25.701	Atherosclerosis of coronary artery bypass graft(s), unspecified, with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I25.708	Atherosclerosis of coronary artery bypass graft(s), unspecified, with other forms of angina pectoris	ICD-10-CM	Diagnosis
I25.709	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unspecified angina pectoris	ICD-10-CM	Diagnosis
I25.710	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unstable angina pectoris	ICD-10-CM	Diagnosis
I25.711	Atherosclerosis of autologous vein coronary artery bypass graft(s) with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I25.718	Atherosclerosis of autologous vein coronary artery bypass graft(s) with other forms of angina pectoris	ICD-10-CM	Diagnosis
I25.719	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unspecified angina pectoris	ICD-10-CM	Diagnosis
I25.720	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unstable angina pectoris	ICD-10-CM	Diagnosis
I25.721	Atherosclerosis of autologous artery coronary artery bypass graft(s) with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I25.728	Atherosclerosis of autologous artery coronary artery bypass graft(s) with other forms of angina pectoris	ICD-10-CM	Diagnosis
I25.729	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unspecified angina pectoris	ICD-10-CM	Diagnosis
I25.730	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unstable angina pectoris	ICD-10-CM	Diagnosis
I25.731	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I25.738	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with other forms of angina pectoris	ICD-10-CM	Diagnosis
I25.739	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unspecified angina pectoris	ICD-10-CM	Diagnosis
I25.750	Atherosclerosis of native coronary artery of transplanted heart with unstable angina	ICD-10-CM	Diagnosis
I25.751	Atherosclerosis of native coronary artery of transplanted heart with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I25.758	Atherosclerosis of native coronary artery of transplanted heart with other forms of angina pectoris	ICD-10-CM	Diagnosis
I25.759	Atherosclerosis of native coronary artery of transplanted heart with unspecified angina pectoris	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
I25.760	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina	ICD-10-CM	Diagnosis
I25.761	Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I25.768	Atherosclerosis of bypass graft of coronary artery of transplanted heart with other forms of angina pectoris	ICD-10-CM	Diagnosis
I25.769	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unspecified angina pectoris	ICD-10-CM	Diagnosis
I25.790	Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris	ICD-10-CM	Diagnosis
I25.791	Atherosclerosis of other coronary artery bypass graft(s) with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I25.798	Atherosclerosis of other coronary artery bypass graft(s) with other forms of angina pectoris	ICD-10-CM	Diagnosis
I25.799	Atherosclerosis of other coronary artery bypass graft(s) with unspecified angina pectoris	ICD-10-CM	Diagnosis

Stroke (Hemorrhagic and Ischemic)

430	Subarachnoid hemorrhage	ICD-9-CM	Diagnosis
431	Intracerebral hemorrhage	ICD-9-CM	Diagnosis
432	Other and unspecified intracranial hemorrhage	ICD-9-CM	Diagnosis
432.9	Unspecified intracranial hemorrhage	ICD-9-CM	Diagnosis
433	Occlusion and stenosis of precerebral arteries	ICD-9-CM	Diagnosis
433.0	Occlusion and stenosis of basilar artery	ICD-9-CM	Diagnosis
433.00	Occlusion and stenosis of basilar artery without mention of cerebral infarction	ICD-9-CM	Diagnosis
433.01	Occlusion and stenosis of basilar artery with cerebral infarction	ICD-9-CM	Diagnosis
433.1	Occlusion and stenosis of carotid artery	ICD-9-CM	Diagnosis
433.10	Occlusion and stenosis of carotid artery without mention of cerebral infarction	ICD-9-CM	Diagnosis
433.11	Occlusion and stenosis of carotid artery with cerebral infarction	ICD-9-CM	Diagnosis
433.2	Occlusion and stenosis of vertebral artery	ICD-9-CM	Diagnosis
433.20	Occlusion and stenosis of vertebral artery without mention of cerebral infarction	ICD-9-CM	Diagnosis
433.21	Occlusion and stenosis of vertebral artery with cerebral infarction	ICD-9-CM	Diagnosis
433.3	Occlusion and stenosis of multiple and bilateral precerebral arteries	ICD-9-CM	Diagnosis
433.30	Occlusion and stenosis of multiple and bilateral precerebral arteries without mention of cerebral infarction	ICD-9-CM	Diagnosis
433.31	Occlusion and stenosis of multiple and bilateral precerebral arteries with cerebral infarction	ICD-9-CM	Diagnosis
433.8	Occlusion and stenosis of other specified precerebral artery	ICD-9-CM	Diagnosis
433.80	Occlusion and stenosis of other specified precerebral artery without mention of cerebral infarction	ICD-9-CM	Diagnosis
433.81	Occlusion and stenosis of other specified precerebral artery with cerebral infarction	ICD-9-CM	Diagnosis
433.9	Occlusion and stenosis of unspecified precerebral artery	ICD-9-CM	Diagnosis

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

Code	Description	Code Type	Code Category
433.90	Occlusion and stenosis of unspecified precerebral artery without mention of cerebral infarction	ICD-9-CM	Diagnosis
433.91	Occlusion and stenosis of unspecified precerebral artery with cerebral infarction	ICD-9-CM	Diagnosis
434.0	Cerebral thrombosis	ICD-9-CM	Diagnosis
434.00	Cerebral thrombosis without mention of cerebral infarction	ICD-9-CM	Diagnosis
434.01	Cerebral thrombosis with cerebral infarction	ICD-9-CM	Diagnosis
434.1	Cerebral embolism	ICD-9-CM	Diagnosis
434.10	Cerebral embolism without mention of cerebral infarction	ICD-9-CM	Diagnosis
434.11	Cerebral embolism with cerebral infarction	ICD-9-CM	Diagnosis
434.9	Unspecified cerebral artery occlusion	ICD-9-CM	Diagnosis
434.90	Unspecified cerebral artery occlusion without mention of cerebral infarction	ICD-9-CM	Diagnosis
434.91	Unspecified cerebral artery occlusion with cerebral infarction	ICD-9-CM	Diagnosis
436	Acute, but ill-defined, cerebrovascular disease	ICD-9-CM	Diagnosis
438	Late effects of cerebrovascular disease	ICD-9-CM	Diagnosis
438.0	Cognitive deficits due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.1	Speech and language deficits due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.10	Unspecified speech and language deficit due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.11	Aphasia due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.12	Dysphasia due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.13	Late effects of cerebrovascular disease, speech and language deficits, dysarthria	ICD-9-CM	Diagnosis
438.14	Late effects of cerebrovascular disease, speech and language deficits, fluency disorder	ICD-9-CM	Diagnosis
438.19	Other speech and language deficits due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.2	Hemiplegia/hemiparesis due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.20	Hemiplegia affecting unspecified side due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.21	Hemiplegia affecting dominant side due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.22	Hemiplegia affecting nondominant side due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.3	Monoplegia of upper limb due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.30	Monoplegia of upper limb affecting unspecified side due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.31	Monoplegia of upper limb affecting dominant side due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.32	Monoplegia of upper limb affecting nondominant side due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.4	Monoplegia of lower limb due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.40	Monoplegia of lower limb affecting unspecified side due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.41	Monoplegia of lower limb affecting dominant side due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.42	Monoplegia of lower limb affecting nondominant side due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.5	Other paralytic syndrome due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.50	Other paralytic syndrome affecting unspecified side due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.51	Other paralytic syndrome affecting dominant side due to cerebrovascular disease	ICD-9-CM	Diagnosis

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

Code	Description	Code Type	Code Category
438.52	Other paralytic syndrome affecting nondominant side due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.6	Alteration of sensations as late effect of cerebrovascular disease	ICD-9-CM	Diagnosis
438.7	Disturbance of vision as late effect of cerebrovascular disease	ICD-9-CM	Diagnosis
438.8	Other late effects of cerebrovascular disease due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.81	Apraxia due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.82	Dysphagia due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.83	Facial weakness as late effect of cerebrovascular disease	ICD-9-CM	Diagnosis
438.84	Ataxia as late effect of cerebrovascular disease	ICD-9-CM	Diagnosis
438.85	Vertigo as late effect of cerebrovascular disease	ICD-9-CM	Diagnosis
438.89	Other late effects of cerebrovascular disease	ICD-9-CM	Diagnosis
438.9	Unspecified late effects of cerebrovascular disease due to cerebrovascular disease	ICD-9-CM	Diagnosis
I60.00	Nontraumatic subarachnoid hemorrhage from unspecified carotid siphon and bifurcation	ICD-10-CM	Diagnosis
I60.01	Nontraumatic subarachnoid hemorrhage from right carotid siphon and bifurcation	ICD-10-CM	Diagnosis
I60.02	Nontraumatic subarachnoid hemorrhage from left carotid siphon and bifurcation	ICD-10-CM	Diagnosis
I60.10	Nontraumatic subarachnoid hemorrhage from unspecified middle cerebral artery	ICD-10-CM	Diagnosis
I60.11	Nontraumatic subarachnoid hemorrhage from right middle cerebral artery	ICD-10-CM	Diagnosis
I60.12	Nontraumatic subarachnoid hemorrhage from left middle cerebral artery	ICD-10-CM	Diagnosis
I60.2	Nontraumatic subarachnoid hemorrhage from anterior communicating artery	ICD-10-CM	Diagnosis
I60.30	Nontraumatic subarachnoid hemorrhage from unspecified posterior communicating artery	ICD-10-CM	Diagnosis
I60.31	Nontraumatic subarachnoid hemorrhage from right posterior communicating artery	ICD-10-CM	Diagnosis
I60.32	Nontraumatic subarachnoid hemorrhage from left posterior communicating artery	ICD-10-CM	Diagnosis
I60.4	Nontraumatic subarachnoid hemorrhage from basilar artery	ICD-10-CM	Diagnosis
I60.50	Nontraumatic subarachnoid hemorrhage from unspecified vertebral artery	ICD-10-CM	Diagnosis
I60.51	Nontraumatic subarachnoid hemorrhage from right vertebral artery	ICD-10-CM	Diagnosis
I60.52	Nontraumatic subarachnoid hemorrhage from left vertebral artery	ICD-10-CM	Diagnosis
I60.6	Nontraumatic subarachnoid hemorrhage from other intracranial arteries	ICD-10-CM	Diagnosis
I60.7	Nontraumatic subarachnoid hemorrhage from unspecified intracranial artery	ICD-10-CM	Diagnosis
I60.8	Other nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I60.9	Nontraumatic subarachnoid hemorrhage, unspecified	ICD-10-CM	Diagnosis
I61.0	Nontraumatic intracerebral hemorrhage in hemisphere, subcortical	ICD-10-CM	Diagnosis
I61.1	Nontraumatic intracerebral hemorrhage in hemisphere, cortical	ICD-10-CM	Diagnosis
I61.2	Nontraumatic intracerebral hemorrhage in hemisphere, unspecified	ICD-10-CM	Diagnosis
I61.3	Nontraumatic intracerebral hemorrhage in brain stem	ICD-10-CM	Diagnosis
I61.4	Nontraumatic intracerebral hemorrhage in cerebellum	ICD-10-CM	Diagnosis
I61.5	Nontraumatic intracerebral hemorrhage, intraventricular	ICD-10-CM	Diagnosis
I61.6	Nontraumatic intracerebral hemorrhage, multiple localized	ICD-10-CM	Diagnosis
I61.8	Other nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
I61.9	Nontraumatic intracerebral hemorrhage, unspecified	ICD-10-CM	Diagnosis
I62.9	Nontraumatic intracranial hemorrhage, unspecified	ICD-10-CM	Diagnosis
I63.00	Cerebral infarction due to thrombosis of unspecified precerebral artery	ICD-10-CM	Diagnosis
I63.011	Cerebral infarction due to thrombosis of right vertebral artery	ICD-10-CM	Diagnosis
I63.012	Cerebral infarction due to thrombosis of left vertebral artery	ICD-10-CM	Diagnosis
I63.013	Cerebral infarction due to thrombosis of bilateral vertebral arteries	ICD-10-CM	Diagnosis
I63.019	Cerebral infarction due to thrombosis of unspecified vertebral artery	ICD-10-CM	Diagnosis
I63.02	Cerebral infarction due to thrombosis of basilar artery	ICD-10-CM	Diagnosis
I63.031	Cerebral infarction due to thrombosis of right carotid artery	ICD-10-CM	Diagnosis
I63.032	Cerebral infarction due to thrombosis of left carotid artery	ICD-10-CM	Diagnosis
I63.033	Cerebral infarction due to thrombosis of bilateral carotid arteries	ICD-10-CM	Diagnosis
I63.039	Cerebral infarction due to thrombosis of unspecified carotid artery	ICD-10-CM	Diagnosis
I63.09	Cerebral infarction due to thrombosis of other precerebral artery	ICD-10-CM	Diagnosis
I63.10	Cerebral infarction due to embolism of unspecified precerebral artery	ICD-10-CM	Diagnosis
I63.111	Cerebral infarction due to embolism of right vertebral artery	ICD-10-CM	Diagnosis
I63.112	Cerebral infarction due to embolism of left vertebral artery	ICD-10-CM	Diagnosis
I63.113	Cerebral infarction due to embolism of bilateral vertebral arteries	ICD-10-CM	Diagnosis
I63.119	Cerebral infarction due to embolism of unspecified vertebral artery	ICD-10-CM	Diagnosis
I63.12	Cerebral infarction due to embolism of basilar artery	ICD-10-CM	Diagnosis
I63.131	Cerebral infarction due to embolism of right carotid artery	ICD-10-CM	Diagnosis
I63.132	Cerebral infarction due to embolism of left carotid artery	ICD-10-CM	Diagnosis
I63.133	Cerebral infarction due to embolism of bilateral carotid arteries	ICD-10-CM	Diagnosis
I63.139	Cerebral infarction due to embolism of unspecified carotid artery	ICD-10-CM	Diagnosis
I63.19	Cerebral infarction due to embolism of other precerebral artery	ICD-10-CM	Diagnosis
I63.20	Cerebral infarction due to unspecified occlusion or stenosis of unspecified precerebral arteries	ICD-10-CM	Diagnosis
I63.211	Cerebral infarction due to unspecified occlusion or stenosis of right vertebral artery	ICD-10-CM	Diagnosis
I63.212	Cerebral infarction due to unspecified occlusion or stenosis of left vertebral artery	ICD-10-CM	Diagnosis
I63.213	Cerebral infarction due to unspecified occlusion or stenosis of bilateral vertebral arteries	ICD-10-CM	Diagnosis
I63.219	Cerebral infarction due to unspecified occlusion or stenosis of unspecified vertebral artery	ICD-10-CM	Diagnosis
I63.22	Cerebral infarction due to unspecified occlusion or stenosis of basilar artery	ICD-10-CM	Diagnosis
I63.231	Cerebral infarction due to unspecified occlusion or stenosis of right carotid arteries	ICD-10-CM	Diagnosis
I63.232	Cerebral infarction due to unspecified occlusion or stenosis of left carotid arteries	ICD-10-CM	Diagnosis
I63.233	Cerebral infarction due to unspecified occlusion or stenosis of bilateral carotid arteries	ICD-10-CM	Diagnosis
I63.239	Cerebral infarction due to unspecified occlusion or stenosis of unspecified carotid artery	ICD-10-CM	Diagnosis
I63.29	Cerebral infarction due to unspecified occlusion or stenosis of other precerebral arteries	ICD-10-CM	Diagnosis
I63.30	Cerebral infarction due to thrombosis of unspecified cerebral artery	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
I63.311	Cerebral infarction due to thrombosis of right middle cerebral artery	ICD-10-CM	Diagnosis
I63.312	Cerebral infarction due to thrombosis of left middle cerebral artery	ICD-10-CM	Diagnosis
I63.313	Cerebral infarction due to thrombosis of bilateral middle cerebral arteries	ICD-10-CM	Diagnosis
I63.319	Cerebral infarction due to thrombosis of unspecified middle cerebral artery	ICD-10-CM	Diagnosis
I63.321	Cerebral infarction due to thrombosis of right anterior cerebral artery	ICD-10-CM	Diagnosis
I63.322	Cerebral infarction due to thrombosis of left anterior cerebral artery	ICD-10-CM	Diagnosis
I63.323	Cerebral infarction due to thrombosis of bilateral anterior cerebral arteries	ICD-10-CM	Diagnosis
I63.329	Cerebral infarction due to thrombosis of unspecified anterior cerebral artery	ICD-10-CM	Diagnosis
I63.331	Cerebral infarction due to thrombosis of right posterior cerebral artery	ICD-10-CM	Diagnosis
I63.332	Cerebral infarction due to thrombosis of left posterior cerebral artery	ICD-10-CM	Diagnosis
I63.333	Cerebral infarction due to thrombosis of bilateral posterior cerebral arteries	ICD-10-CM	Diagnosis
I63.339	Cerebral infarction due to thrombosis of unspecified posterior cerebral artery	ICD-10-CM	Diagnosis
I63.341	Cerebral infarction due to thrombosis of right cerebellar artery	ICD-10-CM	Diagnosis
I63.342	Cerebral infarction due to thrombosis of left cerebellar artery	ICD-10-CM	Diagnosis
I63.343	Cerebral infarction due to thrombosis of bilateral cerebellar arteries	ICD-10-CM	Diagnosis
I63.349	Cerebral infarction due to thrombosis of unspecified cerebellar artery	ICD-10-CM	Diagnosis
I63.39	Cerebral infarction due to thrombosis of other cerebral artery	ICD-10-CM	Diagnosis
I63.40	Cerebral infarction due to embolism of unspecified cerebral artery	ICD-10-CM	Diagnosis
I63.411	Cerebral infarction due to embolism of right middle cerebral artery	ICD-10-CM	Diagnosis
I63.412	Cerebral infarction due to embolism of left middle cerebral artery	ICD-10-CM	Diagnosis
I63.413	Cerebral infarction due to embolism of bilateral middle cerebral arteries	ICD-10-CM	Diagnosis
I63.419	Cerebral infarction due to embolism of unspecified middle cerebral artery	ICD-10-CM	Diagnosis
I63.421	Cerebral infarction due to embolism of right anterior cerebral artery	ICD-10-CM	Diagnosis
I63.422	Cerebral infarction due to embolism of left anterior cerebral artery	ICD-10-CM	Diagnosis
I63.423	Cerebral infarction due to embolism of bilateral anterior cerebral arteries	ICD-10-CM	Diagnosis
I63.429	Cerebral infarction due to embolism of unspecified anterior cerebral artery	ICD-10-CM	Diagnosis
I63.431	Cerebral infarction due to embolism of right posterior cerebral artery	ICD-10-CM	Diagnosis
I63.432	Cerebral infarction due to embolism of left posterior cerebral artery	ICD-10-CM	Diagnosis
I63.433	Cerebral infarction due to embolism of bilateral posterior cerebral arteries	ICD-10-CM	Diagnosis
I63.439	Cerebral infarction due to embolism of unspecified posterior cerebral artery	ICD-10-CM	Diagnosis
I63.441	Cerebral infarction due to embolism of right cerebellar artery	ICD-10-CM	Diagnosis
I63.442	Cerebral infarction due to embolism of left cerebellar artery	ICD-10-CM	Diagnosis
I63.443	Cerebral infarction due to embolism of bilateral cerebellar arteries	ICD-10-CM	Diagnosis
I63.449	Cerebral infarction due to embolism of unspecified cerebellar artery	ICD-10-CM	Diagnosis
I63.49	Cerebral infarction due to embolism of other cerebral artery	ICD-10-CM	Diagnosis
I63.50	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral artery	ICD-10-CM	Diagnosis
I63.511	Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral artery	ICD-10-CM	Diagnosis
I63.512	Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
I63.513	Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle cerebral arteries	ICD-10-CM	Diagnosis
I63.519	Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle cerebral artery	ICD-10-CM	Diagnosis
I63.521	Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral artery	ICD-10-CM	Diagnosis
I63.522	Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral artery	ICD-10-CM	Diagnosis
I63.523	Cerebral infarction due to unspecified occlusion or stenosis of bilateral anterior cerebral arteries	ICD-10-CM	Diagnosis
I63.529	Cerebral infarction due to unspecified occlusion or stenosis of unspecified anterior cerebral artery	ICD-10-CM	Diagnosis
I63.531	Cerebral infarction due to unspecified occlusion or stenosis of right posterior cerebral artery	ICD-10-CM	Diagnosis
I63.532	Cerebral infarction due to unspecified occlusion or stenosis of left posterior cerebral artery	ICD-10-CM	Diagnosis
I63.533	Cerebral infarction due to unspecified occlusion or stenosis of bilateral posterior cerebral arteries	ICD-10-CM	Diagnosis
I63.539	Cerebral infarction due to unspecified occlusion or stenosis of unspecified posterior cerebral artery	ICD-10-CM	Diagnosis
I63.541	Cerebral infarction due to unspecified occlusion or stenosis of right cerebellar artery	ICD-10-CM	Diagnosis
I63.542	Cerebral infarction due to unspecified occlusion or stenosis of left cerebellar artery	ICD-10-CM	Diagnosis
I63.543	Cerebral infarction due to unspecified occlusion or stenosis of bilateral cerebellar arteries	ICD-10-CM	Diagnosis
I63.549	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebellar artery	ICD-10-CM	Diagnosis
I63.59	Cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery	ICD-10-CM	Diagnosis
I63.6	Cerebral infarction due to cerebral venous thrombosis, nonpyogenic	ICD-10-CM	Diagnosis
I63.8	Other cerebral infarction	ICD-10-CM	Diagnosis
I63.9	Cerebral infarction, unspecified	ICD-10-CM	Diagnosis
I65.01	Occlusion and stenosis of right vertebral artery	ICD-10-CM	Diagnosis
I65.02	Occlusion and stenosis of left vertebral artery	ICD-10-CM	Diagnosis
I65.03	Occlusion and stenosis of bilateral vertebral arteries	ICD-10-CM	Diagnosis
I65.09	Occlusion and stenosis of unspecified vertebral artery	ICD-10-CM	Diagnosis
I65.1	Occlusion and stenosis of basilar artery	ICD-10-CM	Diagnosis
I65.21	Occlusion and stenosis of right carotid artery	ICD-10-CM	Diagnosis
I65.22	Occlusion and stenosis of left carotid artery	ICD-10-CM	Diagnosis
I65.23	Occlusion and stenosis of bilateral carotid arteries	ICD-10-CM	Diagnosis
I65.29	Occlusion and stenosis of unspecified carotid artery	ICD-10-CM	Diagnosis
I65.8	Occlusion and stenosis of other precerebral arteries	ICD-10-CM	Diagnosis
I65.9	Occlusion and stenosis of unspecified precerebral artery	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
I66.01	Occlusion and stenosis of right middle cerebral artery	ICD-10-CM	Diagnosis
I66.02	Occlusion and stenosis of left middle cerebral artery	ICD-10-CM	Diagnosis
I66.03	Occlusion and stenosis of bilateral middle cerebral arteries	ICD-10-CM	Diagnosis
I66.09	Occlusion and stenosis of unspecified middle cerebral artery	ICD-10-CM	Diagnosis
I66.11	Occlusion and stenosis of right anterior cerebral artery	ICD-10-CM	Diagnosis
I66.12	Occlusion and stenosis of left anterior cerebral artery	ICD-10-CM	Diagnosis
I66.13	Occlusion and stenosis of bilateral anterior cerebral arteries	ICD-10-CM	Diagnosis
I66.19	Occlusion and stenosis of unspecified anterior cerebral artery	ICD-10-CM	Diagnosis
I66.21	Occlusion and stenosis of right posterior cerebral artery	ICD-10-CM	Diagnosis
I66.22	Occlusion and stenosis of left posterior cerebral artery	ICD-10-CM	Diagnosis
I66.23	Occlusion and stenosis of bilateral posterior cerebral arteries	ICD-10-CM	Diagnosis
I66.29	Occlusion and stenosis of unspecified posterior cerebral artery	ICD-10-CM	Diagnosis
I66.3	Occlusion and stenosis of cerebellar arteries	ICD-10-CM	Diagnosis
I66.8	Occlusion and stenosis of other cerebral arteries	ICD-10-CM	Diagnosis
I66.9	Occlusion and stenosis of unspecified cerebral artery	ICD-10-CM	Diagnosis
I67.89	Other cerebrovascular disease	ICD-10-CM	Diagnosis
I69.00	Unspecified sequelae of nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.010	Attention and concentration deficit following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.011	Memory deficit following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.012	Visuospatial deficit and spatial neglect following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.013	Psychomotor deficit following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.014	Frontal lobe and executive function deficit following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.015	Cognitive social or emotional deficit following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.018	Other symptoms and signs involving cognitive functions following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.019	Unspecified symptoms and signs involving cognitive functions following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.020	Aphasia following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.021	Dysphasia following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.022	Dysarthria following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.023	Fluency disorder following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.028	Other speech and language deficits following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.031	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right dominant side	ICD-10-CM	Diagnosis
I69.032	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left dominant side	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
I69.033	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.034	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.039	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting unspecified side	ICD-10-CM	Diagnosis
I69.041	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right dominant side	ICD-10-CM	Diagnosis
I69.042	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left dominant side	ICD-10-CM	Diagnosis
I69.043	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.044	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.049	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting unspecified side	ICD-10-CM	Diagnosis
I69.051	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side	ICD-10-CM	Diagnosis
I69.052	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side	ICD-10-CM	Diagnosis
I69.053	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.054	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.059	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting unspecified side	ICD-10-CM	Diagnosis
I69.061	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting right dominant side	ICD-10-CM	Diagnosis
I69.062	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting left dominant side	ICD-10-CM	Diagnosis
I69.063	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.064	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.069	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting unspecified side	ICD-10-CM	Diagnosis
I69.090	Apraxia following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.091	Dysphagia following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.092	Facial weakness following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.093	Ataxia following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.098	Other sequelae following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.10	Unspecified sequelae of nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
I69.110	Attention and concentration deficit following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.111	Memory deficit following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.112	Visuospatial deficit and spatial neglect following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.113	Psychomotor deficit following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.114	Frontal lobe and executive function deficit following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.115	Cognitive social or emotional deficit following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.118	Other symptoms and signs involving cognitive functions following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.119	Unspecified symptoms and signs involving cognitive functions following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.120	Aphasia following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.121	Dysphasia following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.122	Dysarthria following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.123	Fluency disorder following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.128	Other speech and language deficits following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.131	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right dominant side	ICD-10-CM	Diagnosis
I69.132	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left dominant side	ICD-10-CM	Diagnosis
I69.133	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.134	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.139	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting unspecified side	ICD-10-CM	Diagnosis
I69.141	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right dominant side	ICD-10-CM	Diagnosis
I69.142	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left dominant side	ICD-10-CM	Diagnosis
I69.143	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.144	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.149	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting unspecified side	ICD-10-CM	Diagnosis
I69.151	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
I69.152	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side	ICD-10-CM	Diagnosis
I69.153	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.154	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.159	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting unspecified side	ICD-10-CM	Diagnosis
I69.161	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting right dominant side	ICD-10-CM	Diagnosis
I69.162	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting left dominant side	ICD-10-CM	Diagnosis
I69.163	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.164	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.169	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting unspecified side	ICD-10-CM	Diagnosis
I69.190	Apraxia following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.191	Dysphagia following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.192	Facial weakness following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.193	Ataxia following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.198	Other sequelae of nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.20	Unspecified sequelae of other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.210	Attention and concentration deficit following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.211	Memory deficit following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.212	Visuospatial deficit and spatial neglect following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.213	Psychomotor deficit following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.214	Frontal lobe and executive function deficit following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.215	Cognitive social or emotional deficit following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.218	Other symptoms and signs involving cognitive functions following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.219	Unspecified symptoms and signs involving cognitive functions following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.220	Aphasia following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.221	Dysphasia following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.222	Dysarthria following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.223	Fluency disorder following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
I69.228	Other speech and language deficits following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.231	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right dominant side	ICD-10-CM	Diagnosis
I69.232	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left dominant side	ICD-10-CM	Diagnosis
I69.233	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.234	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.239	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting unspecified side	ICD-10-CM	Diagnosis
I69.241	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right dominant side	ICD-10-CM	Diagnosis
I69.242	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left dominant side	ICD-10-CM	Diagnosis
I69.243	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.244	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.249	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting unspecified side	ICD-10-CM	Diagnosis
I69.251	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side	ICD-10-CM	Diagnosis
I69.252	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side	ICD-10-CM	Diagnosis
I69.253	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.254	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.259	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side	ICD-10-CM	Diagnosis
I69.261	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting right dominant side	ICD-10-CM	Diagnosis
I69.262	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting left dominant side	ICD-10-CM	Diagnosis
I69.263	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.264	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.269	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting unspecified side	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
I69.290	Apraxia following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.291	Dysphagia following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.292	Facial weakness following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.293	Ataxia following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.298	Other sequelae of other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.30	Unspecified sequelae of cerebral infarction	ICD-10-CM	Diagnosis
I69.310	Attention and concentration deficit following cerebral infarction	ICD-10-CM	Diagnosis
I69.311	Memory deficit following cerebral infarction	ICD-10-CM	Diagnosis
I69.312	Visuospatial deficit and spatial neglect following cerebral infarction	ICD-10-CM	Diagnosis
I69.313	Psychomotor deficit following cerebral infarction	ICD-10-CM	Diagnosis
I69.314	Frontal lobe and executive function deficit following cerebral infarction	ICD-10-CM	Diagnosis
I69.315	Cognitive social or emotional deficit following cerebral infarction	ICD-10-CM	Diagnosis
I69.318	Other symptoms and signs involving cognitive functions following cerebral infarction	ICD-10-CM	Diagnosis
I69.319	Unspecified symptoms and signs involving cognitive functions following cerebral infarction	ICD-10-CM	Diagnosis
I69.320	Aphasia following cerebral infarction	ICD-10-CM	Diagnosis
I69.321	Dysphasia following cerebral infarction	ICD-10-CM	Diagnosis
I69.322	Dysarthria following cerebral infarction	ICD-10-CM	Diagnosis
I69.323	Fluency disorder following cerebral infarction	ICD-10-CM	Diagnosis
I69.328	Other speech and language deficits following cerebral infarction	ICD-10-CM	Diagnosis
I69.331	Monoplegia of upper limb following cerebral infarction affecting right dominant side	ICD-10-CM	Diagnosis
I69.332	Monoplegia of upper limb following cerebral infarction affecting left dominant side	ICD-10-CM	Diagnosis
I69.333	Monoplegia of upper limb following cerebral infarction affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.334	Monoplegia of upper limb following cerebral infarction affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.339	Monoplegia of upper limb following cerebral infarction affecting unspecified side	ICD-10-CM	Diagnosis
I69.341	Monoplegia of lower limb following cerebral infarction affecting right dominant side	ICD-10-CM	Diagnosis
I69.342	Monoplegia of lower limb following cerebral infarction affecting left dominant side	ICD-10-CM	Diagnosis
I69.343	Monoplegia of lower limb following cerebral infarction affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.344	Monoplegia of lower limb following cerebral infarction affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.349	Monoplegia of lower limb following cerebral infarction affecting unspecified side	ICD-10-CM	Diagnosis
I69.351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side	ICD-10-CM	Diagnosis
I69.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side	ICD-10-CM	Diagnosis

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

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

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

Code	Description	Code Type	Code Category
I69.834	Monoplegia of upper limb following other cerebrovascular disease affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.839	Monoplegia of upper limb following other cerebrovascular disease affecting unspecified side	ICD-10-CM	Diagnosis
I69.841	Monoplegia of lower limb following other cerebrovascular disease affecting right dominant side	ICD-10-CM	Diagnosis
I69.842	Monoplegia of lower limb following other cerebrovascular disease affecting left dominant side	ICD-10-CM	Diagnosis
I69.843	Monoplegia of lower limb following other cerebrovascular disease affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.844	Monoplegia of lower limb following other cerebrovascular disease affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.849	Monoplegia of lower limb following other cerebrovascular disease affecting unspecified side	ICD-10-CM	Diagnosis
I69.851	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side	ICD-10-CM	Diagnosis
I69.852	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side	ICD-10-CM	Diagnosis
I69.853	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.854	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.859	Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side	ICD-10-CM	Diagnosis
I69.861	Other paralytic syndrome following other cerebrovascular disease affecting right dominant side	ICD-10-CM	Diagnosis
I69.862	Other paralytic syndrome following other cerebrovascular disease affecting left dominant side	ICD-10-CM	Diagnosis
I69.863	Other paralytic syndrome following other cerebrovascular disease affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.864	Other paralytic syndrome following other cerebrovascular disease affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.869	Other paralytic syndrome following other cerebrovascular disease affecting unspecified side	ICD-10-CM	Diagnosis
I69.890	Apraxia following other cerebrovascular disease	ICD-10-CM	Diagnosis
I69.891	Dysphagia following other cerebrovascular disease	ICD-10-CM	Diagnosis
I69.892	Facial weakness following other cerebrovascular disease	ICD-10-CM	Diagnosis
I69.893	Ataxia following other cerebrovascular disease	ICD-10-CM	Diagnosis
I69.898	Other sequelae of other cerebrovascular disease	ICD-10-CM	Diagnosis
I69.90	Unspecified sequelae of unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.910	Attention and concentration deficit following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.911	Memory deficit following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
I69.912	Visuospatial deficit and spatial neglect following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.913	Psychomotor deficit following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.914	Frontal lobe and executive function deficit following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.915	Cognitive social or emotional deficit following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.918	Other symptoms and signs involving cognitive functions following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.919	Unspecified symptoms and signs involving cognitive functions following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.920	Aphasia following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.921	Dysphasia following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.922	Dysarthria following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.923	Fluency disorder following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.928	Other speech and language deficits following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.931	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right dominant side	ICD-10-CM	Diagnosis
I69.932	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left dominant side	ICD-10-CM	Diagnosis
I69.933	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.934	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.939	Monoplegia of upper limb following unspecified cerebrovascular disease affecting unspecified side	ICD-10-CM	Diagnosis
I69.941	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right dominant side	ICD-10-CM	Diagnosis
I69.942	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left dominant side	ICD-10-CM	Diagnosis
I69.943	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.944	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.949	Monoplegia of lower limb following unspecified cerebrovascular disease affecting unspecified side	ICD-10-CM	Diagnosis
I69.951	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side	ICD-10-CM	Diagnosis
I69.952	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side	ICD-10-CM	Diagnosis
I69.953	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right non-dominant side	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
I69.954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.959	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side	ICD-10-CM	Diagnosis
I69.961	Other paralytic syndrome following unspecified cerebrovascular disease affecting right dominant side	ICD-10-CM	Diagnosis
I69.962	Other paralytic syndrome following unspecified cerebrovascular disease affecting left dominant side	ICD-10-CM	Diagnosis
I69.963	Other paralytic syndrome following unspecified cerebrovascular disease affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.964	Other paralytic syndrome following unspecified cerebrovascular disease affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.969	Other paralytic syndrome following unspecified cerebrovascular disease affecting unspecified side	ICD-10-CM	Diagnosis
I69.990	Apraxia following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.991	Dysphagia following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.992	Facial weakness following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.993	Ataxia following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.998	Other sequelae following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
61645	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)	CPT-4	Procedure
Transient Ischemic Attack			
435	Transient cerebral ischemia	ICD-9-CM	Diagnosis
435.0	Basilar artery syndrome	ICD-9-CM	Diagnosis
435.1	Vertebral artery syndrome	ICD-9-CM	Diagnosis
435.2	Subclavian steal syndrome	ICD-9-CM	Diagnosis
435.3	Vertebrobasilar artery syndrome	ICD-9-CM	Diagnosis
435.8	Other specified transient cerebral ischemias	ICD-9-CM	Diagnosis
435.9	Unspecified transient cerebral ischemia	ICD-9-CM	Diagnosis
G45.0	Vertebro-basilar artery syndrome	ICD-10-CM	Diagnosis
G45.1	Carotid artery syndrome (hemispheric)	ICD-10-CM	Diagnosis
G45.2	Multiple and bilateral precerebral artery syndromes	ICD-10-CM	Diagnosis
G45.8	Other transient cerebral ischemic attacks and related syndromes	ICD-10-CM	Diagnosis
G45.9	Transient cerebral ischemic attack, unspecified	ICD-10-CM	Diagnosis
G46.0	Middle cerebral artery syndrome	ICD-10-CM	Diagnosis
G46.1	Anterior cerebral artery syndrome	ICD-10-CM	Diagnosis
G46.2	Posterior cerebral artery syndrome	ICD-10-CM	Diagnosis
I67.841	Reversible cerebrovascular vasoconstriction syndrome	ICD-10-CM	Diagnosis
I67.848	Other cerebrovascular vasospasm and vasoconstriction	ICD-10-CM	Diagnosis
Peripheral Vascular Disease			

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

Code	Description	Code Type	Code Category
249.7	Secondary diabetes mellitus with peripheral circulatory disorders	ICD-9-CM	Diagnosis
249.70	Secondary diabetes mellitus with peripheral circulatory disorders, not stated as uncontrolled, or unspecified	ICD-9-CM	Diagnosis
249.71	Secondary diabetes mellitus with peripheral circulatory disorders, uncontrolled	ICD-9-CM	Diagnosis
250.7	Diabetes with peripheral circulatory disorders	ICD-9-CM	Diagnosis
250.70	Diabetes with peripheral circulatory disorders, type II or unspecified type, not stated as uncontrolled	ICD-9-CM	Diagnosis
250.7	Diabetes with peripheral circulatory disorders	ICD-9-CM	Diagnosis
250.70	Diabetes with peripheral circulatory disorders, type II or unspecified type, not stated as uncontrolled	ICD-9-CM	Diagnosis
250.71	Diabetes with peripheral circulatory disorders, type I [juvenile type], not stated as uncontrolled	ICD-9-CM	Diagnosis
250.71	Diabetes with peripheral circulatory disorders, type I [juvenile type], not stated as uncontrolled	ICD-9-CM	Diagnosis
250.72	Diabetes with peripheral circulatory disorders, type II or unspecified type, uncontrolled	ICD-9-CM	Diagnosis
250.72	Diabetes with peripheral circulatory disorders, type II or unspecified type, uncontrolled	ICD-9-CM	Diagnosis
250.73	Diabetes with peripheral circulatory disorders, type I [juvenile type], uncontrolled	ICD-9-CM	Diagnosis
250.73	Diabetes with peripheral circulatory disorders, type I [juvenile type], uncontrolled	ICD-9-CM	Diagnosis
440	Atherosclerosis	ICD-9-CM	Diagnosis
440.0	Atherosclerosis of aorta	ICD-9-CM	Diagnosis
440.2	Atherosclerosis of native arteries of the extremities	ICD-9-CM	Diagnosis
440.20	Atherosclerosis of native arteries of the extremities, unspecified	ICD-9-CM	Diagnosis
440.21	Atherosclerosis of native arteries of the extremities with intermittent claudication	ICD-9-CM	Diagnosis
440.22	Atherosclerosis of native arteries of the extremities with rest pain	ICD-9-CM	Diagnosis
440.23	Atherosclerosis of native arteries of the extremities with ulceration	ICD-9-CM	Diagnosis
440.24	Atherosclerosis of native arteries of the extremities with gangrene	ICD-9-CM	Diagnosis
440.29	Other atherosclerosis of native arteries of the extremities	ICD-9-CM	Diagnosis
440.3	Atherosclerosis of bypass graft of extremities	ICD-9-CM	Diagnosis
440.30	Atherosclerosis of unspecified bypass graft of extremities	ICD-9-CM	Diagnosis
440.31	Atherosclerosis of autologous vein bypass graft of extremities	ICD-9-CM	Diagnosis
440.32	Atherosclerosis of nonautologous biological bypass graft of extremities	ICD-9-CM	Diagnosis
440.4	Chronic total occlusion of artery of the extremities	ICD-9-CM	Diagnosis
441.3	Abdominal aneurysm, ruptured	ICD-9-CM	Diagnosis
441.4	Abdominal aneurysm without mention of rupture	ICD-9-CM	Diagnosis
441.5	Aortic aneurysm of unspecified site, ruptured	ICD-9-CM	Diagnosis
443.8	Other specified peripheral vascular diseases	ICD-9-CM	Diagnosis
443.81	Peripheral angiopathy in diseases classified elsewhere	ICD-9-CM	Diagnosis
443.89	Other peripheral vascular disease	ICD-9-CM	Diagnosis
443.9	Unspecified peripheral vascular disease	ICD-9-CM	Diagnosis

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

Code	Description	Code Type	Code Category
444.2	Embolism and thrombosis of arteries of the extremities	ICD-9-CM	Diagnosis
444.21	Embolism and thrombosis of arteries of upper extremity	ICD-9-CM	Diagnosis
444.22	Embolism and thrombosis of arteries of lower extremity	ICD-9-CM	Diagnosis
444.81	Embolism and thrombosis of iliac artery	ICD-9-CM	Diagnosis
447.71	Thoracic aortic ectasia	ICD-9-CM	Diagnosis
557.0	Acute vascular insufficiency of intestine	ICD-9-CM	Diagnosis
557.1	Chronic vascular insufficiency of intestine	ICD-9-CM	Diagnosis
557.9	Unspecified vascular insufficiency of intestine	ICD-9-CM	Diagnosis
707.1	Ulcer of lower limbs, except pressure ulcer	ICD-9-CM	Diagnosis
707.10	Ulcer of lower limb, unspecified	ICD-9-CM	Diagnosis
707.11	Ulcer of thigh	ICD-9-CM	Diagnosis
707.12	Ulcer of calf	ICD-9-CM	Diagnosis
707.13	Ulcer of ankle	ICD-9-CM	Diagnosis
707.14	Ulcer of heel and midfoot	ICD-9-CM	Diagnosis
707.15	Ulcer of other part of foot	ICD-9-CM	Diagnosis
707.19	Ulcer of other part of lower limb	ICD-9-CM	Diagnosis
707.8	Chronic ulcer of other specified site	ICD-9-CM	Diagnosis
707.9	Chronic ulcer of unspecified site	ICD-9-CM	Diagnosis
V43.4	Blood vessel replaced by other means	ICD-9-CM	Diagnosis
V49.7	Lower limb amputation status	ICD-9-CM	Diagnosis
V49.70	Lower limb amputation, unspecified level	ICD-9-CM	Diagnosis
V49.71	Lower limb amputation, great toe	ICD-9-CM	Diagnosis
V49.72	Lower limb amputation, other toe(s)	ICD-9-CM	Diagnosis
V49.73	Lower limb amputation, foot	ICD-9-CM	Diagnosis
V49.74	Lower limb amputation, ankle	ICD-9-CM	Diagnosis
V49.75	Lower limb amputation, below knee	ICD-9-CM	Diagnosis
V49.76	Lower limb amputation, above knee	ICD-9-CM	Diagnosis
V49.77	Lower limb amputation, hip	ICD-9-CM	Diagnosis
E08.51	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis
E08.51	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis
E08.52	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E08.52	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E08.621	Diabetes mellitus due to underlying condition with foot ulcer	ICD-10-CM	Diagnosis
E09.51	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis
E09.51	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
E09.52	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E09.52	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E09.621	Drug or chemical induced diabetes mellitus with foot ulcer	ICD-10-CM	Diagnosis
E10.51	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis
E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E10.621	Type 1 diabetes mellitus with foot ulcer	ICD-10-CM	Diagnosis
E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis
E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E11.621	Type 2 diabetes mellitus with foot ulcer	ICD-10-CM	Diagnosis
E13.51	Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis
E13.51	Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis
E13.52	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E13.52	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E13.621	Other specified diabetes mellitus with foot ulcer	ICD-10-CM	Diagnosis
I70.201	Unspecified atherosclerosis of native arteries of extremities, right leg	ICD-10-CM	Diagnosis
I70.202	Unspecified atherosclerosis of native arteries of extremities, left leg	ICD-10-CM	Diagnosis
I70.203	Unspecified atherosclerosis of native arteries of extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.208	Unspecified atherosclerosis of native arteries of extremities, other extremity	ICD-10-CM	Diagnosis
I70.209	Unspecified atherosclerosis of native arteries of extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.211	Atherosclerosis of native arteries of extremities with intermittent claudication, right leg	ICD-10-CM	Diagnosis
I70.212	Atherosclerosis of native arteries of extremities with intermittent claudication, left leg	ICD-10-CM	Diagnosis
I70.213	Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs	ICD-10-CM	Diagnosis
I70.218	Atherosclerosis of native arteries of extremities with intermittent claudication, other extremity	ICD-10-CM	Diagnosis
I70.219	Atherosclerosis of native arteries of extremities with intermittent claudication, unspecified extremity	ICD-10-CM	Diagnosis
I70.221	Atherosclerosis of native arteries of extremities with rest pain, right leg	ICD-10-CM	Diagnosis
I70.222	Atherosclerosis of native arteries of extremities with rest pain, left leg	ICD-10-CM	Diagnosis
I70.223	Atherosclerosis of native arteries of extremities with rest pain, bilateral legs	ICD-10-CM	Diagnosis
I70.228	Atherosclerosis of native arteries of extremities with rest pain, other extremity	ICD-10-CM	Diagnosis
I70.229	Atherosclerosis of native arteries of extremities with rest pain, unspecified extremity	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
I70.231	Atherosclerosis of native arteries of right leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.232	Atherosclerosis of native arteries of right leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.233	Atherosclerosis of native arteries of right leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.234	Atherosclerosis of native arteries of right leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.235	Atherosclerosis of native arteries of right leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.238	Atherosclerosis of native arteries of right leg with ulceration of other part of lower right leg	ICD-10-CM	Diagnosis
I70.239	Atherosclerosis of native arteries of right leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.241	Atherosclerosis of native arteries of left leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.242	Atherosclerosis of native arteries of left leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.243	Atherosclerosis of native arteries of left leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.244	Atherosclerosis of native arteries of left leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.245	Atherosclerosis of native arteries of left leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.248	Atherosclerosis of native arteries of left leg with ulceration of other part of lower left leg	ICD-10-CM	Diagnosis
I70.249	Atherosclerosis of native arteries of left leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.25	Atherosclerosis of native arteries of other extremities with ulceration	ICD-10-CM	Diagnosis
I70.261	Atherosclerosis of native arteries of extremities with gangrene, right leg	ICD-10-CM	Diagnosis
I70.262	Atherosclerosis of native arteries of extremities with gangrene, left leg	ICD-10-CM	Diagnosis
I70.263	Atherosclerosis of native arteries of extremities with gangrene, bilateral legs	ICD-10-CM	Diagnosis
I70.268	Atherosclerosis of native arteries of extremities with gangrene, other extremity	ICD-10-CM	Diagnosis
I70.269	Atherosclerosis of native arteries of extremities with gangrene, unspecified extremity	ICD-10-CM	Diagnosis
I70.291	Other atherosclerosis of native arteries of extremities, right leg	ICD-10-CM	Diagnosis
I70.292	Other atherosclerosis of native arteries of extremities, left leg	ICD-10-CM	Diagnosis
I70.293	Other atherosclerosis of native arteries of extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.298	Other atherosclerosis of native arteries of extremities, other extremity	ICD-10-CM	Diagnosis
I70.299	Other atherosclerosis of native arteries of extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.301	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
I70.302	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
I70.303	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.308	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
I70.309	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.311	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, right leg	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
I70.312	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, left leg	ICD-10-CM	Diagnosis
I70.313	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs	ICD-10-CM	Diagnosis
I70.318	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, other extremity	ICD-10-CM	Diagnosis
I70.319	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, unspecified extremity	ICD-10-CM	Diagnosis
I70.321	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, right leg	ICD-10-CM	Diagnosis
I70.322	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, left leg	ICD-10-CM	Diagnosis
I70.323	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, bilateral legs	ICD-10-CM	Diagnosis
I70.328	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, other extremity	ICD-10-CM	Diagnosis
I70.329	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, unspecified extremity	ICD-10-CM	Diagnosis
I70.331	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.332	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.333	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.334	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.335	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.338	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
I70.339	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.341	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.342	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.343	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.344	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.345	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of foot	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
170.348	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
170.349	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
170.35	Atherosclerosis of unspecified type of bypass graft(s) of other extremity with ulceration	ICD-10-CM	Diagnosis
170.361	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, right leg	ICD-10-CM	Diagnosis
170.362	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, left leg	ICD-10-CM	Diagnosis
170.363	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, bilateral legs	ICD-10-CM	Diagnosis
170.368	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, other extremity	ICD-10-CM	Diagnosis
170.369	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, unspecified extremity	ICD-10-CM	Diagnosis
170.391	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
170.392	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
170.393	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
170.398	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
170.399	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
170.401	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
170.402	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
170.403	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
170.408	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
170.409	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
170.411	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, right leg	ICD-10-CM	Diagnosis
170.412	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, left leg	ICD-10-CM	Diagnosis
170.413	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, bilateral legs	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
I70.418	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, other extremity	ICD-10-CM	Diagnosis
I70.419	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, unspecified extremity	ICD-10-CM	Diagnosis
I70.421	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, right leg	ICD-10-CM	Diagnosis
I70.422	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, left leg	ICD-10-CM	Diagnosis
I70.423	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, bilateral legs	ICD-10-CM	Diagnosis
I70.428	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, other extremity	ICD-10-CM	Diagnosis
I70.429	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, unspecified extremity	ICD-10-CM	Diagnosis
I70.431	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.432	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.433	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.434	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.435	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.438	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
I70.439	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.441	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.442	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.443	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.444	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.445	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.448	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
I70.449	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of unspecified site	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
I70.45	Atherosclerosis of autologous vein bypass graft(s) of other extremity with ulceration	ICD-10-CM	Diagnosis
I70.461	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, right leg	ICD-10-CM	Diagnosis
I70.462	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, left leg	ICD-10-CM	Diagnosis
I70.463	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, bilateral legs	ICD-10-CM	Diagnosis
I70.468	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, other extremity	ICD-10-CM	Diagnosis
I70.469	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, unspecified extremity	ICD-10-CM	Diagnosis
I70.491	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
I70.492	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
I70.493	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.498	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
I70.499	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.501	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
I70.502	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
I70.503	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.508	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
I70.509	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.511	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, right leg	ICD-10-CM	Diagnosis
I70.512	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, left leg	ICD-10-CM	Diagnosis
I70.513	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, bilateral legs	ICD-10-CM	Diagnosis
I70.518	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, other extremity	ICD-10-CM	Diagnosis
I70.519	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, unspecified extremity	ICD-10-CM	Diagnosis
I70.521	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, right leg	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
I70.522	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, left leg	ICD-10-CM	Diagnosis
I70.523	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, bilateral legs	ICD-10-CM	Diagnosis
I70.528	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, other extremity	ICD-10-CM	Diagnosis
I70.529	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, unspecified extremity	ICD-10-CM	Diagnosis
I70.531	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.532	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.533	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.534	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.535	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.538	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
I70.539	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.541	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.542	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.543	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.544	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.545	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.548	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
I70.549	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.55	Atherosclerosis of nonautologous biological bypass graft(s) of other extremity with ulceration	ICD-10-CM	Diagnosis
I70.561	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, right leg	ICD-10-CM	Diagnosis
I70.562	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, left leg	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
170.563	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, bilateral legs	ICD-10-CM	Diagnosis
170.568	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, other extremity	ICD-10-CM	Diagnosis
170.569	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, unspecified extremity	ICD-10-CM	Diagnosis
170.591	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
170.592	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
170.593	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
170.598	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
170.599	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
170.601	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
170.602	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
170.603	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
170.608	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
170.609	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
170.611	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, right leg	ICD-10-CM	Diagnosis
170.612	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, left leg	ICD-10-CM	Diagnosis
170.613	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, bilateral legs	ICD-10-CM	Diagnosis
170.618	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, other extremity	ICD-10-CM	Diagnosis
170.619	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, unspecified extremity	ICD-10-CM	Diagnosis
170.621	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, right leg	ICD-10-CM	Diagnosis
170.622	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, left leg	ICD-10-CM	Diagnosis
170.623	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, bilateral legs	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
I70.628	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, other extremity	ICD-10-CM	Diagnosis
I70.629	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, unspecified extremity	ICD-10-CM	Diagnosis
I70.631	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.632	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.633	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.634	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.635	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.638	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
I70.639	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.641	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.642	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.643	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.644	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.645	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.648	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
I70.649	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.65	Atherosclerosis of nonbiological bypass graft(s) of other extremity with ulceration	ICD-10-CM	Diagnosis
I70.661	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, right leg	ICD-10-CM	Diagnosis
I70.662	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, left leg	ICD-10-CM	Diagnosis
I70.663	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, bilateral legs	ICD-10-CM	Diagnosis
I70.668	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, other extremity	ICD-10-CM	Diagnosis
I70.669	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, unspecified extremity	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
I70.691	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
I70.692	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
I70.693	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.698	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
I70.699	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.701	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
I70.702	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
I70.703	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.708	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
I70.709	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.711	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, right leg	ICD-10-CM	Diagnosis
I70.712	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, left leg	ICD-10-CM	Diagnosis
I70.713	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs	ICD-10-CM	Diagnosis
I70.718	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, other extremity	ICD-10-CM	Diagnosis
I70.719	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, unspecified extremity	ICD-10-CM	Diagnosis
I70.721	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, right leg	ICD-10-CM	Diagnosis
I70.722	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, left leg	ICD-10-CM	Diagnosis
I70.723	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, bilateral legs	ICD-10-CM	Diagnosis
I70.728	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, other extremity	ICD-10-CM	Diagnosis
I70.729	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, unspecified extremity	ICD-10-CM	Diagnosis
I70.731	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.732	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of calf	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
I70.733	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.734	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.735	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.738	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
I70.739	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.741	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.742	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.743	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.744	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.745	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.748	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
I70.749	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.75	Atherosclerosis of other type of bypass graft(s) of other extremity with ulceration	ICD-10-CM	Diagnosis
I70.761	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, right leg	ICD-10-CM	Diagnosis
I70.762	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, left leg	ICD-10-CM	Diagnosis
I70.763	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, bilateral legs	ICD-10-CM	Diagnosis
I70.768	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, other extremity	ICD-10-CM	Diagnosis
I70.769	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, unspecified extremity	ICD-10-CM	Diagnosis
I70.791	Other atherosclerosis of other type of bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
I70.792	Other atherosclerosis of other type of bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
I70.793	Other atherosclerosis of other type of bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.798	Other atherosclerosis of other type of bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
I70.799	Other atherosclerosis of other type of bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
I70.92	Chronic total occlusion of artery of the extremities	ICD-10-CM	Diagnosis
I71.3	Abdominal aortic aneurysm, ruptured	ICD-10-CM	Diagnosis
I71.4	Abdominal aortic aneurysm, without rupture	ICD-10-CM	Diagnosis
I71.8	Aortic aneurysm of unspecified site, ruptured	ICD-10-CM	Diagnosis
I73.89	Other specified peripheral vascular diseases	ICD-10-CM	Diagnosis
I73.9	Peripheral vascular disease, unspecified	ICD-10-CM	Diagnosis
I74.2	Embolism and thrombosis of arteries of the upper extremities	ICD-10-CM	Diagnosis
I74.3	Embolism and thrombosis of arteries of the lower extremities	ICD-10-CM	Diagnosis
I74.4	Embolism and thrombosis of arteries of extremities, unspecified	ICD-10-CM	Diagnosis
I74.5	Embolism and thrombosis of iliac artery	ICD-10-CM	Diagnosis
I77.810	Thoracic aortic ectasia	ICD-10-CM	Diagnosis
L97.101	Non-pressure chronic ulcer of unspecified thigh limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.102	Non-pressure chronic ulcer of unspecified thigh with fat layer exposed	ICD-10-CM	Diagnosis
L97.103	Non-pressure chronic ulcer of unspecified thigh with necrosis of muscle	ICD-10-CM	Diagnosis
L97.104	Non-pressure chronic ulcer of unspecified thigh with necrosis of bone	ICD-10-CM	Diagnosis
L97.105	Non-pressure chronic ulcer of unspecified thigh with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.106	Non-pressure chronic ulcer of unspecified thigh with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.108	Non-pressure chronic ulcer of unspecified thigh with other specified severity	ICD-10-CM	Diagnosis
L97.109	Non-pressure chronic ulcer of unspecified thigh with unspecified severity	ICD-10-CM	Diagnosis
L97.111	Non-pressure chronic ulcer of right thigh limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.112	Non-pressure chronic ulcer of right thigh with fat layer exposed	ICD-10-CM	Diagnosis
L97.113	Non-pressure chronic ulcer of right thigh with necrosis of muscle	ICD-10-CM	Diagnosis
L97.114	Non-pressure chronic ulcer of right thigh with necrosis of bone	ICD-10-CM	Diagnosis
L97.115	Non-pressure chronic ulcer of right thigh with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.116	Non-pressure chronic ulcer of right thigh with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.118	Non-pressure chronic ulcer of right thigh with other specified severity	ICD-10-CM	Diagnosis
L97.119	Non-pressure chronic ulcer of right thigh with unspecified severity	ICD-10-CM	Diagnosis
L97.121	Non-pressure chronic ulcer of left thigh limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.122	Non-pressure chronic ulcer of left thigh with fat layer exposed	ICD-10-CM	Diagnosis
L97.123	Non-pressure chronic ulcer of left thigh with necrosis of muscle	ICD-10-CM	Diagnosis
L97.124	Non-pressure chronic ulcer of left thigh with necrosis of bone	ICD-10-CM	Diagnosis
L97.125	Non-pressure chronic ulcer of left thigh with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.126	Non-pressure chronic ulcer of left thigh with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.128	Non-pressure chronic ulcer of left thigh with other specified severity	ICD-10-CM	Diagnosis
L97.129	Non-pressure chronic ulcer of left thigh with unspecified severity	ICD-10-CM	Diagnosis
L97.201	Non-pressure chronic ulcer of unspecified calf limited to breakdown of skin	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
L97.202	Non-pressure chronic ulcer of unspecified calf with fat layer exposed	ICD-10-CM	Diagnosis
L97.203	Non-pressure chronic ulcer of unspecified calf with necrosis of muscle	ICD-10-CM	Diagnosis
L97.204	Non-pressure chronic ulcer of unspecified calf with necrosis of bone	ICD-10-CM	Diagnosis
L97.205	Non-pressure chronic ulcer of unspecified calf with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.206	Non-pressure chronic ulcer of unspecified calf with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.208	Non-pressure chronic ulcer of unspecified calf with other specified severity	ICD-10-CM	Diagnosis
L97.209	Non-pressure chronic ulcer of unspecified calf with unspecified severity	ICD-10-CM	Diagnosis
L97.211	Non-pressure chronic ulcer of right calf limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.212	Non-pressure chronic ulcer of right calf with fat layer exposed	ICD-10-CM	Diagnosis
L97.213	Non-pressure chronic ulcer of right calf with necrosis of muscle	ICD-10-CM	Diagnosis
L97.214	Non-pressure chronic ulcer of right calf with necrosis of bone	ICD-10-CM	Diagnosis
L97.215	Non-pressure chronic ulcer of right calf with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.216	Non-pressure chronic ulcer of right calf with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.218	Non-pressure chronic ulcer of right calf with other specified severity	ICD-10-CM	Diagnosis
L97.219	Non-pressure chronic ulcer of right calf with unspecified severity	ICD-10-CM	Diagnosis
L97.221	Non-pressure chronic ulcer of left calf limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.222	Non-pressure chronic ulcer of left calf with fat layer exposed	ICD-10-CM	Diagnosis
L97.223	Non-pressure chronic ulcer of left calf with necrosis of muscle	ICD-10-CM	Diagnosis
L97.224	Non-pressure chronic ulcer of left calf with necrosis of bone	ICD-10-CM	Diagnosis
L97.225	Non-pressure chronic ulcer of left calf with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.226	Non-pressure chronic ulcer of left calf with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.228	Non-pressure chronic ulcer of left calf with other specified severity	ICD-10-CM	Diagnosis
L97.229	Non-pressure chronic ulcer of left calf with unspecified severity	ICD-10-CM	Diagnosis
L97.301	Non-pressure chronic ulcer of unspecified ankle limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.302	Non-pressure chronic ulcer of unspecified ankle with fat layer exposed	ICD-10-CM	Diagnosis
L97.303	Non-pressure chronic ulcer of unspecified ankle with necrosis of muscle	ICD-10-CM	Diagnosis
L97.304	Non-pressure chronic ulcer of unspecified ankle with necrosis of bone	ICD-10-CM	Diagnosis
L97.305	Non-pressure chronic ulcer of unspecified ankle with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.306	Non-pressure chronic ulcer of unspecified ankle with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.308	Non-pressure chronic ulcer of unspecified ankle with other specified severity	ICD-10-CM	Diagnosis
L97.309	Non-pressure chronic ulcer of unspecified ankle with unspecified severity	ICD-10-CM	Diagnosis
L97.311	Non-pressure chronic ulcer of right ankle limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.312	Non-pressure chronic ulcer of right ankle with fat layer exposed	ICD-10-CM	Diagnosis
L97.313	Non-pressure chronic ulcer of right ankle with necrosis of muscle	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
L97.314	Non-pressure chronic ulcer of right ankle with necrosis of bone	ICD-10-CM	Diagnosis
L97.315	Non-pressure chronic ulcer of right ankle with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.316	Non-pressure chronic ulcer of right ankle with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.318	Non-pressure chronic ulcer of right ankle with other specified severity	ICD-10-CM	Diagnosis
L97.319	Non-pressure chronic ulcer of right ankle with unspecified severity	ICD-10-CM	Diagnosis
L97.321	Non-pressure chronic ulcer of left ankle limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.322	Non-pressure chronic ulcer of left ankle with fat layer exposed	ICD-10-CM	Diagnosis
L97.323	Non-pressure chronic ulcer of left ankle with necrosis of muscle	ICD-10-CM	Diagnosis
L97.324	Non-pressure chronic ulcer of left ankle with necrosis of bone	ICD-10-CM	Diagnosis
L97.325	Non-pressure chronic ulcer of left ankle with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.326	Non-pressure chronic ulcer of left ankle with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.328	Non-pressure chronic ulcer of left ankle with other specified severity	ICD-10-CM	Diagnosis
L97.329	Non-pressure chronic ulcer of left ankle with unspecified severity	ICD-10-CM	Diagnosis
L97.401	Non-pressure chronic ulcer of unspecified heel and midfoot limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.402	Non-pressure chronic ulcer of unspecified heel and midfoot with fat layer exposed	ICD-10-CM	Diagnosis
L97.403	Non-pressure chronic ulcer of unspecified heel and midfoot with necrosis of muscle	ICD-10-CM	Diagnosis
L97.404	Non-pressure chronic ulcer of unspecified heel and midfoot with necrosis of bone	ICD-10-CM	Diagnosis
L97.405	Non-pressure chronic ulcer of unspecified heel and midfoot with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.406	Non-pressure chronic ulcer of unspecified heel and midfoot with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.408	Non-pressure chronic ulcer of unspecified heel and midfoot with other specified severity	ICD-10-CM	Diagnosis
L97.409	Non-pressure chronic ulcer of unspecified heel and midfoot with unspecified severity	ICD-10-CM	Diagnosis
L97.411	Non-pressure chronic ulcer of right heel and midfoot limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.412	Non-pressure chronic ulcer of right heel and midfoot with fat layer exposed	ICD-10-CM	Diagnosis
L97.413	Non-pressure chronic ulcer of right heel and midfoot with necrosis of muscle	ICD-10-CM	Diagnosis
L97.414	Non-pressure chronic ulcer of right heel and midfoot with necrosis of bone	ICD-10-CM	Diagnosis
L97.415	Non-pressure chronic ulcer of right heel and midfoot with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.416	Non-pressure chronic ulcer of right heel and midfoot with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.418	Non-pressure chronic ulcer of right heel and midfoot with other specified severity	ICD-10-CM	Diagnosis
L97.419	Non-pressure chronic ulcer of right heel and midfoot with unspecified severity	ICD-10-CM	Diagnosis
L97.421	Non-pressure chronic ulcer of left heel and midfoot limited to breakdown of skin	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
L97.422	Non-pressure chronic ulcer of left heel and midfoot with fat layer exposed	ICD-10-CM	Diagnosis
L97.423	Non-pressure chronic ulcer of left heel and midfoot with necrosis of muscle	ICD-10-CM	Diagnosis
L97.424	Non-pressure chronic ulcer of left heel and midfoot with necrosis of bone	ICD-10-CM	Diagnosis
L97.425	Non-pressure chronic ulcer of left heel and midfoot with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.426	Non-pressure chronic ulcer of left heel and midfoot with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.428	Non-pressure chronic ulcer of left heel and midfoot with other specified severity	ICD-10-CM	Diagnosis
L97.429	Non-pressure chronic ulcer of left heel and midfoot with unspecified severity	ICD-10-CM	Diagnosis
L97.501	Non-pressure chronic ulcer of other part of unspecified foot limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.502	Non-pressure chronic ulcer of other part of unspecified foot with fat layer exposed	ICD-10-CM	Diagnosis
L97.503	Non-pressure chronic ulcer of other part of unspecified foot with necrosis of muscle	ICD-10-CM	Diagnosis
L97.504	Non-pressure chronic ulcer of other part of unspecified foot with necrosis of bone	ICD-10-CM	Diagnosis
L97.505	Non-pressure chronic ulcer of other part of unspecified foot with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.506	Non-pressure chronic ulcer of other part of unspecified foot with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.508	Non-pressure chronic ulcer of other part of unspecified foot with other specified severity	ICD-10-CM	Diagnosis
L97.509	Non-pressure chronic ulcer of other part of unspecified foot with unspecified severity	ICD-10-CM	Diagnosis
L97.511	Non-pressure chronic ulcer of other part of right foot limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.512	Non-pressure chronic ulcer of other part of right foot with fat layer exposed	ICD-10-CM	Diagnosis
L97.513	Non-pressure chronic ulcer of other part of right foot with necrosis of muscle	ICD-10-CM	Diagnosis
L97.514	Non-pressure chronic ulcer of other part of right foot with necrosis of bone	ICD-10-CM	Diagnosis
L97.515	Non-pressure chronic ulcer of other part of right foot with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.516	Non-pressure chronic ulcer of other part of right foot with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.518	Non-pressure chronic ulcer of other part of right foot with other specified severity	ICD-10-CM	Diagnosis
L97.519	Non-pressure chronic ulcer of other part of right foot with unspecified severity	ICD-10-CM	Diagnosis
L97.521	Non-pressure chronic ulcer of other part of left foot limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.522	Non-pressure chronic ulcer of other part of left foot with fat layer exposed	ICD-10-CM	Diagnosis
L97.523	Non-pressure chronic ulcer of other part of left foot with necrosis of muscle	ICD-10-CM	Diagnosis
L97.524	Non-pressure chronic ulcer of other part of left foot with necrosis of bone	ICD-10-CM	Diagnosis
L97.525	Non-pressure chronic ulcer of other part of left foot with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.526	Non-pressure chronic ulcer of other part of left foot with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
L97.528	Non-pressure chronic ulcer of other part of left foot with other specified severity	ICD-10-CM	Diagnosis
L97.529	Non-pressure chronic ulcer of other part of left foot with unspecified severity	ICD-10-CM	Diagnosis
L97.801	Non-pressure chronic ulcer of other part of unspecified lower leg limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.802	Non-pressure chronic ulcer of other part of unspecified lower leg with fat layer exposed	ICD-10-CM	Diagnosis
L97.803	Non-pressure chronic ulcer of other part of unspecified lower leg with necrosis of muscle	ICD-10-CM	Diagnosis
L97.804	Non-pressure chronic ulcer of other part of unspecified lower leg with necrosis of bone	ICD-10-CM	Diagnosis
L97.805	Non-pressure chronic ulcer of other part of unspecified lower leg with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.806	Non-pressure chronic ulcer of other part of unspecified lower leg with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.808	Non-pressure chronic ulcer of other part of unspecified lower leg with other specified severity	ICD-10-CM	Diagnosis
L97.809	Non-pressure chronic ulcer of other part of unspecified lower leg with unspecified severity	ICD-10-CM	Diagnosis
L97.811	Non-pressure chronic ulcer of other part of right lower leg limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.812	Non-pressure chronic ulcer of other part of right lower leg with fat layer exposed	ICD-10-CM	Diagnosis
L97.813	Non-pressure chronic ulcer of other part of right lower leg with necrosis of muscle	ICD-10-CM	Diagnosis
L97.814	Non-pressure chronic ulcer of other part of right lower leg with necrosis of bone	ICD-10-CM	Diagnosis
L97.815	Non-pressure chronic ulcer of other part of right lower leg with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.816	Non-pressure chronic ulcer of other part of right lower leg with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.818	Non-pressure chronic ulcer of other part of right lower leg with other specified severity	ICD-10-CM	Diagnosis
L97.819	Non-pressure chronic ulcer of other part of right lower leg with unspecified severity	ICD-10-CM	Diagnosis
L97.821	Non-pressure chronic ulcer of other part of left lower leg limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.822	Non-pressure chronic ulcer of other part of left lower leg with fat layer exposed	ICD-10-CM	Diagnosis
L97.823	Non-pressure chronic ulcer of other part of left lower leg with necrosis of muscle	ICD-10-CM	Diagnosis
L97.824	Non-pressure chronic ulcer of other part of left lower leg with necrosis of bone	ICD-10-CM	Diagnosis
L97.825	Non-pressure chronic ulcer of other part of left lower leg with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.826	Non-pressure chronic ulcer of other part of left lower leg with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.828	Non-pressure chronic ulcer of other part of left lower leg with other specified severity	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
L97.829	Non-pressure chronic ulcer of other part of left lower leg with unspecified severity	ICD-10-CM	Diagnosis
L97.901	Non-pressure chronic ulcer of unspecified part of unspecified lower leg limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.902	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with fat layer exposed	ICD-10-CM	Diagnosis
L97.903	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with necrosis of muscle	ICD-10-CM	Diagnosis
L97.904	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with necrosis of bone	ICD-10-CM	Diagnosis
L97.905	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.906	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.908	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with other specified severity	ICD-10-CM	Diagnosis
L97.909	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with unspecified severity	ICD-10-CM	Diagnosis
L97.911	Non-pressure chronic ulcer of unspecified part of right lower leg limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.912	Non-pressure chronic ulcer of unspecified part of right lower leg with fat layer exposed	ICD-10-CM	Diagnosis
L97.913	Non-pressure chronic ulcer of unspecified part of right lower leg with necrosis of muscle	ICD-10-CM	Diagnosis
L97.914	Non-pressure chronic ulcer of unspecified part of right lower leg with necrosis of bone	ICD-10-CM	Diagnosis
L97.915	Non-pressure chronic ulcer of unspecified part of right lower leg with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.916	Non-pressure chronic ulcer of unspecified part of right lower leg with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.918	Non-pressure chronic ulcer of unspecified part of right lower leg with other specified severity	ICD-10-CM	Diagnosis
L97.919	Non-pressure chronic ulcer of unspecified part of right lower leg with unspecified severity	ICD-10-CM	Diagnosis
L97.921	Non-pressure chronic ulcer of unspecified part of left lower leg limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.922	Non-pressure chronic ulcer of unspecified part of left lower leg with fat layer exposed	ICD-10-CM	Diagnosis
L97.923	Non-pressure chronic ulcer of unspecified part of left lower leg with necrosis of muscle	ICD-10-CM	Diagnosis
L97.924	Non-pressure chronic ulcer of unspecified part of left lower leg with necrosis of bone	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
L97.925	Non-pressure chronic ulcer of unspecified part of left lower leg with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.926	Non-pressure chronic ulcer of unspecified part of left lower leg with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.928	Non-pressure chronic ulcer of unspecified part of left lower leg with other specified severity	ICD-10-CM	Diagnosis
L97.929	Non-pressure chronic ulcer of unspecified part of left lower leg with unspecified severity	ICD-10-CM	Diagnosis
L98.411	Non-pressure chronic ulcer of buttock limited to breakdown of skin	ICD-10-CM	Diagnosis
L98.412	Non-pressure chronic ulcer of buttock with fat layer exposed	ICD-10-CM	Diagnosis
L98.413	Non-pressure chronic ulcer of buttock with necrosis of muscle	ICD-10-CM	Diagnosis
L98.414	Non-pressure chronic ulcer of buttock with necrosis of bone	ICD-10-CM	Diagnosis
L98.415	Non-pressure chronic ulcer of buttock with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L98.416	Non-pressure chronic ulcer of buttock with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L98.418	Non-pressure chronic ulcer of buttock with other specified severity	ICD-10-CM	Diagnosis
L98.419	Non-pressure chronic ulcer of buttock with unspecified severity	ICD-10-CM	Diagnosis
Z89.411	Acquired absence of right great toe	ICD-10-CM	Diagnosis
Z89.412	Acquired absence of left great toe	ICD-10-CM	Diagnosis
Z89.419	Acquired absence of unspecified great toe	ICD-10-CM	Diagnosis
Z89.421	Acquired absence of other right toe(s)	ICD-10-CM	Diagnosis
Z89.422	Acquired absence of other left toe(s)	ICD-10-CM	Diagnosis
Z89.429	Acquired absence of other toe(s), unspecified side	ICD-10-CM	Diagnosis
Z89.431	Acquired absence of right foot	ICD-10-CM	Diagnosis
Z89.432	Acquired absence of left foot	ICD-10-CM	Diagnosis
Z89.439	Acquired absence of unspecified foot	ICD-10-CM	Diagnosis
Z89.441	Acquired absence of right ankle	ICD-10-CM	Diagnosis
Z89.442	Acquired absence of left ankle	ICD-10-CM	Diagnosis
Z89.449	Acquired absence of unspecified ankle	ICD-10-CM	Diagnosis
Z89.511	Acquired absence of right leg below knee	ICD-10-CM	Diagnosis
Z89.512	Acquired absence of left leg below knee	ICD-10-CM	Diagnosis
Z89.519	Acquired absence of unspecified leg below knee	ICD-10-CM	Diagnosis
Z89.611	Acquired absence of right leg above knee	ICD-10-CM	Diagnosis
Z89.612	Acquired absence of left leg above knee	ICD-10-CM	Diagnosis
Z89.619	Acquired absence of unspecified leg above knee	ICD-10-CM	Diagnosis
Z89.621	Acquired absence of right hip joint	ICD-10-CM	Diagnosis
Z89.622	Acquired absence of left hip joint	ICD-10-CM	Diagnosis
Z89.629	Acquired absence of unspecified hip joint	ICD-10-CM	Diagnosis
Z89.9	Acquired absence of limb, unspecified	ICD-10-CM	Diagnosis
Z95.820	Peripheral vascular angioplasty status with implants and grafts	ICD-10-CM	Diagnosis
00.55	Insertion of drug-eluting stent(s) of other peripheral vessel(s)	ICD-9-CM	Procedure

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

Code	Description	Code Type	Code Category
00.60	Insertion of drug-eluting stent(s) of superficial femoral artery	ICD-9-CM	Procedure
17.56	Atherectomy of other non-coronary vessel(s)	ICD-9-CM	Procedure
38.14	Endarterectomy, aorta	ICD-9-CM	Procedure
38.16	Endarterectomy, abdominal arteries	ICD-9-CM	Procedure
38.18	Endarterectomy of lower limb arteries	ICD-9-CM	Procedure
38.34	Resection of vessel with anastomosis, aorta	ICD-9-CM	Procedure
38.44	Resection of vessel with replacement, aorta, abdominal	ICD-9-CM	Procedure
39.25	Aorta-iliac-femoral bypass	ICD-9-CM	Procedure
39.29	Other (peripheral) vascular shunt or bypass	ICD-9-CM	Procedure
39.50	Angioplasty of other non-coronary vessel(s)	ICD-9-CM	Procedure
39.5	Other repair of vessels	ICD-9-CM	Procedure
39.52	Other repair of aneurysm	ICD-9-CM	Procedure
39.71	Endovascular implantation of other graft in abdominal aorta	ICD-9-CM	Procedure
39.71	Endovascular implantation of other graft in abdominal aorta	ICD-9-CM	Procedure
39.90	Insertion of non-drug-eluting peripheral (non-coronary) vessel stent(s)	ICD-9-CM	Procedure
84.10	Lower limb amputation, not otherwise specified	ICD-9-CM	Procedure
84.11	Amputation of toe	ICD-9-CM	Procedure
84.12	Amputation through foot	ICD-9-CM	Procedure
84.13	Disarticulation of ankle	ICD-9-CM	Procedure
84.14	Amputation of ankle through malleoli of tibia and fibula	ICD-9-CM	Procedure
84.15	Other amputation below knee	ICD-9-CM	Procedure
84.16	Disarticulation of knee	ICD-9-CM	Procedure
84.17	Amputation above knee	ICD-9-CM	Procedure
0312090	Bypass Innominate Artery to Right Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0312091	Bypass Innominate Artery to Left Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0312092	Bypass Innominate Artery to Bilateral Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0312093	Bypass Innominate Artery to Right Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0312094	Bypass Innominate Artery to Left Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0312095	Bypass Innominate Artery to Bilateral Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0312096	Bypass Innominate Artery to Right Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0312097	Bypass Innominate Artery to Left Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0312098	Bypass Innominate Artery to Bilateral Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
0312099	Bypass Innominate Artery to Right Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0313090	Bypass Right Subclavian Artery to Right Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0313091	Bypass Right Subclavian Artery to Left Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0313092	Bypass Right Subclavian Artery to Bilateral Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0313093	Bypass Right Subclavian Artery to Right Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0313094	Bypass Right Subclavian Artery to Left Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0313095	Bypass Right Subclavian Artery to Bilateral Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0313096	Bypass Right Subclavian Artery to Right Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0313097	Bypass Right Subclavian Artery to Left Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0313098	Bypass Right Subclavian Artery to Bilateral Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0313099	Bypass Right Subclavian Artery to Right Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0314090	Bypass Left Subclavian Artery to Right Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0314091	Bypass Left Subclavian Artery to Left Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0314092	Bypass Left Subclavian Artery to Bilateral Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0314093	Bypass Left Subclavian Artery to Right Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0314094	Bypass Left Subclavian Artery to Left Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0314095	Bypass Left Subclavian Artery to Bilateral Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0314096	Bypass Left Subclavian Artery to Right Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0314097	Bypass Left Subclavian Artery to Left Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0314098	Bypass Left Subclavian Artery to Bilateral Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0314099	Bypass Left Subclavian Artery to Right Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
0315090	Bypass Right Axillary Artery to Right Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0315091	Bypass Right Axillary Artery to Left Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0315092	Bypass Right Axillary Artery to Bilateral Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0315093	Bypass Right Axillary Artery to Right Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0315094	Bypass Right Axillary Artery to Left Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0315095	Bypass Right Axillary Artery to Bilateral Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0315096	Bypass Right Axillary Artery to Right Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0315097	Bypass Right Axillary Artery to Left Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0315098	Bypass Right Axillary Artery to Bilateral Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0315099	Bypass Right Axillary Artery to Right Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0316090	Bypass Left Axillary Artery to Right Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0316091	Bypass Left Axillary Artery to Left Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0316092	Bypass Left Axillary Artery to Bilateral Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0316093	Bypass Left Axillary Artery to Right Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0316094	Bypass Left Axillary Artery to Left Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0316095	Bypass Left Axillary Artery to Bilateral Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0316096	Bypass Left Axillary Artery to Right Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0316097	Bypass Left Axillary Artery to Left Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0316098	Bypass Left Axillary Artery to Bilateral Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0316099	Bypass Left Axillary Artery to Right Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0317090	Bypass Right Brachial Artery to Right Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
0317093	Bypass Right Brachial Artery to Right Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0318091	Bypass Left Brachial Artery to Left Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0318094	Bypass Left Brachial Artery to Left Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0319093	Bypass Right Ulnar Artery to Right Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0373046	Dilation of Right Subclavian Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0373056	Dilation of Right Subclavian Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0373066	Dilation of Right Subclavian Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0373076	Dilation of Right Subclavian Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0373346	Dilation of Right Subclavian Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0373356	Dilation of Right Subclavian Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0373366	Dilation of Right Subclavian Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0373376	Dilation of Right Subclavian Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0373446	Dilation of Right Subclavian Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0373456	Dilation of Right Subclavian Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0373466	Dilation of Right Subclavian Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0373476	Dilation of Right Subclavian Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0374046	Dilation of Left Subclavian Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0374056	Dilation of Left Subclavian Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0374066	Dilation of Left Subclavian Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0374076	Dilation of Left Subclavian Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0374346	Dilation of Left Subclavian Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
0374356	Dilation of Left Subclavian Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0374366	Dilation of Left Subclavian Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0374376	Dilation of Left Subclavian Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0374446	Dilation of Left Subclavian Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0374456	Dilation of Left Subclavian Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0374466	Dilation of Left Subclavian Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0374476	Dilation of Left Subclavian Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0375046	Dilation of Right Axillary Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0375056	Dilation of Right Axillary Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0375066	Dilation of Right Axillary Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0375076	Dilation of Right Axillary Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0375346	Dilation of Right Axillary Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0375356	Dilation of Right Axillary Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0375366	Dilation of Right Axillary Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0375376	Dilation of Right Axillary Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0375446	Dilation of Right Axillary Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0375456	Dilation of Right Axillary Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0375466	Dilation of Right Axillary Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0375476	Dilation of Right Axillary Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0376046	Dilation of Left Axillary Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0376056	Dilation of Left Axillary Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
0376066	Dilation of Left Axillary Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0376076	Dilation of Left Axillary Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0376346	Dilation of Left Axillary Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0376356	Dilation of Left Axillary Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0376366	Dilation of Left Axillary Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0376376	Dilation of Left Axillary Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0376446	Dilation of Left Axillary Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0376456	Dilation of Left Axillary Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0376466	Dilation of Left Axillary Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0376476	Dilation of Left Axillary Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0377046	Dilation of Right Brachial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0377056	Dilation of Right Brachial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0377066	Dilation of Right Brachial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0377076	Dilation of Right Brachial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0377346	Dilation of Right Brachial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0377356	Dilation of Right Brachial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0377366	Dilation of Right Brachial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0377376	Dilation of Right Brachial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0377446	Dilation of Right Brachial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0377456	Dilation of Right Brachial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0377466	Dilation of Right Brachial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
0377476	Dilation of Right Brachial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0378046	Dilation of Left Brachial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0378056	Dilation of Left Brachial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0378066	Dilation of Left Brachial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0378076	Dilation of Left Brachial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0378346	Dilation of Left Brachial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0378356	Dilation of Left Brachial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0378366	Dilation of Left Brachial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0378376	Dilation of Left Brachial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0378446	Dilation of Left Brachial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0378456	Dilation of Left Brachial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0378466	Dilation of Left Brachial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0378476	Dilation of Left Brachial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0379046	Dilation of Right Ulnar Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0379056	Dilation of Right Ulnar Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0379066	Dilation of Right Ulnar Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0379076	Dilation of Right Ulnar Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0379346	Dilation of Right Ulnar Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0379356	Dilation of Right Ulnar Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0379366	Dilation of Right Ulnar Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0379376	Dilation of Right Ulnar Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
0379446	Dilation of Right Ulnar Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0379456	Dilation of Right Ulnar Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0379466	Dilation of Right Ulnar Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0379476	Dilation of Right Ulnar Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0410096	Bypass Abdominal Aorta to Right Common Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0410097	Bypass Abdominal Aorta to Left Common Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0410098	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0410099	Bypass Abdominal Aorta to Right Internal Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0410496	Bypass Abdominal Aorta to Right Common Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0410497	Bypass Abdominal Aorta to Left Common Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0410498	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0410499	Bypass Abdominal Aorta to Right Internal Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0470046	Dilation of Abdominal Aorta, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0470056	Dilation of Abdominal Aorta, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0470066	Dilation of Abdominal Aorta, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0470076	Dilation of Abdominal Aorta, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0470346	Dilation of Abdominal Aorta, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0470356	Dilation of Abdominal Aorta, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0470366	Dilation of Abdominal Aorta, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0470376	Dilation of Abdominal Aorta, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0470446	Dilation of Abdominal Aorta, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
0470456	Dilation of Abdominal Aorta, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0470466	Dilation of Abdominal Aorta, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0470476	Dilation of Abdominal Aorta, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03730E6	Dilation of Right Subclavian Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03733E6	Dilation of Right Subclavian Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03734E6	Dilation of Right Subclavian Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03740E6	Dilation of Left Subclavian Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03743E6	Dilation of Left Subclavian Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03744E6	Dilation of Left Subclavian Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03750E6	Dilation of Right Axillary Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03753E6	Dilation of Right Axillary Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03754E6	Dilation of Right Axillary Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03760E6	Dilation of Left Axillary Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03763E6	Dilation of Left Axillary Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03764E6	Dilation of Left Axillary Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03770E6	Dilation of Right Brachial Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03773E6	Dilation of Right Brachial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03774E6	Dilation of Right Brachial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03780E6	Dilation of Left Brachial Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03783E6	Dilation of Left Brachial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03784E6	Dilation of Left Brachial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03790E6	Dilation of Right Ulnar Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03793E6	Dilation of Right Ulnar Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03794E6	Dilation of Right Ulnar Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04700E6	Dilation of Abdominal Aorta, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04703E6	Dilation of Abdominal Aorta, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04704E6	Dilation of Abdominal Aorta, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E041	Dilation of Right Internal Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047E046	Dilation of Right Internal Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047E056	Dilation of Right Internal Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E066	Dilation of Right Internal Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E076	Dilation of Right Internal Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
031209B	Bypass Innominate Artery to Left Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031209C	Bypass Innominate Artery to Bilateral Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
03120A0	Bypass Innominate Artery to Right Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120A1	Bypass Innominate Artery to Left Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120A2	Bypass Innominate Artery to Bilateral Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120A3	Bypass Innominate Artery to Right Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120A4	Bypass Innominate Artery to Left Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120A5	Bypass Innominate Artery to Bilateral Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120A6	Bypass Innominate Artery to Right Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120A7	Bypass Innominate Artery to Left Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03120A8	Bypass Innominate Artery to Bilateral Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120A9	Bypass Innominate Artery to Right Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120AB	Bypass Innominate Artery to Left Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120AC	Bypass Innominate Artery to Bilateral Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120J0	Bypass Innominate Artery to Right Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120J1	Bypass Innominate Artery to Left Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120J2	Bypass Innominate Artery to Bilateral Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120J3	Bypass Innominate Artery to Right Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120J4	Bypass Innominate Artery to Left Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120J5	Bypass Innominate Artery to Bilateral Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120J6	Bypass Innominate Artery to Right Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120J7	Bypass Innominate Artery to Left Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120J8	Bypass Innominate Artery to Bilateral Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120J9	Bypass Innominate Artery to Right Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120JB	Bypass Innominate Artery to Left Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120JC	Bypass Innominate Artery to Bilateral Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120K0	Bypass Innominate Artery to Right Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120K1	Bypass Innominate Artery to Left Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120K2	Bypass Innominate Artery to Bilateral Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120K3	Bypass Innominate Artery to Right Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120K4	Bypass Innominate Artery to Left Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03120K5	Bypass Innominate Artery to Bilateral Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120K6	Bypass Innominate Artery to Right Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120K7	Bypass Innominate Artery to Left Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120K8	Bypass Innominate Artery to Bilateral Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120K9	Bypass Innominate Artery to Right Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120KB	Bypass Innominate Artery to Left Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120KC	Bypass Innominate Artery to Bilateral Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120Z0	Bypass Innominate Artery to Right Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03120Z1	Bypass Innominate Artery to Left Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03120Z2	Bypass Innominate Artery to Bilateral Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03120Z3	Bypass Innominate Artery to Right Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03120Z4	Bypass Innominate Artery to Left Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03120Z5	Bypass Innominate Artery to Bilateral Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03120Z6	Bypass Innominate Artery to Right Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03120Z7	Bypass Innominate Artery to Left Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03120Z8	Bypass Innominate Artery to Bilateral Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03120Z9	Bypass Innominate Artery to Right Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03120ZB	Bypass Innominate Artery to Left Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03120ZC	Bypass Innominate Artery to Bilateral Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
031309B	Bypass Right Subclavian Artery to Left Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031309C	Bypass Right Subclavian Artery to Bilateral Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
03130A0	Bypass Right Subclavian Artery to Right Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130A1	Bypass Right Subclavian Artery to Left Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130A2	Bypass Right Subclavian Artery to Bilateral Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130A3	Bypass Right Subclavian Artery to Right Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130A4	Bypass Right Subclavian Artery to Left Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130A5	Bypass Right Subclavian Artery to Bilateral Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03130A6	Bypass Right Subclavian Artery to Right Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130A7	Bypass Right Subclavian Artery to Left Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130A8	Bypass Right Subclavian Artery to Bilateral Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130A9	Bypass Right Subclavian Artery to Right Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130AB	Bypass Right Subclavian Artery to Left Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130AC	Bypass Right Subclavian Artery to Bilateral Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130J0	Bypass Right Subclavian Artery to Right Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130J1	Bypass Right Subclavian Artery to Left Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130J2	Bypass Right Subclavian Artery to Bilateral Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130J3	Bypass Right Subclavian Artery to Right Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130J4	Bypass Right Subclavian Artery to Left Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130J5	Bypass Right Subclavian Artery to Bilateral Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130J6	Bypass Right Subclavian Artery to Right Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130J7	Bypass Right Subclavian Artery to Left Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130J8	Bypass Right Subclavian Artery to Bilateral Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130J9	Bypass Right Subclavian Artery to Right Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130JB	Bypass Right Subclavian Artery to Left Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130JC	Bypass Right Subclavian Artery to Bilateral Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130K0	Bypass Right Subclavian Artery to Right Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130K1	Bypass Right Subclavian Artery to Left Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130K2	Bypass Right Subclavian Artery to Bilateral Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03130K3	Bypass Right Subclavian Artery to Right Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130K4	Bypass Right Subclavian Artery to Left Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130K5	Bypass Right Subclavian Artery to Bilateral Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130K6	Bypass Right Subclavian Artery to Right Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130K7	Bypass Right Subclavian Artery to Left Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130K8	Bypass Right Subclavian Artery to Bilateral Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130K9	Bypass Right Subclavian Artery to Right Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130KB	Bypass Right Subclavian Artery to Left Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130KC	Bypass Right Subclavian Artery to Bilateral Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130Z0	Bypass Right Subclavian Artery to Right Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03130Z1	Bypass Right Subclavian Artery to Left Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03130Z2	Bypass Right Subclavian Artery to Bilateral Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03130Z3	Bypass Right Subclavian Artery to Right Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03130Z4	Bypass Right Subclavian Artery to Left Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03130Z5	Bypass Right Subclavian Artery to Bilateral Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03130Z6	Bypass Right Subclavian Artery to Right Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03130Z7	Bypass Right Subclavian Artery to Left Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03130Z8	Bypass Right Subclavian Artery to Bilateral Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03130Z9	Bypass Right Subclavian Artery to Right Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03130ZB	Bypass Right Subclavian Artery to Left Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03130ZC	Bypass Right Subclavian Artery to Bilateral Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
031409B	Bypass Left Subclavian Artery to Left Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031409C	Bypass Left Subclavian Artery to Bilateral Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
03140A0	Bypass Left Subclavian Artery to Right Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140A1	Bypass Left Subclavian Artery to Left Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140A2	Bypass Left Subclavian Artery to Bilateral Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140A3	Bypass Left Subclavian Artery to Right Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03140A4	Bypass Left Subclavian Artery to Left Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140A5	Bypass Left Subclavian Artery to Bilateral Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140A6	Bypass Left Subclavian Artery to Right Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140A7	Bypass Left Subclavian Artery to Left Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140A8	Bypass Left Subclavian Artery to Bilateral Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140A9	Bypass Left Subclavian Artery to Right Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140AB	Bypass Left Subclavian Artery to Left Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140AC	Bypass Left Subclavian Artery to Bilateral Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140J0	Bypass Left Subclavian Artery to Right Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140J1	Bypass Left Subclavian Artery to Left Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140J2	Bypass Left Subclavian Artery to Bilateral Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140J3	Bypass Left Subclavian Artery to Right Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140J4	Bypass Left Subclavian Artery to Left Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140J5	Bypass Left Subclavian Artery to Bilateral Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140J6	Bypass Left Subclavian Artery to Right Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140J7	Bypass Left Subclavian Artery to Left Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140J8	Bypass Left Subclavian Artery to Bilateral Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140J9	Bypass Left Subclavian Artery to Right Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140JB	Bypass Left Subclavian Artery to Left Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140JC	Bypass Left Subclavian Artery to Bilateral Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140K0	Bypass Left Subclavian Artery to Right Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03140K1	Bypass Left Subclavian Artery to Left Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140K2	Bypass Left Subclavian Artery to Bilateral Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140K3	Bypass Left Subclavian Artery to Right Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140K4	Bypass Left Subclavian Artery to Left Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140K5	Bypass Left Subclavian Artery to Bilateral Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140K6	Bypass Left Subclavian Artery to Right Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140K7	Bypass Left Subclavian Artery to Left Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140K8	Bypass Left Subclavian Artery to Bilateral Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140K9	Bypass Left Subclavian Artery to Right Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140KB	Bypass Left Subclavian Artery to Left Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140KC	Bypass Left Subclavian Artery to Bilateral Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140Z0	Bypass Left Subclavian Artery to Right Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03140Z1	Bypass Left Subclavian Artery to Left Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03140Z2	Bypass Left Subclavian Artery to Bilateral Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03140Z3	Bypass Left Subclavian Artery to Right Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03140Z4	Bypass Left Subclavian Artery to Left Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03140Z5	Bypass Left Subclavian Artery to Bilateral Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03140Z6	Bypass Left Subclavian Artery to Right Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03140Z7	Bypass Left Subclavian Artery to Left Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03140Z8	Bypass Left Subclavian Artery to Bilateral Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03140Z9	Bypass Left Subclavian Artery to Right Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03140ZB	Bypass Left Subclavian Artery to Left Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03140ZC	Bypass Left Subclavian Artery to Bilateral Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
031509B	Bypass Right Axillary Artery to Left Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031509C	Bypass Right Axillary Artery to Bilateral Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
03150A0	Bypass Right Axillary Artery to Right Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150A1	Bypass Right Axillary Artery to Left Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03150A2	Bypass Right Axillary Artery to Bilateral Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150A3	Bypass Right Axillary Artery to Right Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150A4	Bypass Right Axillary Artery to Left Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150A5	Bypass Right Axillary Artery to Bilateral Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150A6	Bypass Right Axillary Artery to Right Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150A7	Bypass Right Axillary Artery to Left Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150A8	Bypass Right Axillary Artery to Bilateral Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150A9	Bypass Right Axillary Artery to Right Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150AB	Bypass Right Axillary Artery to Left Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150AC	Bypass Right Axillary Artery to Bilateral Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150J0	Bypass Right Axillary Artery to Right Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150J1	Bypass Right Axillary Artery to Left Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150J2	Bypass Right Axillary Artery to Bilateral Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150J3	Bypass Right Axillary Artery to Right Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150J4	Bypass Right Axillary Artery to Left Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150J5	Bypass Right Axillary Artery to Bilateral Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150J6	Bypass Right Axillary Artery to Right Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150J7	Bypass Right Axillary Artery to Left Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150J8	Bypass Right Axillary Artery to Bilateral Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150J9	Bypass Right Axillary Artery to Right Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150JB	Bypass Right Axillary Artery to Left Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03150JC	Bypass Right Axillary Artery to Bilateral Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150K0	Bypass Right Axillary Artery to Right Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150K1	Bypass Right Axillary Artery to Left Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150K2	Bypass Right Axillary Artery to Bilateral Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150K3	Bypass Right Axillary Artery to Right Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150K4	Bypass Right Axillary Artery to Left Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150K5	Bypass Right Axillary Artery to Bilateral Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150K6	Bypass Right Axillary Artery to Right Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150K7	Bypass Right Axillary Artery to Left Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150K8	Bypass Right Axillary Artery to Bilateral Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150K9	Bypass Right Axillary Artery to Right Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150KB	Bypass Right Axillary Artery to Left Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150KC	Bypass Right Axillary Artery to Bilateral Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150Z0	Bypass Right Axillary Artery to Right Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03150Z1	Bypass Right Axillary Artery to Left Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03150Z2	Bypass Right Axillary Artery to Bilateral Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03150Z3	Bypass Right Axillary Artery to Right Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03150Z4	Bypass Right Axillary Artery to Left Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03150Z5	Bypass Right Axillary Artery to Bilateral Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03150Z6	Bypass Right Axillary Artery to Right Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03150Z7	Bypass Right Axillary Artery to Left Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03150Z8	Bypass Right Axillary Artery to Bilateral Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03150Z9	Bypass Right Axillary Artery to Right Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03150ZB	Bypass Right Axillary Artery to Left Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03150ZC	Bypass Right Axillary Artery to Bilateral Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
031609B	Bypass Left Axillary Artery to Left Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031609C	Bypass Left Axillary Artery to Bilateral Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03160A0	Bypass Left Axillary Artery to Right Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160A1	Bypass Left Axillary Artery to Left Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160A2	Bypass Left Axillary Artery to Bilateral Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160A3	Bypass Left Axillary Artery to Right Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160A4	Bypass Left Axillary Artery to Left Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160A5	Bypass Left Axillary Artery to Bilateral Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160A6	Bypass Left Axillary Artery to Right Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160A7	Bypass Left Axillary Artery to Left Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160A8	Bypass Left Axillary Artery to Bilateral Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160A9	Bypass Left Axillary Artery to Right Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160AB	Bypass Left Axillary Artery to Left Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160AC	Bypass Left Axillary Artery to Bilateral Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160J0	Bypass Left Axillary Artery to Right Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160J1	Bypass Left Axillary Artery to Left Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160J2	Bypass Left Axillary Artery to Bilateral Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160J3	Bypass Left Axillary Artery to Right Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160J4	Bypass Left Axillary Artery to Left Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160J5	Bypass Left Axillary Artery to Bilateral Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160J6	Bypass Left Axillary Artery to Right Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160J7	Bypass Left Axillary Artery to Left Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160J8	Bypass Left Axillary Artery to Bilateral Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03160J9	Bypass Left Axillary Artery to Right Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160JB	Bypass Left Axillary Artery to Left Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160JC	Bypass Left Axillary Artery to Bilateral Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160K0	Bypass Left Axillary Artery to Right Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160K1	Bypass Left Axillary Artery to Left Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160K2	Bypass Left Axillary Artery to Bilateral Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160K3	Bypass Left Axillary Artery to Right Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160K4	Bypass Left Axillary Artery to Left Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160K5	Bypass Left Axillary Artery to Bilateral Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160K6	Bypass Left Axillary Artery to Right Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160K7	Bypass Left Axillary Artery to Left Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160K8	Bypass Left Axillary Artery to Bilateral Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160K9	Bypass Left Axillary Artery to Right Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160KB	Bypass Left Axillary Artery to Left Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160KC	Bypass Left Axillary Artery to Bilateral Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160Z0	Bypass Left Axillary Artery to Right Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03160Z1	Bypass Left Axillary Artery to Left Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03160Z2	Bypass Left Axillary Artery to Bilateral Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03160Z3	Bypass Left Axillary Artery to Right Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03160Z4	Bypass Left Axillary Artery to Left Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03160Z5	Bypass Left Axillary Artery to Bilateral Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03160Z6	Bypass Left Axillary Artery to Right Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03160Z7	Bypass Left Axillary Artery to Left Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03160Z8	Bypass Left Axillary Artery to Bilateral Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03160Z9	Bypass Left Axillary Artery to Right Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03160ZB	Bypass Left Axillary Artery to Left Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03160ZC	Bypass Left Axillary Artery to Bilateral Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03170A0	Bypass Right Brachial Artery to Right Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03170A3	Bypass Right Brachial Artery to Right Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03170J0	Bypass Right Brachial Artery to Right Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03170J3	Bypass Right Brachial Artery to Right Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03170K0	Bypass Right Brachial Artery to Right Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03170K3	Bypass Right Brachial Artery to Right Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03170Z0	Bypass Right Brachial Artery to Right Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03170Z3	Bypass Right Brachial Artery to Right Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03180A1	Bypass Left Brachial Artery to Left Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03180A4	Bypass Left Brachial Artery to Left Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03180J1	Bypass Left Brachial Artery to Left Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03180J4	Bypass Left Brachial Artery to Left Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03180K1	Bypass Left Brachial Artery to Left Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03180K4	Bypass Left Brachial Artery to Left Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03180Z1	Bypass Left Brachial Artery to Left Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03180Z4	Bypass Left Brachial Artery to Left Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03190A3	Bypass Right Ulnar Artery to Right Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03190J3	Bypass Right Ulnar Artery to Right Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03190K3	Bypass Right Ulnar Artery to Right Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03190Z3	Bypass Right Ulnar Artery to Right Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
031A094	Bypass Left Ulnar Artery to Left Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031A0A4	Bypass Left Ulnar Artery to Left Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
031A0J4	Bypass Left Ulnar Artery to Left Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
031A0K4	Bypass Left Ulnar Artery to Left Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
031A0Z4	Bypass Left Ulnar Artery to Left Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
031B093	Bypass Right Radial Artery to Right Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031B0A3	Bypass Right Radial Artery to Right Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
031B0J3	Bypass Right Radial Artery to Right Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
031B0K3	Bypass Right Radial Artery to Right Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
031B0Z3	Bypass Right Radial Artery to Right Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
031C094	Bypass Left Radial Artery to Left Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031C0A4	Bypass Left Radial Artery to Left Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
031C0J4	Bypass Left Radial Artery to Left Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
031C0K4	Bypass Left Radial Artery to Left Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
031C0Z4	Bypass Left Radial Artery to Left Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
037304Z	Dilation of Right Subclavian Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037305Z	Dilation of Right Subclavian Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037306Z	Dilation of Right Subclavian Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037307Z	Dilation of Right Subclavian Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03730D6	Dilation of Right Subclavian Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03730DZ	Dilation of Right Subclavian Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03730EZ	Dilation of Right Subclavian Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03730F6	Dilation of Right Subclavian Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03730FZ	Dilation of Right Subclavian Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03730G6	Dilation of Right Subclavian Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03730GZ	Dilation of Right Subclavian Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03730Z6	Dilation of Right Subclavian Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03730ZZ	Dilation of Right Subclavian Artery, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037334Z	Dilation of Right Subclavian Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037335Z	Dilation of Right Subclavian Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037336Z	Dilation of Right Subclavian Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037337Z	Dilation of Right Subclavian Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03733D6	Dilation of Right Subclavian Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03733DZ	Dilation of Right Subclavian Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03733EZ	Dilation of Right Subclavian Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03733F6	Dilation of Right Subclavian Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03733FZ	Dilation of Right Subclavian Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03733G6	Dilation of Right Subclavian Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03733GZ	Dilation of Right Subclavian Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03733Z6	Dilation of Right Subclavian Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03733ZZ	Dilation of Right Subclavian Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037344Z	Dilation of Right Subclavian Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037345Z	Dilation of Right Subclavian Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037346Z	Dilation of Right Subclavian Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037347Z	Dilation of Right Subclavian Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03734D6	Dilation of Right Subclavian Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03734DZ	Dilation of Right Subclavian Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03734EZ	Dilation of Right Subclavian Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03734F6	Dilation of Right Subclavian Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03734FZ	Dilation of Right Subclavian Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03734G6	Dilation of Right Subclavian Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03734GZ	Dilation of Right Subclavian Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03734Z6	Dilation of Right Subclavian Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03734ZZ	Dilation of Right Subclavian Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037404Z	Dilation of Left Subclavian Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037405Z	Dilation of Left Subclavian Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037406Z	Dilation of Left Subclavian Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037407Z	Dilation of Left Subclavian Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03740D6	Dilation of Left Subclavian Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03740DZ	Dilation of Left Subclavian Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03740EZ	Dilation of Left Subclavian Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03740F6	Dilation of Left Subclavian Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03740FZ	Dilation of Left Subclavian Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03740G6	Dilation of Left Subclavian Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03740GZ	Dilation of Left Subclavian Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03740Z6	Dilation of Left Subclavian Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03740ZZ	Dilation of Left Subclavian Artery, Open Approach	ICD-10-PCS	Procedure
037434Z	Dilation of Left Subclavian Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037435Z	Dilation of Left Subclavian Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037436Z	Dilation of Left Subclavian Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037437Z	Dilation of Left Subclavian Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03743D6	Dilation of Left Subclavian Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03743DZ	Dilation of Left Subclavian Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03743EZ	Dilation of Left Subclavian Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03743F6	Dilation of Left Subclavian Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03743FZ	Dilation of Left Subclavian Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03743G6	Dilation of Left Subclavian Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03743GZ	Dilation of Left Subclavian Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03743Z6	Dilation of Left Subclavian Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03743ZZ	Dilation of Left Subclavian Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037444Z	Dilation of Left Subclavian Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037445Z	Dilation of Left Subclavian Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037446Z	Dilation of Left Subclavian Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037447Z	Dilation of Left Subclavian Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03744D6	Dilation of Left Subclavian Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03744DZ	Dilation of Left Subclavian Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03744EZ	Dilation of Left Subclavian Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03744F6	Dilation of Left Subclavian Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03744FZ	Dilation of Left Subclavian Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03744G6	Dilation of Left Subclavian Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03744GZ	Dilation of Left Subclavian Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03744Z6	Dilation of Left Subclavian Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03744ZZ	Dilation of Left Subclavian Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037504Z	Dilation of Right Axillary Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037505Z	Dilation of Right Axillary Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037506Z	Dilation of Right Axillary Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037507Z	Dilation of Right Axillary Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03750D6	Dilation of Right Axillary Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03750DZ	Dilation of Right Axillary Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03750EZ	Dilation of Right Axillary Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03750F6	Dilation of Right Axillary Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03750FZ	Dilation of Right Axillary Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03750G6	Dilation of Right Axillary Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03750GZ	Dilation of Right Axillary Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03750Z6	Dilation of Right Axillary Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03750ZZ	Dilation of Right Axillary Artery, Open Approach	ICD-10-PCS	Procedure
037534Z	Dilation of Right Axillary Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037535Z	Dilation of Right Axillary Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037536Z	Dilation of Right Axillary Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037537Z	Dilation of Right Axillary Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03753D6	Dilation of Right Axillary Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03753DZ	Dilation of Right Axillary Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03753EZ	Dilation of Right Axillary Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03753F6	Dilation of Right Axillary Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03753FZ	Dilation of Right Axillary Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03753G6	Dilation of Right Axillary Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03753GZ	Dilation of Right Axillary Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03753Z6	Dilation of Right Axillary Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03753ZZ	Dilation of Right Axillary Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037544Z	Dilation of Right Axillary Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037545Z	Dilation of Right Axillary Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037546Z	Dilation of Right Axillary Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037547Z	Dilation of Right Axillary Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03754D6	Dilation of Right Axillary Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03754DZ	Dilation of Right Axillary Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03754EZ	Dilation of Right Axillary Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03754F6	Dilation of Right Axillary Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03754FZ	Dilation of Right Axillary Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03754G6	Dilation of Right Axillary Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03754GZ	Dilation of Right Axillary Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03754Z6	Dilation of Right Axillary Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03754ZZ	Dilation of Right Axillary Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037604Z	Dilation of Left Axillary Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037605Z	Dilation of Left Axillary Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037606Z	Dilation of Left Axillary Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037607Z	Dilation of Left Axillary Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03760D6	Dilation of Left Axillary Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03760DZ	Dilation of Left Axillary Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03760EZ	Dilation of Left Axillary Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03760F6	Dilation of Left Axillary Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03760FZ	Dilation of Left Axillary Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03760G6	Dilation of Left Axillary Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03760GZ	Dilation of Left Axillary Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03760Z6	Dilation of Left Axillary Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03760ZZ	Dilation of Left Axillary Artery, Open Approach	ICD-10-PCS	Procedure
037634Z	Dilation of Left Axillary Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037635Z	Dilation of Left Axillary Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037636Z	Dilation of Left Axillary Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037637Z	Dilation of Left Axillary Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03763D6	Dilation of Left Axillary Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03763DZ	Dilation of Left Axillary Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03763EZ	Dilation of Left Axillary Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03763F6	Dilation of Left Axillary Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03763FZ	Dilation of Left Axillary Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03763G6	Dilation of Left Axillary Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03763GZ	Dilation of Left Axillary Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03763Z6	Dilation of Left Axillary Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03763ZZ	Dilation of Left Axillary Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037644Z	Dilation of Left Axillary Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037645Z	Dilation of Left Axillary Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037646Z	Dilation of Left Axillary Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037647Z	Dilation of Left Axillary Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03764D6	Dilation of Left Axillary Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03764DZ	Dilation of Left Axillary Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03764EZ	Dilation of Left Axillary Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03764F6	Dilation of Left Axillary Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03764FZ	Dilation of Left Axillary Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03764G6	Dilation of Left Axillary Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03764GZ	Dilation of Left Axillary Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03764Z6	Dilation of Left Axillary Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03764ZZ	Dilation of Left Axillary Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037704Z	Dilation of Right Brachial Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037705Z	Dilation of Right Brachial Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037706Z	Dilation of Right Brachial Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037707Z	Dilation of Right Brachial Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03770D6	Dilation of Right Brachial Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03770DZ	Dilation of Right Brachial Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03770EZ	Dilation of Right Brachial Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03770F6	Dilation of Right Brachial Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03770FZ	Dilation of Right Brachial Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03770G6	Dilation of Right Brachial Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03770GZ	Dilation of Right Brachial Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03770Z6	Dilation of Right Brachial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03770ZZ	Dilation of Right Brachial Artery, Open Approach	ICD-10-PCS	Procedure
037734Z	Dilation of Right Brachial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037735Z	Dilation of Right Brachial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037736Z	Dilation of Right Brachial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037737Z	Dilation of Right Brachial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03773D6	Dilation of Right Brachial Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03773DZ	Dilation of Right Brachial Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03773EZ	Dilation of Right Brachial Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03773F6	Dilation of Right Brachial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03773FZ	Dilation of Right Brachial Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03773G6	Dilation of Right Brachial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03773GZ	Dilation of Right Brachial Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03773Z6	Dilation of Right Brachial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03773ZZ	Dilation of Right Brachial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037744Z	Dilation of Right Brachial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037745Z	Dilation of Right Brachial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037746Z	Dilation of Right Brachial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037747Z	Dilation of Right Brachial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03774D6	Dilation of Right Brachial Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03774DZ	Dilation of Right Brachial Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03774EZ	Dilation of Right Brachial Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03774F6	Dilation of Right Brachial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03774FZ	Dilation of Right Brachial Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03774G6	Dilation of Right Brachial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03774GZ	Dilation of Right Brachial Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03774Z6	Dilation of Right Brachial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03774ZZ	Dilation of Right Brachial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037804Z	Dilation of Left Brachial Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037805Z	Dilation of Left Brachial Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037806Z	Dilation of Left Brachial Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037807Z	Dilation of Left Brachial Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03780D6	Dilation of Left Brachial Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03780DZ	Dilation of Left Brachial Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03780EZ	Dilation of Left Brachial Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03780F6	Dilation of Left Brachial Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03780FZ	Dilation of Left Brachial Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03780G6	Dilation of Left Brachial Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03780GZ	Dilation of Left Brachial Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03780Z6	Dilation of Left Brachial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03780ZZ	Dilation of Left Brachial Artery, Open Approach	ICD-10-PCS	Procedure
037834Z	Dilation of Left Brachial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037835Z	Dilation of Left Brachial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037836Z	Dilation of Left Brachial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037837Z	Dilation of Left Brachial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03783D6	Dilation of Left Brachial Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03783DZ	Dilation of Left Brachial Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03783EZ	Dilation of Left Brachial Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03783F6	Dilation of Left Brachial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03783FZ	Dilation of Left Brachial Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03783G6	Dilation of Left Brachial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03783GZ	Dilation of Left Brachial Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03783Z6	Dilation of Left Brachial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03783ZZ	Dilation of Left Brachial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037844Z	Dilation of Left Brachial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037845Z	Dilation of Left Brachial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037846Z	Dilation of Left Brachial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037847Z	Dilation of Left Brachial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03784D6	Dilation of Left Brachial Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03784DZ	Dilation of Left Brachial Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03784EZ	Dilation of Left Brachial Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03784F6	Dilation of Left Brachial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03784FZ	Dilation of Left Brachial Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03784G6	Dilation of Left Brachial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03784GZ	Dilation of Left Brachial Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03784Z6	Dilation of Left Brachial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03784ZZ	Dilation of Left Brachial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037904Z	Dilation of Right Ulnar Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037905Z	Dilation of Right Ulnar Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037906Z	Dilation of Right Ulnar Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037907Z	Dilation of Right Ulnar Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03790D6	Dilation of Right Ulnar Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03790DZ	Dilation of Right Ulnar Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03790EZ	Dilation of Right Ulnar Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03790F6	Dilation of Right Ulnar Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03790FZ	Dilation of Right Ulnar Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03790G6	Dilation of Right Ulnar Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03790GZ	Dilation of Right Ulnar Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03790Z6	Dilation of Right Ulnar Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03790ZZ	Dilation of Right Ulnar Artery, Open Approach	ICD-10-PCS	Procedure
037934Z	Dilation of Right Ulnar Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037935Z	Dilation of Right Ulnar Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037936Z	Dilation of Right Ulnar Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037937Z	Dilation of Right Ulnar Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03793D6	Dilation of Right Ulnar Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03793DZ	Dilation of Right Ulnar Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03793EZ	Dilation of Right Ulnar Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03793F6	Dilation of Right Ulnar Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03793FZ	Dilation of Right Ulnar Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03793G6	Dilation of Right Ulnar Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03793GZ	Dilation of Right Ulnar Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03793Z6	Dilation of Right Ulnar Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03793ZZ	Dilation of Right Ulnar Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037944Z	Dilation of Right Ulnar Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037945Z	Dilation of Right Ulnar Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037946Z	Dilation of Right Ulnar Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037947Z	Dilation of Right Ulnar Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03794D6	Dilation of Right Ulnar Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03794DZ	Dilation of Right Ulnar Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03794EZ	Dilation of Right Ulnar Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03794F6	Dilation of Right Ulnar Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03794FZ	Dilation of Right Ulnar Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03794G6	Dilation of Right Ulnar Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03794GZ	Dilation of Right Ulnar Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03794Z6	Dilation of Right Ulnar Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03794ZZ	Dilation of Right Ulnar Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A046	Dilation of Left Ulnar Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037A04Z	Dilation of Left Ulnar Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037A056	Dilation of Left Ulnar Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037A05Z	Dilation of Left Ulnar Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037A066	Dilation of Left Ulnar Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037A06Z	Dilation of Left Ulnar Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037A076	Dilation of Left Ulnar Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037A07Z	Dilation of Left Ulnar Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037A0D6	Dilation of Left Ulnar Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037A0DZ	Dilation of Left Ulnar Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037A0E6	Dilation of Left Ulnar Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037A0EZ	Dilation of Left Ulnar Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037A0F6	Dilation of Left Ulnar Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037A0FZ	Dilation of Left Ulnar Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037A0G6	Dilation of Left Ulnar Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037A0GZ	Dilation of Left Ulnar Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037A0Z6	Dilation of Left Ulnar Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
037A0ZZ	Dilation of Left Ulnar Artery, Open Approach	ICD-10-PCS	Procedure
037A346	Dilation of Left Ulnar Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037A34Z	Dilation of Left Ulnar Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037A356	Dilation of Left Ulnar Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037A35Z	Dilation of Left Ulnar Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037A366	Dilation of Left Ulnar Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037A36Z	Dilation of Left Ulnar Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037A376	Dilation of Left Ulnar Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037A37Z	Dilation of Left Ulnar Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037A3D6	Dilation of Left Ulnar Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037A3DZ	Dilation of Left Ulnar Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037A3E6	Dilation of Left Ulnar Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037A3EZ	Dilation of Left Ulnar Artery with Two Intraluminal Devices, Percutaneous	ICD-10-PCS	Procedure
037A3F6	Dilation of Left Ulnar Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037A3FZ	Dilation of Left Ulnar Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037A3G6	Dilation of Left Ulnar Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037A3GZ	Dilation of Left Ulnar Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037A3Z6	Dilation of Left Ulnar Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037A3ZZ	Dilation of Left Ulnar Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037A446	Dilation of Left Ulnar Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A44Z	Dilation of Left Ulnar Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A456	Dilation of Left Ulnar Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A45Z	Dilation of Left Ulnar Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A466	Dilation of Left Ulnar Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A46Z	Dilation of Left Ulnar Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A476	Dilation of Left Ulnar Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A47Z	Dilation of Left Ulnar Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A4D6	Dilation of Left Ulnar Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A4DZ	Dilation of Left Ulnar Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A4E6	Dilation of Left Ulnar Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A4EZ	Dilation of Left Ulnar Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A4F6	Dilation of Left Ulnar Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037A4FZ	Dilation of Left Ulnar Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A4G6	Dilation of Left Ulnar Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A4GZ	Dilation of Left Ulnar Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A4Z6	Dilation of Left Ulnar Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A4ZZ	Dilation of Left Ulnar Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B046	Dilation of Right Radial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037B04Z	Dilation of Right Radial Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037B056	Dilation of Right Radial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037B05Z	Dilation of Right Radial Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037B066	Dilation of Right Radial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037B06Z	Dilation of Right Radial Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037B076	Dilation of Right Radial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037B07Z	Dilation of Right Radial Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037B0D6	Dilation of Right Radial Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037B0DZ	Dilation of Right Radial Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037B0E6	Dilation of Right Radial Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037B0EZ	Dilation of Right Radial Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037B0F6	Dilation of Right Radial Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037B0FZ	Dilation of Right Radial Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037B0G6	Dilation of Right Radial Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037B0GZ	Dilation of Right Radial Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037B0Z6	Dilation of Right Radial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
037B0ZZ	Dilation of Right Radial Artery, Open Approach	ICD-10-PCS	Procedure
037B346	Dilation of Right Radial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037B34Z	Dilation of Right Radial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037B356	Dilation of Right Radial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037B35Z	Dilation of Right Radial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037B366	Dilation of Right Radial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037B36Z	Dilation of Right Radial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037B376	Dilation of Right Radial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037B37Z	Dilation of Right Radial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037B3D6	Dilation of Right Radial Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037B3DZ	Dilation of Right Radial Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037B3E6	Dilation of Right Radial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037B3EZ	Dilation of Right Radial Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037B3F6	Dilation of Right Radial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037B3FZ	Dilation of Right Radial Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037B3G6	Dilation of Right Radial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037B3GZ	Dilation of Right Radial Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037B3Z6	Dilation of Right Radial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037B3ZZ	Dilation of Right Radial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037B446	Dilation of Right Radial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B44Z	Dilation of Right Radial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B456	Dilation of Right Radial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B45Z	Dilation of Right Radial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B466	Dilation of Right Radial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037B46Z	Dilation of Right Radial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B476	Dilation of Right Radial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B47Z	Dilation of Right Radial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B4D6	Dilation of Right Radial Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B4DZ	Dilation of Right Radial Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B4E6	Dilation of Right Radial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B4EZ	Dilation of Right Radial Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B4F6	Dilation of Right Radial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B4FZ	Dilation of Right Radial Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B4G6	Dilation of Right Radial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B4GZ	Dilation of Right Radial Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B4Z6	Dilation of Right Radial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B4ZZ	Dilation of Right Radial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C046	Dilation of Left Radial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037C04Z	Dilation of Left Radial Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037C056	Dilation of Left Radial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037C05Z	Dilation of Left Radial Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037C066	Dilation of Left Radial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037C06Z	Dilation of Left Radial Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037C076	Dilation of Left Radial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037C07Z	Dilation of Left Radial Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037C0D6	Dilation of Left Radial Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037C0DZ	Dilation of Left Radial Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037C0E6	Dilation of Left Radial Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037C0EZ	Dilation of Left Radial Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037C0F6	Dilation of Left Radial Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037C0FZ	Dilation of Left Radial Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037C0G6	Dilation of Left Radial Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037C0GZ	Dilation of Left Radial Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037C0Z6	Dilation of Left Radial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
037C0ZZ	Dilation of Left Radial Artery, Open Approach	ICD-10-PCS	Procedure
037C346	Dilation of Left Radial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037C34Z	Dilation of Left Radial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037C356	Dilation of Left Radial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037C35Z	Dilation of Left Radial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037C366	Dilation of Left Radial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037C36Z	Dilation of Left Radial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037C376	Dilation of Left Radial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037C37Z	Dilation of Left Radial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037C3D6	Dilation of Left Radial Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037C3DZ	Dilation of Left Radial Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037C3E6	Dilation of Left Radial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037C3EZ	Dilation of Left Radial Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037C3F6	Dilation of Left Radial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037C3FZ	Dilation of Left Radial Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037C3G6	Dilation of Left Radial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037C3GZ	Dilation of Left Radial Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037C3Z6	Dilation of Left Radial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037C3ZZ	Dilation of Left Radial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037C446	Dilation of Left Radial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C44Z	Dilation of Left Radial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C456	Dilation of Left Radial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C45Z	Dilation of Left Radial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C466	Dilation of Left Radial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C46Z	Dilation of Left Radial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C476	Dilation of Left Radial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C47Z	Dilation of Left Radial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C4D6	Dilation of Left Radial Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C4DZ	Dilation of Left Radial Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C4E6	Dilation of Left Radial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C4EZ	Dilation of Left Radial Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C4F6	Dilation of Left Radial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C4FZ	Dilation of Left Radial Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C4G6	Dilation of Left Radial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C4GZ	Dilation of Left Radial Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C4Z6	Dilation of Left Radial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C4ZZ	Dilation of Left Radial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D046	Dilation of Right Hand Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037D04Z	Dilation of Right Hand Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037D056	Dilation of Right Hand Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037D05Z	Dilation of Right Hand Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037D066	Dilation of Right Hand Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037D06Z	Dilation of Right Hand Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037D076	Dilation of Right Hand Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037D07Z	Dilation of Right Hand Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037D0D6	Dilation of Right Hand Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037D0DZ	Dilation of Right Hand Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037D0E6	Dilation of Right Hand Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037D0EZ	Dilation of Right Hand Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037D0F6	Dilation of Right Hand Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037D0FZ	Dilation of Right Hand Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037D0G6	Dilation of Right Hand Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037D0GZ	Dilation of Right Hand Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037D0Z6	Dilation of Right Hand Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
037D0ZZ	Dilation of Right Hand Artery, Open Approach	ICD-10-PCS	Procedure
037D346	Dilation of Right Hand Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037D34Z	Dilation of Right Hand Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037D356	Dilation of Right Hand Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037D35Z	Dilation of Right Hand Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037D366	Dilation of Right Hand Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037D36Z	Dilation of Right Hand Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037D376	Dilation of Right Hand Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037D37Z	Dilation of Right Hand Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037D3D6	Dilation of Right Hand Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037D3DZ	Dilation of Right Hand Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037D3E6	Dilation of Right Hand Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037D3EZ	Dilation of Right Hand Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037D3F6	Dilation of Right Hand Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037D3FZ	Dilation of Right Hand Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037D3G6	Dilation of Right Hand Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037D3GZ	Dilation of Right Hand Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037D3Z6	Dilation of Right Hand Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037D3ZZ	Dilation of Right Hand Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037D446	Dilation of Right Hand Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D44Z	Dilation of Right Hand Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D456	Dilation of Right Hand Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D45Z	Dilation of Right Hand Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D466	Dilation of Right Hand Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D46Z	Dilation of Right Hand Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D476	Dilation of Right Hand Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D47Z	Dilation of Right Hand Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D4D6	Dilation of Right Hand Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D4DZ	Dilation of Right Hand Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D4E6	Dilation of Right Hand Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D4EZ	Dilation of Right Hand Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037D4F6	Dilation of Right Hand Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D4FZ	Dilation of Right Hand Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D4G6	Dilation of Right Hand Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D4GZ	Dilation of Right Hand Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D4Z6	Dilation of Right Hand Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D4ZZ	Dilation of Right Hand Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F046	Dilation of Left Hand Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037F04Z	Dilation of Left Hand Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037F056	Dilation of Left Hand Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037F05Z	Dilation of Left Hand Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037F066	Dilation of Left Hand Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037F06Z	Dilation of Left Hand Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037F076	Dilation of Left Hand Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037F07Z	Dilation of Left Hand Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037F0D6	Dilation of Left Hand Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037F0DZ	Dilation of Left Hand Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037F0E6	Dilation of Left Hand Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037F0EZ	Dilation of Left Hand Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037F0F6	Dilation of Left Hand Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037F0FZ	Dilation of Left Hand Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037F0G6	Dilation of Left Hand Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037F0GZ	Dilation of Left Hand Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037F0Z6	Dilation of Left Hand Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
037F0ZZ	Dilation of Left Hand Artery, Open Approach	ICD-10-PCS	Procedure
037F346	Dilation of Left Hand Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037F34Z	Dilation of Left Hand Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037F356	Dilation of Left Hand Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037F35Z	Dilation of Left Hand Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037F366	Dilation of Left Hand Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037F36Z	Dilation of Left Hand Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037F376	Dilation of Left Hand Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037F37Z	Dilation of Left Hand Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037F3D6	Dilation of Left Hand Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037F3DZ	Dilation of Left Hand Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037F3E6	Dilation of Left Hand Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037F3EZ	Dilation of Left Hand Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037F3F6	Dilation of Left Hand Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037F3FZ	Dilation of Left Hand Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037F3G6	Dilation of Left Hand Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037F3GZ	Dilation of Left Hand Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037F3Z6	Dilation of Left Hand Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037F3ZZ	Dilation of Left Hand Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037F446	Dilation of Left Hand Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F44Z	Dilation of Left Hand Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F456	Dilation of Left Hand Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F45Z	Dilation of Left Hand Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F466	Dilation of Left Hand Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F46Z	Dilation of Left Hand Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037F476	Dilation of Left Hand Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F47Z	Dilation of Left Hand Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F4D6	Dilation of Left Hand Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F4DZ	Dilation of Left Hand Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F4E6	Dilation of Left Hand Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F4EZ	Dilation of Left Hand Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F4F6	Dilation of Left Hand Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F4FZ	Dilation of Left Hand Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F4G6	Dilation of Left Hand Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F4GZ	Dilation of Left Hand Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F4Z6	Dilation of Left Hand Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F4ZZ	Dilation of Left Hand Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03C33Z6	Extirpation of Matter from Right Subclavian Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03C33ZZ	Extirpation of Matter from Right Subclavian Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03C43Z6	Extirpation of Matter from Left Subclavian Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03C43ZZ	Extirpation of Matter from Left Subclavian Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03C53Z6	Extirpation of Matter from Right Axillary Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03C53ZZ	Extirpation of Matter from Right Axillary Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03C63Z6	Extirpation of Matter from Left Axillary Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03C63ZZ	Extirpation of Matter from Left Axillary Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03C73Z6	Extirpation of Matter from Right Brachial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03C73ZZ	Extirpation of Matter from Right Brachial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03C83Z6	Extirpation of Matter from Left Brachial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03C83ZZ	Extirpation of Matter from Left Brachial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03C93Z6	Extirpation of Matter from Right Ulnar Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03C93ZZ	Extirpation of Matter from Right Ulnar Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CA3Z6	Extirpation of Matter from Left Ulnar Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03CA3ZZ	Extirpation of Matter from Left Ulnar Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CB3Z6	Extirpation of Matter from Right Radial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CB3ZZ	Extirpation of Matter from Right Radial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CC3Z6	Extirpation of Matter from Left Radial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CC3ZZ	Extirpation of Matter from Left Radial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CD3Z6	Extirpation of Matter from Right Hand Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CD3ZZ	Extirpation of Matter from Right Hand Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CF3Z6	Extirpation of Matter from Left Hand Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CF3ZZ	Extirpation of Matter from Left Hand Artery, Percutaneous Approach	ICD-10-PCS	Procedure
041009B	Bypass Abdominal Aorta to Left Internal Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041009C	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041009D	Bypass Abdominal Aorta to Right External Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041009F	Bypass Abdominal Aorta to Left External Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041009G	Bypass Abdominal Aorta to Bilateral External Iliac Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041009H	Bypass Abdominal Aorta to Right Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041009J	Bypass Abdominal Aorta to Left Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041009K	Bypass Abdominal Aorta to Bilateral Femoral Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041009Q	Bypass Abdominal Aorta to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
04100A6	Bypass Abdominal Aorta to Right Common Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100A7	Bypass Abdominal Aorta to Left Common Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100A8	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100A9	Bypass Abdominal Aorta to Right Internal Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100AB	Bypass Abdominal Aorta to Left Internal Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100AC	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100AD	Bypass Abdominal Aorta to Right External Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
04100AF	Bypass Abdominal Aorta to Left External Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100AG	Bypass Abdominal Aorta to Bilateral External Iliac Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100AH	Bypass Abdominal Aorta to Right Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100AJ	Bypass Abdominal Aorta to Left Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100AK	Bypass Abdominal Aorta to Bilateral Femoral Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100AQ	Bypass Abdominal Aorta to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100AR	Bypass Abdominal Aorta to Lower Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100J6	Bypass Abdominal Aorta to Right Common Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100J7	Bypass Abdominal Aorta to Left Common Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100J8	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100J9	Bypass Abdominal Aorta to Right Internal Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100JB	Bypass Abdominal Aorta to Left Internal Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100JC	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100JD	Bypass Abdominal Aorta to Right External Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100JF	Bypass Abdominal Aorta to Left External Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100JG	Bypass Abdominal Aorta to Bilateral External Iliac Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100JH	Bypass Abdominal Aorta to Right Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100JJ	Bypass Abdominal Aorta to Left Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100JK	Bypass Abdominal Aorta to Bilateral Femoral Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100JQ	Bypass Abdominal Aorta to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100K6	Bypass Abdominal Aorta to Right Common Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
04100K7	Bypass Abdominal Aorta to Left Common Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100K8	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100K9	Bypass Abdominal Aorta to Right Internal Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KB	Bypass Abdominal Aorta to Left Internal Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KC	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KD	Bypass Abdominal Aorta to Right External Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KF	Bypass Abdominal Aorta to Left External Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KG	Bypass Abdominal Aorta to Bilateral External Iliac Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KH	Bypass Abdominal Aorta to Right Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KJ	Bypass Abdominal Aorta to Left Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KK	Bypass Abdominal Aorta to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KQ	Bypass Abdominal Aorta to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KR	Bypass Abdominal Aorta to Lower Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100Z6	Bypass Abdominal Aorta to Right Common Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04100Z7	Bypass Abdominal Aorta to Left Common Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04100Z8	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries, Open Approach	ICD-10-PCS	Procedure
04100Z9	Bypass Abdominal Aorta to Right Internal Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04100ZB	Bypass Abdominal Aorta to Left Internal Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04100ZC	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries, Open Approach	ICD-10-PCS	Procedure
04100ZD	Bypass Abdominal Aorta to Right External Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04100ZF	Bypass Abdominal Aorta to Left External Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04100ZG	Bypass Abdominal Aorta to Bilateral External Iliac Arteries, Open Approach	ICD-10-PCS	Procedure
04100ZH	Bypass Abdominal Aorta to Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
04100ZJ	Bypass Abdominal Aorta to Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
04100ZK	Bypass Abdominal Aorta to Bilateral Femoral Arteries, Open Approach	ICD-10-PCS	Procedure
04100ZQ	Bypass Abdominal Aorta to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041049B	Bypass Abdominal Aorta to Left Internal Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041049C	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041049D	Bypass Abdominal Aorta to Right External Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041049F	Bypass Abdominal Aorta to Left External Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041049G	Bypass Abdominal Aorta to Bilateral External Iliac Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041049H	Bypass Abdominal Aorta to Right Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041049J	Bypass Abdominal Aorta to Left Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041049K	Bypass Abdominal Aorta to Bilateral Femoral Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041049Q	Bypass Abdominal Aorta to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104A6	Bypass Abdominal Aorta to Right Common Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104A7	Bypass Abdominal Aorta to Left Common Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104A8	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104A9	Bypass Abdominal Aorta to Right Internal Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104AB	Bypass Abdominal Aorta to Left Internal Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104AC	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104AD	Bypass Abdominal Aorta to Right External Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104AF	Bypass Abdominal Aorta to Left External Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104AG	Bypass Abdominal Aorta to Bilateral External Iliac Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104AH	Bypass Abdominal Aorta to Right Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104AJ	Bypass Abdominal Aorta to Left Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104AK	Bypass Abdominal Aorta to Bilateral Femoral Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104AQ	Bypass Abdominal Aorta to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
04104J6	Bypass Abdominal Aorta to Right Common Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104J7	Bypass Abdominal Aorta to Left Common Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104J8	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104J9	Bypass Abdominal Aorta to Right Internal Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104JB	Bypass Abdominal Aorta to Left Internal Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104JC	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104JD	Bypass Abdominal Aorta to Right External Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104JF	Bypass Abdominal Aorta to Left External Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104JG	Bypass Abdominal Aorta to Bilateral External Iliac Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104JH	Bypass Abdominal Aorta to Right Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104JJ	Bypass Abdominal Aorta to Left Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104JK	Bypass Abdominal Aorta to Bilateral Femoral Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104JQ	Bypass Abdominal Aorta to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104K6	Bypass Abdominal Aorta to Right Common Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104K7	Bypass Abdominal Aorta to Left Common Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104K8	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104K9	Bypass Abdominal Aorta to Right Internal Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104KB	Bypass Abdominal Aorta to Left Internal Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104KC	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104KD	Bypass Abdominal Aorta to Right External Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104KF	Bypass Abdominal Aorta to Left External Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
04104KG	Bypass Abdominal Aorta to Bilateral External Iliac Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104KH	Bypass Abdominal Aorta to Right Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104KJ	Bypass Abdominal Aorta to Left Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104KK	Bypass Abdominal Aorta to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104KQ	Bypass Abdominal Aorta to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104Z6	Bypass Abdominal Aorta to Right Common Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104Z7	Bypass Abdominal Aorta to Left Common Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104Z8	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104Z9	Bypass Abdominal Aorta to Right Internal Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104ZB	Bypass Abdominal Aorta to Left Internal Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104ZC	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104ZD	Bypass Abdominal Aorta to Right External Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104ZF	Bypass Abdominal Aorta to Left External Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104ZG	Bypass Abdominal Aorta to Bilateral External Iliac Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104ZH	Bypass Abdominal Aorta to Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104ZJ	Bypass Abdominal Aorta to Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104ZK	Bypass Abdominal Aorta to Bilateral Femoral Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104ZQ	Bypass Abdominal Aorta to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C09H	Bypass Right Common Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041C09J	Bypass Right Common Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041C09K	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041C0AH	Bypass Right Common Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041C0AJ	Bypass Right Common Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041C0AK	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041C0JH	Bypass Right Common Iliac Artery to Right Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041C0JJ	Bypass Right Common Iliac Artery to Left Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041C0JK	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041C0KH	Bypass Right Common Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041C0KJ	Bypass Right Common Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041C0KK	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041C0ZH	Bypass Right Common Iliac Artery to Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041C0ZJ	Bypass Right Common Iliac Artery to Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041C0ZK	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries, Open Approach	ICD-10-PCS	Procedure
041C49H	Bypass Right Common Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C49J	Bypass Right Common Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C49K	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4AH	Bypass Right Common Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4AJ	Bypass Right Common Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4AK	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4JH	Bypass Right Common Iliac Artery to Right Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4JJ	Bypass Right Common Iliac Artery to Left Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4JK	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4KH	Bypass Right Common Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041C4KJ	Bypass Right Common Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4KK	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4ZH	Bypass Right Common Iliac Artery to Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4ZJ	Bypass Right Common Iliac Artery to Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4ZK	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D09H	Bypass Left Common Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041D09J	Bypass Left Common Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041D09K	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041D0AH	Bypass Left Common Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041D0AJ	Bypass Left Common Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041D0AK	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041D0JH	Bypass Left Common Iliac Artery to Right Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041D0JJ	Bypass Left Common Iliac Artery to Left Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041D0JK	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041D0KH	Bypass Left Common Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041D0KJ	Bypass Left Common Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041D0KK	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041D0ZH	Bypass Left Common Iliac Artery to Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041D0ZJ	Bypass Left Common Iliac Artery to Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041D0ZK	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries, Open Approach	ICD-10-PCS	Procedure
041D49H	Bypass Left Common Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D49J	Bypass Left Common Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041D49K	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4AH	Bypass Left Common Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4AJ	Bypass Left Common Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4AK	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4JH	Bypass Left Common Iliac Artery to Right Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4JJ	Bypass Left Common Iliac Artery to Left Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4JK	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4KH	Bypass Left Common Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4KJ	Bypass Left Common Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4KK	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4ZH	Bypass Left Common Iliac Artery to Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4ZJ	Bypass Left Common Iliac Artery to Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4ZK	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E09H	Bypass Right Internal Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041E09J	Bypass Right Internal Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041E09K	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041E0AH	Bypass Right Internal Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041E0AJ	Bypass Right Internal Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041E0AK	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041E0JH	Bypass Right Internal Iliac Artery to Right Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041E0JJ	Bypass Right Internal Iliac Artery to Left Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041E0JK	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041E0KH	Bypass Right Internal Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041E0KJ	Bypass Right Internal Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041E0KK	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041E0ZH	Bypass Right Internal Iliac Artery to Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041E0ZJ	Bypass Right Internal Iliac Artery to Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041E0ZK	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries, Open Approach	ICD-10-PCS	Procedure
041E49H	Bypass Right Internal Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E49J	Bypass Right Internal Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E49K	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4AH	Bypass Right Internal Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4AJ	Bypass Right Internal Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4AK	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4JH	Bypass Right Internal Iliac Artery to Right Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4JJ	Bypass Right Internal Iliac Artery to Left Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4JK	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4KH	Bypass Right Internal Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4KJ	Bypass Right Internal Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4KK	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4ZH	Bypass Right Internal Iliac Artery to Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4ZJ	Bypass Right Internal Iliac Artery to Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4ZK	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041F09H	Bypass Left Internal Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041F09J	Bypass Left Internal Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041F09K	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041F0AH	Bypass Left Internal Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041F0AJ	Bypass Left Internal Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041F0AK	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041F0JH	Bypass Left Internal Iliac Artery to Right Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041F0JJ	Bypass Left Internal Iliac Artery to Left Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041F0JK	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041F0KH	Bypass Left Internal Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041F0KJ	Bypass Left Internal Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041F0KK	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041F0ZH	Bypass Left Internal Iliac Artery to Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041F0ZJ	Bypass Left Internal Iliac Artery to Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041F0ZK	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries, Open Approach	ICD-10-PCS	Procedure
041F49H	Bypass Left Internal Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F49J	Bypass Left Internal Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F49K	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4AH	Bypass Left Internal Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4AJ	Bypass Left Internal Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4AK	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4JH	Bypass Left Internal Iliac Artery to Right Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041F4JJ	Bypass Left Internal Iliac Artery to Left Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4JK	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4KH	Bypass Left Internal Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4KJ	Bypass Left Internal Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4KK	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4ZH	Bypass Left Internal Iliac Artery to Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4ZJ	Bypass Left Internal Iliac Artery to Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4ZK	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H09H	Bypass Right External Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041H09J	Bypass Right External Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041H09K	Bypass Right External Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041H0AH	Bypass Right External Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041H0AJ	Bypass Right External Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041H0AK	Bypass Right External Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041H0JH	Bypass Right External Iliac Artery to Right Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041H0JJ	Bypass Right External Iliac Artery to Left Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041H0JK	Bypass Right External Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041H0KH	Bypass Right External Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041H0KJ	Bypass Right External Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041H0KK	Bypass Right External Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041H0ZH	Bypass Right External Iliac Artery to Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041H0ZJ	Bypass Right External Iliac Artery to Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041H0ZK	Bypass Right External Iliac Artery to Bilateral Femoral Arteries, Open Approach	ICD-10-PCS	Procedure
041H49H	Bypass Right External Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H49J	Bypass Right External Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H49K	Bypass Right External Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4AH	Bypass Right External Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4AJ	Bypass Right External Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4AK	Bypass Right External Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4JH	Bypass Right External Iliac Artery to Right Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4JJ	Bypass Right External Iliac Artery to Left Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4JK	Bypass Right External Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4KH	Bypass Right External Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4KJ	Bypass Right External Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4KK	Bypass Right External Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4ZH	Bypass Right External Iliac Artery to Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4ZJ	Bypass Right External Iliac Artery to Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4ZK	Bypass Right External Iliac Artery to Bilateral Femoral Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J09H	Bypass Left External Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041J09J	Bypass Left External Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041J09K	Bypass Left External Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041J0AH	Bypass Left External Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041J0AJ	Bypass Left External Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041J0AK	Bypass Left External Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041J0JH	Bypass Left External Iliac Artery to Right Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041J0JJ	Bypass Left External Iliac Artery to Left Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041J0JK	Bypass Left External Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041J0KH	Bypass Left External Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041J0KJ	Bypass Left External Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041J0KK	Bypass Left External Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041J0ZH	Bypass Left External Iliac Artery to Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041J0ZJ	Bypass Left External Iliac Artery to Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041J0ZK	Bypass Left External Iliac Artery to Bilateral Femoral Arteries, Open Approach	ICD-10-PCS	Procedure
041J49H	Bypass Left External Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J49J	Bypass Left External Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J49K	Bypass Left External Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4AH	Bypass Left External Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4AJ	Bypass Left External Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4AK	Bypass Left External Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4JH	Bypass Left External Iliac Artery to Right Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4JJ	Bypass Left External Iliac Artery to Left Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4JK	Bypass Left External Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4KH	Bypass Left External Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4KJ	Bypass Left External Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4KK	Bypass Left External Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041J4ZH	Bypass Left External Iliac Artery to Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4ZJ	Bypass Left External Iliac Artery to Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4ZK	Bypass Left External Iliac Artery to Bilateral Femoral Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K09H	Bypass Right Femoral Artery to Right Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041K09J	Bypass Right Femoral Artery to Left Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041K09K	Bypass Right Femoral Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041K09L	Bypass Right Femoral Artery to Popliteal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041K09M	Bypass Right Femoral Artery to Peroneal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041K09N	Bypass Right Femoral Artery to Posterior Tibial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041K09P	Bypass Right Femoral Artery to Foot Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041K09Q	Bypass Right Femoral Artery to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041K09S	Bypass Right Femoral Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041K0AH	Bypass Right Femoral Artery to Right Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041K0AJ	Bypass Right Femoral Artery to Left Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041K0AK	Bypass Right Femoral Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041K0AL	Bypass Right Femoral Artery to Popliteal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041K0AM	Bypass Right Femoral Artery to Peroneal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041K0AN	Bypass Right Femoral Artery to Posterior Tibial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041K0AP	Bypass Right Femoral Artery to Foot Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041K0AQ	Bypass Right Femoral Artery to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041K0AS	Bypass Right Femoral Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041K0JH	Bypass Right Femoral Artery to Right Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041K0JJ	Bypass Right Femoral Artery to Left Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041K0JK	Bypass Right Femoral Artery to Bilateral Femoral Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041K0JL	Bypass Right Femoral Artery to Popliteal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041K0JM	Bypass Right Femoral Artery to Peroneal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041K0JN	Bypass Right Femoral Artery to Posterior Tibial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041K0JP	Bypass Right Femoral Artery to Foot Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041K0JQ	Bypass Right Femoral Artery to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041K0JS	Bypass Right Femoral Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041K0KH	Bypass Right Femoral Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041K0KJ	Bypass Right Femoral Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041K0KK	Bypass Right Femoral Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041K0KL	Bypass Right Femoral Artery to Popliteal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041K0KM	Bypass Right Femoral Artery to Peroneal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041K0KN	Bypass Right Femoral Artery to Posterior Tibial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041K0KP	Bypass Right Femoral Artery to Foot Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041K0KQ	Bypass Right Femoral Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041K0KS	Bypass Right Femoral Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041K0ZH	Bypass Right Femoral Artery to Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041K0ZJ	Bypass Right Femoral Artery to Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041K0ZK	Bypass Right Femoral Artery to Bilateral Femoral Arteries, Open Approach	ICD-10-PCS	Procedure
041K0ZL	Bypass Right Femoral Artery to Popliteal Artery, Open Approach	ICD-10-PCS	Procedure
041K0ZM	Bypass Right Femoral Artery to Peroneal Artery, Open Approach	ICD-10-PCS	Procedure
041K0ZN	Bypass Right Femoral Artery to Posterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041K0ZP	Bypass Right Femoral Artery to Foot Artery, Open Approach	ICD-10-PCS	Procedure
041K0ZQ	Bypass Right Femoral Artery to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041K0ZS	Bypass Right Femoral Artery to Lower Extremity Vein, Open Approach	ICD-10-PCS	Procedure
041K49H	Bypass Right Femoral Artery to Right Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K49J	Bypass Right Femoral Artery to Left Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K49K	Bypass Right Femoral Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K49L	Bypass Right Femoral Artery to Popliteal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K49M	Bypass Right Femoral Artery to Peroneal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K49N	Bypass Right Femoral Artery to Posterior Tibial Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K49P	Bypass Right Femoral Artery to Foot Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K49Q	Bypass Right Femoral Artery to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K49S	Bypass Right Femoral Artery to Lower Extremity Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4AH	Bypass Right Femoral Artery to Right Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4AJ	Bypass Right Femoral Artery to Left Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4AK	Bypass Right Femoral Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4AL	Bypass Right Femoral Artery to Popliteal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4AM	Bypass Right Femoral Artery to Peroneal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4AN	Bypass Right Femoral Artery to Posterior Tibial Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4AP	Bypass Right Femoral Artery to Foot Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4AQ	Bypass Right Femoral Artery to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4AS	Bypass Right Femoral Artery to Lower Extremity Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4JH	Bypass Right Femoral Artery to Right Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041K4JJ	Bypass Right Femoral Artery to Left Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4JK	Bypass Right Femoral Artery to Bilateral Femoral Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4JL	Bypass Right Femoral Artery to Popliteal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4JM	Bypass Right Femoral Artery to Peroneal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4JN	Bypass Right Femoral Artery to Posterior Tibial Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4JP	Bypass Right Femoral Artery to Foot Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4JQ	Bypass Right Femoral Artery to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4JS	Bypass Right Femoral Artery to Lower Extremity Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4KH	Bypass Right Femoral Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4KJ	Bypass Right Femoral Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4KK	Bypass Right Femoral Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4KL	Bypass Right Femoral Artery to Popliteal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4KM	Bypass Right Femoral Artery to Peroneal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4KN	Bypass Right Femoral Artery to Posterior Tibial Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4KP	Bypass Right Femoral Artery to Foot Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4KQ	Bypass Right Femoral Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4KS	Bypass Right Femoral Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4ZH	Bypass Right Femoral Artery to Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4ZJ	Bypass Right Femoral Artery to Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4ZK	Bypass Right Femoral Artery to Bilateral Femoral Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4ZL	Bypass Right Femoral Artery to Popliteal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041K4ZM	Bypass Right Femoral Artery to Peroneal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4ZN	Bypass Right Femoral Artery to Posterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4ZP	Bypass Right Femoral Artery to Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4ZQ	Bypass Right Femoral Artery to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4ZS	Bypass Right Femoral Artery to Lower Extremity Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L09H	Bypass Left Femoral Artery to Right Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041L09J	Bypass Left Femoral Artery to Left Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041L09K	Bypass Left Femoral Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041L09L	Bypass Left Femoral Artery to Popliteal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041L09M	Bypass Left Femoral Artery to Peroneal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041L09N	Bypass Left Femoral Artery to Posterior Tibial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041L09P	Bypass Left Femoral Artery to Foot Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041L09Q	Bypass Left Femoral Artery to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041L09S	Bypass Left Femoral Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041L0AH	Bypass Left Femoral Artery to Right Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041L0AJ	Bypass Left Femoral Artery to Left Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041L0AK	Bypass Left Femoral Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041L0AL	Bypass Left Femoral Artery to Popliteal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041L0AM	Bypass Left Femoral Artery to Peroneal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041L0AN	Bypass Left Femoral Artery to Posterior Tibial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041L0AP	Bypass Left Femoral Artery to Foot Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041LOAQ	Bypass Left Femoral Artery to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041LOAS	Bypass Left Femoral Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041LOJH	Bypass Left Femoral Artery to Right Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041LOJJ	Bypass Left Femoral Artery to Left Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041LOJK	Bypass Left Femoral Artery to Bilateral Femoral Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041LOJL	Bypass Left Femoral Artery to Popliteal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041LOJM	Bypass Left Femoral Artery to Peroneal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041LOJN	Bypass Left Femoral Artery to Posterior Tibial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041LOJP	Bypass Left Femoral Artery to Foot Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041LOJQ	Bypass Left Femoral Artery to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041LOJS	Bypass Left Femoral Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041LOKH	Bypass Left Femoral Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041LOKJ	Bypass Left Femoral Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041LOKK	Bypass Left Femoral Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041LOKL	Bypass Left Femoral Artery to Popliteal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041LOKM	Bypass Left Femoral Artery to Peroneal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041LOKN	Bypass Left Femoral Artery to Posterior Tibial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041LOKP	Bypass Left Femoral Artery to Foot Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041LOKQ	Bypass Left Femoral Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041LOKS	Bypass Left Femoral Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041LOZH	Bypass Left Femoral Artery to Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041LOZJ	Bypass Left Femoral Artery to Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041L0ZK	Bypass Left Femoral Artery to Bilateral Femoral Arteries, Open Approach	ICD-10-PCS	Procedure
041L0ZL	Bypass Left Femoral Artery to Popliteal Artery, Open Approach	ICD-10-PCS	Procedure
041L0ZM	Bypass Left Femoral Artery to Peroneal Artery, Open Approach	ICD-10-PCS	Procedure
041L0ZN	Bypass Left Femoral Artery to Posterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure
041L0ZP	Bypass Left Femoral Artery to Foot Artery, Open Approach	ICD-10-PCS	Procedure
041L0ZQ	Bypass Left Femoral Artery to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041L0ZS	Bypass Left Femoral Artery to Lower Extremity Vein, Open Approach	ICD-10-PCS	Procedure
041L49H	Bypass Left Femoral Artery to Right Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L49J	Bypass Left Femoral Artery to Left Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L49K	Bypass Left Femoral Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L49L	Bypass Left Femoral Artery to Popliteal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L49M	Bypass Left Femoral Artery to Peroneal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L49N	Bypass Left Femoral Artery to Posterior Tibial Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L49P	Bypass Left Femoral Artery to Foot Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L49Q	Bypass Left Femoral Artery to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L49S	Bypass Left Femoral Artery to Lower Extremity Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4AH	Bypass Left Femoral Artery to Right Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4AJ	Bypass Left Femoral Artery to Left Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4AK	Bypass Left Femoral Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4AL	Bypass Left Femoral Artery to Popliteal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4AM	Bypass Left Femoral Artery to Peroneal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4AN	Bypass Left Femoral Artery to Posterior Tibial Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4AP	Bypass Left Femoral Artery to Foot Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4AQ	Bypass Left Femoral Artery to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041L4AS	Bypass Left Femoral Artery to Lower Extremity Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4JH	Bypass Left Femoral Artery to Right Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4JJ	Bypass Left Femoral Artery to Left Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4JK	Bypass Left Femoral Artery to Bilateral Femoral Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4JL	Bypass Left Femoral Artery to Popliteal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4JM	Bypass Left Femoral Artery to Peroneal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4JN	Bypass Left Femoral Artery to Posterior Tibial Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4JP	Bypass Left Femoral Artery to Foot Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4JQ	Bypass Left Femoral Artery to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4JS	Bypass Left Femoral Artery to Lower Extremity Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4KH	Bypass Left Femoral Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4KJ	Bypass Left Femoral Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4KK	Bypass Left Femoral Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4KL	Bypass Left Femoral Artery to Popliteal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4KM	Bypass Left Femoral Artery to Peroneal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4KN	Bypass Left Femoral Artery to Posterior Tibial Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4KP	Bypass Left Femoral Artery to Foot Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4KQ	Bypass Left Femoral Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4KS	Bypass Left Femoral Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4ZH	Bypass Left Femoral Artery to Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4ZJ	Bypass Left Femoral Artery to Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041L4ZK	Bypass Left Femoral Artery to Bilateral Femoral Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4ZL	Bypass Left Femoral Artery to Popliteal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4ZM	Bypass Left Femoral Artery to Peroneal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4ZN	Bypass Left Femoral Artery to Posterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4ZP	Bypass Left Femoral Artery to Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4ZQ	Bypass Left Femoral Artery to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4ZS	Bypass Left Femoral Artery to Lower Extremity Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M09L	Bypass Right Popliteal Artery to Popliteal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041M09M	Bypass Right Popliteal Artery to Peroneal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041M09P	Bypass Right Popliteal Artery to Foot Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041M09Q	Bypass Right Popliteal Artery to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041M09S	Bypass Right Popliteal Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041M0AL	Bypass Right Popliteal Artery to Popliteal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041M0AM	Bypass Right Popliteal Artery to Peroneal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041M0AP	Bypass Right Popliteal Artery to Foot Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041M0AQ	Bypass Right Popliteal Artery to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041M0AS	Bypass Right Popliteal Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041M0JL	Bypass Right Popliteal Artery to Popliteal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041M0JM	Bypass Right Popliteal Artery to Peroneal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041M0JP	Bypass Right Popliteal Artery to Foot Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041M0JQ	Bypass Right Popliteal Artery to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041M0JS	Bypass Right Popliteal Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041M0KL	Bypass Right Popliteal Artery to Popliteal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041M0KM	Bypass Right Popliteal Artery to Peroneal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041M0KP	Bypass Right Popliteal Artery to Foot Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041M0KQ	Bypass Right Popliteal Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041M0KS	Bypass Right Popliteal Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041M0ZL	Bypass Right Popliteal Artery to Popliteal Artery, Open Approach	ICD-10-PCS	Procedure
041M0ZM	Bypass Right Popliteal Artery to Peroneal Artery, Open Approach	ICD-10-PCS	Procedure
041M0ZP	Bypass Right Popliteal Artery to Foot Artery, Open Approach	ICD-10-PCS	Procedure
041M0ZQ	Bypass Right Popliteal Artery to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041M0ZS	Bypass Right Popliteal Artery to Lower Extremity Vein, Open Approach	ICD-10-PCS	Procedure
041M49L	Bypass Right Popliteal Artery to Popliteal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M49M	Bypass Right Popliteal Artery to Peroneal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M49P	Bypass Right Popliteal Artery to Foot Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M49Q	Bypass Right Popliteal Artery to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M49S	Bypass Right Popliteal Artery to Lower Extremity Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4AL	Bypass Right Popliteal Artery to Popliteal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4AM	Bypass Right Popliteal Artery to Peroneal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4AP	Bypass Right Popliteal Artery to Foot Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4AQ	Bypass Right Popliteal Artery to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4AS	Bypass Right Popliteal Artery to Lower Extremity Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4JL	Bypass Right Popliteal Artery to Popliteal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4JM	Bypass Right Popliteal Artery to Peroneal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4JP	Bypass Right Popliteal Artery to Foot Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041M4JQ	Bypass Right Popliteal Artery to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4JS	Bypass Right Popliteal Artery to Lower Extremity Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4KL	Bypass Right Popliteal Artery to Popliteal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4KM	Bypass Right Popliteal Artery to Peroneal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4KP	Bypass Right Popliteal Artery to Foot Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4KQ	Bypass Right Popliteal Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4KS	Bypass Right Popliteal Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4ZL	Bypass Right Popliteal Artery to Popliteal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4ZM	Bypass Right Popliteal Artery to Peroneal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4ZP	Bypass Right Popliteal Artery to Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4ZQ	Bypass Right Popliteal Artery to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4ZS	Bypass Right Popliteal Artery to Lower Extremity Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N09L	Bypass Left Popliteal Artery to Popliteal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041N09M	Bypass Left Popliteal Artery to Peroneal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041N09P	Bypass Left Popliteal Artery to Foot Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041N09Q	Bypass Left Popliteal Artery to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041N09S	Bypass Left Popliteal Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041N0AL	Bypass Left Popliteal Artery to Popliteal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041N0AM	Bypass Left Popliteal Artery to Peroneal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041N0AP	Bypass Left Popliteal Artery to Foot Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041N0AQ	Bypass Left Popliteal Artery to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041N0AS	Bypass Left Popliteal Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041N0JL	Bypass Left Popliteal Artery to Popliteal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041N0JM	Bypass Left Popliteal Artery to Peroneal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041N0JP	Bypass Left Popliteal Artery to Foot Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041N0JQ	Bypass Left Popliteal Artery to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041N0JS	Bypass Left Popliteal Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041N0KL	Bypass Left Popliteal Artery to Popliteal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041N0KM	Bypass Left Popliteal Artery to Peroneal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041N0KP	Bypass Left Popliteal Artery to Foot Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041N0KQ	Bypass Left Popliteal Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041N0KS	Bypass Left Popliteal Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041N0ZL	Bypass Left Popliteal Artery to Popliteal Artery, Open Approach	ICD-10-PCS	Procedure
041N0ZM	Bypass Left Popliteal Artery to Peroneal Artery, Open Approach	ICD-10-PCS	Procedure
041N0ZP	Bypass Left Popliteal Artery to Foot Artery, Open Approach	ICD-10-PCS	Procedure
041N0ZQ	Bypass Left Popliteal Artery to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041N0ZS	Bypass Left Popliteal Artery to Lower Extremity Vein, Open Approach	ICD-10-PCS	Procedure
041N49L	Bypass Left Popliteal Artery to Popliteal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N49M	Bypass Left Popliteal Artery to Peroneal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N49P	Bypass Left Popliteal Artery to Foot Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N49Q	Bypass Left Popliteal Artery to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N49S	Bypass Left Popliteal Artery to Lower Extremity Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4AL	Bypass Left Popliteal Artery to Popliteal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4AM	Bypass Left Popliteal Artery to Peroneal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041N4AP	Bypass Left Popliteal Artery to Foot Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4AQ	Bypass Left Popliteal Artery to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4AS	Bypass Left Popliteal Artery to Lower Extremity Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4JL	Bypass Left Popliteal Artery to Popliteal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4JM	Bypass Left Popliteal Artery to Peroneal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4JP	Bypass Left Popliteal Artery to Foot Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4JQ	Bypass Left Popliteal Artery to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4JS	Bypass Left Popliteal Artery to Lower Extremity Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4KL	Bypass Left Popliteal Artery to Popliteal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4KM	Bypass Left Popliteal Artery to Peroneal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4KP	Bypass Left Popliteal Artery to Foot Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4KQ	Bypass Left Popliteal Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4KS	Bypass Left Popliteal Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4ZL	Bypass Left Popliteal Artery to Popliteal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4ZM	Bypass Left Popliteal Artery to Peroneal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4ZP	Bypass Left Popliteal Artery to Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4ZQ	Bypass Left Popliteal Artery to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4ZS	Bypass Left Popliteal Artery to Lower Extremity Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T09P	Bypass Right Peroneal Artery to Foot Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041T09Q	Bypass Right Peroneal Artery to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041T09S	Bypass Right Peroneal Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041T0AP	Bypass Right Peroneal Artery to Foot Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041T0AQ	Bypass Right Peroneal Artery to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041T0AS	Bypass Right Peroneal Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041T0JP	Bypass Right Peroneal Artery to Foot Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041T0JQ	Bypass Right Peroneal Artery to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041T0JS	Bypass Right Peroneal Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041T0KP	Bypass Right Peroneal Artery to Foot Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041T0KQ	Bypass Right Peroneal Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041T0KS	Bypass Right Peroneal Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041T0ZP	Bypass Right Peroneal Artery to Foot Artery, Open Approach	ICD-10-PCS	Procedure
041T0ZQ	Bypass Right Peroneal Artery to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041T0ZS	Bypass Right Peroneal Artery to Lower Extremity Vein, Open Approach	ICD-10-PCS	Procedure
041T49P	Bypass Right Peroneal Artery to Foot Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T49Q	Bypass Right Peroneal Artery to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T49S	Bypass Right Peroneal Artery to Lower Extremity Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4AP	Bypass Right Peroneal Artery to Foot Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4AQ	Bypass Right Peroneal Artery to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4AS	Bypass Right Peroneal Artery to Lower Extremity Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4JP	Bypass Right Peroneal Artery to Foot Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4JQ	Bypass Right Peroneal Artery to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4JS	Bypass Right Peroneal Artery to Lower Extremity Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4KP	Bypass Right Peroneal Artery to Foot Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4KQ	Bypass Right Peroneal Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041T4KS	Bypass Right Peroneal Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4ZP	Bypass Right Peroneal Artery to Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4ZQ	Bypass Right Peroneal Artery to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4ZS	Bypass Right Peroneal Artery to Lower Extremity Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U09P	Bypass Left Peroneal Artery to Foot Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041U09Q	Bypass Left Peroneal Artery to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041U09S	Bypass Left Peroneal Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041U0AP	Bypass Left Peroneal Artery to Foot Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041U0AQ	Bypass Left Peroneal Artery to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041U0AS	Bypass Left Peroneal Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041U0JP	Bypass Left Peroneal Artery to Foot Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041U0JQ	Bypass Left Peroneal Artery to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041U0JS	Bypass Left Peroneal Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041U0KP	Bypass Left Peroneal Artery to Foot Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041U0KQ	Bypass Left Peroneal Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041U0KS	Bypass Left Peroneal Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041U0ZP	Bypass Left Peroneal Artery to Foot Artery, Open Approach	ICD-10-PCS	Procedure
041U0ZQ	Bypass Left Peroneal Artery to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041U0ZS	Bypass Left Peroneal Artery to Lower Extremity Vein, Open Approach	ICD-10-PCS	Procedure
041U49P	Bypass Left Peroneal Artery to Foot Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U49Q	Bypass Left Peroneal Artery to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U49S	Bypass Left Peroneal Artery to Lower Extremity Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4AP	Bypass Left Peroneal Artery to Foot Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041U4AQ	Bypass Left Peroneal Artery to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4AS	Bypass Left Peroneal Artery to Lower Extremity Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4JP	Bypass Left Peroneal Artery to Foot Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4JQ	Bypass Left Peroneal Artery to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4JS	Bypass Left Peroneal Artery to Lower Extremity Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4KP	Bypass Left Peroneal Artery to Foot Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4KQ	Bypass Left Peroneal Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4KS	Bypass Left Peroneal Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4ZP	Bypass Left Peroneal Artery to Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4ZQ	Bypass Left Peroneal Artery to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4ZS	Bypass Left Peroneal Artery to Lower Extremity Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V09P	Bypass Right Foot Artery to Foot Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041V09Q	Bypass Right Foot Artery to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041V09S	Bypass Right Foot Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041V0AP	Bypass Right Foot Artery to Foot Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041V0AQ	Bypass Right Foot Artery to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041V0AS	Bypass Right Foot Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041V0JP	Bypass Right Foot Artery to Foot Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041V0JQ	Bypass Right Foot Artery to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041V0JS	Bypass Right Foot Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041V0KP	Bypass Right Foot Artery to Foot Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041V0KQ	Bypass Right Foot Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041V0KS	Bypass Right Foot Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041V0ZP	Bypass Right Foot Artery to Foot Artery, Open Approach	ICD-10-PCS	Procedure
041V0ZQ	Bypass Right Foot Artery to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041V0ZS	Bypass Right Foot Artery to Lower Extremity Vein, Open Approach	ICD-10-PCS	Procedure
041V49P	Bypass Right Foot Artery to Foot Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V49Q	Bypass Right Foot Artery to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V49S	Bypass Right Foot Artery to Lower Extremity Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4AP	Bypass Right Foot Artery to Foot Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4AQ	Bypass Right Foot Artery to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4AS	Bypass Right Foot Artery to Lower Extremity Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4JP	Bypass Right Foot Artery to Foot Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4JQ	Bypass Right Foot Artery to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4JS	Bypass Right Foot Artery to Lower Extremity Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4KP	Bypass Right Foot Artery to Foot Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4KQ	Bypass Right Foot Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4KS	Bypass Right Foot Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4ZP	Bypass Right Foot Artery to Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4ZQ	Bypass Right Foot Artery to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4ZS	Bypass Right Foot Artery to Lower Extremity Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W09P	Bypass Left Foot Artery to Foot Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041W09Q	Bypass Left Foot Artery to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041W09S	Bypass Left Foot Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041W0AP	Bypass Left Foot Artery to Foot Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041W0AQ	Bypass Left Foot Artery to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041W0AS	Bypass Left Foot Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041W0JP	Bypass Left Foot Artery to Foot Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041W0JQ	Bypass Left Foot Artery to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041W0JS	Bypass Left Foot Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041W0KP	Bypass Left Foot Artery to Foot Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041W0KQ	Bypass Left Foot Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041W0KS	Bypass Left Foot Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041W0ZP	Bypass Left Foot Artery to Foot Artery, Open Approach	ICD-10-PCS	Procedure
041W0ZQ	Bypass Left Foot Artery to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041W0ZS	Bypass Left Foot Artery to Lower Extremity Vein, Open Approach	ICD-10-PCS	Procedure
041W49P	Bypass Left Foot Artery to Foot Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W49Q	Bypass Left Foot Artery to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W49S	Bypass Left Foot Artery to Lower Extremity Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4AP	Bypass Left Foot Artery to Foot Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4AQ	Bypass Left Foot Artery to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4AS	Bypass Left Foot Artery to Lower Extremity Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4JP	Bypass Left Foot Artery to Foot Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4JQ	Bypass Left Foot Artery to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4JS	Bypass Left Foot Artery to Lower Extremity Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4KP	Bypass Left Foot Artery to Foot Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4KQ	Bypass Left Foot Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4KS	Bypass Left Foot Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041W4ZP	Bypass Left Foot Artery to Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4ZQ	Bypass Left Foot Artery to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4ZS	Bypass Left Foot Artery to Lower Extremity Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04700D6	Dilation of Abdominal Aorta, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
04700F6	Dilation of Abdominal Aorta, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04700G6	Dilation of Abdominal Aorta, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04700Z6	Dilation of Abdominal Aorta, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04703D6	Dilation of Abdominal Aorta, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
04703F6	Dilation of Abdominal Aorta, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04703G6	Dilation of Abdominal Aorta, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04703Z6	Dilation of Abdominal Aorta, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04704D6	Dilation of Abdominal Aorta, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04704F6	Dilation of Abdominal Aorta, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04704G6	Dilation of Abdominal Aorta, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04704Z6	Dilation of Abdominal Aorta, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C041	Dilation of Right Common Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047C046	Dilation of Right Common Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047C04Z	Dilation of Right Common Iliac Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047C056	Dilation of Right Common Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C05Z	Dilation of Right Common Iliac Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C066	Dilation of Right Common Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C06Z	Dilation of Right Common Iliac Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C076	Dilation of Right Common Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047C07Z	Dilation of Right Common Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C0D1	Dilation of Right Common Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047C0D6	Dilation of Right Common Iliac Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047C0DZ	Dilation of Right Common Iliac Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047C0E6	Dilation of Right Common Iliac Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C0EZ	Dilation of Right Common Iliac Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C0F6	Dilation of Right Common Iliac Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C0FZ	Dilation of Right Common Iliac Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C0G6	Dilation of Right Common Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C0GZ	Dilation of Right Common Iliac Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C0Z1	Dilation of Right Common Iliac Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047C0Z6	Dilation of Right Common Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047C0ZZ	Dilation of Right Common Iliac Artery, Open Approach	ICD-10-PCS	Procedure
047C341	Dilation of Right Common Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047C346	Dilation of Right Common Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047C34Z	Dilation of Right Common Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047C356	Dilation of Right Common Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C35Z	Dilation of Right Common Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C366	Dilation of Right Common Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C36Z	Dilation of Right Common Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C376	Dilation of Right Common Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C37Z	Dilation of Right Common Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C3D1	Dilation of Right Common Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047C3D6	Dilation of Right Common Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047C3DZ	Dilation of Right Common Iliac Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047C3E6	Dilation of Right Common Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C3EZ	Dilation of Right Common Iliac Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C3F6	Dilation of Right Common Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C3FZ	Dilation of Right Common Iliac Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C3G6	Dilation of Right Common Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C3GZ	Dilation of Right Common Iliac Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C3Z1	Dilation of Right Common Iliac Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047C3Z6	Dilation of Right Common Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047C3ZZ	Dilation of Right Common Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047C441	Dilation of Right Common Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C446	Dilation of Right Common Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C44Z	Dilation of Right Common Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C456	Dilation of Right Common Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C45Z	Dilation of Right Common Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C466	Dilation of Right Common Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C46Z	Dilation of Right Common Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C476	Dilation of Right Common Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C47Z	Dilation of Right Common Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4D1	Dilation of Right Common Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4D6	Dilation of Right Common Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047C4DZ	Dilation of Right Common Iliac Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4E6	Dilation of Right Common Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4EZ	Dilation of Right Common Iliac Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4F6	Dilation of Right Common Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4FZ	Dilation of Right Common Iliac Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4G6	Dilation of Right Common Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4GZ	Dilation of Right Common Iliac Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4Z1	Dilation of Right Common Iliac Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4Z6	Dilation of Right Common Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4ZZ	Dilation of Right Common Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D041	Dilation of Left Common Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047D046	Dilation of Left Common Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047D04Z	Dilation of Left Common Iliac Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047D056	Dilation of Left Common Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D05Z	Dilation of Left Common Iliac Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D066	Dilation of Left Common Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D06Z	Dilation of Left Common Iliac Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D076	Dilation of Left Common Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D07Z	Dilation of Left Common Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D0D1	Dilation of Left Common Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047D0D6	Dilation of Left Common Iliac Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047D0DZ	Dilation of Left Common Iliac Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047D0E6	Dilation of Left Common Iliac Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D0EZ	Dilation of Left Common Iliac Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D0F6	Dilation of Left Common Iliac Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D0FZ	Dilation of Left Common Iliac Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D0G6	Dilation of Left Common Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D0GZ	Dilation of Left Common Iliac Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D0Z1	Dilation of Left Common Iliac Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047D0Z6	Dilation of Left Common Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047D0ZZ	Dilation of Left Common Iliac Artery, Open Approach	ICD-10-PCS	Procedure
047D341	Dilation of Left Common Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047D346	Dilation of Left Common Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047D34Z	Dilation of Left Common Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047D356	Dilation of Left Common Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D35Z	Dilation of Left Common Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D366	Dilation of Left Common Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D36Z	Dilation of Left Common Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D376	Dilation of Left Common Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D37Z	Dilation of Left Common Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D3D1	Dilation of Left Common Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047D3D6	Dilation of Left Common Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047D3DZ	Dilation of Left Common Iliac Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047D3E6	Dilation of Left Common Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D3EZ	Dilation of Left Common Iliac Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047D3F6	Dilation of Left Common Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D3FZ	Dilation of Left Common Iliac Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D3G6	Dilation of Left Common Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D3GZ	Dilation of Left Common Iliac Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D3Z1	Dilation of Left Common Iliac Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047D3Z6	Dilation of Left Common Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047D3ZZ	Dilation of Left Common Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047D441	Dilation of Left Common Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D446	Dilation of Left Common Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D44Z	Dilation of Left Common Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D456	Dilation of Left Common Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D45Z	Dilation of Left Common Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D466	Dilation of Left Common Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D46Z	Dilation of Left Common Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D476	Dilation of Left Common Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D47Z	Dilation of Left Common Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4D1	Dilation of Left Common Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4D6	Dilation of Left Common Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4DZ	Dilation of Left Common Iliac Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4E6	Dilation of Left Common Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4EZ	Dilation of Left Common Iliac Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4F6	Dilation of Left Common Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047D4FZ	Dilation of Left Common Iliac Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4G6	Dilation of Left Common Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4GZ	Dilation of Left Common Iliac Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4Z1	Dilation of Left Common Iliac Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4Z6	Dilation of Left Common Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4ZZ	Dilation of Left Common Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E04Z	Dilation of Right Internal Iliac Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047E05Z	Dilation of Right Internal Iliac Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E06Z	Dilation of Right Internal Iliac Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E07Z	Dilation of Right Internal Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E0D1	Dilation of Right Internal Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047E0D6	Dilation of Right Internal Iliac Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047E0DZ	Dilation of Right Internal Iliac Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047E0E6	Dilation of Right Internal Iliac Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E0EZ	Dilation of Right Internal Iliac Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E0F6	Dilation of Right Internal Iliac Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E0FZ	Dilation of Right Internal Iliac Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E0G6	Dilation of Right Internal Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E0GZ	Dilation of Right Internal Iliac Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E0Z1	Dilation of Right Internal Iliac Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047E0Z6	Dilation of Right Internal Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047E0ZZ	Dilation of Right Internal Iliac Artery, Open Approach	ICD-10-PCS	Procedure
047E341	Dilation of Right Internal Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047E346	Dilation of Right Internal Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047E34Z	Dilation of Right Internal Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047E356	Dilation of Right Internal Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E35Z	Dilation of Right Internal Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E366	Dilation of Right Internal Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E36Z	Dilation of Right Internal Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E376	Dilation of Right Internal Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E37Z	Dilation of Right Internal Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E3D1	Dilation of Right Internal Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047E3D6	Dilation of Right Internal Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047E3DZ	Dilation of Right Internal Iliac Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047E3E6	Dilation of Right Internal Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E3EZ	Dilation of Right Internal Iliac Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E3F6	Dilation of Right Internal Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E3FZ	Dilation of Right Internal Iliac Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E3G6	Dilation of Right Internal Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E3GZ	Dilation of Right Internal Iliac Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E3Z1	Dilation of Right Internal Iliac Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047E3Z6	Dilation of Right Internal Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047E3ZZ	Dilation of Right Internal Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047E441	Dilation of Right Internal Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E446	Dilation of Right Internal Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E44Z	Dilation of Right Internal Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047E456	Dilation of Right Internal Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E45Z	Dilation of Right Internal Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E466	Dilation of Right Internal Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E46Z	Dilation of Right Internal Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E476	Dilation of Right Internal Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E47Z	Dilation of Right Internal Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4D1	Dilation of Right Internal Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4D6	Dilation of Right Internal Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4DZ	Dilation of Right Internal Iliac Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4E6	Dilation of Right Internal Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4EZ	Dilation of Right Internal Iliac Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4F6	Dilation of Right Internal Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4FZ	Dilation of Right Internal Iliac Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4G6	Dilation of Right Internal Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4GZ	Dilation of Right Internal Iliac Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4Z1	Dilation of Right Internal Iliac Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4Z6	Dilation of Right Internal Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4ZZ	Dilation of Right Internal Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F041	Dilation of Left Internal Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047F046	Dilation of Left Internal Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047F04Z	Dilation of Left Internal Iliac Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047F056	Dilation of Left Internal Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F05Z	Dilation of Left Internal Iliac Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F066	Dilation of Left Internal Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F06Z	Dilation of Left Internal Iliac Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F076	Dilation of Left Internal Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F07Z	Dilation of Left Internal Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F0D1	Dilation of Left Internal Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047F0D6	Dilation of Left Internal Iliac Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047F0DZ	Dilation of Left Internal Iliac Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047F0E6	Dilation of Left Internal Iliac Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F0EZ	Dilation of Left Internal Iliac Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F0F6	Dilation of Left Internal Iliac Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F0FZ	Dilation of Left Internal Iliac Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F0G6	Dilation of Left Internal Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F0GZ	Dilation of Left Internal Iliac Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F0Z1	Dilation of Left Internal Iliac Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047F0Z6	Dilation of Left Internal Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047F0ZZ	Dilation of Left Internal Iliac Artery, Open Approach	ICD-10-PCS	Procedure
047F341	Dilation of Left Internal Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047F346	Dilation of Left Internal Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047F34Z	Dilation of Left Internal Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047F356	Dilation of Left Internal Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F35Z	Dilation of Left Internal Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047F366	Dilation of Left Internal Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F36Z	Dilation of Left Internal Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F376	Dilation of Left Internal Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F37Z	Dilation of Left Internal Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F3D1	Dilation of Left Internal Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047F3D6	Dilation of Left Internal Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047F3DZ	Dilation of Left Internal Iliac Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047F3E6	Dilation of Left Internal Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F3EZ	Dilation of Left Internal Iliac Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F3F6	Dilation of Left Internal Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F3FZ	Dilation of Left Internal Iliac Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F3G6	Dilation of Left Internal Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F3GZ	Dilation of Left Internal Iliac Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F3Z1	Dilation of Left Internal Iliac Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047F3Z6	Dilation of Left Internal Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047F3ZZ	Dilation of Left Internal Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047F441	Dilation of Left Internal Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F446	Dilation of Left Internal Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F44Z	Dilation of Left Internal Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F456	Dilation of Left Internal Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F45Z	Dilation of Left Internal Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F466	Dilation of Left Internal Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047F46Z	Dilation of Left Internal Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F476	Dilation of Left Internal Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F47Z	Dilation of Left Internal Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4D1	Dilation of Left Internal Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4D6	Dilation of Left Internal Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4DZ	Dilation of Left Internal Iliac Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4E6	Dilation of Left Internal Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4EZ	Dilation of Left Internal Iliac Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4F6	Dilation of Left Internal Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4FZ	Dilation of Left Internal Iliac Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4G6	Dilation of Left Internal Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4GZ	Dilation of Left Internal Iliac Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4Z1	Dilation of Left Internal Iliac Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4Z6	Dilation of Left Internal Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4ZZ	Dilation of Left Internal Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H041	Dilation of Right External Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047H046	Dilation of Right External Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047H04Z	Dilation of Right External Iliac Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047H056	Dilation of Right External Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H05Z	Dilation of Right External Iliac Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H066	Dilation of Right External Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047H06Z	Dilation of Right External Iliac Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H076	Dilation of Right External Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H07Z	Dilation of Right External Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H0D1	Dilation of Right External Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047H0D6	Dilation of Right External Iliac Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047H0DZ	Dilation of Right External Iliac Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047H0E6	Dilation of Right External Iliac Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H0EZ	Dilation of Right External Iliac Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H0F6	Dilation of Right External Iliac Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H0FZ	Dilation of Right External Iliac Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H0G6	Dilation of Right External Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H0GZ	Dilation of Right External Iliac Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H0Z1	Dilation of Right External Iliac Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047H0Z6	Dilation of Right External Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047H0ZZ	Dilation of Right External Iliac Artery, Open Approach	ICD-10-PCS	Procedure
047H341	Dilation of Right External Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047H346	Dilation of Right External Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047H34Z	Dilation of Right External Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047H356	Dilation of Right External Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H35Z	Dilation of Right External Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H366	Dilation of Right External Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H36Z	Dilation of Right External Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H376	Dilation of Right External Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047H37Z	Dilation of Right External Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H3D1	Dilation of Right External Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047H3D6	Dilation of Right External Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047H3DZ	Dilation of Right External Iliac Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047H3E6	Dilation of Right External Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H3EZ	Dilation of Right External Iliac Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H3F6	Dilation of Right External Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H3FZ	Dilation of Right External Iliac Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H3G6	Dilation of Right External Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H3GZ	Dilation of Right External Iliac Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H3Z1	Dilation of Right External Iliac Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047H3Z6	Dilation of Right External Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047H3ZZ	Dilation of Right External Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047H441	Dilation of Right External Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H446	Dilation of Right External Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H44Z	Dilation of Right External Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H456	Dilation of Right External Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H45Z	Dilation of Right External Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H466	Dilation of Right External Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H46Z	Dilation of Right External Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H476	Dilation of Right External Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H47Z	Dilation of Right External Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047H4D1	Dilation of Right External Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4D6	Dilation of Right External Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4DZ	Dilation of Right External Iliac Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4E6	Dilation of Right External Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4EZ	Dilation of Right External Iliac Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4F6	Dilation of Right External Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4FZ	Dilation of Right External Iliac Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4G6	Dilation of Right External Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4GZ	Dilation of Right External Iliac Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4Z1	Dilation of Right External Iliac Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4Z6	Dilation of Right External Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4ZZ	Dilation of Right External Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J041	Dilation of Left External Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047J046	Dilation of Left External Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047J04Z	Dilation of Left External Iliac Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047J056	Dilation of Left External Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J05Z	Dilation of Left External Iliac Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J066	Dilation of Left External Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J06Z	Dilation of Left External Iliac Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J076	Dilation of Left External Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J07Z	Dilation of Left External Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047J0D1	Dilation of Left External Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047J0D6	Dilation of Left External Iliac Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047J0DZ	Dilation of Left External Iliac Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047J0E6	Dilation of Left External Iliac Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J0EZ	Dilation of Left External Iliac Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J0F6	Dilation of Left External Iliac Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J0FZ	Dilation of Left External Iliac Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J0G6	Dilation of Left External Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J0GZ	Dilation of Left External Iliac Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J0Z1	Dilation of Left External Iliac Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047J0Z6	Dilation of Left External Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047J0ZZ	Dilation of Left External Iliac Artery, Open Approach	ICD-10-PCS	Procedure
047J341	Dilation of Left External Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047J346	Dilation of Left External Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047J34Z	Dilation of Left External Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047J356	Dilation of Left External Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J35Z	Dilation of Left External Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J366	Dilation of Left External Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J36Z	Dilation of Left External Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J376	Dilation of Left External Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J37Z	Dilation of Left External Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J3D1	Dilation of Left External Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047J3D6	Dilation of Left External Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047J3DZ	Dilation of Left External Iliac Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047J3E6	Dilation of Left External Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J3EZ	Dilation of Left External Iliac Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J3F6	Dilation of Left External Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J3FZ	Dilation of Left External Iliac Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J3G6	Dilation of Left External Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J3GZ	Dilation of Left External Iliac Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J3Z1	Dilation of Left External Iliac Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047J3Z6	Dilation of Left External Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047J3ZZ	Dilation of Left External Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047J441	Dilation of Left External Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J446	Dilation of Left External Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J44Z	Dilation of Left External Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J456	Dilation of Left External Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J45Z	Dilation of Left External Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J466	Dilation of Left External Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J46Z	Dilation of Left External Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J476	Dilation of Left External Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J47Z	Dilation of Left External Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4D1	Dilation of Left External Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4D6	Dilation of Left External Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4DZ	Dilation of Left External Iliac Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047J4E6	Dilation of Left External Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4EZ	Dilation of Left External Iliac Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4F6	Dilation of Left External Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4FZ	Dilation of Left External Iliac Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4G6	Dilation of Left External Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4GZ	Dilation of Left External Iliac Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4Z1	Dilation of Left External Iliac Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4Z6	Dilation of Left External Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4ZZ	Dilation of Left External Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K041	Dilation of Right Femoral Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047K046	Dilation of Right Femoral Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047K04Z	Dilation of Right Femoral Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047K056	Dilation of Right Femoral Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K05Z	Dilation of Right Femoral Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K066	Dilation of Right Femoral Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K06Z	Dilation of Right Femoral Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K076	Dilation of Right Femoral Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K07Z	Dilation of Right Femoral Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K0D1	Dilation of Right Femoral Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047K0D6	Dilation of Right Femoral Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047K0DZ	Dilation of Right Femoral Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047K0E6	Dilation of Right Femoral Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047K0EZ	Dilation of Right Femoral Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K0F6	Dilation of Right Femoral Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K0FZ	Dilation of Right Femoral Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K0G6	Dilation of Right Femoral Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K0GZ	Dilation of Right Femoral Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K0Z1	Dilation of Right Femoral Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047K0Z6	Dilation of Right Femoral Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047K0ZZ	Dilation of Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
047K341	Dilation of Right Femoral Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047K346	Dilation of Right Femoral Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047K34Z	Dilation of Right Femoral Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047K356	Dilation of Right Femoral Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K35Z	Dilation of Right Femoral Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K366	Dilation of Right Femoral Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K36Z	Dilation of Right Femoral Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K376	Dilation of Right Femoral Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K37Z	Dilation of Right Femoral Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K3D1	Dilation of Right Femoral Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047K3D6	Dilation of Right Femoral Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047K3DZ	Dilation of Right Femoral Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047K3E6	Dilation of Right Femoral Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K3EZ	Dilation of Right Femoral Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K3F6	Dilation of Right Femoral Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047K3FZ	Dilation of Right Femoral Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K3G6	Dilation of Right Femoral Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K3GZ	Dilation of Right Femoral Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K3Z1	Dilation of Right Femoral Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047K3Z6	Dilation of Right Femoral Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047K3ZZ	Dilation of Right Femoral Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047K441	Dilation of Right Femoral Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K446	Dilation of Right Femoral Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K44Z	Dilation of Right Femoral Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K456	Dilation of Right Femoral Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K45Z	Dilation of Right Femoral Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K466	Dilation of Right Femoral Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K46Z	Dilation of Right Femoral Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K476	Dilation of Right Femoral Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K47Z	Dilation of Right Femoral Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4D1	Dilation of Right Femoral Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4D6	Dilation of Right Femoral Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4DZ	Dilation of Right Femoral Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4E6	Dilation of Right Femoral Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4EZ	Dilation of Right Femoral Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4F6	Dilation of Right Femoral Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4FZ	Dilation of Right Femoral Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047K4G6	Dilation of Right Femoral Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4GZ	Dilation of Right Femoral Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4Z1	Dilation of Right Femoral Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4Z6	Dilation of Right Femoral Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4ZZ	Dilation of Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L041	Dilation of Left Femoral Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047L046	Dilation of Left Femoral Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047L04Z	Dilation of Left Femoral Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047L056	Dilation of Left Femoral Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L05Z	Dilation of Left Femoral Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L066	Dilation of Left Femoral Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L06Z	Dilation of Left Femoral Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L076	Dilation of Left Femoral Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L07Z	Dilation of Left Femoral Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L0D1	Dilation of Left Femoral Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047L0D6	Dilation of Left Femoral Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047L0DZ	Dilation of Left Femoral Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047L0E6	Dilation of Left Femoral Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L0EZ	Dilation of Left Femoral Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L0F6	Dilation of Left Femoral Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L0FZ	Dilation of Left Femoral Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L0G6	Dilation of Left Femoral Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L0GZ	Dilation of Left Femoral Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L0Z1	Dilation of Left Femoral Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047L0Z6	Dilation of Left Femoral Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047L0ZZ	Dilation of Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
047L341	Dilation of Left Femoral Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047L346	Dilation of Left Femoral Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047L34Z	Dilation of Left Femoral Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047L356	Dilation of Left Femoral Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L35Z	Dilation of Left Femoral Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L366	Dilation of Left Femoral Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L36Z	Dilation of Left Femoral Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L376	Dilation of Left Femoral Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L37Z	Dilation of Left Femoral Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L3D1	Dilation of Left Femoral Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047L3D6	Dilation of Left Femoral Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047L3DZ	Dilation of Left Femoral Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047L3E6	Dilation of Left Femoral Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L3EZ	Dilation of Left Femoral Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L3F6	Dilation of Left Femoral Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L3FZ	Dilation of Left Femoral Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L3G6	Dilation of Left Femoral Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L3GZ	Dilation of Left Femoral Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L3Z1	Dilation of Left Femoral Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047L3Z6	Dilation of Left Femoral Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047L3ZZ	Dilation of Left Femoral Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047L441	Dilation of Left Femoral Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047L446	Dilation of Left Femoral Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L44Z	Dilation of Left Femoral Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L456	Dilation of Left Femoral Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L45Z	Dilation of Left Femoral Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L466	Dilation of Left Femoral Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L46Z	Dilation of Left Femoral Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L476	Dilation of Left Femoral Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L47Z	Dilation of Left Femoral Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4D1	Dilation of Left Femoral Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4D6	Dilation of Left Femoral Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4DZ	Dilation of Left Femoral Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4E6	Dilation of Left Femoral Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4EZ	Dilation of Left Femoral Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4F6	Dilation of Left Femoral Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4FZ	Dilation of Left Femoral Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4G6	Dilation of Left Femoral Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4GZ	Dilation of Left Femoral Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4Z1	Dilation of Left Femoral Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4Z6	Dilation of Left Femoral Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4ZZ	Dilation of Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M041	Dilation of Right Popliteal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047M046	Dilation of Right Popliteal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047M04Z	Dilation of Right Popliteal Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047M056	Dilation of Right Popliteal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M05Z	Dilation of Right Popliteal Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M066	Dilation of Right Popliteal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M06Z	Dilation of Right Popliteal Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M076	Dilation of Right Popliteal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M07Z	Dilation of Right Popliteal Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M0D1	Dilation of Right Popliteal Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047M0D6	Dilation of Right Popliteal Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047M0DZ	Dilation of Right Popliteal Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047M0E6	Dilation of Right Popliteal Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M0EZ	Dilation of Right Popliteal Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M0F6	Dilation of Right Popliteal Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M0FZ	Dilation of Right Popliteal Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M0G6	Dilation of Right Popliteal Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M0GZ	Dilation of Right Popliteal Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M0Z1	Dilation of Right Popliteal Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047M0Z6	Dilation of Right Popliteal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047M0ZZ	Dilation of Right Popliteal Artery, Open Approach	ICD-10-PCS	Procedure
047M341	Dilation of Right Popliteal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047M346	Dilation of Right Popliteal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047M34Z	Dilation of Right Popliteal Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047M356	Dilation of Right Popliteal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M35Z	Dilation of Right Popliteal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047M366	Dilation of Right Popliteal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M36Z	Dilation of Right Popliteal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M376	Dilation of Right Popliteal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M37Z	Dilation of Right Popliteal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M3D1	Dilation of Right Popliteal Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047M3D6	Dilation of Right Popliteal Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047M3DZ	Dilation of Right Popliteal Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047M3E6	Dilation of Right Popliteal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M3EZ	Dilation of Right Popliteal Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M3F6	Dilation of Right Popliteal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M3FZ	Dilation of Right Popliteal Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M3G6	Dilation of Right Popliteal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M3GZ	Dilation of Right Popliteal Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M3Z1	Dilation of Right Popliteal Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047M3Z6	Dilation of Right Popliteal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047M3ZZ	Dilation of Right Popliteal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047M441	Dilation of Right Popliteal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M446	Dilation of Right Popliteal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M44Z	Dilation of Right Popliteal Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M456	Dilation of Right Popliteal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M45Z	Dilation of Right Popliteal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M466	Dilation of Right Popliteal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047M46Z	Dilation of Right Popliteal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M476	Dilation of Right Popliteal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M47Z	Dilation of Right Popliteal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4D1	Dilation of Right Popliteal Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4D6	Dilation of Right Popliteal Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4DZ	Dilation of Right Popliteal Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4E6	Dilation of Right Popliteal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4EZ	Dilation of Right Popliteal Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4F6	Dilation of Right Popliteal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4FZ	Dilation of Right Popliteal Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4G6	Dilation of Right Popliteal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4GZ	Dilation of Right Popliteal Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4Z1	Dilation of Right Popliteal Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4Z6	Dilation of Right Popliteal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4ZZ	Dilation of Right Popliteal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N041	Dilation of Left Popliteal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047N046	Dilation of Left Popliteal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047N04Z	Dilation of Left Popliteal Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047N056	Dilation of Left Popliteal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N05Z	Dilation of Left Popliteal Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N066	Dilation of Left Popliteal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N06Z	Dilation of Left Popliteal Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047N076	Dilation of Left Popliteal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N07Z	Dilation of Left Popliteal Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N0D1	Dilation of Left Popliteal Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047N0D6	Dilation of Left Popliteal Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047N0DZ	Dilation of Left Popliteal Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047N0E6	Dilation of Left Popliteal Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N0EZ	Dilation of Left Popliteal Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N0F6	Dilation of Left Popliteal Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N0FZ	Dilation of Left Popliteal Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N0G6	Dilation of Left Popliteal Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N0GZ	Dilation of Left Popliteal Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N0Z1	Dilation of Left Popliteal Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047N0Z6	Dilation of Left Popliteal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047N0ZZ	Dilation of Left Popliteal Artery, Open Approach	ICD-10-PCS	Procedure
047N341	Dilation of Left Popliteal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047N346	Dilation of Left Popliteal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047N34Z	Dilation of Left Popliteal Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047N356	Dilation of Left Popliteal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N35Z	Dilation of Left Popliteal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N366	Dilation of Left Popliteal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N36Z	Dilation of Left Popliteal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N376	Dilation of Left Popliteal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N37Z	Dilation of Left Popliteal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N3D1	Dilation of Left Popliteal Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047N3D6	Dilation of Left Popliteal Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047N3DZ	Dilation of Left Popliteal Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047N3E6	Dilation of Left Popliteal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N3EZ	Dilation of Left Popliteal Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N3F6	Dilation of Left Popliteal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N3FZ	Dilation of Left Popliteal Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N3G6	Dilation of Left Popliteal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N3GZ	Dilation of Left Popliteal Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N3Z1	Dilation of Left Popliteal Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047N3Z6	Dilation of Left Popliteal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047N3ZZ	Dilation of Left Popliteal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047N441	Dilation of Left Popliteal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N446	Dilation of Left Popliteal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N44Z	Dilation of Left Popliteal Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N456	Dilation of Left Popliteal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N45Z	Dilation of Left Popliteal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N466	Dilation of Left Popliteal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N46Z	Dilation of Left Popliteal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N476	Dilation of Left Popliteal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N47Z	Dilation of Left Popliteal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4D1	Dilation of Left Popliteal Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4D6	Dilation of Left Popliteal Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4DZ	Dilation of Left Popliteal Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047N4E6	Dilation of Left Popliteal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4EZ	Dilation of Left Popliteal Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4F6	Dilation of Left Popliteal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4FZ	Dilation of Left Popliteal Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4G6	Dilation of Left Popliteal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4GZ	Dilation of Left Popliteal Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4Z1	Dilation of Left Popliteal Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4Z6	Dilation of Left Popliteal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4ZZ	Dilation of Left Popliteal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P041	Dilation of Right Anterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047P046	Dilation of Right Anterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047P04Z	Dilation of Right Anterior Tibial Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047P056	Dilation of Right Anterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P05Z	Dilation of Right Anterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P066	Dilation of Right Anterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P06Z	Dilation of Right Anterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P076	Dilation of Right Anterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P07Z	Dilation of Right Anterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P0D1	Dilation of Right Anterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047P0D6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047P0DZ	Dilation of Right Anterior Tibial Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047P0E6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047P0EZ	Dilation of Right Anterior Tibial Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P0F6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P0FZ	Dilation of Right Anterior Tibial Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P0G6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P0GZ	Dilation of Right Anterior Tibial Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P0Z1	Dilation of Right Anterior Tibial Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047P0Z6	Dilation of Right Anterior Tibial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047P0ZZ	Dilation of Right Anterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure
047P341	Dilation of Right Anterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047P346	Dilation of Right Anterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047P34Z	Dilation of Right Anterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047P356	Dilation of Right Anterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P35Z	Dilation of Right Anterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P366	Dilation of Right Anterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P36Z	Dilation of Right Anterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P376	Dilation of Right Anterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P37Z	Dilation of Right Anterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P3D1	Dilation of Right Anterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047P3D6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047P3DZ	Dilation of Right Anterior Tibial Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047P3E6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P3EZ	Dilation of Right Anterior Tibial Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047P3F6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P3FZ	Dilation of Right Anterior Tibial Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P3G6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P3GZ	Dilation of Right Anterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P3Z1	Dilation of Right Anterior Tibial Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047P3Z6	Dilation of Right Anterior Tibial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047P3ZZ	Dilation of Right Anterior Tibial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047P441	Dilation of Right Anterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P446	Dilation of Right Anterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P44Z	Dilation of Right Anterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P456	Dilation of Right Anterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P45Z	Dilation of Right Anterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P466	Dilation of Right Anterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P46Z	Dilation of Right Anterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P476	Dilation of Right Anterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P47Z	Dilation of Right Anterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4D1	Dilation of Right Anterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4D6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4DZ	Dilation of Right Anterior Tibial Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4E6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4EZ	Dilation of Right Anterior Tibial Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4F6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047P4FZ	Dilation of Right Anterior Tibial Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4G6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4GZ	Dilation of Right Anterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4Z1	Dilation of Right Anterior Tibial Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4Z6	Dilation of Right Anterior Tibial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4ZZ	Dilation of Right Anterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q041	Dilation of Left Anterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047Q046	Dilation of Left Anterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047Q04Z	Dilation of Left Anterior Tibial Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047Q056	Dilation of Left Anterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q05Z	Dilation of Left Anterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q066	Dilation of Left Anterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q06Z	Dilation of Left Anterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q076	Dilation of Left Anterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q07Z	Dilation of Left Anterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q0D1	Dilation of Left Anterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047Q0D6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047Q0DZ	Dilation of Left Anterior Tibial Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047Q0E6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q0EZ	Dilation of Left Anterior Tibial Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q0F6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q0FZ	Dilation of Left Anterior Tibial Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047Q0G6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q0GZ	Dilation of Left Anterior Tibial Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q0Z1	Dilation of Left Anterior Tibial Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047Q0Z6	Dilation of Left Anterior Tibial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047Q0ZZ	Dilation of Left Anterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure
047Q341	Dilation of Left Anterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047Q346	Dilation of Left Anterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047Q34Z	Dilation of Left Anterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047Q356	Dilation of Left Anterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q35Z	Dilation of Left Anterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q366	Dilation of Left Anterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q36Z	Dilation of Left Anterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q376	Dilation of Left Anterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q37Z	Dilation of Left Anterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3D1	Dilation of Left Anterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3D6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3DZ	Dilation of Left Anterior Tibial Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3E6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3EZ	Dilation of Left Anterior Tibial Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3F6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3FZ	Dilation of Left Anterior Tibial Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3G6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047Q3GZ	Dilation of Left Anterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3Z1	Dilation of Left Anterior Tibial Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3Z6	Dilation of Left Anterior Tibial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3ZZ	Dilation of Left Anterior Tibial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047Q441	Dilation of Left Anterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q446	Dilation of Left Anterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q44Z	Dilation of Left Anterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q456	Dilation of Left Anterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q45Z	Dilation of Left Anterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q466	Dilation of Left Anterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q46Z	Dilation of Left Anterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q476	Dilation of Left Anterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q47Z	Dilation of Left Anterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4D1	Dilation of Left Anterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4D6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4DZ	Dilation of Left Anterior Tibial Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4E6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4EZ	Dilation of Left Anterior Tibial Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4F6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4FZ	Dilation of Left Anterior Tibial Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4G6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4GZ	Dilation of Left Anterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047Q4Z1	Dilation of Left Anterior Tibial Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4Z6	Dilation of Left Anterior Tibial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4ZZ	Dilation of Left Anterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R041	Dilation of Right Posterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047R046	Dilation of Right Posterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047R04Z	Dilation of Right Posterior Tibial Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047R056	Dilation of Right Posterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R05Z	Dilation of Right Posterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R066	Dilation of Right Posterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R06Z	Dilation of Right Posterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R076	Dilation of Right Posterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R07Z	Dilation of Right Posterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R0D1	Dilation of Right Posterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047R0D6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047R0DZ	Dilation of Right Posterior Tibial Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047R0E6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R0EZ	Dilation of Right Posterior Tibial Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R0F6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R0FZ	Dilation of Right Posterior Tibial Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R0G6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R0GZ	Dilation of Right Posterior Tibial Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R0Z1	Dilation of Right Posterior Tibial Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047R0Z6	Dilation of Right Posterior Tibial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047R0ZZ	Dilation of Right Posterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure
047R341	Dilation of Right Posterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047R346	Dilation of Right Posterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047R34Z	Dilation of Right Posterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047R356	Dilation of Right Posterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R35Z	Dilation of Right Posterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R366	Dilation of Right Posterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R36Z	Dilation of Right Posterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R376	Dilation of Right Posterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R37Z	Dilation of Right Posterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R3D1	Dilation of Right Posterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047R3D6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047R3DZ	Dilation of Right Posterior Tibial Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047R3E6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R3EZ	Dilation of Right Posterior Tibial Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R3F6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R3FZ	Dilation of Right Posterior Tibial Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R3G6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R3GZ	Dilation of Right Posterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R3Z1	Dilation of Right Posterior Tibial Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047R3Z6	Dilation of Right Posterior Tibial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047R3ZZ	Dilation of Right Posterior Tibial Artery, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047R441	Dilation of Right Posterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R446	Dilation of Right Posterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R44Z	Dilation of Right Posterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R456	Dilation of Right Posterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R45Z	Dilation of Right Posterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R466	Dilation of Right Posterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R46Z	Dilation of Right Posterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R476	Dilation of Right Posterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R47Z	Dilation of Right Posterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4D1	Dilation of Right Posterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4D6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4DZ	Dilation of Right Posterior Tibial Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4E6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4EZ	Dilation of Right Posterior Tibial Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4F6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4FZ	Dilation of Right Posterior Tibial Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4G6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4GZ	Dilation of Right Posterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4Z1	Dilation of Right Posterior Tibial Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4Z6	Dilation of Right Posterior Tibial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4ZZ	Dilation of Right Posterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047S041	Dilation of Left Posterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047S046	Dilation of Left Posterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047S04Z	Dilation of Left Posterior Tibial Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047S056	Dilation of Left Posterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S05Z	Dilation of Left Posterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S066	Dilation of Left Posterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S06Z	Dilation of Left Posterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S076	Dilation of Left Posterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S07Z	Dilation of Left Posterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S0D1	Dilation of Left Posterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047S0D6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047S0DZ	Dilation of Left Posterior Tibial Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047S0E6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S0EZ	Dilation of Left Posterior Tibial Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S0F6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S0FZ	Dilation of Left Posterior Tibial Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S0G6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S0GZ	Dilation of Left Posterior Tibial Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S0Z1	Dilation of Left Posterior Tibial Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047S0Z6	Dilation of Left Posterior Tibial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047S0ZZ	Dilation of Left Posterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure
047S341	Dilation of Left Posterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047S346	Dilation of Left Posterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047S34Z	Dilation of Left Posterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047S356	Dilation of Left Posterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S35Z	Dilation of Left Posterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S366	Dilation of Left Posterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S36Z	Dilation of Left Posterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S376	Dilation of Left Posterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S37Z	Dilation of Left Posterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S3D1	Dilation of Left Posterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047S3D6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047S3DZ	Dilation of Left Posterior Tibial Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047S3E6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S3EZ	Dilation of Left Posterior Tibial Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S3F6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S3FZ	Dilation of Left Posterior Tibial Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S3G6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S3GZ	Dilation of Left Posterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S3Z1	Dilation of Left Posterior Tibial Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047S3Z6	Dilation of Left Posterior Tibial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047S3ZZ	Dilation of Left Posterior Tibial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047S441	Dilation of Left Posterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S446	Dilation of Left Posterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S44Z	Dilation of Left Posterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047S456	Dilation of Left Posterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S45Z	Dilation of Left Posterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S466	Dilation of Left Posterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S46Z	Dilation of Left Posterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S476	Dilation of Left Posterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S47Z	Dilation of Left Posterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4D1	Dilation of Left Posterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4D6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4DZ	Dilation of Left Posterior Tibial Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4E6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4EZ	Dilation of Left Posterior Tibial Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4F6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4FZ	Dilation of Left Posterior Tibial Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4G6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4GZ	Dilation of Left Posterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4Z1	Dilation of Left Posterior Tibial Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4Z6	Dilation of Left Posterior Tibial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4ZZ	Dilation of Left Posterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T041	Dilation of Right Peroneal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047T046	Dilation of Right Peroneal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047T04Z	Dilation of Right Peroneal Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047T056	Dilation of Right Peroneal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T05Z	Dilation of Right Peroneal Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T066	Dilation of Right Peroneal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T06Z	Dilation of Right Peroneal Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T076	Dilation of Right Peroneal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T07Z	Dilation of Right Peroneal Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T0D1	Dilation of Right Peroneal Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047T0D6	Dilation of Right Peroneal Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047T0DZ	Dilation of Right Peroneal Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047T0E6	Dilation of Right Peroneal Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T0EZ	Dilation of Right Peroneal Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T0F6	Dilation of Right Peroneal Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T0FZ	Dilation of Right Peroneal Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T0G6	Dilation of Right Peroneal Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T0GZ	Dilation of Right Peroneal Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T0Z1	Dilation of Right Peroneal Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047T0Z6	Dilation of Right Peroneal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047T0ZZ	Dilation of Right Peroneal Artery, Open Approach	ICD-10-PCS	Procedure
047T341	Dilation of Right Peroneal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047T346	Dilation of Right Peroneal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047T34Z	Dilation of Right Peroneal Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047T356	Dilation of Right Peroneal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T35Z	Dilation of Right Peroneal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T366	Dilation of Right Peroneal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047T36Z	Dilation of Right Peroneal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T376	Dilation of Right Peroneal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T37Z	Dilation of Right Peroneal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T3D1	Dilation of Right Peroneal Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047T3D6	Dilation of Right Peroneal Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047T3DZ	Dilation of Right Peroneal Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047T3E6	Dilation of Right Peroneal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T3EZ	Dilation of Right Peroneal Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T3F6	Dilation of Right Peroneal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T3FZ	Dilation of Right Peroneal Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T3G6	Dilation of Right Peroneal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T3GZ	Dilation of Right Peroneal Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T3Z1	Dilation of Right Peroneal Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047T3Z6	Dilation of Right Peroneal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047T3ZZ	Dilation of Right Peroneal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047T441	Dilation of Right Peroneal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T446	Dilation of Right Peroneal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T44Z	Dilation of Right Peroneal Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T456	Dilation of Right Peroneal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T45Z	Dilation of Right Peroneal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T466	Dilation of Right Peroneal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T46Z	Dilation of Right Peroneal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047T476	Dilation of Right Peroneal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T47Z	Dilation of Right Peroneal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4D1	Dilation of Right Peroneal Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4D6	Dilation of Right Peroneal Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4DZ	Dilation of Right Peroneal Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4E6	Dilation of Right Peroneal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4EZ	Dilation of Right Peroneal Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4F6	Dilation of Right Peroneal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4FZ	Dilation of Right Peroneal Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4G6	Dilation of Right Peroneal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4GZ	Dilation of Right Peroneal Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4Z1	Dilation of Right Peroneal Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4Z6	Dilation of Right Peroneal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4ZZ	Dilation of Right Peroneal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U041	Dilation of Left Peroneal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047U046	Dilation of Left Peroneal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047U04Z	Dilation of Left Peroneal Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047U056	Dilation of Left Peroneal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U05Z	Dilation of Left Peroneal Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U066	Dilation of Left Peroneal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U06Z	Dilation of Left Peroneal Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U076	Dilation of Left Peroneal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047U07Z	Dilation of Left Peroneal Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U0D1	Dilation of Left Peroneal Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047U0D6	Dilation of Left Peroneal Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047U0DZ	Dilation of Left Peroneal Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047U0E6	Dilation of Left Peroneal Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U0EZ	Dilation of Left Peroneal Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U0F6	Dilation of Left Peroneal Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U0FZ	Dilation of Left Peroneal Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U0G6	Dilation of Left Peroneal Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U0GZ	Dilation of Left Peroneal Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U0Z1	Dilation of Left Peroneal Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047U0Z6	Dilation of Left Peroneal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047U0ZZ	Dilation of Left Peroneal Artery, Open Approach	ICD-10-PCS	Procedure
047U341	Dilation of Left Peroneal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047U346	Dilation of Left Peroneal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047U34Z	Dilation of Left Peroneal Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047U356	Dilation of Left Peroneal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U35Z	Dilation of Left Peroneal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U366	Dilation of Left Peroneal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U36Z	Dilation of Left Peroneal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U376	Dilation of Left Peroneal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U37Z	Dilation of Left Peroneal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U3D1	Dilation of Left Peroneal Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047U3D6	Dilation of Left Peroneal Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047U3DZ	Dilation of Left Peroneal Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047U3E6	Dilation of Left Peroneal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U3EZ	Dilation of Left Peroneal Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U3F6	Dilation of Left Peroneal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U3FZ	Dilation of Left Peroneal Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U3G6	Dilation of Left Peroneal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U3GZ	Dilation of Left Peroneal Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U3Z1	Dilation of Left Peroneal Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047U3Z6	Dilation of Left Peroneal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047U3ZZ	Dilation of Left Peroneal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047U441	Dilation of Left Peroneal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U446	Dilation of Left Peroneal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U44Z	Dilation of Left Peroneal Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U456	Dilation of Left Peroneal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U45Z	Dilation of Left Peroneal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U466	Dilation of Left Peroneal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U46Z	Dilation of Left Peroneal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U476	Dilation of Left Peroneal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U47Z	Dilation of Left Peroneal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4D1	Dilation of Left Peroneal Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4D6	Dilation of Left Peroneal Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4DZ	Dilation of Left Peroneal Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4E6	Dilation of Left Peroneal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047U4EZ	Dilation of Left Peroneal Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4F6	Dilation of Left Peroneal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4FZ	Dilation of Left Peroneal Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4G6	Dilation of Left Peroneal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4GZ	Dilation of Left Peroneal Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4Z1	Dilation of Left Peroneal Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4Z6	Dilation of Left Peroneal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4ZZ	Dilation of Left Peroneal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V041	Dilation of Right Foot Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047V046	Dilation of Right Foot Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047V04Z	Dilation of Right Foot Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047V056	Dilation of Right Foot Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V05Z	Dilation of Right Foot Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V066	Dilation of Right Foot Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V06Z	Dilation of Right Foot Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V076	Dilation of Right Foot Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V07Z	Dilation of Right Foot Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V0D1	Dilation of Right Foot Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047V0D6	Dilation of Right Foot Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047V0DZ	Dilation of Right Foot Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047V0E6	Dilation of Right Foot Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V0EZ	Dilation of Right Foot Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V0F6	Dilation of Right Foot Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V0FZ	Dilation of Right Foot Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047V0G6	Dilation of Right Foot Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V0GZ	Dilation of Right Foot Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V0Z1	Dilation of Right Foot Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047V0Z6	Dilation of Right Foot Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047V0ZZ	Dilation of Right Foot Artery, Open Approach	ICD-10-PCS	Procedure
047V341	Dilation of Right Foot Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047V346	Dilation of Right Foot Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047V34Z	Dilation of Right Foot Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047V356	Dilation of Right Foot Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V35Z	Dilation of Right Foot Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V366	Dilation of Right Foot Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V36Z	Dilation of Right Foot Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V376	Dilation of Right Foot Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V37Z	Dilation of Right Foot Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V3D1	Dilation of Right Foot Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047V3D6	Dilation of Right Foot Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047V3DZ	Dilation of Right Foot Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047V3E6	Dilation of Right Foot Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V3EZ	Dilation of Right Foot Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V3F6	Dilation of Right Foot Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V3FZ	Dilation of Right Foot Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V3G6	Dilation of Right Foot Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V3GZ	Dilation of Right Foot Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047V3Z1	Dilation of Right Foot Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047V3Z6	Dilation of Right Foot Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047V3ZZ	Dilation of Right Foot Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047V441	Dilation of Right Foot Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V446	Dilation of Right Foot Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V44Z	Dilation of Right Foot Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V456	Dilation of Right Foot Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V45Z	Dilation of Right Foot Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V466	Dilation of Right Foot Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V46Z	Dilation of Right Foot Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V476	Dilation of Right Foot Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V47Z	Dilation of Right Foot Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4D1	Dilation of Right Foot Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4D6	Dilation of Right Foot Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4DZ	Dilation of Right Foot Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4E6	Dilation of Right Foot Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4EZ	Dilation of Right Foot Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4F6	Dilation of Right Foot Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4FZ	Dilation of Right Foot Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4G6	Dilation of Right Foot Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4GZ	Dilation of Right Foot Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4Z1	Dilation of Right Foot Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4Z6	Dilation of Right Foot Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047V4ZZ	Dilation of Right Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W041	Dilation of Left Foot Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047W046	Dilation of Left Foot Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047W04Z	Dilation of Left Foot Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047W056	Dilation of Left Foot Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W05Z	Dilation of Left Foot Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W066	Dilation of Left Foot Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W06Z	Dilation of Left Foot Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W076	Dilation of Left Foot Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W07Z	Dilation of Left Foot Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W0D1	Dilation of Left Foot Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047W0D6	Dilation of Left Foot Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047W0DZ	Dilation of Left Foot Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047W0E6	Dilation of Left Foot Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W0EZ	Dilation of Left Foot Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W0F6	Dilation of Left Foot Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W0FZ	Dilation of Left Foot Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W0G6	Dilation of Left Foot Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W0GZ	Dilation of Left Foot Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W0Z1	Dilation of Left Foot Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047W0Z6	Dilation of Left Foot Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047W0ZZ	Dilation of Left Foot Artery, Open Approach	ICD-10-PCS	Procedure
047W341	Dilation of Left Foot Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047W346	Dilation of Left Foot Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047W34Z	Dilation of Left Foot Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047W356	Dilation of Left Foot Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047W35Z	Dilation of Left Foot Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W366	Dilation of Left Foot Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W36Z	Dilation of Left Foot Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W376	Dilation of Left Foot Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W37Z	Dilation of Left Foot Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W3D1	Dilation of Left Foot Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047W3D6	Dilation of Left Foot Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047W3DZ	Dilation of Left Foot Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047W3E6	Dilation of Left Foot Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W3EZ	Dilation of Left Foot Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W3F6	Dilation of Left Foot Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W3FZ	Dilation of Left Foot Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W3G6	Dilation of Left Foot Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W3GZ	Dilation of Left Foot Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W3Z1	Dilation of Left Foot Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047W3Z6	Dilation of Left Foot Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047W3ZZ	Dilation of Left Foot Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047W441	Dilation of Left Foot Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W446	Dilation of Left Foot Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W44Z	Dilation of Left Foot Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W456	Dilation of Left Foot Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W45Z	Dilation of Left Foot Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W466	Dilation of Left Foot Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047W46Z	Dilation of Left Foot Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W476	Dilation of Left Foot Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W47Z	Dilation of Left Foot Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4D1	Dilation of Left Foot Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4D6	Dilation of Left Foot Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4DZ	Dilation of Left Foot Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4E6	Dilation of Left Foot Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4EZ	Dilation of Left Foot Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4F6	Dilation of Left Foot Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4FZ	Dilation of Left Foot Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4G6	Dilation of Left Foot Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4GZ	Dilation of Left Foot Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4Z1	Dilation of Left Foot Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4Z6	Dilation of Left Foot Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4ZZ	Dilation of Left Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04C00Z6	Extirpation of Matter from Abdominal Aorta, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04C03Z6	Extirpation of Matter from Abdominal Aorta, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04C04Z6	Extirpation of Matter from Abdominal Aorta, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CC0Z6	Extirpation of Matter from Right Common Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CC0ZZ	Extirpation of Matter from Right Common Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04CC3Z6	Extirpation of Matter from Right Common Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CC3ZZ	Extirpation of Matter from Right Common Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CC4Z6	Extirpation of Matter from Right Common Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CC4ZZ	Extirpation of Matter from Right Common Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
04CD0Z6	Extirpation of Matter from Left Common Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CD0ZZ	Extirpation of Matter from Left Common Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04CD3Z6	Extirpation of Matter from Left Common Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CD3ZZ	Extirpation of Matter from Left Common Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CD4Z6	Extirpation of Matter from Left Common Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CD4ZZ	Extirpation of Matter from Left Common Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CE0Z6	Extirpation of Matter from Right Internal Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CE0ZZ	Extirpation of Matter from Right Internal Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04CE3Z6	Extirpation of Matter from Right Internal Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CE3ZZ	Extirpation of Matter from Right Internal Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CE4Z6	Extirpation of Matter from Right Internal Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CE4ZZ	Extirpation of Matter from Right Internal Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CF0Z6	Extirpation of Matter from Left Internal Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CF0ZZ	Extirpation of Matter from Left Internal Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04CF3Z6	Extirpation of Matter from Left Internal Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CF3ZZ	Extirpation of Matter from Left Internal Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CF4Z6	Extirpation of Matter from Left Internal Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CF4ZZ	Extirpation of Matter from Left Internal Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CH0Z6	Extirpation of Matter from Right External Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CH0ZZ	Extirpation of Matter from Right External Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04CH3Z6	Extirpation of Matter from Right External Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CH3ZZ	Extirpation of Matter from Right External Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CH4Z6	Extirpation of Matter from Right External Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CH4ZZ	Extirpation of Matter from Right External Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CJ0Z6	Extirpation of Matter from Left External Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CJ0ZZ	Extirpation of Matter from Left External Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04CJ3Z6	Extirpation of Matter from Left External Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
04CJ3ZZ	Extirpation of Matter from Left External Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CJ4Z6	Extirpation of Matter from Left External Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CJ4ZZ	Extirpation of Matter from Left External Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CK0Z6	Extirpation of Matter from Right Femoral Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CK0ZZ	Extirpation of Matter from Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
04CK3Z6	Extirpation of Matter from Right Femoral Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CK3ZZ	Extirpation of Matter from Right Femoral Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CK4Z6	Extirpation of Matter from Right Femoral Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CK4ZZ	Extirpation of Matter from Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CL0Z6	Extirpation of Matter from Left Femoral Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CL0ZZ	Extirpation of Matter from Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
04CL3Z6	Extirpation of Matter from Left Femoral Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CL3ZZ	Extirpation of Matter from Left Femoral Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CL4Z6	Extirpation of Matter from Left Femoral Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CL4ZZ	Extirpation of Matter from Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CM0Z6	Extirpation of Matter from Right Popliteal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CM0ZZ	Extirpation of Matter from Right Popliteal Artery, Open Approach	ICD-10-PCS	Procedure
04CM3Z6	Extirpation of Matter from Right Popliteal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CM3ZZ	Extirpation of Matter from Right Popliteal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CM4Z6	Extirpation of Matter from Right Popliteal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CM4ZZ	Extirpation of Matter from Right Popliteal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CN0Z6	Extirpation of Matter from Left Popliteal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CN0ZZ	Extirpation of Matter from Left Popliteal Artery, Open Approach	ICD-10-PCS	Procedure
04CN3Z6	Extirpation of Matter from Left Popliteal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CN3ZZ	Extirpation of Matter from Left Popliteal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CN4Z6	Extirpation of Matter from Left Popliteal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CN4ZZ	Extirpation of Matter from Left Popliteal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CP0Z6	Extirpation of Matter from Right Anterior Tibial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
04CP0ZZ	Extirpation of Matter from Right Anterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure
04CP3Z6	Extirpation of Matter from Right Anterior Tibial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CP3ZZ	Extirpation of Matter from Right Anterior Tibial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CP4Z6	Extirpation of Matter from Right Anterior Tibial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CP4ZZ	Extirpation of Matter from Right Anterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CQ0Z6	Extirpation of Matter from Left Anterior Tibial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CQ0ZZ	Extirpation of Matter from Left Anterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure
04CQ3Z6	Extirpation of Matter from Left Anterior Tibial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CQ3ZZ	Extirpation of Matter from Left Anterior Tibial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CQ4Z6	Extirpation of Matter from Left Anterior Tibial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CQ4ZZ	Extirpation of Matter from Left Anterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CR0Z6	Extirpation of Matter from Right Posterior Tibial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CR0ZZ	Extirpation of Matter from Right Posterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure
04CR3Z6	Extirpation of Matter from Right Posterior Tibial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CR3ZZ	Extirpation of Matter from Right Posterior Tibial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CR4Z6	Extirpation of Matter from Right Posterior Tibial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CR4ZZ	Extirpation of Matter from Right Posterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CS0Z6	Extirpation of Matter from Left Posterior Tibial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CS0ZZ	Extirpation of Matter from Left Posterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure
04CS3Z6	Extirpation of Matter from Left Posterior Tibial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CS3ZZ	Extirpation of Matter from Left Posterior Tibial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CS4Z6	Extirpation of Matter from Left Posterior Tibial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CS4ZZ	Extirpation of Matter from Left Posterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CT0Z6	Extirpation of Matter from Right Peroneal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CT0ZZ	Extirpation of Matter from Right Peroneal Artery, Open Approach	ICD-10-PCS	Procedure
04CT3Z6	Extirpation of Matter from Right Peroneal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CT3ZZ	Extirpation of Matter from Right Peroneal Artery, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
04CT4Z6	Extirpation of Matter from Right Peroneal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CT4ZZ	Extirpation of Matter from Right Peroneal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CU0Z6	Extirpation of Matter from Left Peroneal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CU0ZZ	Extirpation of Matter from Left Peroneal Artery, Open Approach	ICD-10-PCS	Procedure
04CU3Z6	Extirpation of Matter from Left Peroneal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CU3ZZ	Extirpation of Matter from Left Peroneal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CU4Z6	Extirpation of Matter from Left Peroneal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CU4ZZ	Extirpation of Matter from Left Peroneal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CV0Z6	Extirpation of Matter from Right Foot Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CV0ZZ	Extirpation of Matter from Right Foot Artery, Open Approach	ICD-10-PCS	Procedure
04CV3Z6	Extirpation of Matter from Right Foot Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CV3ZZ	Extirpation of Matter from Right Foot Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CV4Z6	Extirpation of Matter from Right Foot Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CV4ZZ	Extirpation of Matter from Right Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CW0Z6	Extirpation of Matter from Left Foot Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CW0ZZ	Extirpation of Matter from Left Foot Artery, Open Approach	ICD-10-PCS	Procedure
04CW3Z6	Extirpation of Matter from Left Foot Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CW3ZZ	Extirpation of Matter from Left Foot Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CW4Z6	Extirpation of Matter from Left Foot Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CW4ZZ	Extirpation of Matter from Left Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0Y6C0Z1	Detachment at Right Upper Leg, High, Open Approach	ICD-10-PCS	Procedure
0Y6C0Z2	Detachment at Right Upper Leg, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6C0Z3	Detachment at Right Upper Leg, Low, Open Approach	ICD-10-PCS	Procedure
0Y6D0Z1	Detachment at Left Upper Leg, High, Open Approach	ICD-10-PCS	Procedure
0Y6D0Z2	Detachment at Left Upper Leg, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6D0Z3	Detachment at Left Upper Leg, Low, Open Approach	ICD-10-PCS	Procedure
0Y6F0ZZ	Detachment at Right Knee Region, Open Approach	ICD-10-PCS	Procedure
0Y6G0ZZ	Detachment at Left Knee Region, Open Approach	ICD-10-PCS	Procedure
0Y6H0Z1	Detachment at Right Lower Leg, High, Open Approach	ICD-10-PCS	Procedure
0Y6H0Z2	Detachment at Right Lower Leg, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6H0Z3	Detachment at Right Lower Leg, Low, Open Approach	ICD-10-PCS	Procedure
0Y6J0Z1	Detachment at Left Lower Leg, High, Open Approach	ICD-10-PCS	Procedure
0Y6J0Z2	Detachment at Left Lower Leg, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6J0Z3	Detachment at Left Lower Leg, Low, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
0Y6M0Z0	Detachment at Right Foot, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6M0Z4	Detachment at Right Foot, Complete 1st Ray, Open Approach	ICD-10-PCS	Procedure
0Y6M0Z5	Detachment at Right Foot, Complete 2nd Ray, Open Approach	ICD-10-PCS	Procedure
0Y6M0Z6	Detachment at Right Foot, Complete 3rd Ray, Open Approach	ICD-10-PCS	Procedure
0Y6M0Z7	Detachment at Right Foot, Complete 4th Ray, Open Approach	ICD-10-PCS	Procedure
0Y6M0Z8	Detachment at Right Foot, Complete 5th Ray, Open Approach	ICD-10-PCS	Procedure
0Y6M0Z9	Detachment at Right Foot, Partial 1st Ray, Open Approach	ICD-10-PCS	Procedure
0Y6M0ZB	Detachment at Right Foot, Partial 2nd Ray, Open Approach	ICD-10-PCS	Procedure
0Y6M0ZC	Detachment at Right Foot, Partial 3rd Ray, Open Approach	ICD-10-PCS	Procedure
0Y6M0ZD	Detachment at Right Foot, Partial 4th Ray, Open Approach	ICD-10-PCS	Procedure
0Y6M0ZF	Detachment at Right Foot, Partial 5th Ray, Open Approach	ICD-10-PCS	Procedure
0Y6N0Z0	Detachment at Left Foot, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6N0Z4	Detachment at Left Foot, Complete 1st Ray, Open Approach	ICD-10-PCS	Procedure
0Y6N0Z5	Detachment at Left Foot, Complete 2nd Ray, Open Approach	ICD-10-PCS	Procedure
0Y6N0Z6	Detachment at Left Foot, Complete 3rd Ray, Open Approach	ICD-10-PCS	Procedure
0Y6N0Z7	Detachment at Left Foot, Complete 4th Ray, Open Approach	ICD-10-PCS	Procedure
0Y6N0Z8	Detachment at Left Foot, Complete 5th Ray, Open Approach	ICD-10-PCS	Procedure
0Y6N0Z9	Detachment at Left Foot, Partial 1st Ray, Open Approach	ICD-10-PCS	Procedure
0Y6N0ZB	Detachment at Left Foot, Partial 2nd Ray, Open Approach	ICD-10-PCS	Procedure
0Y6N0ZC	Detachment at Left Foot, Partial 3rd Ray, Open Approach	ICD-10-PCS	Procedure
0Y6N0ZD	Detachment at Left Foot, Partial 4th Ray, Open Approach	ICD-10-PCS	Procedure
0Y6N0ZF	Detachment at Left Foot, Partial 5th Ray, Open Approach	ICD-10-PCS	Procedure
0Y6P0Z0	Detachment at Right 1st Toe, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6P0Z1	Detachment at Right 1st Toe, High, Open Approach	ICD-10-PCS	Procedure
0Y6P0Z2	Detachment at Right 1st Toe, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6P0Z3	Detachment at Right 1st Toe, Low, Open Approach	ICD-10-PCS	Procedure
0Y6Q0Z0	Detachment at Left 1st Toe, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6Q0Z1	Detachment at Left 1st Toe, High, Open Approach	ICD-10-PCS	Procedure
0Y6Q0Z2	Detachment at Left 1st Toe, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6Q0Z3	Detachment at Left 1st Toe, Low, Open Approach	ICD-10-PCS	Procedure
0Y6R0Z0	Detachment at Right 2nd Toe, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6R0Z1	Detachment at Right 2nd Toe, High, Open Approach	ICD-10-PCS	Procedure
0Y6R0Z2	Detachment at Right 2nd Toe, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6R0Z3	Detachment at Right 2nd Toe, Low, Open Approach	ICD-10-PCS	Procedure
0Y6S0Z0	Detachment at Left 2nd Toe, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6S0Z1	Detachment at Left 2nd Toe, High, Open Approach	ICD-10-PCS	Procedure
0Y6S0Z2	Detachment at Left 2nd Toe, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6S0Z3	Detachment at Left 2nd Toe, Low, Open Approach	ICD-10-PCS	Procedure
0Y6T0Z0	Detachment at Right 3rd Toe, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6T0Z1	Detachment at Right 3rd Toe, High, Open Approach	ICD-10-PCS	Procedure
0Y6T0Z2	Detachment at Right 3rd Toe, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6T0Z3	Detachment at Right 3rd Toe, Low, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
0Y6U0Z0	Detachment at Left 3rd Toe, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6U0Z1	Detachment at Left 3rd Toe, High, Open Approach	ICD-10-PCS	Procedure
0Y6U0Z2	Detachment at Left 3rd Toe, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6U0Z3	Detachment at Left 3rd Toe, Low, Open Approach	ICD-10-PCS	Procedure
0Y6V0Z0	Detachment at Right 4th Toe, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6V0Z1	Detachment at Right 4th Toe, High, Open Approach	ICD-10-PCS	Procedure
0Y6V0Z2	Detachment at Right 4th Toe, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6V0Z3	Detachment at Right 4th Toe, Low, Open Approach	ICD-10-PCS	Procedure
0Y6W0Z0	Detachment at Left 4th Toe, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6W0Z1	Detachment at Left 4th Toe, High, Open Approach	ICD-10-PCS	Procedure
0Y6W0Z2	Detachment at Left 4th Toe, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6W0Z3	Detachment at Left 4th Toe, Low, Open Approach	ICD-10-PCS	Procedure
0Y6X0Z0	Detachment at Right 5th Toe, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6X0Z1	Detachment at Right 5th Toe, High, Open Approach	ICD-10-PCS	Procedure
0Y6X0Z2	Detachment at Right 5th Toe, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6X0Z3	Detachment at Right 5th Toe, Low, Open Approach	ICD-10-PCS	Procedure
0Y6Y0Z0	Detachment at Left 5th Toe, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6Y0Z1	Detachment at Left 5th Toe, High, Open Approach	ICD-10-PCS	Procedure
0Y6Y0Z2	Detachment at Left 5th Toe, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6Y0Z3	Detachment at Left 5th Toe, Low, Open Approach	ICD-10-PCS	Procedure
0238T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel	CPT Category III	Procedure
0254T	Endovascular repair of iliac artery bifurcation (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma, dissection) using bifurcated endograft from the common iliac artery into both the external and internal iliac artery, including all selective and/or nonselective catheterization(s) required for device placement and all associated radiological supervision and interpretation, unilateral	CPT Category III	Procedure
27295	Disarticulation of hip	CPT-4	Procedure
27295	Disarticulation of hip	CPT-4	Procedure
27590	Amputation, thigh, through femur, any level;	CPT-4	Procedure
27591	Amputation, thigh, through femur, any level; immediate fitting technique including first cast	CPT-4	Procedure
27592	Amputation, thigh, through femur, any level; open, circular (guillotine)	CPT-4	Procedure
27594	Amputation, thigh, through femur, any level; secondary closure or scar revision	CPT-4	Procedure
27596	Amputation, thigh, through femur, any level; re-amputation	CPT-4	Procedure
27598	Disarticulation at knee	CPT-4	Procedure
27880	Amputation, leg, through tibia and fibula;	CPT-4	Procedure
27881	Amputation, leg, through tibia and fibula; with immediate fitting technique including application of first cast	CPT-4	Procedure
27882	Amputation, leg, through tibia and fibula; open, circular (guillotine)	CPT-4	Procedure
27884	Amputation, leg, through tibia and fibula; secondary closure or scar revision	CPT-4	Procedure
27886	Amputation, leg, through tibia and fibula; re-amputation	CPT-4	Procedure

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

Code	Description	Code Type	Code Category
27888	Amputation, ankle, through malleoli of tibia and fibula (eg, Syme, Pirogoff type procedures), with plastic closure and resection of nerves	CPT-4	Procedure
27889	Ankle disarticulation	CPT-4	Procedure
27892	Decompression fasciotomy, leg; anterior and/or lateral compartments only, with debridement of nonviable muscle and/or nerve	CPT-4	Procedure
27893	Decompression fasciotomy, leg; posterior compartment(s) only, with debridement of nonviable muscle and/or nerve	CPT-4	Procedure
27894	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s), with debridement of nonviable muscle and/or nerve	CPT-4	Procedure
27899	Unlisted procedure, leg or ankle	CPT-4	Procedure
28800	Amputation, foot; midtarsal (eg, Chopart type procedure)	CPT-4	Procedure
28805	Amputation, foot; transmetatarsal	CPT-4	Procedure
28810	Amputation, metatarsal, with toe, single	CPT-4	Procedure
28820	Amputation, toe; metatarsophalangeal joint	CPT-4	Procedure
28825	Amputation, toe; interphalangeal joint	CPT-4	Procedure
34201	Embolectomy or thrombectomy, with or without catheter; femoropopliteal, aortoiliac artery, by leg incision	CPT-4	Procedure
34203	Embolectomy or thrombectomy, with or without catheter; popliteal-tibio-peroneal artery, by leg incision	CPT-4	Procedure
34802	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (1 docking limb)	CPT-4	Procedure
34803	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (2 docking limbs)	CPT-4	Procedure
34804	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using unibody bifurcated prosthesis	CPT-4	Procedure
34805	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-uniiliac or aorto-unifemoral prosthesis	CPT-4	Procedure
34830	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; tube prosthesis	CPT-4	Procedure
34831	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bi-iliac prosthesis	CPT-4	Procedure
34832	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bifemoral prosthesis	CPT-4	Procedure
35081	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta	CPT-4	Procedure
35082	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta	CPT-4	Procedure

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

Code	Description	Code Type	Code Category
35091	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)	CPT-4	Procedure
35102	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving iliac vessels (common, hypogastric, external)	CPT-4	Procedure
35103	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external)	CPT-4	Procedure
35302	Thromboendarterectomy, including patch graft, if performed; superficial femoral artery	CPT-4	Procedure
35303	Thromboendarterectomy, including patch graft, if performed; popliteal artery	CPT-4	Procedure
35305	Thromboendarterectomy, including patch graft, if performed; tibial or peroneal artery, initial vessel	CPT-4	Procedure
35351	Thromboendarterectomy, including patch graft, if performed; iliac	CPT-4	Procedure
35355	Thromboendarterectomy, including patch graft, if performed; iliofemoral	CPT-4	Procedure
35361	Thromboendarterectomy, including patch graft, if performed; combined aortoiliac	CPT-4	Procedure
35363	Thromboendarterectomy, including patch graft, if performed; combined aortoiliofemoral	CPT-4	Procedure
35371	Thromboendarterectomy, including patch graft, if performed; common femoral	CPT-4	Procedure
35372	Thromboendarterectomy, including patch graft, if performed; deep (profunda) femoral	CPT-4	Procedure
35454	Transluminal balloon angioplasty, open; iliac	CPT-4	Procedure
35456	Transluminal balloon angioplasty, open; femoral-popliteal	CPT-4	Procedure
35459	Transluminal balloon angioplasty, open; tibioperoneal trunk and branches	CPT-4	Procedure
35470	Transluminal balloon angioplasty, percutaneous; tibioperoneal trunk or branches, each vessel	CPT-4	Procedure
35473	Transluminal balloon angioplasty, percutaneous; iliac	CPT-4	Procedure
35474	Transluminal balloon angioplasty, percutaneous; femoral-popliteal	CPT-4	Procedure
35482	Transluminal peripheral atherectomy, open; iliac	CPT-4	Procedure
35483	Transluminal peripheral atherectomy, open; femoral-popliteal	CPT-4	Procedure
35491	Transluminal peripheral atherectomy, percutaneous; aortic	CPT-4	Procedure
35492	Transluminal peripheral atherectomy, percutaneous; iliac	CPT-4	Procedure
35493	Transluminal peripheral atherectomy, percutaneous; femoral-popliteal	CPT-4	Procedure
35494	Transluminal peripheral atherectomy, percutaneous; brachiocephalic trunk or branches, each vessel	CPT-4	Procedure
35495	Transluminal peripheral atherectomy, percutaneous; tibioperoneal trunk and branches	CPT-4	Procedure
35521	Bypass graft, with vein; axillary-femoral	CPT-4	Procedure
35533	Bypass graft, with vein; axillary-femoral-femoral	CPT-4	Procedure

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

Code	Description	Code Type	Code Category
35541	Bypass graft, with vein; aortoiliac or bi-iliac	CPT-4	Procedure
35546	Bypass graft, with vein; aortofemoral or bifemoral	CPT-4	Procedure
35548	Bypass graft, with vein; aortoiliofemoral, unilateral	CPT-4	Procedure
35549	Bypass graft, with vein; aortoiliofemoral, bilateral	CPT-4	Procedure
35551	Bypass graft, with vein; aortofemoral-popliteal	CPT-4	Procedure
35556	Bypass graft, with vein; femoral-popliteal	CPT-4	Procedure
35558	Bypass graft, with vein; femoral-femoral	CPT-4	Procedure
35563	Bypass graft, with vein; ilioliac	CPT-4	Procedure
35565	Bypass graft, with vein; iliofemoral	CPT-4	Procedure
35566	Bypass graft, with vein; femoral-anterior tibial, posterior tibial, peroneal artery or other distal vessels	CPT-4	Procedure
35570	Bypass graft, with vein; tibial-tibial, peroneal-tibial, or tibial/peroneal trunk-tibial	CPT-4	Procedure
35571	Bypass graft, with vein; popliteal-tibial, -peroneal artery or other distal vessels	CPT-4	Procedure
35583	In-situ vein bypass; femoral-popliteal	CPT-4	Procedure
35585	In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery	CPT-4	Procedure
35587	In-situ vein bypass; popliteal-tibial, peroneal	CPT-4	Procedure
35621	Bypass graft, with other than vein; axillary-femoral	CPT-4	Procedure
35646	Bypass graft, with other than vein; aortobifemoral	CPT-4	Procedure
35651	Bypass graft, with other than vein; aortofemoral-popliteal	CPT-4	Procedure
35654	Bypass graft, with other than vein; axillary-femoral-femoral	CPT-4	Procedure
35656	Bypass graft, with other than vein; femoral-popliteal	CPT-4	Procedure
35661	Bypass graft, with other than vein; femoral-femoral	CPT-4	Procedure
35665	Bypass graft, with other than vein; iliofemoral	CPT-4	Procedure
35666	Bypass graft, with other than vein; femoral-anterior tibial, posterior tibial, or peroneal artery	CPT-4	Procedure
35681	Bypass graft; composite, prosthetic and vein (List separately in addition to code for primary procedure)	CPT-4	Procedure
35682	Bypass graft; autogenous composite, 2 segments of veins from 2 locations (List separately in addition to code for primary procedure)	CPT-4	Procedure
35683	Bypass graft; autogenous composite, 3 or more segments of vein from 2 or more locations (List separately in addition to code for primary procedure)	CPT-4	Procedure
35879	Revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty	CPT-4	Procedure
37205	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; initial vessel	CPT-4	Procedure
37207	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; initial vessel	CPT-4	Procedure
37208	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; each additional vessel (List separately in addition to code for primary procedure)	CPT-4	Procedure

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

Code	Description	Code Type	Code Category
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	CPT-4	Procedure
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	CPT-4	Procedure
37222	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	CPT-4	Procedure
37223	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	CPT-4	Procedure
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	CPT-4	Procedure
37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	CPT-4	Procedure
37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	CPT-4	Procedure
37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	CPT-4	Procedure
37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	CPT-4	Procedure
37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	CPT-4	Procedure
37230	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	CPT-4	Procedure
37231	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	CPT-4	Procedure
37232	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	CPT-4	Procedure
37233	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	CPT-4	Procedure

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

Code	Description	Code Type	Code Category
37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	CPT-4	Procedure
37235	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	CPT-4	Procedure
Diabetes Mellitus with Evidence of Microvascular Disease or Macrovascular Disease			
249.4	Secondary diabetes mellitus with renal manifestations	ICD-9-CM	Diagnosis
249.40	Secondary diabetes mellitus with renal manifestations, not stated as uncontrolled, or unspecified	ICD-9-CM	Diagnosis
249.41	Secondary diabetes mellitus with renal manifestations, uncontrolled	ICD-9-CM	Diagnosis
249.5	Secondary diabetes mellitus with ophthalmic manifestations	ICD-9-CM	Diagnosis
249.50	Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified	ICD-9-CM	Diagnosis
249.51	Secondary diabetes mellitus with ophthalmic manifestations, uncontrolled	ICD-9-CM	Diagnosis
249.6	Secondary diabetes mellitus with neurological manifestations	ICD-9-CM	Diagnosis
249.60	Secondary diabetes mellitus with neurological manifestations, not stated as uncontrolled, or unspecified	ICD-9-CM	Diagnosis
249.61	Secondary diabetes mellitus with neurological manifestations, uncontrolled	ICD-9-CM	Diagnosis
249.7	Secondary diabetes mellitus with peripheral circulatory disorders	ICD-9-CM	Diagnosis
249.70	Secondary diabetes mellitus with peripheral circulatory disorders, not stated as uncontrolled, or unspecified	ICD-9-CM	Diagnosis
249.71	Secondary diabetes mellitus with peripheral circulatory disorders, uncontrolled	ICD-9-CM	Diagnosis
250.4	Diabetes with renal manifestations	ICD-9-CM	Diagnosis
250.40	Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled	ICD-9-CM	Diagnosis
250.41	Diabetes with renal manifestations, type I [juvenile type], not stated as uncontrolled	ICD-9-CM	Diagnosis
250.42	Diabetes with renal manifestations, type II or unspecified type, uncontrolled	ICD-9-CM	Diagnosis
250.43	Diabetes with renal manifestations, type I [juvenile type], uncontrolled	ICD-9-CM	Diagnosis
250.5	Diabetes with ophthalmic manifestations	ICD-9-CM	Diagnosis
250.50	Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled	ICD-9-CM	Diagnosis
250.51	Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled	ICD-9-CM	Diagnosis
250.52	Diabetes with ophthalmic manifestations, type II or unspecified type, uncontrolled	ICD-9-CM	Diagnosis
250.53	Diabetes with ophthalmic manifestations, type I [juvenile type], uncontrolled	ICD-9-CM	Diagnosis
250.6	Diabetes with neurological manifestations	ICD-9-CM	Diagnosis

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

Code	Description	Code Type	Code Category
250.60	Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled	ICD-9-CM	Diagnosis
250.61	Diabetes with neurological manifestations, type I [juvenile type], not stated as uncontrolled	ICD-9-CM	Diagnosis
250.62	Diabetes with neurological manifestations, type II or unspecified type, uncontrolled	ICD-9-CM	Diagnosis
250.63	Diabetes with neurological manifestations, type I [juvenile type], uncontrolled	ICD-9-CM	Diagnosis
250.7	Diabetes with peripheral circulatory disorders	ICD-9-CM	Diagnosis
250.70	Diabetes with peripheral circulatory disorders, type II or unspecified type, not stated as uncontrolled	ICD-9-CM	Diagnosis
250.71	Diabetes with peripheral circulatory disorders, type I [juvenile type], not stated as uncontrolled	ICD-9-CM	Diagnosis
250.72	Diabetes with peripheral circulatory disorders, type II or unspecified type, uncontrolled	ICD-9-CM	Diagnosis
250.73	Diabetes with peripheral circulatory disorders, type I [juvenile type], uncontrolled	ICD-9-CM	Diagnosis
250.8	Diabetes with other specified manifestations	ICD-9-CM	Diagnosis
250.80	Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled	ICD-9-CM	Diagnosis
250.81	Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled	ICD-9-CM	Diagnosis
250.82	Diabetes with other specified manifestations, type II or unspecified type, uncontrolled	ICD-9-CM	Diagnosis
250.83	Diabetes with other specified manifestations, type I [juvenile type], uncontrolled	ICD-9-CM	Diagnosis
250.9	Diabetes with unspecified complication	ICD-9-CM	Diagnosis
250.90	Diabetes with unspecified complication, type II or unspecified type, not stated as uncontrolled	ICD-9-CM	Diagnosis
250.91	Diabetes with unspecified complication, type I [juvenile type], not stated as uncontrolled	ICD-9-CM	Diagnosis
250.92	Diabetes with unspecified complication, type II or unspecified type, uncontrolled	ICD-9-CM	Diagnosis
250.93	Diabetes with unspecified complication, type I [juvenile type], uncontrolled	ICD-9-CM	Diagnosis
357.2	Polyneuropathy in diabetes	ICD-9-CM	Diagnosis
362.0	Diabetic retinopathy	ICD-9-CM	Diagnosis
362.01	Background diabetic retinopathy	ICD-9-CM	Diagnosis
362.02	Proliferative diabetic retinopathy	ICD-9-CM	Diagnosis
362.03	Nonproliferative diabetic retinopathy NOS	ICD-9-CM	Diagnosis
362.04	Mild nonproliferative diabetic retinopathy	ICD-9-CM	Diagnosis
362.05	Moderate nonproliferative diabetic retinopathy	ICD-9-CM	Diagnosis
362.06	Severe nonproliferative diabetic retinopathy	ICD-9-CM	Diagnosis
362.07	Diabetic macular edema	ICD-9-CM	Diagnosis
362.17	Other intraretinal microvascular abnormalities	ICD-9-CM	Diagnosis
443.81	Peripheral angiopathy in diseases classified elsewhere	ICD-9-CM	Diagnosis
E08.21	Diabetes mellitus due to underlying condition with diabetic nephropathy	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
E08.22	Diabetes mellitus due to underlying condition with diabetic chronic kidney disease	ICD-10-CM	Diagnosis
E08.29	Diabetes mellitus due to underlying condition with other diabetic kidney complication	ICD-10-CM	Diagnosis
E08.311	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema	ICD-10-CM	Diagnosis
E08.319	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema	ICD-10-CM	Diagnosis
E08.3211	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E08.3212	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E08.3213	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E08.3219	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E08.3291	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E08.3292	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E08.3293	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E08.3299	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E08.3311	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E08.3312	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E08.3313	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E08.3319	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E08.3391	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E08.3392	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E08.3393	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E08.3399	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E08.3411	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
E08.3412	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E08.3413	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E08.3419	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E08.3491	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E08.3492	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E08.3493	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E08.3499	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E08.3511	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E08.3512	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E08.3513	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E08.3519	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E08.3521	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	ICD-10-CM	Diagnosis
E08.3522	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	ICD-10-CM	Diagnosis
E08.3523	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	ICD-10-CM	Diagnosis
E08.3529	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	ICD-10-CM	Diagnosis
E08.3531	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	ICD-10-CM	Diagnosis
E08.3532	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	ICD-10-CM	Diagnosis
E08.3533	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	ICD-10-CM	Diagnosis
E08.3539	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
E08.3541	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	ICD-10-CM	Diagnosis
E08.3542	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	ICD-10-CM	Diagnosis
E08.3543	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	ICD-10-CM	Diagnosis
E08.3549	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	ICD-10-CM	Diagnosis
E08.3551	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, right eye	ICD-10-CM	Diagnosis
E08.3552	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, left eye	ICD-10-CM	Diagnosis
E08.3553	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, bilateral	ICD-10-CM	Diagnosis
E08.3559	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, unspecified eye	ICD-10-CM	Diagnosis
E08.3591	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E08.3592	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E08.3593	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E08.3599	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E08.36	Diabetes mellitus due to underlying condition with diabetic cataract	ICD-10-CM	Diagnosis
E08.37X1	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, right eye	ICD-10-CM	Diagnosis
E08.37X2	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, left eye	ICD-10-CM	Diagnosis
E08.37X3	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, bilateral	ICD-10-CM	Diagnosis
E08.37X9	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, unspecified eye	ICD-10-CM	Diagnosis
E08.39	Diabetes mellitus due to underlying condition with other diabetic ophthalmic complication	ICD-10-CM	Diagnosis
E08.40	Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified	ICD-10-CM	Diagnosis
E08.41	Diabetes mellitus due to underlying condition with diabetic mononeuropathy	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
E08.42	Diabetes mellitus due to underlying condition with diabetic polyneuropathy	ICD-10-CM	Diagnosis
E08.43	Diabetes mellitus due to underlying condition with diabetic autonomic (poly)neuropathy	ICD-10-CM	Diagnosis
E08.44	Diabetes mellitus due to underlying condition with diabetic amyotrophy	ICD-10-CM	Diagnosis
E08.49	Diabetes mellitus due to underlying condition with other diabetic neurological complication	ICD-10-CM	Diagnosis
E08.51	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis
E08.52	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E08.59	Diabetes mellitus due to underlying condition with other circulatory complications	ICD-10-CM	Diagnosis
E08.610	Diabetes mellitus due to underlying condition with diabetic neuropathic arthropathy	ICD-10-CM	Diagnosis
E08.621	Diabetes mellitus due to underlying condition with foot ulcer	ICD-10-CM	Diagnosis
E09.21	Drug or chemical induced diabetes mellitus with diabetic nephropathy	ICD-10-CM	Diagnosis
E09.22	Drug or chemical induced diabetes mellitus with diabetic chronic kidney disease	ICD-10-CM	Diagnosis
E09.29	Drug or chemical induced diabetes mellitus with other diabetic kidney complication	ICD-10-CM	Diagnosis
E09.311	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with macular edema	ICD-10-CM	Diagnosis
E09.319	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy without macular edema	ICD-10-CM	Diagnosis
E09.3211	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E09.3212	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E09.3213	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E09.3219	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E09.3291	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E09.3292	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E09.3293	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E09.3299	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E09.3311	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E09.3312	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
E09.3313	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E09.3319	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E09.3391	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E09.3392	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E09.3393	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E09.3399	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E09.3411	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E09.3412	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E09.3413	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E09.3419	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E09.3491	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E09.3492	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E09.3493	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E09.3499	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E09.3511	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E09.3512	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E09.3513	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E09.3519	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E09.3521	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	ICD-10-CM	Diagnosis
E09.3522	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	ICD-10-CM	Diagnosis
E09.3523	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
E09.3529	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	ICD-10-CM	Diagnosis
E09.3531	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	ICD-10-CM	Diagnosis
E09.3532	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	ICD-10-CM	Diagnosis
E09.3533	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	ICD-10-CM	Diagnosis
E09.3539	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	ICD-10-CM	Diagnosis
E09.3541	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	ICD-10-CM	Diagnosis
E09.3542	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	ICD-10-CM	Diagnosis
E09.3543	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	ICD-10-CM	Diagnosis
E09.3549	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	ICD-10-CM	Diagnosis
E09.3551	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, right eye	ICD-10-CM	Diagnosis
E09.3552	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, left eye	ICD-10-CM	Diagnosis
E09.3553	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	ICD-10-CM	Diagnosis
E09.3559	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	ICD-10-CM	Diagnosis
E09.3591	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E09.3592	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E09.3593	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E09.3599	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E09.36	Drug or chemical induced diabetes mellitus with diabetic cataract	ICD-10-CM	Diagnosis
E09.37X1	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
E09.37X2	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	ICD-10-CM	Diagnosis
E09.37X3	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	ICD-10-CM	Diagnosis
E09.37X9	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	ICD-10-CM	Diagnosis
E09.39	Drug or chemical induced diabetes mellitus with other diabetic ophthalmic complication	ICD-10-CM	Diagnosis
E09.40	Drug or chemical induced diabetes mellitus with neurological complications with diabetic neuropathy, unspecified	ICD-10-CM	Diagnosis
E09.41	Drug or chemical induced diabetes mellitus with neurological complications with diabetic mononeuropathy	ICD-10-CM	Diagnosis
E09.42	Drug or chemical induced diabetes mellitus with neurological complications with diabetic polyneuropathy	ICD-10-CM	Diagnosis
E09.43	Drug or chemical induced diabetes mellitus with neurological complications with diabetic autonomic (poly)neuropathy	ICD-10-CM	Diagnosis
E09.44	Drug or chemical induced diabetes mellitus with neurological complications with diabetic amyotrophy	ICD-10-CM	Diagnosis
E09.49	Drug or chemical induced diabetes mellitus with neurological complications with other diabetic neurological complication	ICD-10-CM	Diagnosis
E09.51	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis
E09.52	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E09.59	Drug or chemical induced diabetes mellitus with other circulatory complications	ICD-10-CM	Diagnosis
E09.610	Drug or chemical induced diabetes mellitus with diabetic neuropathic arthropathy	ICD-10-CM	Diagnosis
E10.21	Type 1 diabetes mellitus with diabetic nephropathy	ICD-10-CM	Diagnosis
E10.22	Type 1 diabetes mellitus with diabetic chronic kidney disease	ICD-10-CM	Diagnosis
E10.29	Type 1 diabetes mellitus with other diabetic kidney complication	ICD-10-CM	Diagnosis
E10.311	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema	ICD-10-CM	Diagnosis
E10.319	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema	ICD-10-CM	Diagnosis
E10.3211	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E10.3212	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E10.3213	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E10.3219	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
E10.3291	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E10.3292	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E10.3293	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E10.3299	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E10.3311	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E10.3312	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E10.3313	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E10.3319	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E10.3391	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E10.3392	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E10.3393	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E10.3399	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E10.3411	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E10.3412	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E10.3413	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E10.3419	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E10.3491	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E10.3492	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E10.3493	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E10.3499	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E10.3511	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis

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

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

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

Code	Description	Code Type	Code Category
E10.3599	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E10.36	Type 1 diabetes mellitus with diabetic cataract	ICD-10-CM	Diagnosis
E10.37X1	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	ICD-10-CM	Diagnosis
E10.37X2	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	ICD-10-CM	Diagnosis
E10.37X3	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	ICD-10-CM	Diagnosis
E10.37X9	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	ICD-10-CM	Diagnosis
E10.39	Type 1 diabetes mellitus with other diabetic ophthalmic complication	ICD-10-CM	Diagnosis
E10.40	Type 1 diabetes mellitus with diabetic neuropathy, unspecified	ICD-10-CM	Diagnosis
E10.41	Type 1 diabetes mellitus with diabetic mononeuropathy	ICD-10-CM	Diagnosis
E10.42	Type 1 diabetes mellitus with diabetic polyneuropathy	ICD-10-CM	Diagnosis
E10.43	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy	ICD-10-CM	Diagnosis
E10.44	Type 1 diabetes mellitus with diabetic amyotrophy	ICD-10-CM	Diagnosis
E10.49	Type 1 diabetes mellitus with other diabetic neurological complication	ICD-10-CM	Diagnosis
E10.51	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis
E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E10.59	Type 1 diabetes mellitus with other circulatory complications	ICD-10-CM	Diagnosis
E10.610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy	ICD-10-CM	Diagnosis
E10.618	Type 1 diabetes mellitus with other diabetic arthropathy	ICD-10-CM	Diagnosis
E10.620	Type 1 diabetes mellitus with diabetic dermatitis	ICD-10-CM	Diagnosis
E10.621	Type 1 diabetes mellitus with foot ulcer	ICD-10-CM	Diagnosis
E10.622	Type 1 diabetes mellitus with other skin ulcer	ICD-10-CM	Diagnosis
E10.628	Type 1 diabetes mellitus with other skin complications	ICD-10-CM	Diagnosis
E10.630	Type 1 diabetes mellitus with periodontal disease	ICD-10-CM	Diagnosis
E10.638	Type 1 diabetes mellitus with other oral complications	ICD-10-CM	Diagnosis
E10.69	Type 1 diabetes mellitus with other specified complication	ICD-10-CM	Diagnosis
E10.8	Type 1 diabetes mellitus with unspecified complications	ICD-10-CM	Diagnosis
E11.21	Type 2 diabetes mellitus with diabetic nephropathy	ICD-10-CM	Diagnosis
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease	ICD-10-CM	Diagnosis
E11.29	Type 2 diabetes mellitus with other diabetic kidney complication	ICD-10-CM	Diagnosis
E11.311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema	ICD-10-CM	Diagnosis
E11.319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema	ICD-10-CM	Diagnosis
E11.3211	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E11.3212	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
E11.3213	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E11.3219	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E11.3291	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E11.3292	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E11.3293	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E11.3299	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E11.3311	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E11.3312	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E11.3313	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E11.3319	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E11.3391	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E11.3392	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E11.3393	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E11.3399	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E11.3411	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E11.3412	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E11.3413	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E11.3419	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E11.3491	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E11.3492	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E11.3493	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis

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

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

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

Code	Description	Code Type	Code Category
E11.3591	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E11.3592	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E11.3593	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E11.3599	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E11.36	Type 2 diabetes mellitus with diabetic cataract	ICD-10-CM	Diagnosis
E11.37X1	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	ICD-10-CM	Diagnosis
E11.37X2	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	ICD-10-CM	Diagnosis
E11.37X3	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	ICD-10-CM	Diagnosis
E11.37X9	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	ICD-10-CM	Diagnosis
E11.39	Type 2 diabetes mellitus with other diabetic ophthalmic complication	ICD-10-CM	Diagnosis
E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified	ICD-10-CM	Diagnosis
E11.41	Type 2 diabetes mellitus with diabetic mononeuropathy	ICD-10-CM	Diagnosis
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	ICD-10-CM	Diagnosis
E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy	ICD-10-CM	Diagnosis
E11.44	Type 2 diabetes mellitus with diabetic amyotrophy	ICD-10-CM	Diagnosis
E11.49	Type 2 diabetes mellitus with other diabetic neurological complication	ICD-10-CM	Diagnosis
E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis
E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E11.59	Type 2 diabetes mellitus with other circulatory complications	ICD-10-CM	Diagnosis
E11.610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy	ICD-10-CM	Diagnosis
E11.618	Type 2 diabetes mellitus with other diabetic arthropathy	ICD-10-CM	Diagnosis
E11.620	Type 2 diabetes mellitus with diabetic dermatitis	ICD-10-CM	Diagnosis
E11.621	Type 2 diabetes mellitus with foot ulcer	ICD-10-CM	Diagnosis
E11.622	Type 2 diabetes mellitus with other skin ulcer	ICD-10-CM	Diagnosis
E11.628	Type 2 diabetes mellitus with other skin complications	ICD-10-CM	Diagnosis
E11.630	Type 2 diabetes mellitus with periodontal disease	ICD-10-CM	Diagnosis
E11.638	Type 2 diabetes mellitus with other oral complications	ICD-10-CM	Diagnosis
E11.69	Type 2 diabetes mellitus with other specified complication	ICD-10-CM	Diagnosis
E11.8	Type 2 diabetes mellitus with unspecified complications	ICD-10-CM	Diagnosis
E13.21	Other specified diabetes mellitus with diabetic nephropathy	ICD-10-CM	Diagnosis
E13.22	Other specified diabetes mellitus with diabetic chronic kidney disease	ICD-10-CM	Diagnosis
E13.29	Other specified diabetes mellitus with other diabetic kidney complication	ICD-10-CM	Diagnosis
E13.311	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
E13.319	Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema	ICD-10-CM	Diagnosis
E13.3211	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E13.3212	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E13.3213	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3219	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.3291	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E13.3292	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E13.3293	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3299	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.3311	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E13.3312	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E13.3313	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3319	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.3391	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E13.3392	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E13.3393	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3399	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.3411	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E13.3412	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E13.3413	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3419	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
E13.3491	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E13.3492	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E13.3493	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3499	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.3511	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E13.3512	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E13.3513	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3519	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.3521	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	ICD-10-CM	Diagnosis
E13.3522	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	ICD-10-CM	Diagnosis
E13.3523	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	ICD-10-CM	Diagnosis
E13.3529	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	ICD-10-CM	Diagnosis
E13.3531	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	ICD-10-CM	Diagnosis
E13.3532	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	ICD-10-CM	Diagnosis
E13.3533	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	ICD-10-CM	Diagnosis
E13.3539	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	ICD-10-CM	Diagnosis
E13.3541	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	ICD-10-CM	Diagnosis
E13.3542	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	ICD-10-CM	Diagnosis
E13.3543	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
E13.3549	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	ICD-10-CM	Diagnosis
E13.3551	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, right eye	ICD-10-CM	Diagnosis
E13.3552	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, left eye	ICD-10-CM	Diagnosis
E13.3553	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	ICD-10-CM	Diagnosis
E13.3559	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	ICD-10-CM	Diagnosis
E13.3591	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E13.3592	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E13.3593	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3599	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.36	Other specified diabetes mellitus with diabetic cataract	ICD-10-CM	Diagnosis
E13.37X1	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	ICD-10-CM	Diagnosis
E13.37X2	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	ICD-10-CM	Diagnosis
E13.37X3	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	ICD-10-CM	Diagnosis
E13.37X9	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	ICD-10-CM	Diagnosis
E13.39	Other specified diabetes mellitus with other diabetic ophthalmic complication	ICD-10-CM	Diagnosis
E13.40	Other specified diabetes mellitus with diabetic neuropathy, unspecified	ICD-10-CM	Diagnosis
E13.41	Other specified diabetes mellitus with diabetic mononeuropathy	ICD-10-CM	Diagnosis
E13.42	Other specified diabetes mellitus with diabetic polyneuropathy	ICD-10-CM	Diagnosis
E13.43	Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy	ICD-10-CM	Diagnosis
E13.44	Other specified diabetes mellitus with diabetic amyotrophy	ICD-10-CM	Diagnosis
E13.49	Other specified diabetes mellitus with other diabetic neurological complication	ICD-10-CM	Diagnosis
E13.51	Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis
E13.52	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E13.59	Other specified diabetes mellitus with other circulatory complications	ICD-10-CM	Diagnosis
E13.610	Other specified diabetes mellitus with diabetic neuropathic arthropathy	ICD-10-CM	Diagnosis
E13.618	Other specified diabetes mellitus with other diabetic arthropathy	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
E13.620	Other specified diabetes mellitus with diabetic dermatitis	ICD-10-CM	Diagnosis
E13.621	Other specified diabetes mellitus with foot ulcer	ICD-10-CM	Diagnosis
E13.622	Other specified diabetes mellitus with other skin ulcer	ICD-10-CM	Diagnosis
E13.628	Other specified diabetes mellitus with other skin complications	ICD-10-CM	Diagnosis
E13.630	Other specified diabetes mellitus with periodontal disease	ICD-10-CM	Diagnosis
E13.638	Other specified diabetes mellitus with other oral complications	ICD-10-CM	Diagnosis
E13.69	Other specified diabetes mellitus with other specified complication	ICD-10-CM	Diagnosis
E13.8	Other specified diabetes mellitus with unspecified complications	ICD-10-CM	Diagnosis
H35.09	Other intraretinal microvascular abnormalities	ICD-10-CM	Diagnosis
I79.1	Aortitis in diseases classified elsewhere	ICD-10-CM	Diagnosis
I79.8	Other disorders of arteries, arterioles and capillaries in diseases classified elsewhere	ICD-10-CM	Diagnosis
G0245	Initial physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) which must include: (1) the diagnosis of LOPS, (2) a patient history, (3) a physical examination that consists of at least the following elements: (a) visual inspection of the forefoot, hindfoot, and toe web spaces, (b) evaluation of a protective sensation, (c) evaluation of foot structure and biomechanics, (d) evaluation of vascular status and skin integrity, and (e) evaluation and recommendation of footwear, and (4) patient education	HCPCS	Procedure
G0246	Follow-up physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include at least the following: (1) a patient history, (2) a physical examination that includes: (a) visual inspection of the forefoot, hindfoot, and toe web spaces, (b) evaluation of protective sensation, (c) evaluation of foot structure and biomechanics, (d) evaluation of vascular status and skin integrity, and (e) evaluation and recommendation of footwear, and (3) patient education	HCPCS	Procedure
G0247	Routine foot care by a physician of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include the local care of superficial wounds (i.e., superficial to muscle and fascia) and at least the following, if present: (1) local care of superficial wounds, (2) debridement of corns and calluses, and (3) trimming and debridement of nails	HCPCS	Procedure

Diabetes Mellitus with Evidence of Microvascular Disease or Macrovascular Disease

Diabetes Mellitus

249	Secondary diabetes mellitus	ICD-9-CM	Diagnosis
249.0	Secondary diabetes mellitus without mention of complication	ICD-9-CM	Diagnosis
249.00	Secondary diabetes mellitus without mention of complication, not stated as uncontrolled, or unspecified	ICD-9-CM	Diagnosis
249.01	Secondary diabetes mellitus without mention of complication, uncontrolled	ICD-9-CM	Diagnosis
249.1	Secondary diabetes mellitus with ketoacidosis	ICD-9-CM	Diagnosis

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

Code	Description	Code Type	Code Category
249.10	Secondary diabetes mellitus with ketoacidosis, not stated as uncontrolled, or unspecified	ICD-9-CM	Diagnosis
249.11	Secondary diabetes mellitus with ketoacidosis, uncontrolled	ICD-9-CM	Diagnosis
249.2	Secondary diabetes mellitus with hyperosmolarity	ICD-9-CM	Diagnosis
249.20	Secondary diabetes mellitus with hyperosmolarity, not stated as uncontrolled, or unspecified	ICD-9-CM	Diagnosis
249.21	Secondary diabetes mellitus with hyperosmolarity, uncontrolled	ICD-9-CM	Diagnosis
249.3	Secondary diabetes mellitus with other coma	ICD-9-CM	Diagnosis
249.30	Secondary diabetes mellitus with other coma, not stated as uncontrolled, or unspecified	ICD-9-CM	Diagnosis
249.31	Secondary diabetes mellitus with other coma, uncontrolled	ICD-9-CM	Diagnosis
249.4	Secondary diabetes mellitus with renal manifestations	ICD-9-CM	Diagnosis
249.40	Secondary diabetes mellitus with renal manifestations, not stated as uncontrolled, or unspecified	ICD-9-CM	Diagnosis
249.41	Secondary diabetes mellitus with renal manifestations, uncontrolled	ICD-9-CM	Diagnosis
249.5	Secondary diabetes mellitus with ophthalmic manifestations	ICD-9-CM	Diagnosis
249.50	Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified	ICD-9-CM	Diagnosis
249.51	Secondary diabetes mellitus with ophthalmic manifestations, uncontrolled	ICD-9-CM	Diagnosis
249.6	Secondary diabetes mellitus with neurological manifestations	ICD-9-CM	Diagnosis
249.60	Secondary diabetes mellitus with neurological manifestations, not stated as uncontrolled, or unspecified	ICD-9-CM	Diagnosis
249.61	Secondary diabetes mellitus with neurological manifestations, uncontrolled	ICD-9-CM	Diagnosis
249.7	Secondary diabetes mellitus with peripheral circulatory disorders	ICD-9-CM	Diagnosis
249.70	Secondary diabetes mellitus with peripheral circulatory disorders, not stated as uncontrolled, or unspecified	ICD-9-CM	Diagnosis
249.71	Secondary diabetes mellitus with peripheral circulatory disorders, uncontrolled	ICD-9-CM	Diagnosis
249.8	Secondary diabetes mellitus with other specified manifestations	ICD-9-CM	Diagnosis
249.80	Secondary diabetes mellitus with other specified manifestations, not stated as uncontrolled, or unspecified	ICD-9-CM	Diagnosis
249.81	Secondary diabetes mellitus with other specified manifestations, uncontrolled	ICD-9-CM	Diagnosis
249.9	Secondary diabetes mellitus with unspecified complication	ICD-9-CM	Diagnosis
249.90	Secondary diabetes mellitus with unspecified complication, not stated as uncontrolled, or unspecified	ICD-9-CM	Diagnosis
249.91	Secondary diabetes mellitus with unspecified complication, uncontrolled	ICD-9-CM	Diagnosis
250	Diabetes mellitus	ICD-9-CM	Diagnosis
250.0	Diabetes mellitus without mention of complication	ICD-9-CM	Diagnosis
250.00	Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled	ICD-9-CM	Diagnosis
250.01	Diabetes mellitus without mention of complication, type I [juvenile type], not stated as uncontrolled	ICD-9-CM	Diagnosis

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

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

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

Code	Description	Code Type	Code Category
250.7	Diabetes with peripheral circulatory disorders	ICD-9-CM	Diagnosis
250.70	Diabetes with peripheral circulatory disorders, type II or unspecified type, not stated as uncontrolled	ICD-9-CM	Diagnosis
250.71	Diabetes with peripheral circulatory disorders, type I [juvenile type], not stated as uncontrolled	ICD-9-CM	Diagnosis
250.72	Diabetes with peripheral circulatory disorders, type II or unspecified type, uncontrolled	ICD-9-CM	Diagnosis
250.73	Diabetes with peripheral circulatory disorders, type I [juvenile type], uncontrolled	ICD-9-CM	Diagnosis
250.8	Diabetes with other specified manifestations	ICD-9-CM	Diagnosis
250.80	Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled	ICD-9-CM	Diagnosis
250.81	Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled	ICD-9-CM	Diagnosis
250.82	Diabetes with other specified manifestations, type II or unspecified type, uncontrolled	ICD-9-CM	Diagnosis
250.83	Diabetes with other specified manifestations, type I [juvenile type], uncontrolled	ICD-9-CM	Diagnosis
250.9	Diabetes with unspecified complication	ICD-9-CM	Diagnosis
250.90	Diabetes with unspecified complication, type II or unspecified type, not stated as uncontrolled	ICD-9-CM	Diagnosis
250.91	Diabetes with unspecified complication, type I [juvenile type], not stated as uncontrolled	ICD-9-CM	Diagnosis
250.92	Diabetes with unspecified complication, type II or unspecified type, uncontrolled	ICD-9-CM	Diagnosis
250.93	Diabetes with unspecified complication, type I [juvenile type], uncontrolled	ICD-9-CM	Diagnosis
357.2	Polyneuropathy in diabetes	ICD-9-CM	Diagnosis
362.0	Diabetic retinopathy	ICD-9-CM	Diagnosis
362.01	Background diabetic retinopathy	ICD-9-CM	Diagnosis
362.02	Proliferative diabetic retinopathy	ICD-9-CM	Diagnosis
362.03	Nonproliferative diabetic retinopathy NOS	ICD-9-CM	Diagnosis
362.04	Mild nonproliferative diabetic retinopathy	ICD-9-CM	Diagnosis
362.05	Moderate nonproliferative diabetic retinopathy	ICD-9-CM	Diagnosis
362.06	Severe nonproliferative diabetic retinopathy	ICD-9-CM	Diagnosis
362.07	Diabetic macular edema	ICD-9-CM	Diagnosis
362.17	Other intraretinal microvascular abnormalities	ICD-9-CM	Diagnosis
366.41	Diabetic cataract	ICD-9-CM	Diagnosis
443.81	Peripheral angiopathy in diseases classified elsewhere	ICD-9-CM	Diagnosis
790.2	Abnormal glucose	ICD-9-CM	Diagnosis
E08.00	Diabetes mellitus due to underlying condition with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	ICD-10-CM	Diagnosis
E08.01	Diabetes mellitus due to underlying condition with hyperosmolarity with coma	ICD-10-CM	Diagnosis
E08.10	Diabetes mellitus due to underlying condition with ketoacidosis without coma	ICD-10-CM	Diagnosis
E08.11	Diabetes mellitus due to underlying condition with ketoacidosis with coma	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
E08.21	Diabetes mellitus due to underlying condition with diabetic nephropathy	ICD-10-CM	Diagnosis
E08.22	Diabetes mellitus due to underlying condition with diabetic chronic kidney disease	ICD-10-CM	Diagnosis
E08.29	Diabetes mellitus due to underlying condition with other diabetic kidney complication	ICD-10-CM	Diagnosis
E08.311	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema	ICD-10-CM	Diagnosis
E08.319	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema	ICD-10-CM	Diagnosis
E08.3211	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E08.3212	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E08.3213	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E08.3219	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E08.3291	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E08.3292	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E08.3293	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E08.3299	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E08.3311	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E08.3312	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E08.3313	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E08.3319	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E08.3391	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E08.3392	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E08.3393	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E08.3399	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E08.3411	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
E08.3412	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E08.3413	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E08.3419	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E08.3491	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E08.3492	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E08.3493	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E08.3499	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E08.3511	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E08.3512	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E08.3513	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E08.3519	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E08.3521	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	ICD-10-CM	Diagnosis
E08.3522	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	ICD-10-CM	Diagnosis
E08.3523	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	ICD-10-CM	Diagnosis
E08.3529	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	ICD-10-CM	Diagnosis
E08.3531	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	ICD-10-CM	Diagnosis
E08.3532	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	ICD-10-CM	Diagnosis
E08.3533	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	ICD-10-CM	Diagnosis
E08.3539	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
E08.3541	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	ICD-10-CM	Diagnosis
E08.3542	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	ICD-10-CM	Diagnosis
E08.3543	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	ICD-10-CM	Diagnosis
E08.3549	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	ICD-10-CM	Diagnosis
E08.3551	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, right eye	ICD-10-CM	Diagnosis
E08.3552	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, left eye	ICD-10-CM	Diagnosis
E08.3553	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, bilateral	ICD-10-CM	Diagnosis
E08.3559	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, unspecified eye	ICD-10-CM	Diagnosis
E08.3591	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E08.3592	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E08.3593	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E08.3599	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E08.36	Diabetes mellitus due to underlying condition with diabetic cataract	ICD-10-CM	Diagnosis
E08.37X1	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, right eye	ICD-10-CM	Diagnosis
E08.37X2	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, left eye	ICD-10-CM	Diagnosis
E08.37X3	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, bilateral	ICD-10-CM	Diagnosis
E08.37X9	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, unspecified eye	ICD-10-CM	Diagnosis
E08.39	Diabetes mellitus due to underlying condition with other diabetic ophthalmic complication	ICD-10-CM	Diagnosis
E08.40	Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified	ICD-10-CM	Diagnosis
E08.41	Diabetes mellitus due to underlying condition with diabetic mononeuropathy	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
E08.42	Diabetes mellitus due to underlying condition with diabetic polyneuropathy	ICD-10-CM	Diagnosis
E08.43	Diabetes mellitus due to underlying condition with diabetic autonomic (poly)neuropathy	ICD-10-CM	Diagnosis
E08.44	Diabetes mellitus due to underlying condition with diabetic amyotrophy	ICD-10-CM	Diagnosis
E08.49	Diabetes mellitus due to underlying condition with other diabetic neurological complication	ICD-10-CM	Diagnosis
E08.51	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis
E08.52	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E08.59	Diabetes mellitus due to underlying condition with other circulatory complications	ICD-10-CM	Diagnosis
E08.610	Diabetes mellitus due to underlying condition with diabetic neuropathic arthropathy	ICD-10-CM	Diagnosis
E08.618	Diabetes mellitus due to underlying condition with other diabetic arthropathy	ICD-10-CM	Diagnosis
E08.620	Diabetes mellitus due to underlying condition with diabetic dermatitis	ICD-10-CM	Diagnosis
E08.621	Diabetes mellitus due to underlying condition with foot ulcer	ICD-10-CM	Diagnosis
E08.622	Diabetes mellitus due to underlying condition with other skin ulcer	ICD-10-CM	Diagnosis
E08.628	Diabetes mellitus due to underlying condition with other skin complications	ICD-10-CM	Diagnosis
E08.630	Diabetes mellitus due to underlying condition with periodontal disease	ICD-10-CM	Diagnosis
E08.638	Diabetes mellitus due to underlying condition with other oral complications	ICD-10-CM	Diagnosis
E08.641	Diabetes mellitus due to underlying condition with hypoglycemia with coma	ICD-10-CM	Diagnosis
E08.649	Diabetes mellitus due to underlying condition with hypoglycemia without coma	ICD-10-CM	Diagnosis
E08.65	Diabetes mellitus due to underlying condition with hyperglycemia	ICD-10-CM	Diagnosis
E08.69	Diabetes mellitus due to underlying condition with other specified complication	ICD-10-CM	Diagnosis
E08.8	Diabetes mellitus due to underlying condition with unspecified complications	ICD-10-CM	Diagnosis
E08.9	Diabetes mellitus due to underlying condition without complications	ICD-10-CM	Diagnosis
E09.00	Drug or chemical induced diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	ICD-10-CM	Diagnosis
E09.01	Drug or chemical induced diabetes mellitus with hyperosmolarity with coma	ICD-10-CM	Diagnosis
E09.10	Drug or chemical induced diabetes mellitus with ketoacidosis without coma	ICD-10-CM	Diagnosis
E09.11	Drug or chemical induced diabetes mellitus with ketoacidosis with coma	ICD-10-CM	Diagnosis
E09.21	Drug or chemical induced diabetes mellitus with diabetic nephropathy	ICD-10-CM	Diagnosis
E09.22	Drug or chemical induced diabetes mellitus with diabetic chronic kidney disease	ICD-10-CM	Diagnosis
E09.29	Drug or chemical induced diabetes mellitus with other diabetic kidney complication	ICD-10-CM	Diagnosis
E09.311	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with macular edema	ICD-10-CM	Diagnosis
E09.319	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy without macular edema	ICD-10-CM	Diagnosis
E09.3211	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
E09.3212	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E09.3213	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E09.3219	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E09.3291	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E09.3292	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E09.3293	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E09.3299	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E09.3311	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E09.3312	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E09.3313	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E09.3319	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E09.3391	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E09.3392	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E09.3393	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E09.3399	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E09.3411	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E09.3412	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E09.3413	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E09.3419	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E09.3491	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E09.3492	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
E09.3493	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E09.3499	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E09.3511	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E09.3512	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E09.3513	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E09.3519	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E09.3521	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	ICD-10-CM	Diagnosis
E09.3522	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	ICD-10-CM	Diagnosis
E09.3523	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	ICD-10-CM	Diagnosis
E09.3529	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	ICD-10-CM	Diagnosis
E09.3531	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	ICD-10-CM	Diagnosis
E09.3532	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	ICD-10-CM	Diagnosis
E09.3533	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	ICD-10-CM	Diagnosis
E09.3539	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	ICD-10-CM	Diagnosis
E09.3541	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	ICD-10-CM	Diagnosis
E09.3542	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	ICD-10-CM	Diagnosis
E09.3543	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	ICD-10-CM	Diagnosis
E09.3549	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
E09.3551	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, right eye	ICD-10-CM	Diagnosis
E09.3552	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, left eye	ICD-10-CM	Diagnosis
E09.3553	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	ICD-10-CM	Diagnosis
E09.3559	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	ICD-10-CM	Diagnosis
E09.3591	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E09.3592	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E09.3593	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E09.3599	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E09.36	Drug or chemical induced diabetes mellitus with diabetic cataract	ICD-10-CM	Diagnosis
E09.37X1	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	ICD-10-CM	Diagnosis
E09.37X2	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	ICD-10-CM	Diagnosis
E09.37X3	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	ICD-10-CM	Diagnosis
E09.37X9	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	ICD-10-CM	Diagnosis
E09.39	Drug or chemical induced diabetes mellitus with other diabetic ophthalmic complication	ICD-10-CM	Diagnosis
E09.40	Drug or chemical induced diabetes mellitus with neurological complications with diabetic neuropathy, unspecified	ICD-10-CM	Diagnosis
E09.41	Drug or chemical induced diabetes mellitus with neurological complications with diabetic mononeuropathy	ICD-10-CM	Diagnosis
E09.42	Drug or chemical induced diabetes mellitus with neurological complications with diabetic polyneuropathy	ICD-10-CM	Diagnosis
E09.43	Drug or chemical induced diabetes mellitus with neurological complications with diabetic autonomic (poly)neuropathy	ICD-10-CM	Diagnosis
E09.44	Drug or chemical induced diabetes mellitus with neurological complications with diabetic amyotrophy	ICD-10-CM	Diagnosis
E09.49	Drug or chemical induced diabetes mellitus with neurological complications with other diabetic neurological complication	ICD-10-CM	Diagnosis
E09.51	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
E09.52	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E09.59	Drug or chemical induced diabetes mellitus with other circulatory complications	ICD-10-CM	Diagnosis
E09.610	Drug or chemical induced diabetes mellitus with diabetic neuropathic arthropathy	ICD-10-CM	Diagnosis
E09.618	Drug or chemical induced diabetes mellitus with other diabetic arthropathy	ICD-10-CM	Diagnosis
E09.620	Drug or chemical induced diabetes mellitus with diabetic dermatitis	ICD-10-CM	Diagnosis
E09.621	Drug or chemical induced diabetes mellitus with foot ulcer	ICD-10-CM	Diagnosis
E09.622	Drug or chemical induced diabetes mellitus with other skin ulcer	ICD-10-CM	Diagnosis
E09.628	Drug or chemical induced diabetes mellitus with other skin complications	ICD-10-CM	Diagnosis
E09.630	Drug or chemical induced diabetes mellitus with periodontal disease	ICD-10-CM	Diagnosis
E09.638	Drug or chemical induced diabetes mellitus with other oral complications	ICD-10-CM	Diagnosis
E09.641	Drug or chemical induced diabetes mellitus with hypoglycemia with coma	ICD-10-CM	Diagnosis
E09.649	Drug or chemical induced diabetes mellitus with hypoglycemia without coma	ICD-10-CM	Diagnosis
E09.65	Drug or chemical induced diabetes mellitus with hyperglycemia	ICD-10-CM	Diagnosis
E09.69	Drug or chemical induced diabetes mellitus with other specified complication	ICD-10-CM	Diagnosis
E09.8	Drug or chemical induced diabetes mellitus with unspecified complications	ICD-10-CM	Diagnosis
E09.9	Drug or chemical induced diabetes mellitus without complications	ICD-10-CM	Diagnosis
E10.10	Type 1 diabetes mellitus with ketoacidosis without coma	ICD-10-CM	Diagnosis
E10.11	Type 1 diabetes mellitus with ketoacidosis with coma	ICD-10-CM	Diagnosis
E10.21	Type 1 diabetes mellitus with diabetic nephropathy	ICD-10-CM	Diagnosis
E10.22	Type 1 diabetes mellitus with diabetic chronic kidney disease	ICD-10-CM	Diagnosis
E10.29	Type 1 diabetes mellitus with other diabetic kidney complication	ICD-10-CM	Diagnosis
E10.311	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema	ICD-10-CM	Diagnosis
E10.319	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema	ICD-10-CM	Diagnosis
E10.3211	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E10.3212	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E10.3213	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E10.3219	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E10.3291	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E10.3292	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E10.3293	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E10.3299	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
E10.3311	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E10.3312	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E10.3313	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E10.3319	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E10.3391	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E10.3392	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E10.3393	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E10.3399	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E10.3411	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E10.3412	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E10.3413	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E10.3419	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E10.3491	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E10.3492	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E10.3493	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E10.3499	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E10.3511	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E10.3512	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E10.3513	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E10.3519	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E10.3521	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	ICD-10-CM	Diagnosis

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

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

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

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

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

Code	Description	Code Type	Code Category
E11.3212	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E11.3213	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E11.3219	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E11.3291	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E11.3292	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E11.3293	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E11.3299	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E11.3311	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E11.3312	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E11.3313	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E11.3319	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E11.3391	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E11.3392	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E11.3393	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E11.3399	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E11.3411	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E11.3412	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E11.3413	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E11.3419	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E11.3491	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E11.3492	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis

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

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

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

Code	Description	Code Type	Code Category
E11.3559	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	ICD-10-CM	Diagnosis
E11.3591	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E11.3592	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E11.3593	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E11.3599	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E11.36	Type 2 diabetes mellitus with diabetic cataract	ICD-10-CM	Diagnosis
E11.37X1	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	ICD-10-CM	Diagnosis
E11.37X2	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	ICD-10-CM	Diagnosis
E11.37X3	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	ICD-10-CM	Diagnosis
E11.37X9	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	ICD-10-CM	Diagnosis
E11.39	Type 2 diabetes mellitus with other diabetic ophthalmic complication	ICD-10-CM	Diagnosis
E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified	ICD-10-CM	Diagnosis
E11.41	Type 2 diabetes mellitus with diabetic mononeuropathy	ICD-10-CM	Diagnosis
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	ICD-10-CM	Diagnosis
E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy	ICD-10-CM	Diagnosis
E11.44	Type 2 diabetes mellitus with diabetic amyotrophy	ICD-10-CM	Diagnosis
E11.49	Type 2 diabetes mellitus with other diabetic neurological complication	ICD-10-CM	Diagnosis
E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis
E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E11.59	Type 2 diabetes mellitus with other circulatory complications	ICD-10-CM	Diagnosis
E11.610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy	ICD-10-CM	Diagnosis
E11.618	Type 2 diabetes mellitus with other diabetic arthropathy	ICD-10-CM	Diagnosis
E11.620	Type 2 diabetes mellitus with diabetic dermatitis	ICD-10-CM	Diagnosis
E11.621	Type 2 diabetes mellitus with foot ulcer	ICD-10-CM	Diagnosis
E11.622	Type 2 diabetes mellitus with other skin ulcer	ICD-10-CM	Diagnosis
E11.628	Type 2 diabetes mellitus with other skin complications	ICD-10-CM	Diagnosis
E11.630	Type 2 diabetes mellitus with periodontal disease	ICD-10-CM	Diagnosis
E11.638	Type 2 diabetes mellitus with other oral complications	ICD-10-CM	Diagnosis
E11.641	Type 2 diabetes mellitus with hypoglycemia with coma	ICD-10-CM	Diagnosis
E11.649	Type 2 diabetes mellitus with hypoglycemia without coma	ICD-10-CM	Diagnosis
E11.65	Type 2 diabetes mellitus with hyperglycemia	ICD-10-CM	Diagnosis
E11.69	Type 2 diabetes mellitus with other specified complication	ICD-10-CM	Diagnosis
E11.8	Type 2 diabetes mellitus with unspecified complications	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
E11.9	Type 2 diabetes mellitus without complications	ICD-10-CM	Diagnosis
E13.00	Other specified diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	ICD-10-CM	Diagnosis
E13.01	Other specified diabetes mellitus with hyperosmolarity with coma	ICD-10-CM	Diagnosis
E13.10	Other specified diabetes mellitus with ketoacidosis without coma	ICD-10-CM	Diagnosis
E13.11	Other specified diabetes mellitus with ketoacidosis with coma	ICD-10-CM	Diagnosis
E13.21	Other specified diabetes mellitus with diabetic nephropathy	ICD-10-CM	Diagnosis
E13.22	Other specified diabetes mellitus with diabetic chronic kidney disease	ICD-10-CM	Diagnosis
E13.29	Other specified diabetes mellitus with other diabetic kidney complication	ICD-10-CM	Diagnosis
E13.311	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema	ICD-10-CM	Diagnosis
E13.319	Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema	ICD-10-CM	Diagnosis
E13.3211	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E13.3212	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E13.3213	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3219	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.3291	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E13.3292	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E13.3293	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3299	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.3311	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E13.3312	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E13.3313	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3319	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.3391	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E13.3392	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
E13.3393	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3399	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.3411	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E13.3412	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E13.3413	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3419	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.3491	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E13.3492	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E13.3493	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3499	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.3511	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E13.3512	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E13.3513	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3519	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.3521	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	ICD-10-CM	Diagnosis
E13.3522	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	ICD-10-CM	Diagnosis
E13.3523	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	ICD-10-CM	Diagnosis
E13.3529	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	ICD-10-CM	Diagnosis
E13.3531	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	ICD-10-CM	Diagnosis
E13.3532	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	ICD-10-CM	Diagnosis
E13.3533	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
E13.3539	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	ICD-10-CM	Diagnosis
E13.3541	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	ICD-10-CM	Diagnosis
E13.3542	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	ICD-10-CM	Diagnosis
E13.3543	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	ICD-10-CM	Diagnosis
E13.3549	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	ICD-10-CM	Diagnosis
E13.3551	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, right eye	ICD-10-CM	Diagnosis
E13.3552	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, left eye	ICD-10-CM	Diagnosis
E13.3553	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	ICD-10-CM	Diagnosis
E13.3559	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	ICD-10-CM	Diagnosis
E13.3591	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E13.3592	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E13.3593	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3599	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.36	Other specified diabetes mellitus with diabetic cataract	ICD-10-CM	Diagnosis
E13.37X1	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	ICD-10-CM	Diagnosis
E13.37X2	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	ICD-10-CM	Diagnosis
E13.37X3	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	ICD-10-CM	Diagnosis
E13.37X9	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	ICD-10-CM	Diagnosis
E13.39	Other specified diabetes mellitus with other diabetic ophthalmic complication	ICD-10-CM	Diagnosis
E13.40	Other specified diabetes mellitus with diabetic neuropathy, unspecified	ICD-10-CM	Diagnosis
E13.41	Other specified diabetes mellitus with diabetic mononeuropathy	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
E13.42	Other specified diabetes mellitus with diabetic polyneuropathy	ICD-10-CM	Diagnosis
E13.43	Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy	ICD-10-CM	Diagnosis
E13.44	Other specified diabetes mellitus with diabetic amyotrophy	ICD-10-CM	Diagnosis
E13.49	Other specified diabetes mellitus with other diabetic neurological complication	ICD-10-CM	Diagnosis
E13.51	Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis
E13.52	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E13.59	Other specified diabetes mellitus with other circulatory complications	ICD-10-CM	Diagnosis
E13.610	Other specified diabetes mellitus with diabetic neuropathic arthropathy	ICD-10-CM	Diagnosis
E13.618	Other specified diabetes mellitus with other diabetic arthropathy	ICD-10-CM	Diagnosis
E13.620	Other specified diabetes mellitus with diabetic dermatitis	ICD-10-CM	Diagnosis
E13.621	Other specified diabetes mellitus with foot ulcer	ICD-10-CM	Diagnosis
E13.622	Other specified diabetes mellitus with other skin ulcer	ICD-10-CM	Diagnosis
E13.628	Other specified diabetes mellitus with other skin complications	ICD-10-CM	Diagnosis
E13.630	Other specified diabetes mellitus with periodontal disease	ICD-10-CM	Diagnosis
E13.638	Other specified diabetes mellitus with other oral complications	ICD-10-CM	Diagnosis
E13.641	Other specified diabetes mellitus with hypoglycemia with coma	ICD-10-CM	Diagnosis
E13.649	Other specified diabetes mellitus with hypoglycemia without coma	ICD-10-CM	Diagnosis
E13.65	Other specified diabetes mellitus with hyperglycemia	ICD-10-CM	Diagnosis
E13.69	Other specified diabetes mellitus with other specified complication	ICD-10-CM	Diagnosis
E13.8	Other specified diabetes mellitus with unspecified complications	ICD-10-CM	Diagnosis
E13.9	Other specified diabetes mellitus without complications	ICD-10-CM	Diagnosis
H35.09	Other intraretinal microvascular abnormalities	ICD-10-CM	Diagnosis
I79.1	Aortitis in diseases classified elsewhere	ICD-10-CM	Diagnosis
I79.8	Other disorders of arteries, arterioles and capillaries in diseases classified elsewhere	ICD-10-CM	Diagnosis
A5500	For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multidensity insert(s), per shoe	HCPCS	Procedure
A5501	For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe	HCPCS	Procedure
A5503	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with roller or rigid rocker bottom, per shoe	HCPCS	Procedure
A5504	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedge(s), per shoe	HCPCS	Procedure
A5505	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe	HCPCS	Procedure
A5506	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with off-set heel(s), per shoe	HCPCS	Procedure

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

Code	Description	Code Type	Code Category
A5507	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe	HCPCS	Procedure
A5508	For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe	HCPCS	Procedure
A5510	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe	HCPCS	Procedure
A5512	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), prefabricated, each	HCPCS	Procedure
A5513	For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer or higher), includes arch filler and other shaping material, custom fabricated, each	HCPCS	Procedure
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes	HCPCS	Procedure
G0109	Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes	HCPCS	Procedure
G0245	Initial physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) which must include: (1) the diagnosis of LOPS, (2) a patient history, (3) a physical examination that consists of at least the following elements: (a) visual inspection of the forefoot, hindfoot, and toe web spaces, (b) evaluation of a protective sensation, (c) evaluation of foot structure and biomechanics, (d) evaluation of vascular status and skin integrity, and (e) evaluation and recommendation of footwear, and (4) patient education	HCPCS	Procedure
G0246	Follow-up physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include at least the following: (1) a patient history, (2) a physical examination that includes: (a) visual inspection of the forefoot, hindfoot, and toe web spaces, (b) evaluation of protective sensation, (c) evaluation of foot structure and biomechanics, (d) evaluation of vascular status and skin integrity, and (e) evaluation and recommendation of footwear, and (3) patient education	HCPCS	Procedure
G0247	Routine foot care by a physician of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include the local care of superficial wounds (i.e., superficial to muscle and fascia) and at least the following, if present: (1) local care of superficial wounds, (2) debridement of corns and calluses, and (3) trimming and debridement of nails	HCPCS	Procedure
G8015	Diabetic patient with most recent hemoglobin A1c level (within the last 6 months) documented as greater than 9%	HCPCS	Procedure
G8016	Diabetic patient with most recent hemoglobin A1c level (within the last 6 months) documented as less than or equal to 9%	HCPCS	Procedure

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

Code	Description	Code Type	Code Category
G8017	Clinician documented that diabetic patient was not eligible candidate for hemoglobin A1c measure	HCPCS	Procedure
G8018	Clinician has not provided care for the diabetic patient for the required time for hemoglobin A1c measure (6 months)	HCPCS	Procedure
G8019	Diabetic patient with most recent low-density lipoprotein (within the last 12 months) documented as greater than or equal to 100 mg/dl	HCPCS	Procedure
G8020	Diabetic patient with most recent low-density lipoprotein (within the last 12 months) documented as less than 100 mg/dl	HCPCS	Procedure
G8021	Clinician documented that diabetic patient was not eligible candidate for low-density lipoprotein measure	HCPCS	Procedure
G8022	Clinician has not provided care for the diabetic patient for the required time for low-density lipoprotein measure (12 months)	HCPCS	Procedure
G8023	Diabetic patient with most recent blood pressure (within the last 6 months) documented as equal to or greater than 140 systolic or equal to or greater than 80 mm Hg diastolic	HCPCS	Procedure
G8024	Diabetic patient with most recent blood pressure (within the last 6 months) documented as less than 140 systolic and less than 80 diastolic	HCPCS	Procedure
G8025	Clinician documented that the diabetic patient was not eligible candidate for blood pressure measure	HCPCS	Procedure
G8026	Clinician has not provided care for the diabetic patient for the required time for blood pressure measure (within the last 6 months)	HCPCS	Procedure
G8332	Clinician has not provided care for the diabetic retinopathy patient for the required time for macular edema and retinopathy measurement	HCPCS	Procedure
G8333	Patient documented to have had findings of macular or fundus exam communicated to the physician managing the diabetes care	HCPCS	Procedure
G8334	Documentation of findings of macular or fundus exam not communicated to the physician managing the patient's ongoing diabetes care	HCPCS	Procedure
G8335	Clinician documentation that patient was not an eligible candidate for the findings of their macular or fundus exam being communicated to the physician managing their diabetes care during the reporting year	HCPCS	Procedure
G8336	Clinician has not provided care for the diabetic retinopathy patient for the required time for physician communication measurement	HCPCS	Procedure
G8385	Diabetic patients with no documentation of hemoglobin A1c level (within the last 12 months)	HCPCS	Procedure
G8386	Diabetic patients with no documentation of low-density lipoprotein (within the last 12 months)	HCPCS	Procedure
G8390	Diabetic patients with no documentation of blood pressure measurement (within the last 12 months)	HCPCS	Procedure
Cardiovascular Disease			
402.01	Malignant hypertensive heart disease with heart failure	ICD-9-CM	Diagnosis
402.11	Benign hypertensive heart disease with heart failure	ICD-9-CM	Diagnosis
402.91	Hypertensive heart disease, unspecified, with heart failure	ICD-9-CM	Diagnosis

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

Code	Description	Code Type	Code Category
404.01	Hypertensive heart and chronic kidney disease, malignant, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified	ICD-9-CM	Diagnosis
404.03	Hypertensive heart and chronic kidney disease, malignant, with heart failure and with chronic kidney disease stage V or end stage renal disease	ICD-9-CM	Diagnosis
404.11	Hypertensive heart and chronic kidney disease, benign, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified	ICD-9-CM	Diagnosis
404.13	Hypertensive heart and chronic kidney disease, benign, with heart failure and chronic kidney disease stage V or end stage renal disease	ICD-9-CM	Diagnosis
404.91	Hypertensive heart and chronic kidney disease, unspecified, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified	ICD-9-CM	Diagnosis
404.93	Hypertensive heart and chronic kidney disease, unspecified, with heart failure and chronic kidney disease stage V or end stage renal disease	ICD-9-CM	Diagnosis
411	Other acute and subacute forms of ischemic heart disease	ICD-9-CM	Diagnosis
411.0	Postmyocardial infarction syndrome	ICD-9-CM	Diagnosis
411	Other acute and subacute forms of ischemic heart disease	ICD-9-CM	Diagnosis
411.0	Postmyocardial infarction syndrome	ICD-9-CM	Diagnosis
411.1	Intermediate coronary syndrome	ICD-9-CM	Diagnosis
411.8	Other acute and subacute forms of ischemic heart disease	ICD-9-CM	Diagnosis
411.8	Other acute and subacute forms of ischemic heart disease	ICD-9-CM	Diagnosis
411.81	Acute coronary occlusion without myocardial infarction	ICD-9-CM	Diagnosis
411.81	Acute coronary occlusion without myocardial infarction	ICD-9-CM	Diagnosis
411.89	Other acute and subacute form of ischemic heart disease	ICD-9-CM	Diagnosis
411.89	Other acute and subacute form of ischemic heart disease	ICD-9-CM	Diagnosis
414	Other forms of chronic ischemic heart disease	ICD-9-CM	Diagnosis
414.0	Coronary atherosclerosis	ICD-9-CM	Diagnosis
414.00	Coronary atherosclerosis of unspecified type of vessel, native or graft	ICD-9-CM	Diagnosis
414	Other forms of chronic ischemic heart disease	ICD-9-CM	Diagnosis
414.0	Coronary atherosclerosis	ICD-9-CM	Diagnosis
414.00	Coronary atherosclerosis of unspecified type of vessel, native or graft	ICD-9-CM	Diagnosis
414.01	Coronary atherosclerosis of native coronary artery	ICD-9-CM	Diagnosis
414.01	Coronary atherosclerosis of native coronary artery	ICD-9-CM	Diagnosis
414.02	Coronary atherosclerosis of autologous vein bypass graft	ICD-9-CM	Diagnosis
414.02	Coronary atherosclerosis of autologous vein bypass graft	ICD-9-CM	Diagnosis
414.03	Coronary atherosclerosis of nonautologous biological bypass graft	ICD-9-CM	Diagnosis
414.03	Coronary atherosclerosis of nonautologous biological bypass graft	ICD-9-CM	Diagnosis
414.04	Coronary atherosclerosis of artery bypass graft	ICD-9-CM	Diagnosis
414.04	Coronary atherosclerosis of artery bypass graft	ICD-9-CM	Diagnosis
414.05	Coronary atherosclerosis of unspecified type of bypass graft	ICD-9-CM	Diagnosis
414.05	Coronary atherosclerosis of unspecified type of bypass graft	ICD-9-CM	Diagnosis
414.06	Coronary atherosclerosis, of native coronary artery of transplanted heart	ICD-9-CM	Diagnosis
414.06	Coronary atherosclerosis, of native coronary artery of transplanted heart	ICD-9-CM	Diagnosis
414.07	Coronary atherosclerosis, of bypass graft (artery) (vein) of transplanted heart	ICD-9-CM	Diagnosis

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

Code	Description	Code Type	Code Category
414.07	Coronary atherosclerosis, of bypass graft (artery) (vein) of transplanted heart	ICD-9-CM	Diagnosis
414.1	Aneurysm and dissection of heart	ICD-9-CM	Diagnosis
414.10	Aneurysm of heart	ICD-9-CM	Diagnosis
414.1	Aneurysm and dissection of heart	ICD-9-CM	Diagnosis
414.10	Aneurysm of heart	ICD-9-CM	Diagnosis
414.11	Aneurysm of coronary vessels	ICD-9-CM	Diagnosis
414.11	Aneurysm of coronary vessels	ICD-9-CM	Diagnosis
414.12	Dissection of coronary artery	ICD-9-CM	Diagnosis
414.12	Dissection of coronary artery	ICD-9-CM	Diagnosis
414.19	Other aneurysm of heart	ICD-9-CM	Diagnosis
414.19	Other aneurysm of heart	ICD-9-CM	Diagnosis
414.2	Chronic total occlusion of coronary artery	ICD-9-CM	Diagnosis
414.2	Chronic total occlusion of coronary artery	ICD-9-CM	Diagnosis
414.3	Coronary atherosclerosis due to lipid rich plaque	ICD-9-CM	Diagnosis
414.3	Coronary atherosclerosis due to lipid rich plaque	ICD-9-CM	Diagnosis
414.4	Coronary atherosclerosis due to calcified coronary lesion	ICD-9-CM	Diagnosis
414.4	Coronary atherosclerosis due to calcified coronary lesion	ICD-9-CM	Diagnosis
414.8	Other specified forms of chronic ischemic heart disease	ICD-9-CM	Diagnosis
414.8	Other specified forms of chronic ischemic heart disease	ICD-9-CM	Diagnosis
414.9	Unspecified chronic ischemic heart disease	ICD-9-CM	Diagnosis
414.9	Unspecified chronic ischemic heart disease	ICD-9-CM	Diagnosis
428	Heart failure	ICD-9-CM	Diagnosis
428.0	Congestive heart failure, unspecified	ICD-9-CM	Diagnosis
428.1	Left heart failure	ICD-9-CM	Diagnosis
428.2	Systolic heart failure	ICD-9-CM	Diagnosis
428.20	Unspecified systolic heart failure	ICD-9-CM	Diagnosis
428.21	Acute systolic heart failure	ICD-9-CM	Diagnosis
428.22	Chronic systolic heart failure	ICD-9-CM	Diagnosis
428.23	Acute on chronic systolic heart failure	ICD-9-CM	Diagnosis
428.3	Diastolic heart failure	ICD-9-CM	Diagnosis
428.30	Unspecified diastolic heart failure	ICD-9-CM	Diagnosis
428.31	Acute diastolic heart failure	ICD-9-CM	Diagnosis
428.32	Chronic diastolic heart failure	ICD-9-CM	Diagnosis
428.33	Acute on chronic diastolic heart failure	ICD-9-CM	Diagnosis
428.4	Combined systolic and diastolic heart failure	ICD-9-CM	Diagnosis
428.40	Unspecified combined systolic and diastolic heart failure	ICD-9-CM	Diagnosis
428.41	Acute combined systolic and diastolic heart failure	ICD-9-CM	Diagnosis
428.42	Chronic combined systolic and diastolic heart failure	ICD-9-CM	Diagnosis
428.43	Acute on chronic combined systolic and diastolic heart failure	ICD-9-CM	Diagnosis
428.9	Unspecified heart failure	ICD-9-CM	Diagnosis
996.03	Mechanical complication due to coronary bypass graft	ICD-9-CM	Diagnosis
V45.81	Postprocedural aortocoronary bypass status	ICD-9-CM	Diagnosis

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

Code	Description	Code Type	Code Category
V45.82	Postprocedural percutaneous transluminal coronary angioplasty status	ICD-9-CM	Diagnosis
V45.82	Postprocedural percutaneous transluminal coronary angioplasty status	ICD-9-CM	Diagnosis
V45.88	Status post administration of tPA (rtPA) in a different facility within the last 24 hours prior to admission to current facility	ICD-9-CM	Diagnosis
I11.0	Hypertensive heart disease with heart failure	ICD-10-CM	Diagnosis
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	ICD-10-CM	Diagnosis
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease	ICD-10-CM	Diagnosis
I20.0	Unstable angina	ICD-10-CM	Diagnosis
I24.0	Acute coronary thrombosis not resulting in myocardial infarction	ICD-10-CM	Diagnosis
I24.1	Dressler's syndrome	ICD-10-CM	Diagnosis
I24.8	Other forms of acute ischemic heart disease	ICD-10-CM	Diagnosis
I24.9	Acute ischemic heart disease, unspecified	ICD-10-CM	Diagnosis
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris	ICD-10-CM	Diagnosis
I25.110	Atherosclerotic heart disease of native coronary artery with unstable angina pectoris	ICD-10-CM	Diagnosis
I25.111	Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I25.118	Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris	ICD-10-CM	Diagnosis
I25.119	Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris	ICD-10-CM	Diagnosis
I25.3	Aneurysm of heart	ICD-10-CM	Diagnosis
I25.41	Coronary artery aneurysm	ICD-10-CM	Diagnosis
I25.42	Coronary artery dissection	ICD-10-CM	Diagnosis
I25.5	Ischemic cardiomyopathy	ICD-10-CM	Diagnosis
I25.6	Silent myocardial ischemia	ICD-10-CM	Diagnosis
I25.700	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unstable angina pectoris	ICD-10-CM	Diagnosis
I25.701	Atherosclerosis of coronary artery bypass graft(s), unspecified, with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I25.708	Atherosclerosis of coronary artery bypass graft(s), unspecified, with other forms of angina pectoris	ICD-10-CM	Diagnosis
I25.709	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unspecified angina pectoris	ICD-10-CM	Diagnosis
I25.710	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unstable angina pectoris	ICD-10-CM	Diagnosis
I25.711	Atherosclerosis of autologous vein coronary artery bypass graft(s) with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I25.718	Atherosclerosis of autologous vein coronary artery bypass graft(s) with other forms of angina pectoris	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
I25.719	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unspecified angina pectoris	ICD-10-CM	Diagnosis
I25.720	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unstable angina pectoris	ICD-10-CM	Diagnosis
I25.721	Atherosclerosis of autologous artery coronary artery bypass graft(s) with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I25.728	Atherosclerosis of autologous artery coronary artery bypass graft(s) with other forms of angina pectoris	ICD-10-CM	Diagnosis
I25.729	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unspecified angina pectoris	ICD-10-CM	Diagnosis
I25.730	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unstable angina pectoris	ICD-10-CM	Diagnosis
I25.731	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I25.738	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with other forms of angina pectoris	ICD-10-CM	Diagnosis
I25.739	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unspecified angina pectoris	ICD-10-CM	Diagnosis
I25.750	Atherosclerosis of native coronary artery of transplanted heart with unstable angina	ICD-10-CM	Diagnosis
I25.751	Atherosclerosis of native coronary artery of transplanted heart with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I25.758	Atherosclerosis of native coronary artery of transplanted heart with other forms of angina pectoris	ICD-10-CM	Diagnosis
I25.759	Atherosclerosis of native coronary artery of transplanted heart with unspecified angina pectoris	ICD-10-CM	Diagnosis
I25.760	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina	ICD-10-CM	Diagnosis
I25.761	Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I25.768	Atherosclerosis of bypass graft of coronary artery of transplanted heart with other forms of angina pectoris	ICD-10-CM	Diagnosis
I25.769	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unspecified angina pectoris	ICD-10-CM	Diagnosis
I25.790	Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris	ICD-10-CM	Diagnosis
I25.791	Atherosclerosis of other coronary artery bypass graft(s) with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I25.798	Atherosclerosis of other coronary artery bypass graft(s) with other forms of angina pectoris	ICD-10-CM	Diagnosis
I25.799	Atherosclerosis of other coronary artery bypass graft(s) with unspecified angina pectoris	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
I25.810	Atherosclerosis of coronary artery bypass graft(s) without angina pectoris	ICD-10-CM	Diagnosis
I25.811	Atherosclerosis of native coronary artery of transplanted heart without angina pectoris	ICD-10-CM	Diagnosis
I25.812	Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pectoris	ICD-10-CM	Diagnosis
I25.82	Chronic total occlusion of coronary artery	ICD-10-CM	Diagnosis
I25.83	Coronary atherosclerosis due to lipid rich plaque	ICD-10-CM	Diagnosis
I25.84	Coronary atherosclerosis due to calcified coronary lesion	ICD-10-CM	Diagnosis
I25.89	Other forms of chronic ischemic heart disease	ICD-10-CM	Diagnosis
I25.9	Chronic ischemic heart disease, unspecified	ICD-10-CM	Diagnosis
I50.1	Left ventricular failure, unspecified	ICD-10-CM	Diagnosis
I50.20	Unspecified systolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.21	Acute systolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.22	Chronic systolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.23	Acute on chronic systolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.30	Unspecified diastolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.31	Acute diastolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.32	Chronic diastolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.33	Acute on chronic diastolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.40	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.810	Right heart failure, unspecified	ICD-10-CM	Diagnosis
I50.811	Acute right heart failure	ICD-10-CM	Diagnosis
I50.812	Chronic right heart failure	ICD-10-CM	Diagnosis
I50.813	Acute on chronic right heart failure	ICD-10-CM	Diagnosis
I50.814	Right heart failure due to left heart failure	ICD-10-CM	Diagnosis
I50.82	Biventricular heart failure	ICD-10-CM	Diagnosis
I50.83	High output heart failure	ICD-10-CM	Diagnosis
I50.84	End stage heart failure	ICD-10-CM	Diagnosis
I50.89	Other heart failure	ICD-10-CM	Diagnosis
I50.9	Heart failure, unspecified	ICD-10-CM	Diagnosis
T82.211A	Breakdown (mechanical) of coronary artery bypass graft, initial encounter	ICD-10-CM	Diagnosis
T82.212A	Displacement of coronary artery bypass graft, initial encounter	ICD-10-CM	Diagnosis
T82.213A	Leakage of coronary artery bypass graft, initial encounter	ICD-10-CM	Diagnosis
T82.218A	Other mechanical complication of coronary artery bypass graft, initial encounter	ICD-10-CM	Diagnosis
Z92.82	Status post administration of tPA (rtPA) in a different facility within the last 24 hours prior to admission to current facility	ICD-10-CM	Diagnosis
Z95.1	Presence of aortocoronary bypass graft	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
Z95.5	Presence of coronary angioplasty implant and graft	ICD-10-CM	Diagnosis
Z95.5	Presence of coronary angioplasty implant and graft	ICD-10-CM	Diagnosis
Z98.61	Coronary angioplasty status	ICD-10-CM	Diagnosis
Z98.61	Coronary angioplasty status	ICD-10-CM	Diagnosis
00.66	Percutaneous transluminal coronary angioplasty [PTCA]	ICD-9-CM	Procedure
17.55	Transluminal coronary atherectomy	ICD-9-CM	Procedure
36.01	Single vessel percutaneous transluminal coronary angioplasty [PTCA] or coronary atherectomy without mention of thrombolytic agent	ICD-9-CM	Procedure
36.02	Single vessel percutaneous transluminal coronary angioplasty [PTCA] or coronary atherectomy with thrombolytic agent	ICD-9-CM	Procedure
36.03	Open chest coronary artery angioplasty	ICD-9-CM	Procedure
36.04	Intracoronary artery thrombolytic infusion	ICD-9-CM	Procedure
36.05	Multiple vessel (percutaneous) transluminal coronary angioplasty [PTCA] or coronary atherectomy performed during the same operation, with or without mention of thrombolytic agent	ICD-9-CM	Procedure
36.06	Insertion of non-drug-eluting coronary artery stent(s)	ICD-9-CM	Procedure
36.07	Insertion of drug-eluting coronary artery stent(s)	ICD-9-CM	Procedure
36.09	Other removal of coronary artery obstruction	ICD-9-CM	Procedure
36.1	Bypass anastomosis for heart revascularization	ICD-9-CM	Procedure
36.10	Aortocoronary bypass for heart revascularization, not otherwise specified	ICD-9-CM	Procedure
36.11	(Aorto)coronary bypass of one coronary artery	ICD-9-CM	Procedure
36.12	(Aorto)coronary bypass of two coronary arteries	ICD-9-CM	Procedure
36.13	(Aorto)coronary bypass of three coronary arteries	ICD-9-CM	Procedure
36.14	(Aorto)coronary bypass of four or more coronary arteries	ICD-9-CM	Procedure
36.15	Single internal mammary-coronary artery bypass	ICD-9-CM	Procedure
36.16	Double internal mammary-coronary artery bypass	ICD-9-CM	Procedure
36.17	Abdominal-coronary artery bypass	ICD-9-CM	Procedure
36.19	Other bypass anastomosis for heart revascularization	ICD-9-CM	Procedure
36.2	Heart revascularization by arterial implant	ICD-9-CM	Procedure
36.3	Other heart revascularization	ICD-9-CM	Procedure
36.31	Open chest transmyocardial revascularization	ICD-9-CM	Procedure
36.32	Other transmyocardial revascularization	ICD-9-CM	Procedure
36.33	Endoscopic transmyocardial revascularization	ICD-9-CM	Procedure
36.34	Percutaneous transmyocardial revascularization	ICD-9-CM	Procedure
36.39	Other heart revascularization	ICD-9-CM	Procedure
37.22	Left heart cardiac catheterization	ICD-9-CM	Procedure
37.23	Combined right and left heart cardiac catheterization	ICD-9-CM	Procedure
37.66	Insertion of implantable heart assist system	ICD-9-CM	Procedure
88.50	Angiocardiology, not otherwise specified	ICD-9-CM	Procedure
88.53	Angiocardiology of left heart structures	ICD-9-CM	Procedure
88.54	Combined right and left heart angiocardiology	ICD-9-CM	Procedure
88.55	Coronary arteriography using single catheter	ICD-9-CM	Procedure

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

Code	Description	Code Type	Code Category
88.56	Coronary arteriography using two catheters	ICD-9-CM	Procedure
88.57	Other and unspecified coronary arteriography	ICD-9-CM	Procedure
88.58	Negative-contrast cardiac roentgenography	ICD-9-CM	Procedure
88.59	Intra-operative coronary fluorescence vascular angiography	ICD-9-CM	Procedure
0210083	Bypass Coronary Artery, One Artery from Coronary Artery with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
0210088	Bypass Coronary Artery, One Artery from Right Internal Mammary with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
0210089	Bypass Coronary Artery, One Artery from Left Internal Mammary with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
0210093	Bypass Coronary Artery, One Artery from Coronary Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0210098	Bypass Coronary Artery, One Artery from Right Internal Mammary with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0210099	Bypass Coronary Artery, One Artery from Left Internal Mammary with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0210344	Bypass Coronary Artery, One Artery from Coronary Vein with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0210444	Bypass Coronary Artery, One Artery from Coronary Vein with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0210483	Bypass Coronary Artery, One Artery from Coronary Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0210488	Bypass Coronary Artery, One Artery from Right Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0210489	Bypass Coronary Artery, One Artery from Left Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0210493	Bypass Coronary Artery, One Artery from Coronary Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0210498	Bypass Coronary Artery, One Artery from Right Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0210499	Bypass Coronary Artery, One Artery from Left Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0211083	Bypass Coronary Artery, Two Arteries from Coronary Artery with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
0211088	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
0211089	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
0211093	Bypass Coronary Artery, Two Arteries from Coronary Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0211098	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
0211099	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0211344	Bypass Coronary Artery, Two Arteries from Coronary Vein with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0211444	Bypass Coronary Artery, Two Arteries from Coronary Vein with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0211483	Bypass Coronary Artery, Two Arteries from Coronary Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0211488	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0211489	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0211493	Bypass Coronary Artery, Two Arteries from Coronary Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0211498	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0211499	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0212083	Bypass Coronary Artery, Three Arteries from Coronary Artery with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
0212088	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
0212089	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
0212093	Bypass Coronary Artery, Three Arteries from Coronary Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0212098	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0212099	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0212344	Bypass Coronary Artery, Three Arteries from Coronary Vein with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0212444	Bypass Coronary Artery, Three Arteries from Coronary Vein with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0212483	Bypass Coronary Artery, Three Arteries from Coronary Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0212488	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0212489	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0212493	Bypass Coronary Artery, Three Arteries from Coronary Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
0212498	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0212499	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0213083	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
0213088	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
0213089	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
0213093	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0213098	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0213099	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0213344	Bypass Coronary Artery, Four or More Arteries from Coronary Vein with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0213444	Bypass Coronary Artery, Four or More Arteries from Coronary Vein with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0213483	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0213488	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0213489	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0213493	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0213498	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0213499	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0270046	Dilation of Coronary Artery, One Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0270056	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0270066	Dilation of Coronary Artery, One Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0270076	Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0270346	Dilation of Coronary Artery, One Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
0270356	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0270366	Dilation of Coronary Artery, One Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0270376	Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0270446	Dilation of Coronary Artery, One Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0270456	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0270466	Dilation of Coronary Artery, One Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0270476	Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0271046	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0271056	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0271066	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0271076	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0271346	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0271356	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0271366	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0271376	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0271446	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0271456	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0271466	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0271476	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0272046	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0272056	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
0272066	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0272076	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0272346	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0272356	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0272366	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0272376	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0272446	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0272456	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0272466	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0272476	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0273046	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0273056	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0273066	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0273076	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0273346	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0273356	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0273366	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0273376	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0273446	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0273456	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0273466	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
0273476	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02700E6	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02703E6	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02704E6	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02710E6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02713E6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02714E6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02720E6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02723E6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02724E6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02730E6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02733E6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02734E6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021008C	Bypass Coronary Artery, One Artery from Thoracic Artery with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
021008F	Bypass Coronary Artery, One Artery from Abdominal Artery with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
021008W	Bypass Coronary Artery, One Artery from Aorta with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
021009C	Bypass Coronary Artery, One Artery from Thoracic Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
021009F	Bypass Coronary Artery, One Artery from Abdominal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
021009W	Bypass Coronary Artery, One Artery from Aorta with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
02100A3	Bypass Coronary Artery, One Artery from Coronary Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02100A8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
02100A9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02100AC	Bypass Coronary Artery, One Artery from Thoracic Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02100AF	Bypass Coronary Artery, One Artery from Abdominal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02100AW	Bypass Coronary Artery, One Artery from Aorta with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02100J3	Bypass Coronary Artery, One Artery from Coronary Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02100J8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02100J9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02100JC	Bypass Coronary Artery, One Artery from Thoracic Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02100JF	Bypass Coronary Artery, One Artery from Abdominal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02100JW	Bypass Coronary Artery, One Artery from Aorta with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02100K3	Bypass Coronary Artery, One Artery from Coronary Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02100K8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02100K9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02100KC	Bypass Coronary Artery, One Artery from Thoracic Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02100KF	Bypass Coronary Artery, One Artery from Abdominal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02100KW	Bypass Coronary Artery, One Artery from Aorta with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02100Z3	Bypass Coronary Artery, One Artery from Coronary Artery, Open Approach	ICD-10-PCS	Procedure
02100Z8	Bypass Coronary Artery, One Artery from Right Internal Mammary, Open Approach	ICD-10-PCS	Procedure
02100Z9	Bypass Coronary Artery, One Artery from Left Internal Mammary, Open Approach	ICD-10-PCS	Procedure
02100ZC	Bypass Coronary Artery, One Artery from Thoracic Artery, Open Approach	ICD-10-PCS	Procedure
02100ZF	Bypass Coronary Artery, One Artery from Abdominal Artery, Open Approach	ICD-10-PCS	Procedure
02103D4	Bypass Coronary Artery, One Artery from Coronary Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
021048C	Bypass Coronary Artery, One Artery from Thoracic Artery with Zooplasmic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
021048F	Bypass Coronary Artery, One Artery from Abdominal Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021048W	Bypass Coronary Artery, One Artery from Aorta with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021049C	Bypass Coronary Artery, One Artery from Thoracic Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021049F	Bypass Coronary Artery, One Artery from Abdominal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021049W	Bypass Coronary Artery, One Artery from Aorta with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104A3	Bypass Coronary Artery, One Artery from Coronary Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104A8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104A9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104AC	Bypass Coronary Artery, One Artery from Thoracic Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104AF	Bypass Coronary Artery, One Artery from Abdominal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104AW	Bypass Coronary Artery, One Artery from Aorta with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104D4	Bypass Coronary Artery, One Artery from Coronary Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104J3	Bypass Coronary Artery, One Artery from Coronary Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104J8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104J9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104JC	Bypass Coronary Artery, One Artery from Thoracic Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104JF	Bypass Coronary Artery, One Artery from Abdominal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104JW	Bypass Coronary Artery, One Artery from Aorta with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104K3	Bypass Coronary Artery, One Artery from Coronary Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104K8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104K9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
02104KC	Bypass Coronary Artery, One Artery from Thoracic Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104KF	Bypass Coronary Artery, One Artery from Abdominal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104KW	Bypass Coronary Artery, One Artery from Aorta with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104Z3	Bypass Coronary Artery, One Artery from Coronary Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104Z8	Bypass Coronary Artery, One Artery from Right Internal Mammary, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104Z9	Bypass Coronary Artery, One Artery from Left Internal Mammary, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104ZC	Bypass Coronary Artery, One Artery from Thoracic Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104ZF	Bypass Coronary Artery, One Artery from Abdominal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021108C	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
021108F	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
021108W	Bypass Coronary Artery, Two Arteries from Aorta with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
021109C	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
021109F	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
021109W	Bypass Coronary Artery, Two Arteries from Aorta with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
02110A3	Bypass Coronary Artery, Two Arteries from Coronary Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02110A8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02110A9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02110AC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02110AF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02110AW	Bypass Coronary Artery, Two Arteries from Aorta with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02110J3	Bypass Coronary Artery, Two Arteries from Coronary Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
02110J8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02110J9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02110JC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02110JF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02110JW	Bypass Coronary Artery, Two Arteries from Aorta with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02110K3	Bypass Coronary Artery, Two Arteries from Coronary Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02110K8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02110K9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02110KC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02110KF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02110KW	Bypass Coronary Artery, Two Arteries from Aorta with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02110Z3	Bypass Coronary Artery, Two Arteries from Coronary Artery, Open Approach	ICD-10-PCS	Procedure
02110Z8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary, Open Approach	ICD-10-PCS	Procedure
02110Z9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary, Open Approach	ICD-10-PCS	Procedure
02110ZC	Bypass Coronary Artery, Two Arteries from Thoracic Artery, Open Approach	ICD-10-PCS	Procedure
02110ZF	Bypass Coronary Artery, Two Arteries from Abdominal Artery, Open Approach	ICD-10-PCS	Procedure
02113D4	Bypass Coronary Artery, Two Arteries from Coronary Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
021148C	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021148F	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021148W	Bypass Coronary Artery, Two Arteries from Aorta with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021149C	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021149F	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021149W	Bypass Coronary Artery, Two Arteries from Aorta with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
02114A3	Bypass Coronary Artery, Two Arteries from Coronary Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114A8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114A9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114AC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114AF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114AW	Bypass Coronary Artery, Two Arteries from Aorta with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114D4	Bypass Coronary Artery, Two Arteries from Coronary Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114J3	Bypass Coronary Artery, Two Arteries from Coronary Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114J8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114J9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114JC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114JF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114JW	Bypass Coronary Artery, Two Arteries from Aorta with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114K3	Bypass Coronary Artery, Two Arteries from Coronary Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114K8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114K9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114KC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114KF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114KW	Bypass Coronary Artery, Two Arteries from Aorta with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114Z3	Bypass Coronary Artery, Two Arteries from Coronary Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114Z8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
02114Z9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114ZC	Bypass Coronary Artery, Two Arteries from Thoracic Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114ZF	Bypass Coronary Artery, Two Arteries from Abdominal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021208C	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
021208F	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
021208W	Bypass Coronary Artery, Three Arteries from Aorta with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
021209C	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
021209F	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
021209W	Bypass Coronary Artery, Three Arteries from Aorta with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
02120A3	Bypass Coronary Artery, Three Arteries from Coronary Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02120A8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02120A9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02120AC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02120AF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02120AW	Bypass Coronary Artery, Three Arteries from Aorta with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02120J3	Bypass Coronary Artery, Three Arteries from Coronary Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02120J8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02120J9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02120JC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02120JF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02120JW	Bypass Coronary Artery, Three Arteries from Aorta with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
02120K3	Bypass Coronary Artery, Three Arteries from Coronary Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02120K8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02120K9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02120KC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02120KF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02120KW	Bypass Coronary Artery, Three Arteries from Aorta with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02120Z3	Bypass Coronary Artery, Three Arteries from Coronary Artery, Open Approach	ICD-10-PCS	Procedure
02120Z8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary, Open Approach	ICD-10-PCS	Procedure
02120Z9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary, Open Approach	ICD-10-PCS	Procedure
02120ZC	Bypass Coronary Artery, Three Arteries from Thoracic Artery, Open Approach	ICD-10-PCS	Procedure
02120ZF	Bypass Coronary Artery, Three Arteries from Abdominal Artery, Open Approach	ICD-10-PCS	Procedure
02123D4	Bypass Coronary Artery, Three Arteries from Coronary Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
021248C	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021248F	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021248W	Bypass Coronary Artery, Three Arteries from Aorta with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021249C	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021249F	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021249W	Bypass Coronary Artery, Three Arteries from Aorta with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124A3	Bypass Coronary Artery, Three Arteries from Coronary Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124A8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124A9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124AC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
02124AF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124AW	Bypass Coronary Artery, Three Arteries from Aorta with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124D4	Bypass Coronary Artery, Three Arteries from Coronary Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124J3	Bypass Coronary Artery, Three Arteries from Coronary Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124J8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124J9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124JC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124JF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124JW	Bypass Coronary Artery, Three Arteries from Aorta with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124K3	Bypass Coronary Artery, Three Arteries from Coronary Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124K8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124K9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124KC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124KF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124KW	Bypass Coronary Artery, Three Arteries from Aorta with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124Z3	Bypass Coronary Artery, Three Arteries from Coronary Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124Z8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124Z9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124ZC	Bypass Coronary Artery, Three Arteries from Thoracic Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124ZF	Bypass Coronary Artery, Three Arteries from Abdominal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021308C	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
021308F	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
021308W	Bypass Coronary Artery, Four or More Arteries from Aorta with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
021309C	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
021309F	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
021309W	Bypass Coronary Artery, Four or More Arteries from Aorta with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
02130A3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02130A8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02130A9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02130AC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02130AF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02130AW	Bypass Coronary Artery, Four or More Arteries from Aorta with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02130J3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02130J8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02130J9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02130JC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02130JF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02130JW	Bypass Coronary Artery, Four or More Arteries from Aorta with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02130K3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02130K8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02130K9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02130KC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
02130KF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02130KW	Bypass Coronary Artery, Four or More Arteries from Aorta with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02130Z3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery, Open Approach	ICD-10-PCS	Procedure
02130Z8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary, Open Approach	ICD-10-PCS	Procedure
02130Z9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary, Open Approach	ICD-10-PCS	Procedure
02130ZC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery, Open Approach	ICD-10-PCS	Procedure
02130ZF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery, Open Approach	ICD-10-PCS	Procedure
02133D4	Bypass Coronary Artery, Four or More Arteries from Coronary Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
021348C	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021348F	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021348W	Bypass Coronary Artery, Four or More Arteries from Aorta with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021349C	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021349F	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021349W	Bypass Coronary Artery, Four or More Arteries from Aorta with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134A3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134A8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134A9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134AC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134AF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134AW	Bypass Coronary Artery, Four or More Arteries from Aorta with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134D4	Bypass Coronary Artery, Four or More Arteries from Coronary Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
02134J3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134J8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134J9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134JC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134JF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134JW	Bypass Coronary Artery, Four or More Arteries from Aorta with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134K3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134K8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134K9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134KC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134KF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134KW	Bypass Coronary Artery, Four or More Arteries from Aorta with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134Z3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134Z8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134Z9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134ZC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134ZF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021K0Z5	Bypass Right Ventricle to Coronary Circulation, Open Approach	ICD-10-PCS	Procedure
021K0Z8	Bypass Right Ventricle to Right Internal Mammary, Open Approach	ICD-10-PCS	Procedure
021K0Z9	Bypass Right Ventricle to Left Internal Mammary, Open Approach	ICD-10-PCS	Procedure
021K0ZC	Bypass Right Ventricle to Thoracic Artery, Open Approach	ICD-10-PCS	Procedure
021K0ZF	Bypass Right Ventricle to Abdominal Artery, Open Approach	ICD-10-PCS	Procedure
021K0ZW	Bypass Right Ventricle to Aorta, Open Approach	ICD-10-PCS	Procedure
021K4Z5	Bypass Right Ventricle to Coronary Circulation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
021K4Z8	Bypass Right Ventricle to Right Internal Mammary, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021K4Z9	Bypass Right Ventricle to Left Internal Mammary, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021K4ZC	Bypass Right Ventricle to Thoracic Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021K4ZF	Bypass Right Ventricle to Abdominal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021K4ZW	Bypass Right Ventricle to Aorta, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L08P	Bypass Left Ventricle to Pulmonary Trunk with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
021L08Q	Bypass Left Ventricle to Right Pulmonary Artery with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
021L08R	Bypass Left Ventricle to Left Pulmonary Artery with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
021L09P	Bypass Left Ventricle to Pulmonary Trunk with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
021L09Q	Bypass Left Ventricle to Right Pulmonary Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
021L09R	Bypass Left Ventricle to Left Pulmonary Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
021L0AP	Bypass Left Ventricle to Pulmonary Trunk with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
021L0AQ	Bypass Left Ventricle to Right Pulmonary Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
021L0AR	Bypass Left Ventricle to Left Pulmonary Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
021L0JP	Bypass Left Ventricle to Pulmonary Trunk with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
021L0JQ	Bypass Left Ventricle to Right Pulmonary Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
021L0JR	Bypass Left Ventricle to Left Pulmonary Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
021L0KP	Bypass Left Ventricle to Pulmonary Trunk with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
021L0KQ	Bypass Left Ventricle to Right Pulmonary Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
021L0KR	Bypass Left Ventricle to Left Pulmonary Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
021L0Z5	Bypass Left Ventricle to Coronary Circulation, Open Approach	ICD-10-PCS	Procedure
021L0Z8	Bypass Left Ventricle to Right Internal Mammary, Open Approach	ICD-10-PCS	Procedure
021L0Z9	Bypass Left Ventricle to Left Internal Mammary, Open Approach	ICD-10-PCS	Procedure
021L0ZC	Bypass Left Ventricle to Thoracic Artery, Open Approach	ICD-10-PCS	Procedure
021L0ZF	Bypass Left Ventricle to Abdominal Artery, Open Approach	ICD-10-PCS	Procedure
021L0ZP	Bypass Left Ventricle to Pulmonary Trunk, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
021L0ZQ	Bypass Left Ventricle to Right Pulmonary Artery, Open Approach	ICD-10-PCS	Procedure
021L0ZR	Bypass Left Ventricle to Left Pulmonary Artery, Open Approach	ICD-10-PCS	Procedure
021L48P	Bypass Left Ventricle to Pulmonary Trunk with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L48Q	Bypass Left Ventricle to Right Pulmonary Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L48R	Bypass Left Ventricle to Left Pulmonary Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L49P	Bypass Left Ventricle to Pulmonary Trunk with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L49Q	Bypass Left Ventricle to Right Pulmonary Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L49R	Bypass Left Ventricle to Left Pulmonary Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4AP	Bypass Left Ventricle to Pulmonary Trunk with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4AQ	Bypass Left Ventricle to Right Pulmonary Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4AR	Bypass Left Ventricle to Left Pulmonary Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4JP	Bypass Left Ventricle to Pulmonary Trunk with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4JQ	Bypass Left Ventricle to Right Pulmonary Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4JR	Bypass Left Ventricle to Left Pulmonary Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4KP	Bypass Left Ventricle to Pulmonary Trunk with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4KQ	Bypass Left Ventricle to Right Pulmonary Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4KR	Bypass Left Ventricle to Left Pulmonary Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4Z5	Bypass Left Ventricle to Coronary Circulation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4Z8	Bypass Left Ventricle to Right Internal Mammary, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4Z9	Bypass Left Ventricle to Left Internal Mammary, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4ZC	Bypass Left Ventricle to Thoracic Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4ZF	Bypass Left Ventricle to Abdominal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4ZP	Bypass Left Ventricle to Pulmonary Trunk, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4ZQ	Bypass Left Ventricle to Right Pulmonary Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
021L4ZR	Bypass Left Ventricle to Left Pulmonary Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027004Z	Dilation of Coronary Artery, One Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
027005Z	Dilation of Coronary Artery, One Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
027006Z	Dilation of Coronary Artery, One Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
027007Z	Dilation of Coronary Artery, One Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02700D6	Dilation of Coronary Artery, One Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02700DZ	Dilation of Coronary Artery, One Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02700EZ	Dilation of Coronary Artery, One Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02700F6	Dilation of Coronary Artery, One Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02700FZ	Dilation of Coronary Artery, One Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02700G6	Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02700GZ	Dilation of Coronary Artery, One Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02700T6	Dilation of Coronary Artery, One Artery, Bifurcation, with Radioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02700TZ	Dilation of Coronary Artery, One Artery with Radioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02700Z6	Dilation of Coronary Artery, One Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
02700ZZ	Dilation of Coronary Artery, One Artery, Open Approach	ICD-10-PCS	Procedure
027034Z	Dilation of Coronary Artery, One Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
027035Z	Dilation of Coronary Artery, One Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
027036Z	Dilation of Coronary Artery, One Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
027037Z	Dilation of Coronary Artery, One Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02703D6	Dilation of Coronary Artery, One Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02703DZ	Dilation of Coronary Artery, One Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02703EZ	Dilation of Coronary Artery, One Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

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

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

Code	Description	Code Type	Code Category
02704ZZ	Dilation of Coronary Artery, One Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027104Z	Dilation of Coronary Artery, Two Arteries with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
027105Z	Dilation of Coronary Artery, Two Arteries with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
027106Z	Dilation of Coronary Artery, Two Arteries with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
027107Z	Dilation of Coronary Artery, Two Arteries with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02710D6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02710DZ	Dilation of Coronary Artery, Two Arteries with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02710EZ	Dilation of Coronary Artery, Two Arteries with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02710F6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02710FZ	Dilation of Coronary Artery, Two Arteries with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02710G6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02710GZ	Dilation of Coronary Artery, Two Arteries with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02710T6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Radioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02710TZ	Dilation of Coronary Artery, Two Arteries with Radioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02710Z6	Dilation of Coronary Artery, Two Arteries, Bifurcation, Open Approach	ICD-10-PCS	Procedure
02710ZZ	Dilation of Coronary Artery, Two Arteries, Open Approach	ICD-10-PCS	Procedure
027134Z	Dilation of Coronary Artery, Two Arteries with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
027135Z	Dilation of Coronary Artery, Two Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
027136Z	Dilation of Coronary Artery, Two Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
027137Z	Dilation of Coronary Artery, Two Arteries with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02713D6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02713DZ	Dilation of Coronary Artery, Two Arteries with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02713EZ	Dilation of Coronary Artery, Two Arteries with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
02713F6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02713FZ	Dilation of Coronary Artery, Two Arteries with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02713G6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02713GZ	Dilation of Coronary Artery, Two Arteries with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02713T6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02713TZ	Dilation of Coronary Artery, Two Arteries with Radioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02713Z6	Dilation of Coronary Artery, Two Arteries, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
02713ZZ	Dilation of Coronary Artery, Two Arteries, Percutaneous Approach	ICD-10-PCS	Procedure
027144Z	Dilation of Coronary Artery, Two Arteries with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027145Z	Dilation of Coronary Artery, Two Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027146Z	Dilation of Coronary Artery, Two Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027147Z	Dilation of Coronary Artery, Two Arteries with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02714D6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02714DZ	Dilation of Coronary Artery, Two Arteries with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02714EZ	Dilation of Coronary Artery, Two Arteries with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02714F6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02714FZ	Dilation of Coronary Artery, Two Arteries with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02714G6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02714GZ	Dilation of Coronary Artery, Two Arteries with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02714T6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02714TZ	Dilation of Coronary Artery, Two Arteries with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02714Z6	Dilation of Coronary Artery, Two Arteries, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
02714ZZ	Dilation of Coronary Artery, Two Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027204Z	Dilation of Coronary Artery, Three Arteries with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
027205Z	Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
027206Z	Dilation of Coronary Artery, Three Arteries with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
027207Z	Dilation of Coronary Artery, Three Arteries with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02720D6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02720DZ	Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02720EZ	Dilation of Coronary Artery, Three Arteries with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02720F6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02720FZ	Dilation of Coronary Artery, Three Arteries with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02720G6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02720GZ	Dilation of Coronary Artery, Three Arteries with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02720T6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Radioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02720TZ	Dilation of Coronary Artery, Three Arteries with Radioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02720Z6	Dilation of Coronary Artery, Three Arteries, Bifurcation, Open Approach	ICD-10-PCS	Procedure
02720ZZ	Dilation of Coronary Artery, Three Arteries, Open Approach	ICD-10-PCS	Procedure
027234Z	Dilation of Coronary Artery, Three Arteries with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
027235Z	Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
027236Z	Dilation of Coronary Artery, Three Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
027237Z	Dilation of Coronary Artery, Three Arteries with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02723D6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02723DZ	Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

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

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

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

Code	Description	Code Type	Code Category
02724Z6	Dilation of Coronary Artery, Three Arteries, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02724ZZ	Dilation of Coronary Artery, Three Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027304Z	Dilation of Coronary Artery, Four or More Arteries with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
027305Z	Dilation of Coronary Artery, Four or More Arteries with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
027306Z	Dilation of Coronary Artery, Four or More Arteries with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
027307Z	Dilation of Coronary Artery, Four or More Arteries with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02730D6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02730DZ	Dilation of Coronary Artery, Four or More Arteries with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02730EZ	Dilation of Coronary Artery, Four or More Arteries with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02730F6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02730FZ	Dilation of Coronary Artery, Four or More Arteries with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02730G6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02730GZ	Dilation of Coronary Artery, Four or More Arteries with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02730T6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Radioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02730TZ	Dilation of Coronary Artery, Four or More Arteries with Radioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02730Z6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, Open Approach	ICD-10-PCS	Procedure
02730ZZ	Dilation of Coronary Artery, Four or More Arteries, Open Approach	ICD-10-PCS	Procedure
027334Z	Dilation of Coronary Artery, Four or More Arteries with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
027335Z	Dilation of Coronary Artery, Four or More Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
027336Z	Dilation of Coronary Artery, Four or More Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
027337Z	Dilation of Coronary Artery, Four or More Arteries with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02733D6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
02733DZ	Dilation of Coronary Artery, Four or More Arteries with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02733EZ	Dilation of Coronary Artery, Four or More Arteries with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02733F6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02733FZ	Dilation of Coronary Artery, Four or More Arteries with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02733G6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02733GZ	Dilation of Coronary Artery, Four or More Arteries with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02733T6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02733TZ	Dilation of Coronary Artery, Four or More Arteries with Radioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02733Z6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
02733ZZ	Dilation of Coronary Artery, Four or More Arteries, Percutaneous Approach	ICD-10-PCS	Procedure
027344Z	Dilation of Coronary Artery, Four or More Arteries with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027345Z	Dilation of Coronary Artery, Four or More Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027346Z	Dilation of Coronary Artery, Four or More Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027347Z	Dilation of Coronary Artery, Four or More Arteries with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02734D6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02734DZ	Dilation of Coronary Artery, Four or More Arteries with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02734EZ	Dilation of Coronary Artery, Four or More Arteries with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02734F6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02734FZ	Dilation of Coronary Artery, Four or More Arteries with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02734G6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02734GZ	Dilation of Coronary Artery, Four or More Arteries with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
02734T6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02734TZ	Dilation of Coronary Artery, Four or More Arteries with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02734Z6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02734ZZ	Dilation of Coronary Artery, Four or More Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02C00Z6	Extirpation of Matter from Coronary Artery, One Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
02C00ZZ	Extirpation of Matter from Coronary Artery, One Artery, Open Approach	ICD-10-PCS	Procedure
02C03Z6	Extirpation of Matter from Coronary Artery, One Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
02C03ZZ	Extirpation of Matter from Coronary Artery, One Artery, Percutaneous Approach	ICD-10-PCS	Procedure
02C04Z6	Extirpation of Matter from Coronary Artery, One Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02C04ZZ	Extirpation of Matter from Coronary Artery, One Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02C10Z6	Extirpation of Matter from Coronary Artery, Two Arteries, Bifurcation, Open Approach	ICD-10-PCS	Procedure
02C10ZZ	Extirpation of Matter from Coronary Artery, Two Arteries, Open Approach	ICD-10-PCS	Procedure
02C13Z6	Extirpation of Matter from Coronary Artery, Two Arteries, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
02C13ZZ	Extirpation of Matter from Coronary Artery, Two Arteries, Percutaneous Approach	ICD-10-PCS	Procedure
02C14Z6	Extirpation of Matter from Coronary Artery, Two Arteries, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02C14ZZ	Extirpation of Matter from Coronary Artery, Two Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02C20Z6	Extirpation of Matter from Coronary Artery, Three Arteries, Bifurcation, Open Approach	ICD-10-PCS	Procedure
02C20ZZ	Extirpation of Matter from Coronary Artery, Three Arteries, Open Approach	ICD-10-PCS	Procedure
02C23Z6	Extirpation of Matter from Coronary Artery, Three Arteries, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
02C23ZZ	Extirpation of Matter from Coronary Artery, Three Arteries, Percutaneous Approach	ICD-10-PCS	Procedure
02C24Z6	Extirpation of Matter from Coronary Artery, Three Arteries, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02C24ZZ	Extirpation of Matter from Coronary Artery, Three Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02C30Z6	Extirpation of Matter from Coronary Artery, Four or More Arteries, Bifurcation, Open Approach	ICD-10-PCS	Procedure
02C30ZZ	Extirpation of Matter from Coronary Artery, Four or More Arteries, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
02C33Z6	Extirpation of Matter from Coronary Artery, Four or More Arteries, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
02C33ZZ	Extirpation of Matter from Coronary Artery, Four or More Arteries, Percutaneous Approach	ICD-10-PCS	Procedure
02C34Z6	Extirpation of Matter from Coronary Artery, Four or More Arteries, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02C34ZZ	Extirpation of Matter from Coronary Artery, Four or More Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02HA0QZ	Insertion of Implantable Heart Assist System into Heart, Open Approach	ICD-10-PCS	Procedure
02HA3QZ	Insertion of Implantable Heart Assist System into Heart, Percutaneous Approach	ICD-10-PCS	Procedure
02HA4QZ	Insertion of Implantable Heart Assist System into Heart, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02QA0ZZ	Repair Heart, Open Approach	ICD-10-PCS	Procedure
02QA3ZZ	Repair Heart, Percutaneous Approach	ICD-10-PCS	Procedure
02QA4ZZ	Repair Heart, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02QB0ZZ	Repair Right Heart, Open Approach	ICD-10-PCS	Procedure
02QB3ZZ	Repair Right Heart, Percutaneous Approach	ICD-10-PCS	Procedure
02QB4ZZ	Repair Right Heart, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02QC0ZZ	Repair Left Heart, Open Approach	ICD-10-PCS	Procedure
02QC3ZZ	Repair Left Heart, Percutaneous Approach	ICD-10-PCS	Procedure
02QC4ZZ	Repair Left Heart, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
3E07017	Introduction of Other Thrombolytic into Coronary Artery, Open Approach	ICD-10-PCS	Procedure
3E070PZ	Introduction of Platelet Inhibitor into Coronary Artery, Open Approach	ICD-10-PCS	Procedure
3E07317	Introduction of Other Thrombolytic into Coronary Artery, Percutaneous Approach	ICD-10-PCS	Procedure
3E073PZ	Introduction of Platelet Inhibitor into Coronary Artery, Percutaneous Approach	ICD-10-PCS	Procedure
4A020N7	Measurement of Cardiac Sampling and Pressure, Left Heart, Open Approach	ICD-10-PCS	Procedure
4A020N8	Measurement of Cardiac Sampling and Pressure, Bilateral, Open Approach	ICD-10-PCS	Procedure
4A023N7	Measurement of Cardiac Sampling and Pressure, Left Heart, Percutaneous Approach	ICD-10-PCS	Procedure
4A023N8	Measurement of Cardiac Sampling and Pressure, Bilateral, Percutaneous Approach	ICD-10-PCS	Procedure
4A12XSH	Monitoring of Cardiac Vascular Perfusion using Indocyanine Green Dye, External Approach	ICD-10-PCS	Procedure
B2000ZZ	Plain Radiography of Single Coronary Artery using High Osmolar Contrast	ICD-10-PCS	Procedure
B2001ZZ	Plain Radiography of Single Coronary Artery using Low Osmolar Contrast	ICD-10-PCS	Procedure
B200YZZ	Plain Radiography of Single Coronary Artery using Other Contrast	ICD-10-PCS	Procedure
B2010ZZ	Plain Radiography of Multiple Coronary Arteries using High Osmolar Contrast	ICD-10-PCS	Procedure
B2011ZZ	Plain Radiography of Multiple Coronary Arteries using Low Osmolar Contrast	ICD-10-PCS	Procedure
B201YZZ	Plain Radiography of Multiple Coronary Arteries using Other Contrast	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
B2020ZZ	Plain Radiography of Single Coronary Artery Bypass Graft using High Osmolar Contrast	ICD-10-PCS	Procedure
B2021ZZ	Plain Radiography of Single Coronary Artery Bypass Graft using Low Osmolar Contrast	ICD-10-PCS	Procedure
B202YZZ	Plain Radiography of Single Coronary Artery Bypass Graft using Other Contrast	ICD-10-PCS	Procedure
B2030ZZ	Plain Radiography of Multiple Coronary Artery Bypass Grafts using High Osmolar Contrast	ICD-10-PCS	Procedure
B2031ZZ	Plain Radiography of Multiple Coronary Artery Bypass Grafts using Low Osmolar Contrast	ICD-10-PCS	Procedure
B203YZZ	Plain Radiography of Multiple Coronary Artery Bypass Grafts using Other Contrast	ICD-10-PCS	Procedure
B2050ZZ	Plain Radiography of Left Heart using High Osmolar Contrast	ICD-10-PCS	Procedure
B2051ZZ	Plain Radiography of Left Heart using Low Osmolar Contrast	ICD-10-PCS	Procedure
B205YZZ	Plain Radiography of Left Heart using Other Contrast	ICD-10-PCS	Procedure
B2060ZZ	Plain Radiography of Right and Left Heart using High Osmolar Contrast	ICD-10-PCS	Procedure
B2061ZZ	Plain Radiography of Right and Left Heart using Low Osmolar Contrast	ICD-10-PCS	Procedure
B206YZZ	Plain Radiography of Right and Left Heart using Other Contrast	ICD-10-PCS	Procedure
B2070ZZ	Plain Radiography of Right Internal Mammary Bypass Graft using High Osmolar Contrast	ICD-10-PCS	Procedure
B2071ZZ	Plain Radiography of Right Internal Mammary Bypass Graft using Low Osmolar Contrast	ICD-10-PCS	Procedure
B207YZZ	Plain Radiography of Right Internal Mammary Bypass Graft using Other Contrast	ICD-10-PCS	Procedure
B2080ZZ	Plain Radiography of Left Internal Mammary Bypass Graft using High Osmolar Contrast	ICD-10-PCS	Procedure
B2081ZZ	Plain Radiography of Left Internal Mammary Bypass Graft using Low Osmolar Contrast	ICD-10-PCS	Procedure
B208YZZ	Plain Radiography of Left Internal Mammary Bypass Graft using Other Contrast	ICD-10-PCS	Procedure
B20F0ZZ	Plain Radiography of Other Bypass Graft using High Osmolar Contrast	ICD-10-PCS	Procedure
B20F1ZZ	Plain Radiography of Other Bypass Graft using Low Osmolar Contrast	ICD-10-PCS	Procedure
B20FYZZ	Plain Radiography of Other Bypass Graft using Other Contrast	ICD-10-PCS	Procedure
B210010	Fluoroscopy of Single Coronary Artery using High Osmolar Contrast, Laser Intraoperative	ICD-10-PCS	Procedure
B2100ZZ	Fluoroscopy of Single Coronary Artery using High Osmolar Contrast	ICD-10-PCS	Procedure
B210110	Fluoroscopy of Single Coronary Artery using Low Osmolar Contrast, Laser Intraoperative	ICD-10-PCS	Procedure
B2101ZZ	Fluoroscopy of Single Coronary Artery using Low Osmolar Contrast	ICD-10-PCS	Procedure
B210Y10	Fluoroscopy of Single Coronary Artery using Other Contrast, Laser Intraoperative	ICD-10-PCS	Procedure
B210YZZ	Fluoroscopy of Single Coronary Artery using Other Contrast	ICD-10-PCS	Procedure
B211010	Fluoroscopy of Multiple Coronary Arteries using High Osmolar Contrast, Laser Intraoperative	ICD-10-PCS	Procedure
B2110ZZ	Fluoroscopy of Multiple Coronary Arteries using High Osmolar Contrast	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
B211110	Fluoroscopy of Multiple Coronary Arteries using Low Osmolar Contrast, Laser Intraoperative	ICD-10-PCS	Procedure
B2111ZZ	Fluoroscopy of Multiple Coronary Arteries using Low Osmolar Contrast	ICD-10-PCS	Procedure
B211Y10	Fluoroscopy of Multiple Coronary Arteries using Other Contrast, Laser Intraoperative	ICD-10-PCS	Procedure
B211YZZ	Fluoroscopy of Multiple Coronary Arteries using Other Contrast	ICD-10-PCS	Procedure
B212010	Fluoroscopy of Single Coronary Artery Bypass Graft using High Osmolar Contrast, Laser Intraoperative	ICD-10-PCS	Procedure
B2120ZZ	Fluoroscopy of Single Coronary Artery Bypass Graft using High Osmolar Contrast	ICD-10-PCS	Procedure
B212110	Fluoroscopy of Single Coronary Artery Bypass Graft using Low Osmolar Contrast, Laser Intraoperative	ICD-10-PCS	Procedure
B2121ZZ	Fluoroscopy of Single Coronary Artery Bypass Graft using Low Osmolar Contrast	ICD-10-PCS	Procedure
B212Y10	Fluoroscopy of Single Coronary Artery Bypass Graft using Other Contrast, Laser Intraoperative	ICD-10-PCS	Procedure
B212YZZ	Fluoroscopy of Single Coronary Artery Bypass Graft using Other Contrast	ICD-10-PCS	Procedure
B213010	Fluoroscopy of Multiple Coronary Artery Bypass Grafts using High Osmolar Contrast, Laser Intraoperative	ICD-10-PCS	Procedure
B2130ZZ	Fluoroscopy of Multiple Coronary Artery Bypass Grafts using High Osmolar Contrast	ICD-10-PCS	Procedure
B213110	Fluoroscopy of Multiple Coronary Artery Bypass Grafts using Low Osmolar Contrast, Laser Intraoperative	ICD-10-PCS	Procedure
B2131ZZ	Fluoroscopy of Multiple Coronary Artery Bypass Grafts using Low Osmolar Contrast	ICD-10-PCS	Procedure
B213Y10	Fluoroscopy of Multiple Coronary Artery Bypass Grafts using Other Contrast, Laser Intraoperative	ICD-10-PCS	Procedure
B213YZZ	Fluoroscopy of Multiple Coronary Artery Bypass Grafts using Other Contrast	ICD-10-PCS	Procedure
B2150ZZ	Fluoroscopy of Left Heart using High Osmolar Contrast	ICD-10-PCS	Procedure
B2151ZZ	Fluoroscopy of Left Heart using Low Osmolar Contrast	ICD-10-PCS	Procedure
B215YZZ	Fluoroscopy of Left Heart using Other Contrast	ICD-10-PCS	Procedure
B2160ZZ	Fluoroscopy of Right and Left Heart using High Osmolar Contrast	ICD-10-PCS	Procedure
B2161ZZ	Fluoroscopy of Right and Left Heart using Low Osmolar Contrast	ICD-10-PCS	Procedure
B216YZZ	Fluoroscopy of Right and Left Heart using Other Contrast	ICD-10-PCS	Procedure
B2170ZZ	Fluoroscopy of Right Internal Mammary Bypass Graft using High Osmolar Contrast	ICD-10-PCS	Procedure
B2171ZZ	Fluoroscopy of Right Internal Mammary Bypass Graft using Low Osmolar Contrast	ICD-10-PCS	Procedure
B217YZZ	Fluoroscopy of Right Internal Mammary Bypass Graft using Other Contrast	ICD-10-PCS	Procedure
B2180ZZ	Fluoroscopy of Left Internal Mammary Bypass Graft using High Osmolar Contrast	ICD-10-PCS	Procedure
B2181ZZ	Fluoroscopy of Left Internal Mammary Bypass Graft using Low Osmolar Contrast	ICD-10-PCS	Procedure
B218YZZ	Fluoroscopy of Left Internal Mammary Bypass Graft using Other Contrast	ICD-10-PCS	Procedure
B21F0ZZ	Fluoroscopy of Other Bypass Graft using High Osmolar Contrast	ICD-10-PCS	Procedure
B21F1ZZ	Fluoroscopy of Other Bypass Graft using Low Osmolar Contrast	ICD-10-PCS	Procedure
B21FYZZ	Fluoroscopy of Other Bypass Graft using Other Contrast	ICD-10-PCS	Procedure
X2C0361	Extirpation of Matter from Coronary Artery, One Artery using Orbital Atherectomy Technology, Percutaneous Approach, New Technology Group 1	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
X2C1361	Extirpation of Matter from Coronary Artery, Two Arteries using Orbital Atherectomy Technology, Percutaneous Approach, New Technology Group 1	ICD-10-PCS	Procedure
X2C2361	Extirpation of Matter from Coronary Artery, Three Arteries using Orbital Atherectomy Technology, Percutaneous Approach, New Technology Group 1	ICD-10-PCS	Procedure
X2C3361	Extirpation of Matter from Coronary Artery, Four or More Arteries using Orbital Atherectomy Technology, Percutaneous Approach, New Technology Group 1	ICD-10-PCS	Procedure
33510	Coronary artery bypass, vein only; single coronary venous graft	CPT-4	Procedure
33511	Coronary artery bypass, vein only; 2 coronary venous grafts	CPT-4	Procedure
33512	Coronary artery bypass, vein only; 3 coronary venous grafts	CPT-4	Procedure
33513	Coronary artery bypass, vein only; 4 coronary venous grafts	CPT-4	Procedure
33514	Coronary artery bypass, vein only; 5 coronary venous grafts	CPT-4	Procedure
33516	Coronary artery bypass, vein only; 6 or more coronary venous grafts	CPT-4	Procedure
33517	Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (List separately in addition to code for primary procedure)	CPT-4	Procedure
33518	Coronary artery bypass, using venous graft(s) and arterial graft(s); 2 venous grafts (List separately in addition to code for primary procedure)	CPT-4	Procedure
33519	Coronary artery bypass, using venous graft(s) and arterial graft(s); 3 venous grafts (List separately in addition to code for primary procedure)	CPT-4	Procedure
33520	Coronary Artery Bypass, Nonautogenous Graft (eg, Synthetic Or Cadaver); Single Graft	CPT-4	Procedure
33521	Coronary artery bypass, using venous graft(s) and arterial graft(s); 4 venous grafts (List separately in addition to code for primary procedure)	CPT-4	Procedure
33522	Coronary artery bypass, using venous graft(s) and arterial graft(s); 5 venous grafts (List separately in addition to code for primary procedure)	CPT-4	Procedure
33523	Coronary artery bypass, using venous graft(s) and arterial graft(s); 6 or more venous grafts (List separately in addition to code for primary procedure)	CPT-4	Procedure
33525	Coronary Artery Bypass, Nonautogenous Graft (eg, Synthetic Or Cadaver); Two Coronary Grafts	CPT-4	Procedure
33528	Coronary Artery Bypass, Nonautogenous Graft (eg, Synthetic Or Cadaver); Three Or More Coronary Grafts	CPT-4	Procedure
33530	Reoperation, coronary artery bypass procedure or valve procedure, more than 1 month after original operation (List separately in addition to code for primary procedure)	CPT-4	Procedure
33533	Coronary artery bypass, using arterial graft(s); single arterial graft	CPT-4	Procedure
33534	Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts	CPT-4	Procedure
33535	Coronary artery bypass, using arterial graft(s); 3 coronary arterial grafts	CPT-4	Procedure
33536	Coronary artery bypass, using arterial graft(s); 4 or more coronary arterial grafts	CPT-4	Procedure
33560	Myocardial Operation Combined With Coronary Bypass Procedure	CPT-4	Procedure
33570	CORONARY ANGIOPLASTY W/BYPASS	CPT-4	Procedure

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

Code	Description	Code Type	Code Category
33572	Coronary endarterectomy, open, any method, of left anterior descending, circumflex, or right coronary artery performed in conjunction with coronary artery bypass graft procedure, each vessel (List separately in addition to primary procedure)	CPT-4	Procedure
33575	CORON ANGIOPLSTY W/BYPASS; COMBO W/VASCULARIZAT	CPT-4	Procedure
35600	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure (List separately in addition to code for primary procedure)	CPT-4	Procedure
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	CPT-4	Procedure
92929	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	CPT-4	Procedure
92934	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	CPT-4	Procedure
92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	CPT-4	Procedure
92938	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)	CPT-4	Procedure
92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	CPT-4	Procedure
92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	CPT-4	Procedure
92944	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)	CPT-4	Procedure
92970	Cardioassist-method of circulatory assist; internal	CPT-4	Procedure
92971	Cardioassist-method of circulatory assist; external	CPT-4	Procedure
92973	Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)	CPT-4	Procedure

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

Code	Description	Code Type	Code Category
92974	Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)	CPT-4	Procedure
92977	Thrombolysis, coronary; by intravenous infusion	CPT-4	Procedure
92980	Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel	CPT-4	Procedure
92981	Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel (List separately in addition to code for primary procedure)	CPT-4	Procedure
92982	Percutaneous transluminal coronary balloon angioplasty; single vessel	CPT-4	Procedure
92984	Percutaneous transluminal coronary balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)	CPT-4	Procedure
92995	Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel	CPT-4	Procedure
92996	Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)	CPT-4	Procedure
C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	HCPCS	Procedure
C9601	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	HCPCS	Procedure
C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	HCPCS	Procedure
C9603	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	HCPCS	Procedure
C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	HCPCS	Procedure
C9605	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)	HCPCS	Procedure
C9606	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	HCPCS	Procedure

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

Code	Description	Code Type	Code Category
C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel	HCPCS	Procedure
C9608	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)	HCPCS	Procedure
G0290	Transcatheter placement of a drug eluting intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel	HCPCS	Procedure
G0291	Transcatheter placement of a drug eluting intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel	HCPCS	Procedure
G8027	Heart failure patient with left ventricular systolic dysfunction (LVSD) documented to be on either angiotensin-converting enzyme-inhibitor or angiotensin-receptor blocker (ACE-1 or ARB) therapy	HCPCS	Procedure
G8028	Heart failure patient with left ventricular systolic dysfunction (LVSD) not documented to be on either angiotensin-converting enzyme-inhibitor or angiotensin-receptor blocker (ACE-1 or ARB) therapy	HCPCS	Procedure
G8029	Clinician documented that heart failure patient was not an eligible candidate for either angiotensin-converting enzyme-inhibitor or angiotensin-receptor blocker (ACE-1 or ARB) therapy measure	HCPCS	Procedure
G8030	Heart failure patient with left ventricular systolic dysfunction (LVSD) documented to be on beta-blocker therapy	HCPCS	Procedure
G8031	Heart failure patient with left ventricular systolic dysfunction (LVSD) not documented to be on beta-blocker therapy	HCPCS	Procedure
G8032	Clinician documented that heart failure patient was not eligible candidate for beta-blocker therapy measure	HCPCS	Procedure
G8158	Patient documented to have received coronary artery bypass graft with use of internal mammary artery	HCPCS	Procedure
G8159	Patient documented to have received coronary artery bypass graft without use of internal mammary artery	HCPCS	Procedure
G8161	Patient with isolated coronary artery bypass graft documented to have received pre-operative beta-blockade	HCPCS	Procedure
G8162	Patient with isolated coronary artery bypass graft not documented to have received preoperative beta-blockade	HCPCS	Procedure
G8163	Clinician documented that patient with isolated coronary artery bypass graft was not an eligible candidate for pre-operative beta-blockade measure	HCPCS	Procedure
G8164	Patient with isolated coronary artery bypass graft documented to have prolonged intubation	HCPCS	Procedure

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

Code	Description	Code Type	Code Category
G8165	Patient with isolated coronary artery bypass graft not documented to have prolonged intubation	HCPCS	Procedure
G8166	Patient with isolated coronary artery bypass graft documented to have required surgical re-exploration	HCPCS	Procedure
G8167	Patient with isolated coronary artery bypass graft did not require surgical re-exploration	HCPCS	Procedure
G8170	Patient with isolated coronary artery bypass graft documented to have been discharged on aspirin or clopidogrel	HCPCS	Procedure
G8171	Patient with isolated coronary artery bypass graft not documented to have been discharged on aspirin or clopidogrel	HCPCS	Procedure
G8172	Clinician documented that patient with isolated coronary artery bypass graft was not an eligible candidate for antiplatelet therapy at discharge measure	HCPCS	Procedure
G8183	Patient with heart failure and atrial fibrillation documented to be on warfarin therapy	HCPCS	Procedure
G8184	Clinician documented that patient with heart failure and atrial fibrillation was not an eligible candidate for warfarin therapy measure	HCPCS	Procedure
G8681	Patient hospitalized with principal diagnosis of heart failure during the measurement period	HCPCS	Procedure
S2205	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using arterial graft(s), single coronary arterial graft	HCPCS	Procedure
S2206	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using arterial graft(s), 2 coronary arterial grafts	HCPCS	Procedure
S2207	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using venous graft only, single coronary venous graft	HCPCS	Procedure
S2208	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using single arterial and venous graft(s), single venous graft	HCPCS	Procedure
S2209	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using 2 arterial grafts and single venous graft	HCPCS	Procedure
Cerebrovascular Disease			
437.0	Cerebral atherosclerosis	ICD-9-CM	Diagnosis
437.1	Other generalized ischemic cerebrovascular disease	ICD-9-CM	Diagnosis
437.2	Hypertensive encephalopathy	ICD-9-CM	Diagnosis
437.3	Cerebral aneurysm, nonruptured	ICD-9-CM	Diagnosis
437.4	Cerebral arteritis	ICD-9-CM	Diagnosis
437.5	Moyamoya disease	ICD-9-CM	Diagnosis
437.6	Nonpyogenic thrombosis of intracranial venous sinus	ICD-9-CM	Diagnosis
437.7	Transient global amnesia	ICD-9-CM	Diagnosis

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

Code	Description	Code Type	Code Category
437.8	Other ill-defined cerebrovascular disease	ICD-9-CM	Diagnosis
437.9	Unspecified cerebrovascular disease	ICD-9-CM	Diagnosis
G45.4	Transient global amnesia	ICD-10-CM	Diagnosis
G46.3	Brain stem stroke syndrome	ICD-10-CM	Diagnosis
G46.4	Cerebellar stroke syndrome	ICD-10-CM	Diagnosis
G46.5	Pure motor lacunar syndrome	ICD-10-CM	Diagnosis
G46.6	Pure sensory lacunar syndrome	ICD-10-CM	Diagnosis
G46.7	Other lacunar syndromes	ICD-10-CM	Diagnosis
G46.8	Other vascular syndromes of brain in cerebrovascular diseases	ICD-10-CM	Diagnosis
I67.1	Cerebral aneurysm, nonruptured	ICD-10-CM	Diagnosis
I67.2	Cerebral atherosclerosis	ICD-10-CM	Diagnosis
I67.4	Hypertensive encephalopathy	ICD-10-CM	Diagnosis
I67.5	Moyamoya disease	ICD-10-CM	Diagnosis
I67.6	Nonpyogenic thrombosis of intracranial venous system	ICD-10-CM	Diagnosis
I67.7	Cerebral arteritis, not elsewhere classified	ICD-10-CM	Diagnosis
I67.81	Acute cerebrovascular insufficiency	ICD-10-CM	Diagnosis
I67.82	Cerebral ischemia	ICD-10-CM	Diagnosis
I67.89	Other cerebrovascular disease	ICD-10-CM	Diagnosis
I67.9	Cerebrovascular disease, unspecified	ICD-10-CM	Diagnosis
I68.0	Cerebral amyloid angiopathy	ICD-10-CM	Diagnosis
I68.2	Cerebral arteritis in other diseases classified elsewhere	ICD-10-CM	Diagnosis
I68.8	Other cerebrovascular disorders in diseases classified elsewhere	ICD-10-CM	Diagnosis
00.61	Percutaneous angioplasty of extracranial vessel(s)	ICD-9-CM	Procedure
00.62	Percutaneous angioplasty of intracranial vessel(s)	ICD-9-CM	Procedure
00.63	Percutaneous insertion of carotid artery stent(s)	ICD-9-CM	Procedure
00.64	Percutaneous insertion of other extracranial artery stent(s)	ICD-9-CM	Procedure
00.65	Percutaneous insertion of intracranial vascular stent(s)	ICD-9-CM	Procedure
38.11	Endarterectomy of intracranial vessels	ICD-9-CM	Procedure
38.12	Endarterectomy of other vessels of head and neck	ICD-9-CM	Procedure
39.28	Extracranial-intracranial (EC-IC) vascular bypass	ICD-9-CM	Procedure
39.7	Endovascular procedures on vessel(s)	ICD-9-CM	Procedure
39.72	Endovascular (total) embolization or occlusion of head and neck vessels	ICD-9-CM	Procedure
39.73	Endovascular implantation of graft in thoracic aorta	ICD-9-CM	Procedure
39.74	Endovascular removal of obstruction from head and neck vessel(s)	ICD-9-CM	Procedure
39.75	Endovascular embolization or occlusion of vessel(s) of head or neck using bare coils	ICD-9-CM	Procedure
39.76	Endovascular embolization or occlusion of vessel(s) of head or neck using bioactive coils	ICD-9-CM	Procedure
39.77	Temporary (partial) therapeutic endovascular occlusion of vessel	ICD-9-CM	Procedure
39.78	Endovascular implantation of branching or fenestrated graft(s) in aorta	ICD-9-CM	Procedure
39.79	Other endovascular procedures on other vessels	ICD-9-CM	Procedure
02UW3JZ	Supplement Thoracic Aorta, Descending with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
02UW4JZ	Supplement Thoracic Aorta, Descending with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02UX3JZ	Supplement Thoracic Aorta, Ascending/Arch with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
02UX4JZ	Supplement Thoracic Aorta, Ascending/Arch with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02VW0DZ	Restriction of Thoracic Aorta, Descending with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02VW0EZ	Restriction of Thoracic Aorta, Descending with Branched or Fenestrated Intraluminal Device, One or Two Arteries, Open Approach	ICD-10-PCS	Procedure
02VW0FZ	Restriction of Thoracic Aorta, Descending with Branched or Fenestrated Intraluminal Device, Three or More Arteries, Open Approach	ICD-10-PCS	Procedure
02VW3DZ	Restriction of Thoracic Aorta, Descending with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02VW3EZ	Restriction of Thoracic Aorta, Descending with Branched or Fenestrated Intraluminal Device, One or Two Arteries, Percutaneous Approach	ICD-10-PCS	Procedure
02VW3FZ	Restriction of Thoracic Aorta, Descending with Branched or Fenestrated Intraluminal Device, Three or More Arteries, Percutaneous Approach	ICD-10-PCS	Procedure
02VW4DZ	Restriction of Thoracic Aorta, Descending with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02VW4EZ	Restriction of Thoracic Aorta, Descending with Branched or Fenestrated Intraluminal Device, One or Two Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02VW4FZ	Restriction of Thoracic Aorta, Descending with Branched or Fenestrated Intraluminal Device, Three or More Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02VX0DZ	Restriction of Thoracic Aorta, Ascending/Arch with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02VX0EZ	Restriction of Thoracic Aorta, Ascending/Arch with Branched or Fenestrated Intraluminal Device, One or Two Arteries, Open Approach	ICD-10-PCS	Procedure
02VX0FZ	Restriction of Thoracic Aorta, Ascending/Arch with Branched or Fenestrated Intraluminal Device, Three or More Arteries, Open Approach	ICD-10-PCS	Procedure
02VX3DZ	Restriction of Thoracic Aorta, Ascending/Arch with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02VX3EZ	Restriction of Thoracic Aorta, Ascending/Arch with Branched or Fenestrated Intraluminal Device, One or Two Arteries, Percutaneous Approach	ICD-10-PCS	Procedure
02VX3FZ	Restriction of Thoracic Aorta, Ascending/Arch with Branched or Fenestrated Intraluminal Device, Three or More Arteries, Percutaneous Approach	ICD-10-PCS	Procedure
02VX4DZ	Restriction of Thoracic Aorta, Ascending/Arch with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02VX4EZ	Restriction of Thoracic Aorta, Ascending/Arch with Branched or Fenestrated Intraluminal Device, One or Two Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
02VX4FZ	Restriction of Thoracic Aorta, Ascending/Arch with Branched or Fenestrated Intraluminal Device, Three or More Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
031H09G	Bypass Right Common Carotid Artery to Intracranial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031H0AG	Bypass Right Common Carotid Artery to Intracranial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
031H0JG	Bypass Right Common Carotid Artery to Intracranial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
031H0KG	Bypass Right Common Carotid Artery to Intracranial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
031H0ZG	Bypass Right Common Carotid Artery to Intracranial Artery, Open Approach	ICD-10-PCS	Procedure
031J09G	Bypass Left Common Carotid Artery to Intracranial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031J0AG	Bypass Left Common Carotid Artery to Intracranial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
031J0JG	Bypass Left Common Carotid Artery to Intracranial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
031J0KG	Bypass Left Common Carotid Artery to Intracranial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
031J0ZG	Bypass Left Common Carotid Artery to Intracranial Artery, Open Approach	ICD-10-PCS	Procedure
031S09G	Bypass Right Temporal Artery to Intracranial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031S0AG	Bypass Right Temporal Artery to Intracranial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
031S0JG	Bypass Right Temporal Artery to Intracranial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
031S0KG	Bypass Right Temporal Artery to Intracranial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
031S0ZG	Bypass Right Temporal Artery to Intracranial Artery, Open Approach	ICD-10-PCS	Procedure
031T09G	Bypass Left Temporal Artery to Intracranial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031T0AG	Bypass Left Temporal Artery to Intracranial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
031T0JG	Bypass Left Temporal Artery to Intracranial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
031T0KG	Bypass Left Temporal Artery to Intracranial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
031T0ZG	Bypass Left Temporal Artery to Intracranial Artery, Open Approach	ICD-10-PCS	Procedure
037G346	Dilation of Intracranial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037G34Z	Dilation of Intracranial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037G356	Dilation of Intracranial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037G35Z	Dilation of Intracranial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037G366	Dilation of Intracranial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037G36Z	Dilation of Intracranial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037G376	Dilation of Intracranial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037G37Z	Dilation of Intracranial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037G3D6	Dilation of Intracranial Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037G3DZ	Dilation of Intracranial Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037G3E6	Dilation of Intracranial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037G3EZ	Dilation of Intracranial Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037G3F6	Dilation of Intracranial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037G3FZ	Dilation of Intracranial Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037G3G6	Dilation of Intracranial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037G3GZ	Dilation of Intracranial Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037G3Z6	Dilation of Intracranial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037G3ZZ	Dilation of Intracranial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037G446	Dilation of Intracranial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G44Z	Dilation of Intracranial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G456	Dilation of Intracranial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G45Z	Dilation of Intracranial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G466	Dilation of Intracranial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G46Z	Dilation of Intracranial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037G476	Dilation of Intracranial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G47Z	Dilation of Intracranial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G4D6	Dilation of Intracranial Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G4DZ	Dilation of Intracranial Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G4E6	Dilation of Intracranial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G4EZ	Dilation of Intracranial Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G4F6	Dilation of Intracranial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G4FZ	Dilation of Intracranial Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G4G6	Dilation of Intracranial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G4GZ	Dilation of Intracranial Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G4Z6	Dilation of Intracranial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G4ZZ	Dilation of Intracranial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H346	Dilation of Right Common Carotid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037H34Z	Dilation of Right Common Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037H356	Dilation of Right Common Carotid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037H35Z	Dilation of Right Common Carotid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037H366	Dilation of Right Common Carotid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037H36Z	Dilation of Right Common Carotid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037H376	Dilation of Right Common Carotid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037H37Z	Dilation of Right Common Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037H3D6	Dilation of Right Common Carotid Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037H3DZ	Dilation of Right Common Carotid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037H3E6	Dilation of Right Common Carotid Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037H3EZ	Dilation of Right Common Carotid Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037H3F6	Dilation of Right Common Carotid Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037H3FZ	Dilation of Right Common Carotid Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037H3G6	Dilation of Right Common Carotid Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037H3GZ	Dilation of Right Common Carotid Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037H3Z6	Dilation of Right Common Carotid Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037H3ZZ	Dilation of Right Common Carotid Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037H446	Dilation of Right Common Carotid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H44Z	Dilation of Right Common Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H456	Dilation of Right Common Carotid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H45Z	Dilation of Right Common Carotid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H466	Dilation of Right Common Carotid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H46Z	Dilation of Right Common Carotid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H476	Dilation of Right Common Carotid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H47Z	Dilation of Right Common Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H4D6	Dilation of Right Common Carotid Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H4DZ	Dilation of Right Common Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H4E6	Dilation of Right Common Carotid Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H4EZ	Dilation of Right Common Carotid Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H4F6	Dilation of Right Common Carotid Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H4FZ	Dilation of Right Common Carotid Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037H4G6	Dilation of Right Common Carotid Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H4GZ	Dilation of Right Common Carotid Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H4Z6	Dilation of Right Common Carotid Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H4ZZ	Dilation of Right Common Carotid Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J346	Dilation of Left Common Carotid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037J34Z	Dilation of Left Common Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037J356	Dilation of Left Common Carotid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037J35Z	Dilation of Left Common Carotid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037J366	Dilation of Left Common Carotid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037J36Z	Dilation of Left Common Carotid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037J376	Dilation of Left Common Carotid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037J37Z	Dilation of Left Common Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037J3D6	Dilation of Left Common Carotid Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037J3DZ	Dilation of Left Common Carotid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037J3E6	Dilation of Left Common Carotid Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037J3EZ	Dilation of Left Common Carotid Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037J3F6	Dilation of Left Common Carotid Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037J3FZ	Dilation of Left Common Carotid Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037J3G6	Dilation of Left Common Carotid Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037J3GZ	Dilation of Left Common Carotid Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037J3Z6	Dilation of Left Common Carotid Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037J3ZZ	Dilation of Left Common Carotid Artery, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037J446	Dilation of Left Common Carotid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J44Z	Dilation of Left Common Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J456	Dilation of Left Common Carotid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J45Z	Dilation of Left Common Carotid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J466	Dilation of Left Common Carotid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J46Z	Dilation of Left Common Carotid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J476	Dilation of Left Common Carotid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J47Z	Dilation of Left Common Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J4D6	Dilation of Left Common Carotid Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J4DZ	Dilation of Left Common Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J4E6	Dilation of Left Common Carotid Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J4EZ	Dilation of Left Common Carotid Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J4F6	Dilation of Left Common Carotid Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J4FZ	Dilation of Left Common Carotid Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J4G6	Dilation of Left Common Carotid Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J4GZ	Dilation of Left Common Carotid Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J4Z6	Dilation of Left Common Carotid Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J4ZZ	Dilation of Left Common Carotid Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K346	Dilation of Right Internal Carotid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037K34Z	Dilation of Right Internal Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037K356	Dilation of Right Internal Carotid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037K35Z	Dilation of Right Internal Carotid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037K366	Dilation of Right Internal Carotid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037K36Z	Dilation of Right Internal Carotid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037K376	Dilation of Right Internal Carotid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037K37Z	Dilation of Right Internal Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037K3D6	Dilation of Right Internal Carotid Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037K3DZ	Dilation of Right Internal Carotid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037K3E6	Dilation of Right Internal Carotid Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037K3EZ	Dilation of Right Internal Carotid Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037K3F6	Dilation of Right Internal Carotid Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037K3FZ	Dilation of Right Internal Carotid Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037K3G6	Dilation of Right Internal Carotid Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037K3GZ	Dilation of Right Internal Carotid Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037K3Z6	Dilation of Right Internal Carotid Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037K3ZZ	Dilation of Right Internal Carotid Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037K446	Dilation of Right Internal Carotid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K44Z	Dilation of Right Internal Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K456	Dilation of Right Internal Carotid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K45Z	Dilation of Right Internal Carotid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K466	Dilation of Right Internal Carotid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K46Z	Dilation of Right Internal Carotid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K476	Dilation of Right Internal Carotid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037K47Z	Dilation of Right Internal Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K4D6	Dilation of Right Internal Carotid Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K4DZ	Dilation of Right Internal Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K4E6	Dilation of Right Internal Carotid Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K4EZ	Dilation of Right Internal Carotid Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K4F6	Dilation of Right Internal Carotid Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K4FZ	Dilation of Right Internal Carotid Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K4G6	Dilation of Right Internal Carotid Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K4GZ	Dilation of Right Internal Carotid Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K4Z6	Dilation of Right Internal Carotid Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K4ZZ	Dilation of Right Internal Carotid Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L346	Dilation of Left Internal Carotid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037L34Z	Dilation of Left Internal Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037L356	Dilation of Left Internal Carotid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037L35Z	Dilation of Left Internal Carotid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037L366	Dilation of Left Internal Carotid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037L36Z	Dilation of Left Internal Carotid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037L376	Dilation of Left Internal Carotid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037L37Z	Dilation of Left Internal Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037L3D6	Dilation of Left Internal Carotid Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037L3DZ	Dilation of Left Internal Carotid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037L3E6	Dilation of Left Internal Carotid Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037L3EZ	Dilation of Left Internal Carotid Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037L3F6	Dilation of Left Internal Carotid Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037L3FZ	Dilation of Left Internal Carotid Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037L3G6	Dilation of Left Internal Carotid Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037L3GZ	Dilation of Left Internal Carotid Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037L3Z6	Dilation of Left Internal Carotid Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037L3ZZ	Dilation of Left Internal Carotid Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037L446	Dilation of Left Internal Carotid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L44Z	Dilation of Left Internal Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L456	Dilation of Left Internal Carotid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L45Z	Dilation of Left Internal Carotid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L466	Dilation of Left Internal Carotid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L46Z	Dilation of Left Internal Carotid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L476	Dilation of Left Internal Carotid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L47Z	Dilation of Left Internal Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L4D6	Dilation of Left Internal Carotid Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L4DZ	Dilation of Left Internal Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L4E6	Dilation of Left Internal Carotid Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L4EZ	Dilation of Left Internal Carotid Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L4F6	Dilation of Left Internal Carotid Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L4FZ	Dilation of Left Internal Carotid Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037L4G6	Dilation of Left Internal Carotid Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L4GZ	Dilation of Left Internal Carotid Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L4Z6	Dilation of Left Internal Carotid Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L4ZZ	Dilation of Left Internal Carotid Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M346	Dilation of Right External Carotid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037M34Z	Dilation of Right External Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037M356	Dilation of Right External Carotid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037M35Z	Dilation of Right External Carotid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037M366	Dilation of Right External Carotid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037M36Z	Dilation of Right External Carotid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037M376	Dilation of Right External Carotid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037M37Z	Dilation of Right External Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037M3D6	Dilation of Right External Carotid Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037M3DZ	Dilation of Right External Carotid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037M3E6	Dilation of Right External Carotid Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037M3EZ	Dilation of Right External Carotid Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037M3F6	Dilation of Right External Carotid Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037M3FZ	Dilation of Right External Carotid Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037M3G6	Dilation of Right External Carotid Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037M3GZ	Dilation of Right External Carotid Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037M3Z6	Dilation of Right External Carotid Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037M3ZZ	Dilation of Right External Carotid Artery, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037M446	Dilation of Right External Carotid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M44Z	Dilation of Right External Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M456	Dilation of Right External Carotid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M45Z	Dilation of Right External Carotid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M466	Dilation of Right External Carotid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M46Z	Dilation of Right External Carotid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M476	Dilation of Right External Carotid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M47Z	Dilation of Right External Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M4D6	Dilation of Right External Carotid Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M4DZ	Dilation of Right External Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M4E6	Dilation of Right External Carotid Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M4EZ	Dilation of Right External Carotid Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M4F6	Dilation of Right External Carotid Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M4FZ	Dilation of Right External Carotid Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M4G6	Dilation of Right External Carotid Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M4GZ	Dilation of Right External Carotid Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M4Z6	Dilation of Right External Carotid Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M4ZZ	Dilation of Right External Carotid Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N346	Dilation of Left External Carotid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037N34Z	Dilation of Left External Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037N356	Dilation of Left External Carotid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037N35Z	Dilation of Left External Carotid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037N366	Dilation of Left External Carotid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037N36Z	Dilation of Left External Carotid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037N376	Dilation of Left External Carotid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037N37Z	Dilation of Left External Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037N3D6	Dilation of Left External Carotid Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037N3DZ	Dilation of Left External Carotid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037N3E6	Dilation of Left External Carotid Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037N3EZ	Dilation of Left External Carotid Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037N3F6	Dilation of Left External Carotid Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037N3FZ	Dilation of Left External Carotid Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037N3G6	Dilation of Left External Carotid Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037N3GZ	Dilation of Left External Carotid Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037N3Z6	Dilation of Left External Carotid Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037N3ZZ	Dilation of Left External Carotid Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037N446	Dilation of Left External Carotid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N44Z	Dilation of Left External Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N456	Dilation of Left External Carotid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N45Z	Dilation of Left External Carotid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N466	Dilation of Left External Carotid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N46Z	Dilation of Left External Carotid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N476	Dilation of Left External Carotid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037N47Z	Dilation of Left External Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N4D6	Dilation of Left External Carotid Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N4DZ	Dilation of Left External Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N4E6	Dilation of Left External Carotid Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N4EZ	Dilation of Left External Carotid Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N4F6	Dilation of Left External Carotid Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N4FZ	Dilation of Left External Carotid Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N4G6	Dilation of Left External Carotid Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N4GZ	Dilation of Left External Carotid Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N4Z6	Dilation of Left External Carotid Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N4ZZ	Dilation of Left External Carotid Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P346	Dilation of Right Vertebral Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037P34Z	Dilation of Right Vertebral Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037P356	Dilation of Right Vertebral Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037P35Z	Dilation of Right Vertebral Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037P366	Dilation of Right Vertebral Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037P36Z	Dilation of Right Vertebral Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037P376	Dilation of Right Vertebral Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037P37Z	Dilation of Right Vertebral Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037P3D6	Dilation of Right Vertebral Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037P3DZ	Dilation of Right Vertebral Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037P3E6	Dilation of Right Vertebral Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037P3EZ	Dilation of Right Vertebral Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037P3F6	Dilation of Right Vertebral Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037P3FZ	Dilation of Right Vertebral Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037P3G6	Dilation of Right Vertebral Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037P3GZ	Dilation of Right Vertebral Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037P3Z6	Dilation of Right Vertebral Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037P3ZZ	Dilation of Right Vertebral Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037P446	Dilation of Right Vertebral Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P44Z	Dilation of Right Vertebral Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P456	Dilation of Right Vertebral Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P45Z	Dilation of Right Vertebral Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P466	Dilation of Right Vertebral Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P46Z	Dilation of Right Vertebral Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P476	Dilation of Right Vertebral Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P47Z	Dilation of Right Vertebral Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P4D6	Dilation of Right Vertebral Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P4DZ	Dilation of Right Vertebral Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P4E6	Dilation of Right Vertebral Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P4EZ	Dilation of Right Vertebral Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P4F6	Dilation of Right Vertebral Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P4FZ	Dilation of Right Vertebral Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P4G6	Dilation of Right Vertebral Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037P4GZ	Dilation of Right Vertebral Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P4Z6	Dilation of Right Vertebral Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P4ZZ	Dilation of Right Vertebral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q346	Dilation of Left Vertebral Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037Q34Z	Dilation of Left Vertebral Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037Q356	Dilation of Left Vertebral Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Q35Z	Dilation of Left Vertebral Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Q366	Dilation of Left Vertebral Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Q36Z	Dilation of Left Vertebral Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Q376	Dilation of Left Vertebral Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Q37Z	Dilation of Left Vertebral Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Q3D6	Dilation of Left Vertebral Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037Q3DZ	Dilation of Left Vertebral Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037Q3E6	Dilation of Left Vertebral Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Q3EZ	Dilation of Left Vertebral Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Q3F6	Dilation of Left Vertebral Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Q3FZ	Dilation of Left Vertebral Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Q3G6	Dilation of Left Vertebral Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Q3GZ	Dilation of Left Vertebral Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Q3Z6	Dilation of Left Vertebral Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037Q3ZZ	Dilation of Left Vertebral Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037Q446	Dilation of Left Vertebral Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q44Z	Dilation of Left Vertebral Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037Q456	Dilation of Left Vertebral Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q45Z	Dilation of Left Vertebral Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q466	Dilation of Left Vertebral Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q46Z	Dilation of Left Vertebral Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q476	Dilation of Left Vertebral Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q47Z	Dilation of Left Vertebral Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q4D6	Dilation of Left Vertebral Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q4DZ	Dilation of Left Vertebral Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q4E6	Dilation of Left Vertebral Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q4EZ	Dilation of Left Vertebral Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q4F6	Dilation of Left Vertebral Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q4FZ	Dilation of Left Vertebral Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q4G6	Dilation of Left Vertebral Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q4GZ	Dilation of Left Vertebral Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q4Z6	Dilation of Left Vertebral Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q4ZZ	Dilation of Left Vertebral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037R3D6	Dilation of Face Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037R3DZ	Dilation of Face Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037R3E6	Dilation of Face Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037R3EZ	Dilation of Face Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037R3F6	Dilation of Face Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037R3FZ	Dilation of Face Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037R3G6	Dilation of Face Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037R3GZ	Dilation of Face Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037R4D6	Dilation of Face Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037R4DZ	Dilation of Face Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037R4E6	Dilation of Face Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037R4EZ	Dilation of Face Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037R4F6	Dilation of Face Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037R4FZ	Dilation of Face Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037R4G6	Dilation of Face Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037R4GZ	Dilation of Face Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037S3D6	Dilation of Right Temporal Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037S3DZ	Dilation of Right Temporal Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037S3E6	Dilation of Right Temporal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037S3EZ	Dilation of Right Temporal Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037S3F6	Dilation of Right Temporal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037S3FZ	Dilation of Right Temporal Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037S3G6	Dilation of Right Temporal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037S3GZ	Dilation of Right Temporal Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037S4D6	Dilation of Right Temporal Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037S4DZ	Dilation of Right Temporal Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037S4E6	Dilation of Right Temporal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037S4EZ	Dilation of Right Temporal Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037S4F6	Dilation of Right Temporal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037S4FZ	Dilation of Right Temporal Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037S4G6	Dilation of Right Temporal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037S4GZ	Dilation of Right Temporal Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037T3D6	Dilation of Left Temporal Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037T3DZ	Dilation of Left Temporal Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037T3E6	Dilation of Left Temporal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037T3EZ	Dilation of Left Temporal Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037T3F6	Dilation of Left Temporal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037T3FZ	Dilation of Left Temporal Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037T3G6	Dilation of Left Temporal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037T3GZ	Dilation of Left Temporal Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037T4D6	Dilation of Left Temporal Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037T4DZ	Dilation of Left Temporal Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037T4E6	Dilation of Left Temporal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037T4EZ	Dilation of Left Temporal Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037T4F6	Dilation of Left Temporal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037T4FZ	Dilation of Left Temporal Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037T4G6	Dilation of Left Temporal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037T4GZ	Dilation of Left Temporal Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CG0Z6	Extirpation of Matter from Intracranial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CG0ZZ	Extirpation of Matter from Intracranial Artery, Open Approach	ICD-10-PCS	Procedure
03CG3Z6	Extirpation of Matter from Intracranial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03CG3ZZ	Extirpation of Matter from Intracranial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CG4Z6	Extirpation of Matter from Intracranial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CG4ZZ	Extirpation of Matter from Intracranial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CH0Z6	Extirpation of Matter from Right Common Carotid Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CH0ZZ	Extirpation of Matter from Right Common Carotid Artery, Open Approach	ICD-10-PCS	Procedure
03CH3Z6	Extirpation of Matter from Right Common Carotid Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CH3ZZ	Extirpation of Matter from Right Common Carotid Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CH4Z6	Extirpation of Matter from Right Common Carotid Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CH4ZZ	Extirpation of Matter from Right Common Carotid Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CJ0Z6	Extirpation of Matter from Left Common Carotid Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CJ0ZZ	Extirpation of Matter from Left Common Carotid Artery, Open Approach	ICD-10-PCS	Procedure
03CJ3Z6	Extirpation of Matter from Left Common Carotid Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CJ3ZZ	Extirpation of Matter from Left Common Carotid Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CJ4Z6	Extirpation of Matter from Left Common Carotid Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CJ4ZZ	Extirpation of Matter from Left Common Carotid Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CK0Z6	Extirpation of Matter from Right Internal Carotid Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CK0ZZ	Extirpation of Matter from Right Internal Carotid Artery, Open Approach	ICD-10-PCS	Procedure
03CK3Z6	Extirpation of Matter from Right Internal Carotid Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CK3ZZ	Extirpation of Matter from Right Internal Carotid Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CK4Z6	Extirpation of Matter from Right Internal Carotid Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CK4ZZ	Extirpation of Matter from Right Internal Carotid Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CL0Z6	Extirpation of Matter from Left Internal Carotid Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CL0ZZ	Extirpation of Matter from Left Internal Carotid Artery, Open Approach	ICD-10-PCS	Procedure
03CL3Z6	Extirpation of Matter from Left Internal Carotid Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CL3ZZ	Extirpation of Matter from Left Internal Carotid Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CL4Z6	Extirpation of Matter from Left Internal Carotid Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03CL4ZZ	Extirpation of Matter from Left Internal Carotid Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CM0Z6	Extirpation of Matter from Right External Carotid Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CM0ZZ	Extirpation of Matter from Right External Carotid Artery, Open Approach	ICD-10-PCS	Procedure
03CM3Z6	Extirpation of Matter from Right External Carotid Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CM3ZZ	Extirpation of Matter from Right External Carotid Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CM4Z6	Extirpation of Matter from Right External Carotid Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CM4ZZ	Extirpation of Matter from Right External Carotid Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CN0Z6	Extirpation of Matter from Left External Carotid Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CN0ZZ	Extirpation of Matter from Left External Carotid Artery, Open Approach	ICD-10-PCS	Procedure
03CN3Z6	Extirpation of Matter from Left External Carotid Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CN3ZZ	Extirpation of Matter from Left External Carotid Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CN4Z6	Extirpation of Matter from Left External Carotid Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CN4ZZ	Extirpation of Matter from Left External Carotid Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CP0Z6	Extirpation of Matter from Right Vertebral Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CP0ZZ	Extirpation of Matter from Right Vertebral Artery, Open Approach	ICD-10-PCS	Procedure
03CP3Z6	Extirpation of Matter from Right Vertebral Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CP3ZZ	Extirpation of Matter from Right Vertebral Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CP4Z6	Extirpation of Matter from Right Vertebral Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CP4ZZ	Extirpation of Matter from Right Vertebral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CQ0Z6	Extirpation of Matter from Left Vertebral Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CQ0ZZ	Extirpation of Matter from Left Vertebral Artery, Open Approach	ICD-10-PCS	Procedure
03CQ3Z6	Extirpation of Matter from Left Vertebral Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CQ3ZZ	Extirpation of Matter from Left Vertebral Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CQ4Z6	Extirpation of Matter from Left Vertebral Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CQ4ZZ	Extirpation of Matter from Left Vertebral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CR0Z6	Extirpation of Matter from Face Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CR0ZZ	Extirpation of Matter from Face Artery, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03CR3Z6	Extirpation of Matter from Face Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CR3ZZ	Extirpation of Matter from Face Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CR4Z6	Extirpation of Matter from Face Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CR4ZZ	Extirpation of Matter from Face Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CS0Z6	Extirpation of Matter from Right Temporal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CS0ZZ	Extirpation of Matter from Right Temporal Artery, Open Approach	ICD-10-PCS	Procedure
03CS3Z6	Extirpation of Matter from Right Temporal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CS3ZZ	Extirpation of Matter from Right Temporal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CS4Z6	Extirpation of Matter from Right Temporal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CS4ZZ	Extirpation of Matter from Right Temporal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CT0Z6	Extirpation of Matter from Left Temporal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CT0ZZ	Extirpation of Matter from Left Temporal Artery, Open Approach	ICD-10-PCS	Procedure
03CT3Z6	Extirpation of Matter from Left Temporal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CT3ZZ	Extirpation of Matter from Left Temporal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CT4Z6	Extirpation of Matter from Left Temporal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CT4ZZ	Extirpation of Matter from Left Temporal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CU0Z6	Extirpation of Matter from Right Thyroid Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CU0ZZ	Extirpation of Matter from Right Thyroid Artery, Open Approach	ICD-10-PCS	Procedure
03CU3Z6	Extirpation of Matter from Right Thyroid Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CU3ZZ	Extirpation of Matter from Right Thyroid Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CU4Z6	Extirpation of Matter from Right Thyroid Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CU4ZZ	Extirpation of Matter from Right Thyroid Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CV0Z6	Extirpation of Matter from Left Thyroid Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CV0ZZ	Extirpation of Matter from Left Thyroid Artery, Open Approach	ICD-10-PCS	Procedure
03CV3Z6	Extirpation of Matter from Left Thyroid Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CV3ZZ	Extirpation of Matter from Left Thyroid Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CV4Z6	Extirpation of Matter from Left Thyroid Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CV4ZZ	Extirpation of Matter from Left Thyroid Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03LG0BZ	Occlusion of Intracranial Artery with Bioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03LG0DZ	Occlusion of Intracranial Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03LG3BZ	Occlusion of Intracranial Artery with Bioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03LG3DZ	Occlusion of Intracranial Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03LG4BZ	Occlusion of Intracranial Artery with Bioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03LG4DZ	Occlusion of Intracranial Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03LH0BZ	Occlusion of Right Common Carotid Artery with Bioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03LH0DZ	Occlusion of Right Common Carotid Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03LH3BZ	Occlusion of Right Common Carotid Artery with Bioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03LH3DZ	Occlusion of Right Common Carotid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03LH4BZ	Occlusion of Right Common Carotid Artery with Bioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03LH4DZ	Occlusion of Right Common Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03LJ0BZ	Occlusion of Left Common Carotid Artery with Bioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03LJ0DZ	Occlusion of Left Common Carotid Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03LJ3BZ	Occlusion of Left Common Carotid Artery with Bioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03LJ3DZ	Occlusion of Left Common Carotid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03LJ4BZ	Occlusion of Left Common Carotid Artery with Bioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03LJ4DZ	Occlusion of Left Common Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03LK0BZ	Occlusion of Right Internal Carotid Artery with Bioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03LK0DZ	Occlusion of Right Internal Carotid Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03LK3BZ	Occlusion of Right Internal Carotid Artery with Bioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03LK3DZ	Occlusion of Right Internal Carotid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03LK4BZ	Occlusion of Right Internal Carotid Artery with Bioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03LK4DZ	Occlusion of Right Internal Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03LL0BZ	Occlusion of Left Internal Carotid Artery with Bioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03LL0DZ	Occlusion of Left Internal Carotid Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03LL3BZ	Occlusion of Left Internal Carotid Artery with Bioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03LL3DZ	Occlusion of Left Internal Carotid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03LL4BZ	Occlusion of Left Internal Carotid Artery with Bioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03LL4DZ	Occlusion of Left Internal Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03LM0BZ	Occlusion of Right External Carotid Artery with Bioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03LM0DZ	Occlusion of Right External Carotid Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03LM3BZ	Occlusion of Right External Carotid Artery with Bioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03LM3DZ	Occlusion of Right External Carotid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03LM4BZ	Occlusion of Right External Carotid Artery with Bioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03LM4DZ	Occlusion of Right External Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03LN0BZ	Occlusion of Left External Carotid Artery with Bioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03LN0DZ	Occlusion of Left External Carotid Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03LN3BZ	Occlusion of Left External Carotid Artery with Bioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03LN3DZ	Occlusion of Left External Carotid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03LN4BZ	Occlusion of Left External Carotid Artery with Bioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03LN4DZ	Occlusion of Left External Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03LP0BZ	Occlusion of Right Vertebral Artery with Bioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03LP0DZ	Occlusion of Right Vertebral Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03LP3BZ	Occlusion of Right Vertebral Artery with Bioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03LP3DZ	Occlusion of Right Vertebral Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03LP4BZ	Occlusion of Right Vertebral Artery with Bioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03LP4DZ	Occlusion of Right Vertebral Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03LQ0BZ	Occlusion of Left Vertebral Artery with Bioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03LQ0DZ	Occlusion of Left Vertebral Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03LQ3BZ	Occlusion of Left Vertebral Artery with Bioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03LQ3DZ	Occlusion of Left Vertebral Artery with Intraluminal Device, Percutaneous	ICD-10-PCS	Procedure
03LQ4BZ	Occlusion of Left Vertebral Artery with Bioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03LQ4DZ	Occlusion of Left Vertebral Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03LR0DZ	Occlusion of Face Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03LR3DZ	Occlusion of Face Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03LR4DZ	Occlusion of Face Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03LS0DZ	Occlusion of Right Temporal Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03LS3DZ	Occlusion of Right Temporal Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03LS4DZ	Occlusion of Right Temporal Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03LT0DZ	Occlusion of Left Temporal Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03LT3DZ	Occlusion of Left Temporal Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03LT4DZ	Occlusion of Left Temporal Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03VG0BZ	Restriction of Intracranial Artery with Bioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03VG0DZ	Restriction of Intracranial Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03VG3BZ	Restriction of Intracranial Artery with Bioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03VG3DZ	Restriction of Intracranial Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03VG4BZ	Restriction of Intracranial Artery with Bioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03VG4DZ	Restriction of Intracranial Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03VH0BZ	Restriction of Right Common Carotid Artery with Bioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03VH0DZ	Restriction of Right Common Carotid Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03VH3BZ	Restriction of Right Common Carotid Artery with Bioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03VH3DZ	Restriction of Right Common Carotid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03VH4BZ	Restriction of Right Common Carotid Artery with Bioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03VH4DZ	Restriction of Right Common Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03VJ0BZ	Restriction of Left Common Carotid Artery with Bioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03VJ0DZ	Restriction of Left Common Carotid Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03VJ3BZ	Restriction of Left Common Carotid Artery with Bioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03VJ3DZ	Restriction of Left Common Carotid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03VJ4BZ	Restriction of Left Common Carotid Artery with Bioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03VJ4DZ	Restriction of Left Common Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03VK0BZ	Restriction of Right Internal Carotid Artery with Bioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03VK0DZ	Restriction of Right Internal Carotid Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03VK3BZ	Restriction of Right Internal Carotid Artery with Bioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03VK3DZ	Restriction of Right Internal Carotid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03VK4BZ	Restriction of Right Internal Carotid Artery with Bioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03VK4DZ	Restriction of Right Internal Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03VL0BZ	Restriction of Left Internal Carotid Artery with Bioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03VL0DZ	Restriction of Left Internal Carotid Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03VL3BZ	Restriction of Left Internal Carotid Artery with Bioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03VL3DZ	Restriction of Left Internal Carotid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03VL4BZ	Restriction of Left Internal Carotid Artery with Bioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03VL4DZ	Restriction of Left Internal Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03VM0BZ	Restriction of Right External Carotid Artery with Bioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03VM0DZ	Restriction of Right External Carotid Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03VM3BZ	Restriction of Right External Carotid Artery with Bioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03VM3DZ	Restriction of Right External Carotid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03VM4BZ	Restriction of Right External Carotid Artery with Bioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03VM4DZ	Restriction of Right External Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03VN0BZ	Restriction of Left External Carotid Artery with Bioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03VN0DZ	Restriction of Left External Carotid Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03VN3BZ	Restriction of Left External Carotid Artery with Bioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03VN3DZ	Restriction of Left External Carotid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03VN4BZ	Restriction of Left External Carotid Artery with Bioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03VN4DZ	Restriction of Left External Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03VP0BZ	Restriction of Right Vertebral Artery with Bioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03VP0DZ	Restriction of Right Vertebral Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03VP3BZ	Restriction of Right Vertebral Artery with Bioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03VP3DZ	Restriction of Right Vertebral Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03VP4BZ	Restriction of Right Vertebral Artery with Bioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03VP4DZ	Restriction of Right Vertebral Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03VQ0BZ	Restriction of Left Vertebral Artery with Bioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03VQ0DZ	Restriction of Left Vertebral Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03VQ3BZ	Restriction of Left Vertebral Artery with Bioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03VQ3DZ	Restriction of Left Vertebral Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03VQ4BZ	Restriction of Left Vertebral Artery with Bioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03VQ4DZ	Restriction of Left Vertebral Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03VR0DZ	Restriction of Face Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03VR3DZ	Restriction of Face Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03VR4DZ	Restriction of Face Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03VS0DZ	Restriction of Right Temporal Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03VS3DZ	Restriction of Right Temporal Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03VS4DZ	Restriction of Right Temporal Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03VT0DZ	Restriction of Left Temporal Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03VT3DZ	Restriction of Left Temporal Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03VT4DZ	Restriction of Left Temporal Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03VU0DZ	Restriction of Right Thyroid Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03VU3DZ	Restriction of Right Thyroid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03VU4DZ	Restriction of Right Thyroid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03VV0DZ	Restriction of Left Thyroid Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03VV3DZ	Restriction of Left Thyroid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03VV4DZ	Restriction of Left Thyroid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04U03JZ	Supplement Abdominal Aorta with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
04U04JZ	Supplement Abdominal Aorta with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04V00DJ	Restriction of Abdominal Aorta with Intraluminal Device, Temporary, Open Approach	ICD-10-PCS	Procedure
04V00E6	Restriction of Abdominal Aorta, Bifurcation, with Branched or Fenestrated Intraluminal Device, One or Two Arteries, Open Approach	ICD-10-PCS	Procedure
04V00EZ	Restriction of Abdominal Aorta with Branched or Fenestrated Intraluminal Device, One or Two Arteries, Open Approach	ICD-10-PCS	Procedure
04V00F6	Restriction of Abdominal Aorta, Bifurcation, with Branched or Fenestrated Intraluminal Device, Three or More Arteries, Open Approach	ICD-10-PCS	Procedure
04V00FZ	Restriction of Abdominal Aorta with Branched or Fenestrated Intraluminal Device, Three or More Arteries, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
04V03DJ	Restriction of Abdominal Aorta with Intraluminal Device, Temporary, Percutaneous Approach	ICD-10-PCS	Procedure
04V03E6	Restriction of Abdominal Aorta, Bifurcation, with Branched or Fenestrated Intraluminal Device, One or Two Arteries, Percutaneous Approach	ICD-10-PCS	Procedure
04V03EZ	Restriction of Abdominal Aorta with Branched or Fenestrated Intraluminal Device, One or Two Arteries, Percutaneous Approach	ICD-10-PCS	Procedure
04V03F6	Restriction of Abdominal Aorta, Bifurcation, with Branched or Fenestrated Intraluminal Device, Three or More Arteries, Percutaneous Approach	ICD-10-PCS	Procedure
04V03FZ	Restriction of Abdominal Aorta with Branched or Fenestrated Intraluminal Device, Three or More Arteries, Percutaneous Approach	ICD-10-PCS	Procedure
04V04DJ	Restriction of Abdominal Aorta with Intraluminal Device, Temporary, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04V04E6	Restriction of Abdominal Aorta, Bifurcation, with Branched or Fenestrated Intraluminal Device, One or Two Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04V04EZ	Restriction of Abdominal Aorta with Branched or Fenestrated Intraluminal Device, One or Two Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04V04F6	Restriction of Abdominal Aorta, Bifurcation, with Branched or Fenestrated Intraluminal Device, Three or More Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04V04FZ	Restriction of Abdominal Aorta with Branched or Fenestrated Intraluminal Device, Three or More Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057L3DZ	Dilation of Intracranial Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
057L4DZ	Dilation of Intracranial Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057M3DZ	Dilation of Right Internal Jugular Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
057M4DZ	Dilation of Right Internal Jugular Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057N3DZ	Dilation of Left Internal Jugular Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
057N4DZ	Dilation of Left Internal Jugular Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057P3DZ	Dilation of Right External Jugular Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
057P4DZ	Dilation of Right External Jugular Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057Q3DZ	Dilation of Left External Jugular Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
057Q4DZ	Dilation of Left External Jugular Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057R3DZ	Dilation of Right Vertebral Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
057R4DZ	Dilation of Right Vertebral Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
057S3DZ	Dilation of Left Vertebral Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
057S4DZ	Dilation of Left Vertebral Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057T3DZ	Dilation of Right Face Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
057T4DZ	Dilation of Right Face Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05CL3ZZ	Extirpation of Matter from Intracranial Vein, Percutaneous Approach	ICD-10-PCS	Procedure
0075T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel	CPT Category III	Procedure
0076T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; each additional vessel (List separately in addition to code for primary procedure)	CPT Category III	Procedure
33891	Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision	CPT-4	Procedure
34001	Embolectomy or thrombectomy, with or without catheter; carotid, subclavian or innominate artery, by neck incision	CPT-4	Procedure
35301	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision	CPT-4	Procedure
35390	Reoperation, carotid, thromboendarterectomy, more than 1 month after original operation (List separately in addition to code for primary procedure)	CPT-4	Procedure
35501	Bypass graft, with vein; common carotid-ipsilateral internal carotid	CPT-4	Procedure
35601	Bypass graft, with other than vein; common carotid-ipsilateral internal carotid	CPT-4	Procedure
35606	Bypass graft, with other than vein; carotid-subclavian	CPT-4	Procedure
35626	Bypass graft, with other than vein; aortosubclavian, aortoinnominate, or aortocarotid	CPT-4	Procedure
35642	Bypass graft, with other than vein; carotid-vertebral	CPT-4	Procedure
35901	Excision of infected graft; neck	CPT-4	Procedure
36100	Introduction of needle or intracatheter, carotid or vertebral artery	CPT-4	Procedure
37205	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; initial vessel	CPT-4	Procedure
37206	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; each additional vessel (List separately in addition to code for primary procedure)	CPT-4	Procedure
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection	CPT-4	Procedure
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection	CPT-4	Procedure

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

Code	Description	Code Type	Code Category
37216	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection	CPT-4	Procedure
37216	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection without distal embolic protection	CPT-4	Procedure
37217	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation	CPT-4	Procedure
37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	CPT-4	Procedure
37246	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery	CPT-4	Procedure
37247	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)	CPT-4	Procedure
61623	Endovascular temporary balloon arterial occlusion, head or neck (extracranial/intracranial) including selective catheterization of vessel to be occluded, positioning and inflation of occlusion balloon, concomitant neurological monitoring, and radiologic supervision and interpretation of all angiography required for balloon occlusion and to exclude vascular injury post occlusion	CPT-4	Procedure
61623	Endovascular temporary balloon arterial occlusion, head or neck (extracranial/intracranial) including selective catheterization of vessel to be occluded, positioning and inflation of occlusion balloon, concomitant neurological monitoring, and radiologic supervision and interpretation of all angiography required for balloon occlusion and to exclude vascular injury post occlusion	CPT-4	Procedure
61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous	CPT-4	Procedure
61635	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed	CPT-4	Procedure
61640	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel	CPT-4	Procedure
61641	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family (List separately in addition to code for primary procedure)	CPT-4	Procedure
61642	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family (List separately in addition to code for primary procedure)	CPT-4	Procedure

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

Code	Description	Code Type	Code Category
61680	Surgery of intracranial arteriovenous malformation; supratentorial, simple	CPT-4	Procedure
61682	Surgery of intracranial arteriovenous malformation; supratentorial, complex	CPT-4	Procedure
61684	Surgery of intracranial arteriovenous malformation; infratentorial, simple	CPT-4	Procedure
61686	Surgery of intracranial arteriovenous malformation; infratentorial, complex	CPT-4	Procedure
61690	Surgery of intracranial arteriovenous malformation; dural, simple	CPT-4	Procedure
61692	Surgery of intracranial arteriovenous malformation; dural, complex	CPT-4	Procedure
61697	Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation	CPT-4	Procedure
61698	Surgery of complex intracranial aneurysm, intracranial approach; vertebrobasilar circulation	CPT-4	Procedure
61700	Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation	CPT-4	Procedure
61702	Surgery of simple intracranial aneurysm, intracranial approach; vertebrobasilar circulation	CPT-4	Procedure
61703	Surgery of intracranial aneurysm, cervical approach by application of occluding clamp to cervical carotid artery (Selverstone-Crutchfield type)	CPT-4	Procedure
61705	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial and cervical occlusion of carotid artery	CPT-4	Procedure
61708	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial electrothrombosis	CPT-4	Procedure
61710	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intra-arterial embolization, injection procedure, or balloon catheter	CPT-4	Procedure
61711	Anastomosis, arterial, extracranial-intracranial (eg, middle cerebral/cortical) arteries	CPT-4	Procedure
S2211	Transcatheter placement of intravascular stent(s), carotid artery, percutaneous, unilateral (if performed bilaterally, use-50 modifier)	HCPCS	Procedure
Retinal Microvascular Disease			
362.1	Other background retinopathy and retinal vascular changes	ICD-9-CM	Diagnosis
362.10	Unspecified background retinopathy	ICD-9-CM	Diagnosis
362.11	Hypertensive retinopathy	ICD-9-CM	Diagnosis
362.12	Exudative retinopathy	ICD-9-CM	Diagnosis
362.13	Changes in vascular appearance of retina	ICD-9-CM	Diagnosis
362.14	Retinal microaneurysms NOS	ICD-9-CM	Diagnosis
362.15	Retinal telangiectasia	ICD-9-CM	Diagnosis
362.16	Retinal neovascularization NOS	ICD-9-CM	Diagnosis
362.18	Retinal vasculitis	ICD-9-CM	Diagnosis
362.2	Other proliferative retinopathy	ICD-9-CM	Diagnosis
362.29	Other nondiabetic proliferative retinopathy	ICD-9-CM	Diagnosis
362.3	Retinal Vascular occlusion	ICD-9-CM	Diagnosis
362.30	Unspecified retinal Vascular occlusion	ICD-9-CM	Diagnosis
362.31	Central artery occlusion of retina	ICD-9-CM	Diagnosis
362.32	Arterial branch occlusion of retina	ICD-9-CM	Diagnosis
362.33	Partial Arterial occlusion of retina	ICD-9-CM	Diagnosis

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

Code	Description	Code Type	Code Category
362.34	Transient Arterial occlusion of retina	ICD-9-CM	Diagnosis
362.8	Other retinal disorders	ICD-9-CM	Diagnosis
362.81	Retinal hemorrhage	ICD-9-CM	Diagnosis
362.82	Retinal exudates and deposits	ICD-9-CM	Diagnosis
362.83	Retinal edema	ICD-9-CM	Diagnosis
362.84	Retinal ischemia	ICD-9-CM	Diagnosis
362.89	Other retinal disorders	ICD-9-CM	Diagnosis
362.9	Unspecified retinal disorder	ICD-9-CM	Diagnosis
G45.3	Amaurosis fugax	ICD-10-CM	Diagnosis
H34.00	Transient retinal artery occlusion, unspecified eye	ICD-10-CM	Diagnosis
H34.01	Transient retinal artery occlusion, right eye	ICD-10-CM	Diagnosis
H34.02	Transient retinal artery occlusion, left eye	ICD-10-CM	Diagnosis
H34.03	Transient retinal artery occlusion, bilateral	ICD-10-CM	Diagnosis
H34.10	Central retinal artery occlusion, unspecified eye	ICD-10-CM	Diagnosis
H34.11	Central retinal artery occlusion, right eye	ICD-10-CM	Diagnosis
H34.12	Central retinal artery occlusion, left eye	ICD-10-CM	Diagnosis
H34.13	Central retinal artery occlusion, bilateral	ICD-10-CM	Diagnosis
H34.211	Partial retinal artery occlusion, right eye	ICD-10-CM	Diagnosis
H34.212	Partial retinal artery occlusion, left eye	ICD-10-CM	Diagnosis
H34.213	Partial retinal artery occlusion, bilateral	ICD-10-CM	Diagnosis
H34.219	Partial retinal artery occlusion, unspecified eye	ICD-10-CM	Diagnosis
H34.231	Retinal artery branch occlusion, right eye	ICD-10-CM	Diagnosis
H34.232	Retinal artery branch occlusion, left eye	ICD-10-CM	Diagnosis
H34.233	Retinal artery branch occlusion, bilateral	ICD-10-CM	Diagnosis
H34.239	Retinal artery branch occlusion, unspecified eye	ICD-10-CM	Diagnosis
H34.9	Unspecified retinal vascular occlusion	ICD-10-CM	Diagnosis
H35.00	Unspecified background retinopathy	ICD-10-CM	Diagnosis
H35.011	Changes in retinal vascular appearance, right eye	ICD-10-CM	Diagnosis
H35.012	Changes in retinal vascular appearance, left eye	ICD-10-CM	Diagnosis
H35.013	Changes in retinal vascular appearance, bilateral	ICD-10-CM	Diagnosis
H35.019	Changes in retinal vascular appearance, unspecified eye	ICD-10-CM	Diagnosis
H35.021	Exudative retinopathy, right eye	ICD-10-CM	Diagnosis
H35.022	Exudative retinopathy, left eye	ICD-10-CM	Diagnosis
H35.023	Exudative retinopathy, bilateral	ICD-10-CM	Diagnosis
H35.029	Exudative retinopathy, unspecified eye	ICD-10-CM	Diagnosis
H35.031	Hypertensive retinopathy, right eye	ICD-10-CM	Diagnosis
H35.032	Hypertensive retinopathy, left eye	ICD-10-CM	Diagnosis
H35.033	Hypertensive retinopathy, bilateral	ICD-10-CM	Diagnosis
H35.039	Hypertensive retinopathy, unspecified eye	ICD-10-CM	Diagnosis
H35.041	Retinal micro-aneurysms, unspecified, right eye	ICD-10-CM	Diagnosis
H35.042	Retinal micro-aneurysms, unspecified, left eye	ICD-10-CM	Diagnosis
H35.043	Retinal micro-aneurysms, unspecified, bilateral	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
H35.049	Retinal micro-aneurysms, unspecified, unspecified eye	ICD-10-CM	Diagnosis
H35.051	Retinal neovascularization, unspecified, right eye	ICD-10-CM	Diagnosis
H35.052	Retinal neovascularization, unspecified, left eye	ICD-10-CM	Diagnosis
H35.053	Retinal neovascularization, unspecified, bilateral	ICD-10-CM	Diagnosis
H35.059	Retinal neovascularization, unspecified, unspecified eye	ICD-10-CM	Diagnosis
H35.061	Retinal vasculitis, right eye	ICD-10-CM	Diagnosis
H35.062	Retinal vasculitis, left eye	ICD-10-CM	Diagnosis
H35.063	Retinal vasculitis, bilateral	ICD-10-CM	Diagnosis
H35.069	Retinal vasculitis, unspecified eye	ICD-10-CM	Diagnosis
H35.071	Retinal telangiectasis, right eye	ICD-10-CM	Diagnosis
H35.072	Retinal telangiectasis, left eye	ICD-10-CM	Diagnosis
H35.073	Retinal telangiectasis, bilateral	ICD-10-CM	Diagnosis
H35.079	Retinal telangiectasis, unspecified eye	ICD-10-CM	Diagnosis
H35.20	Other non-diabetic proliferative retinopathy, unspecified eye	ICD-10-CM	Diagnosis
H35.21	Other non-diabetic proliferative retinopathy, right eye	ICD-10-CM	Diagnosis
H35.22	Other non-diabetic proliferative retinopathy, left eye	ICD-10-CM	Diagnosis
H35.23	Other non-diabetic proliferative retinopathy, bilateral	ICD-10-CM	Diagnosis
H35.60	Retinal hemorrhage, unspecified eye	ICD-10-CM	Diagnosis
H35.61	Retinal hemorrhage, right eye	ICD-10-CM	Diagnosis
H35.62	Retinal hemorrhage, left eye	ICD-10-CM	Diagnosis
H35.63	Retinal hemorrhage, bilateral	ICD-10-CM	Diagnosis
H35.81	Retinal edema	ICD-10-CM	Diagnosis
H35.82	Retinal ischemia	ICD-10-CM	Diagnosis
H35.89	Other specified retinal disorders	ICD-10-CM	Diagnosis
H35.9	Unspecified retinal disorder	ICD-10-CM	Diagnosis
Renovascular Disease			
440.1	Atherosclerosis of renal artery	ICD-9-CM	Diagnosis
442.1	Aneurysm of renal artery	ICD-9-CM	Diagnosis
447.8	Other specified disorders of arteries and arterioles	ICD-9-CM	Diagnosis
593.81	Vascular disorders of kidney	ICD-9-CM	Diagnosis
I70.1	Atherosclerosis of renal artery	ICD-10-CM	Diagnosis
I72.2	Aneurysm of renal artery	ICD-10-CM	Diagnosis
I77.3	Arterial fibromuscular dysplasia	ICD-10-CM	Diagnosis
I77.89	Other specified disorders of arteries and arterioles	ICD-10-CM	Diagnosis
N28.0	Ischemia and infarction of kidney	ICD-10-CM	Diagnosis
39.24	Aorta-renal bypass	ICD-9-CM	Procedure
0410093	Bypass Abdominal Aorta to Right Renal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0410094	Bypass Abdominal Aorta to Left Renal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0410095	Bypass Abdominal Aorta to Bilateral Renal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
0410493	Bypass Abdominal Aorta to Right Renal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0410494	Bypass Abdominal Aorta to Left Renal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0410495	Bypass Abdominal Aorta to Bilateral Renal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04100A3	Bypass Abdominal Aorta to Right Renal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100A4	Bypass Abdominal Aorta to Left Renal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100A5	Bypass Abdominal Aorta to Bilateral Renal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100J3	Bypass Abdominal Aorta to Right Renal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100J4	Bypass Abdominal Aorta to Left Renal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100J5	Bypass Abdominal Aorta to Bilateral Renal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100K3	Bypass Abdominal Aorta to Right Renal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100K4	Bypass Abdominal Aorta to Left Renal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100K5	Bypass Abdominal Aorta to Bilateral Renal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100Z3	Bypass Abdominal Aorta to Right Renal Artery, Open Approach	ICD-10-PCS	Procedure
04100Z4	Bypass Abdominal Aorta to Left Renal Artery, Open Approach	ICD-10-PCS	Procedure
04100Z5	Bypass Abdominal Aorta to Bilateral Renal Artery, Open Approach	ICD-10-PCS	Procedure
04104A3	Bypass Abdominal Aorta to Right Renal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104A4	Bypass Abdominal Aorta to Left Renal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104A5	Bypass Abdominal Aorta to Bilateral Renal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104J3	Bypass Abdominal Aorta to Right Renal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104J4	Bypass Abdominal Aorta to Left Renal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104J5	Bypass Abdominal Aorta to Bilateral Renal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104K3	Bypass Abdominal Aorta to Right Renal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
04104K4	Bypass Abdominal Aorta to Left Renal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104K5	Bypass Abdominal Aorta to Bilateral Renal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104Z3	Bypass Abdominal Aorta to Right Renal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104Z4	Bypass Abdominal Aorta to Left Renal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104Z5	Bypass Abdominal Aorta to Bilateral Renal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
34701	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	CPT-4	Procedure
34702	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	CPT-4	Procedure
34703	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	CPT-4	Procedure
34704	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	CPT-4	Procedure

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

Code	Description	Code Type	Code Category
34705	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	CPT-4	Procedure
34706	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	CPT-4	Procedure
34710	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; initial vessel treated	CPT-4	Procedure
34711	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; each additional vessel treated (List separately in addition to code for primary procedure)	CPT-4	Procedure
35341	Thromboendarterectomy, including patch graft, if performed; mesenteric, celiac, or renal	CPT-4	Procedure
35450	Transluminal balloon angioplasty, open; renal or other visceral artery	CPT-4	Procedure
35471	Transluminal balloon angioplasty, percutaneous; renal or visceral artery	CPT-4	Procedure
35536	Bypass graft, with vein; splenorenal	CPT-4	Procedure
35560	Bypass graft, with vein; aortorenal	CPT-4	Procedure
35631	Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal	CPT-4	Procedure
35636	Bypass graft, with other than vein; splenorenal (splenic to renal arterial anastomosis)	CPT-4	Procedure
75722	Angiography, renal, unilateral, selective (including flush aortogram), radiological supervision and interpretation	CPT-4	Procedure
75724	Angiography, renal, bilateral, selective (including flush aortogram), radiological supervision and interpretation	CPT-4	Procedure

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

Code	Description	Code Type	Code Category
75966	Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation	CPT-4	Procedure
Lower Extremity Vascular Disease			
440	Atherosclerosis	ICD-9-CM	Diagnosis
440.0	Atherosclerosis of aorta	ICD-9-CM	Diagnosis
440.2	Atherosclerosis of native arteries of the extremities	ICD-9-CM	Diagnosis
440.20	Atherosclerosis of native arteries of the extremities, unspecified	ICD-9-CM	Diagnosis
440.21	Atherosclerosis of native arteries of the extremities with intermittent claudication	ICD-9-CM	Diagnosis
440.22	Atherosclerosis of native arteries of the extremities with rest pain	ICD-9-CM	Diagnosis
440.23	Atherosclerosis of native arteries of the extremities with ulceration	ICD-9-CM	Diagnosis
440.24	Atherosclerosis of native arteries of the extremities with gangrene	ICD-9-CM	Diagnosis
440.29	Other atherosclerosis of native arteries of the extremities	ICD-9-CM	Diagnosis
440.3	Atherosclerosis of bypass graft of extremities	ICD-9-CM	Diagnosis
440.30	Atherosclerosis of unspecified bypass graft of extremities	ICD-9-CM	Diagnosis
440.31	Atherosclerosis of autologous vein bypass graft of extremities	ICD-9-CM	Diagnosis
440.32	Atherosclerosis of nonautologous biological bypass graft of extremities	ICD-9-CM	Diagnosis
440.4	Chronic total occlusion of artery of the extremities	ICD-9-CM	Diagnosis
443.8	Other specified peripheral vascular diseases	ICD-9-CM	Diagnosis
443.81	Peripheral angiopathy in diseases classified elsewhere	ICD-9-CM	Diagnosis
443.89	Other peripheral vascular disease	ICD-9-CM	Diagnosis
443.9	Unspecified peripheral vascular disease	ICD-9-CM	Diagnosis
444.2	Embolism and thrombosis of arteries of the extremities	ICD-9-CM	Diagnosis
444.21	Embolism and thrombosis of arteries of upper extremity	ICD-9-CM	Diagnosis
444.22	Embolism and thrombosis of arteries of lower extremity	ICD-9-CM	Diagnosis
444.81	Embolism and thrombosis of iliac artery	ICD-9-CM	Diagnosis
557.0	Acute vascular insufficiency of intestine	ICD-9-CM	Diagnosis
557.0	Acute vascular insufficiency of intestine	ICD-9-CM	Diagnosis
557.0	Acute vascular insufficiency of intestine	ICD-9-CM	Diagnosis
557.1	Chronic vascular insufficiency of intestine	ICD-9-CM	Diagnosis
557.1	Chronic vascular insufficiency of intestine	ICD-9-CM	Diagnosis
557.9	Unspecified vascular insufficiency of intestine	ICD-9-CM	Diagnosis
557.9	Unspecified vascular insufficiency of intestine	ICD-9-CM	Diagnosis
707.1	Ulcer of lower limbs, except pressure ulcer	ICD-9-CM	Diagnosis
707.10	Ulcer of lower limb, unspecified	ICD-9-CM	Diagnosis
707.11	Ulcer of thigh	ICD-9-CM	Diagnosis
707.12	Ulcer of calf	ICD-9-CM	Diagnosis
707.13	Ulcer of ankle	ICD-9-CM	Diagnosis
707.14	Ulcer of heel and midfoot	ICD-9-CM	Diagnosis
707.15	Ulcer of other part of foot	ICD-9-CM	Diagnosis
707.19	Ulcer of other part of lower limb	ICD-9-CM	Diagnosis
707.8	Chronic ulcer of other specified site	ICD-9-CM	Diagnosis
707.9	Chronic ulcer of unspecified site	ICD-9-CM	Diagnosis

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

Code	Description	Code Type	Code Category
V43.4	Blood vessel replaced by other means	ICD-9-CM	Diagnosis
V49.7	Lower limb amputation status	ICD-9-CM	Diagnosis
V49.70	Lower limb amputation, unspecified level	ICD-9-CM	Diagnosis
V49.71	Lower limb amputation, great toe	ICD-9-CM	Diagnosis
V49.72	Lower limb amputation, other toe(s)	ICD-9-CM	Diagnosis
V49.73	Lower limb amputation, foot	ICD-9-CM	Diagnosis
V49.74	Lower limb amputation, ankle	ICD-9-CM	Diagnosis
V49.75	Lower limb amputation, below knee	ICD-9-CM	Diagnosis
V49.76	Lower limb amputation, above knee	ICD-9-CM	Diagnosis
V49.77	Lower limb amputation, hip	ICD-9-CM	Diagnosis
I70.201	Unspecified atherosclerosis of native arteries of extremities, right leg	ICD-10-CM	Diagnosis
I70.202	Unspecified atherosclerosis of native arteries of extremities, left leg	ICD-10-CM	Diagnosis
I70.203	Unspecified atherosclerosis of native arteries of extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.208	Unspecified atherosclerosis of native arteries of extremities, other extremity	ICD-10-CM	Diagnosis
I70.209	Unspecified atherosclerosis of native arteries of extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.211	Atherosclerosis of native arteries of extremities with intermittent claudication, right leg	ICD-10-CM	Diagnosis
I70.212	Atherosclerosis of native arteries of extremities with intermittent claudication, left leg	ICD-10-CM	Diagnosis
I70.213	Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs	ICD-10-CM	Diagnosis
I70.218	Atherosclerosis of native arteries of extremities with intermittent claudication, other extremity	ICD-10-CM	Diagnosis
I70.219	Atherosclerosis of native arteries of extremities with intermittent claudication, unspecified extremity	ICD-10-CM	Diagnosis
I70.221	Atherosclerosis of native arteries of extremities with rest pain, right leg	ICD-10-CM	Diagnosis
I70.222	Atherosclerosis of native arteries of extremities with rest pain, left leg	ICD-10-CM	Diagnosis
I70.223	Atherosclerosis of native arteries of extremities with rest pain, bilateral legs	ICD-10-CM	Diagnosis
I70.228	Atherosclerosis of native arteries of extremities with rest pain, other extremity	ICD-10-CM	Diagnosis
I70.229	Atherosclerosis of native arteries of extremities with rest pain, unspecified extremity	ICD-10-CM	Diagnosis
I70.231	Atherosclerosis of native arteries of right leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.232	Atherosclerosis of native arteries of right leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.233	Atherosclerosis of native arteries of right leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.234	Atherosclerosis of native arteries of right leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.235	Atherosclerosis of native arteries of right leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.238	Atherosclerosis of native arteries of right leg with ulceration of other part of lower right leg	ICD-10-CM	Diagnosis
I70.239	Atherosclerosis of native arteries of right leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.241	Atherosclerosis of native arteries of left leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.242	Atherosclerosis of native arteries of left leg with ulceration of calf	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
I70.243	Atherosclerosis of native arteries of left leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.244	Atherosclerosis of native arteries of left leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.245	Atherosclerosis of native arteries of left leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.248	Atherosclerosis of native arteries of left leg with ulceration of other part of lower left leg	ICD-10-CM	Diagnosis
I70.249	Atherosclerosis of native arteries of left leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.25	Atherosclerosis of native arteries of other extremities with ulceration	ICD-10-CM	Diagnosis
I70.261	Atherosclerosis of native arteries of extremities with gangrene, right leg	ICD-10-CM	Diagnosis
I70.262	Atherosclerosis of native arteries of extremities with gangrene, left leg	ICD-10-CM	Diagnosis
I70.263	Atherosclerosis of native arteries of extremities with gangrene, bilateral legs	ICD-10-CM	Diagnosis
I70.268	Atherosclerosis of native arteries of extremities with gangrene, other extremity	ICD-10-CM	Diagnosis
I70.269	Atherosclerosis of native arteries of extremities with gangrene, unspecified extremity	ICD-10-CM	Diagnosis
I70.291	Other atherosclerosis of native arteries of extremities, right leg	ICD-10-CM	Diagnosis
I70.292	Other atherosclerosis of native arteries of extremities, left leg	ICD-10-CM	Diagnosis
I70.293	Other atherosclerosis of native arteries of extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.298	Other atherosclerosis of native arteries of extremities, other extremity	ICD-10-CM	Diagnosis
I70.299	Other atherosclerosis of native arteries of extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.301	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
I70.302	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
I70.303	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.308	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
I70.309	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.311	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, right leg	ICD-10-CM	Diagnosis
I70.312	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, left leg	ICD-10-CM	Diagnosis
I70.313	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs	ICD-10-CM	Diagnosis
I70.318	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, other extremity	ICD-10-CM	Diagnosis
I70.319	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, unspecified extremity	ICD-10-CM	Diagnosis
I70.321	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, right leg	ICD-10-CM	Diagnosis
I70.322	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, left leg	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
I70.323	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, bilateral legs	ICD-10-CM	Diagnosis
I70.328	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, other extremity	ICD-10-CM	Diagnosis
I70.329	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, unspecified extremity	ICD-10-CM	Diagnosis
I70.331	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.332	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.333	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.334	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.335	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.338	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
I70.339	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.341	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.342	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.343	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.344	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.345	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.348	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
I70.349	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.35	Atherosclerosis of unspecified type of bypass graft(s) of other extremity with ulceration	ICD-10-CM	Diagnosis
I70.361	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, right leg	ICD-10-CM	Diagnosis
I70.362	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, left leg	ICD-10-CM	Diagnosis
I70.363	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, bilateral legs	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
170.368	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, other extremity	ICD-10-CM	Diagnosis
170.369	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, unspecified extremity	ICD-10-CM	Diagnosis
170.391	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
170.392	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
170.393	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
170.398	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
170.399	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
170.401	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
170.402	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
170.403	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
170.408	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
170.409	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
170.411	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, right leg	ICD-10-CM	Diagnosis
170.412	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, left leg	ICD-10-CM	Diagnosis
170.413	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, bilateral legs	ICD-10-CM	Diagnosis
170.418	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, other extremity	ICD-10-CM	Diagnosis
170.419	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, unspecified extremity	ICD-10-CM	Diagnosis
170.421	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, right leg	ICD-10-CM	Diagnosis
170.422	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, left leg	ICD-10-CM	Diagnosis
170.423	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, bilateral legs	ICD-10-CM	Diagnosis
170.428	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, other extremity	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
170.429	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, unspecified extremity	ICD-10-CM	Diagnosis
170.431	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of thigh	ICD-10-CM	Diagnosis
170.432	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of calf	ICD-10-CM	Diagnosis
170.433	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of ankle	ICD-10-CM	Diagnosis
170.434	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
170.435	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
170.438	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
170.439	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
170.441	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of thigh	ICD-10-CM	Diagnosis
170.442	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of calf	ICD-10-CM	Diagnosis
170.443	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of ankle	ICD-10-CM	Diagnosis
170.444	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
170.445	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
170.448	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
170.449	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
170.45	Atherosclerosis of autologous vein bypass graft(s) of other extremity with ulceration	ICD-10-CM	Diagnosis
170.461	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, right leg	ICD-10-CM	Diagnosis
170.462	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, left leg	ICD-10-CM	Diagnosis
170.463	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, bilateral legs	ICD-10-CM	Diagnosis
170.468	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, other extremity	ICD-10-CM	Diagnosis
170.469	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, unspecified extremity	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
170.491	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
170.492	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
170.493	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
170.498	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
170.499	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
170.501	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
170.502	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
170.503	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
170.508	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
170.509	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
170.511	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, right leg	ICD-10-CM	Diagnosis
170.512	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, left leg	ICD-10-CM	Diagnosis
170.513	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, bilateral legs	ICD-10-CM	Diagnosis
170.518	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, other extremity	ICD-10-CM	Diagnosis
170.519	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, unspecified extremity	ICD-10-CM	Diagnosis
170.521	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, right leg	ICD-10-CM	Diagnosis
170.522	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, left leg	ICD-10-CM	Diagnosis
170.523	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, bilateral legs	ICD-10-CM	Diagnosis
170.528	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, other extremity	ICD-10-CM	Diagnosis
170.529	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, unspecified extremity	ICD-10-CM	Diagnosis
170.531	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of thigh	ICD-10-CM	Diagnosis
170.532	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of calf	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
I70.533	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.534	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.535	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.538	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
I70.539	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.541	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.542	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.543	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.544	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.545	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.548	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
I70.549	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.55	Atherosclerosis of nonautologous biological bypass graft(s) of other extremity with ulceration	ICD-10-CM	Diagnosis
I70.561	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, right leg	ICD-10-CM	Diagnosis
I70.562	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, left leg	ICD-10-CM	Diagnosis
I70.563	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, bilateral legs	ICD-10-CM	Diagnosis
I70.568	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, other extremity	ICD-10-CM	Diagnosis
I70.569	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, unspecified extremity	ICD-10-CM	Diagnosis
I70.591	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
I70.592	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
I70.593	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
170.598	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
170.599	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
170.601	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
170.602	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
170.603	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
170.608	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
170.609	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
170.611	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, right leg	ICD-10-CM	Diagnosis
170.612	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, left leg	ICD-10-CM	Diagnosis
170.613	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, bilateral legs	ICD-10-CM	Diagnosis
170.618	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, other extremity	ICD-10-CM	Diagnosis
170.619	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, unspecified extremity	ICD-10-CM	Diagnosis
170.621	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, right leg	ICD-10-CM	Diagnosis
170.622	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, left leg	ICD-10-CM	Diagnosis
170.623	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, bilateral legs	ICD-10-CM	Diagnosis
170.628	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, other extremity	ICD-10-CM	Diagnosis
170.629	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, unspecified extremity	ICD-10-CM	Diagnosis
170.631	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of thigh	ICD-10-CM	Diagnosis
170.632	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of calf	ICD-10-CM	Diagnosis
170.633	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of ankle	ICD-10-CM	Diagnosis
170.634	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
I70.635	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.638	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
I70.639	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.641	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.642	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.643	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.644	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.645	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.648	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
I70.649	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.65	Atherosclerosis of nonbiological bypass graft(s) of other extremity with ulceration	ICD-10-CM	Diagnosis
I70.661	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, right leg	ICD-10-CM	Diagnosis
I70.662	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, left leg	ICD-10-CM	Diagnosis
I70.663	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, bilateral legs	ICD-10-CM	Diagnosis
I70.668	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, other extremity	ICD-10-CM	Diagnosis
I70.669	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, unspecified extremity	ICD-10-CM	Diagnosis
I70.691	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
I70.692	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
I70.693	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.698	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
I70.699	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.701	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
I70.702	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
170.703	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
170.708	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
170.709	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
170.711	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, right leg	ICD-10-CM	Diagnosis
170.712	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, left leg	ICD-10-CM	Diagnosis
170.713	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs	ICD-10-CM	Diagnosis
170.718	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, other extremity	ICD-10-CM	Diagnosis
170.719	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, unspecified extremity	ICD-10-CM	Diagnosis
170.721	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, right leg	ICD-10-CM	Diagnosis
170.722	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, left leg	ICD-10-CM	Diagnosis
170.723	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, bilateral legs	ICD-10-CM	Diagnosis
170.728	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, other extremity	ICD-10-CM	Diagnosis
170.729	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, unspecified extremity	ICD-10-CM	Diagnosis
170.731	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of thigh	ICD-10-CM	Diagnosis
170.732	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of calf	ICD-10-CM	Diagnosis
170.733	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of ankle	ICD-10-CM	Diagnosis
170.734	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
170.735	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
170.738	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
170.739	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
170.741	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of thigh	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
I70.742	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.743	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.744	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.745	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.748	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
I70.749	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.75	Atherosclerosis of other type of bypass graft(s) of other extremity with ulceration	ICD-10-CM	Diagnosis
I70.761	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, right leg	ICD-10-CM	Diagnosis
I70.762	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, left leg	ICD-10-CM	Diagnosis
I70.763	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, bilateral legs	ICD-10-CM	Diagnosis
I70.768	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, other extremity	ICD-10-CM	Diagnosis
I70.769	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, unspecified extremity	ICD-10-CM	Diagnosis
I70.791	Other atherosclerosis of other type of bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
I70.792	Other atherosclerosis of other type of bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
I70.793	Other atherosclerosis of other type of bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.798	Other atherosclerosis of other type of bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
I70.799	Other atherosclerosis of other type of bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.92	Chronic total occlusion of artery of the extremities	ICD-10-CM	Diagnosis
I73.89	Other specified peripheral vascular diseases	ICD-10-CM	Diagnosis
I73.9	Peripheral vascular disease, unspecified	ICD-10-CM	Diagnosis
I74.3	Embolism and thrombosis of arteries of the lower extremities	ICD-10-CM	Diagnosis
I74.4	Embolism and thrombosis of arteries of extremities, unspecified	ICD-10-CM	Diagnosis
I74.5	Embolism and thrombosis of iliac artery	ICD-10-CM	Diagnosis
K55.011	Focal (segmental) acute (reversible) ischemia of small intestine	ICD-10-CM	Diagnosis
K55.012	Diffuse acute (reversible) ischemia of small intestine	ICD-10-CM	Diagnosis
K55.019	Acute (reversible) ischemia of small intestine, extent unspecified	ICD-10-CM	Diagnosis
K55.021	Focal (segmental) acute infarction of small intestine	ICD-10-CM	Diagnosis
K55.022	Diffuse acute infarction of small intestine	ICD-10-CM	Diagnosis
K55.029	Acute infarction of small intestine, extent unspecified	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
K55.031	Focal (segmental) acute (reversible) ischemia of large intestine	ICD-10-CM	Diagnosis
K55.032	Diffuse acute (reversible) ischemia of large intestine	ICD-10-CM	Diagnosis
K55.039	Acute (reversible) ischemia of large intestine, extent unspecified	ICD-10-CM	Diagnosis
K55.041	Focal (segmental) acute infarction of large intestine	ICD-10-CM	Diagnosis
K55.042	Diffuse acute infarction of large intestine	ICD-10-CM	Diagnosis
K55.049	Acute infarction of large intestine, extent unspecified	ICD-10-CM	Diagnosis
K55.051	Focal (segmental) acute (reversible) ischemia of intestine, part unspecified	ICD-10-CM	Diagnosis
K55.052	Diffuse acute (reversible) ischemia of intestine, part unspecified	ICD-10-CM	Diagnosis
K55.059	Acute (reversible) ischemia of intestine, part and extent unspecified	ICD-10-CM	Diagnosis
K55.061	Focal (segmental) acute infarction of intestine, part unspecified	ICD-10-CM	Diagnosis
K55.062	Diffuse acute infarction of intestine, part unspecified	ICD-10-CM	Diagnosis
K55.069	Acute infarction of intestine, part and extent unspecified	ICD-10-CM	Diagnosis
K55.30	Necrotizing enterocolitis, unspecified	ICD-10-CM	Diagnosis
K55.31	Stage 1 necrotizing enterocolitis	ICD-10-CM	Diagnosis
K55.32	Stage 2 necrotizing enterocolitis	ICD-10-CM	Diagnosis
K55.33	Stage 3 necrotizing enterocolitis	ICD-10-CM	Diagnosis
L97.101	Non-pressure chronic ulcer of unspecified thigh limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.102	Non-pressure chronic ulcer of unspecified thigh with fat layer exposed	ICD-10-CM	Diagnosis
L97.103	Non-pressure chronic ulcer of unspecified thigh with necrosis of muscle	ICD-10-CM	Diagnosis
L97.104	Non-pressure chronic ulcer of unspecified thigh with necrosis of bone	ICD-10-CM	Diagnosis
L97.105	Non-pressure chronic ulcer of unspecified thigh with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.106	Non-pressure chronic ulcer of unspecified thigh with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.108	Non-pressure chronic ulcer of unspecified thigh with other specified severity	ICD-10-CM	Diagnosis
L97.109	Non-pressure chronic ulcer of unspecified thigh with unspecified severity	ICD-10-CM	Diagnosis
L97.111	Non-pressure chronic ulcer of right thigh limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.112	Non-pressure chronic ulcer of right thigh with fat layer exposed	ICD-10-CM	Diagnosis
L97.113	Non-pressure chronic ulcer of right thigh with necrosis of muscle	ICD-10-CM	Diagnosis
L97.114	Non-pressure chronic ulcer of right thigh with necrosis of bone	ICD-10-CM	Diagnosis
L97.115	Non-pressure chronic ulcer of right thigh with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.116	Non-pressure chronic ulcer of right thigh with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.118	Non-pressure chronic ulcer of right thigh with other specified severity	ICD-10-CM	Diagnosis
L97.119	Non-pressure chronic ulcer of right thigh with unspecified severity	ICD-10-CM	Diagnosis
L97.121	Non-pressure chronic ulcer of left thigh limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.122	Non-pressure chronic ulcer of left thigh with fat layer exposed	ICD-10-CM	Diagnosis
L97.123	Non-pressure chronic ulcer of left thigh with necrosis of muscle	ICD-10-CM	Diagnosis
L97.124	Non-pressure chronic ulcer of left thigh with necrosis of bone	ICD-10-CM	Diagnosis
L97.125	Non-pressure chronic ulcer of left thigh with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
L97.126	Non-pressure chronic ulcer of left thigh with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.128	Non-pressure chronic ulcer of left thigh with other specified severity	ICD-10-CM	Diagnosis
L97.129	Non-pressure chronic ulcer of left thigh with unspecified severity	ICD-10-CM	Diagnosis
L97.201	Non-pressure chronic ulcer of unspecified calf limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.202	Non-pressure chronic ulcer of unspecified calf with fat layer exposed	ICD-10-CM	Diagnosis
L97.203	Non-pressure chronic ulcer of unspecified calf with necrosis of muscle	ICD-10-CM	Diagnosis
L97.204	Non-pressure chronic ulcer of unspecified calf with necrosis of bone	ICD-10-CM	Diagnosis
L97.205	Non-pressure chronic ulcer of unspecified calf with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.206	Non-pressure chronic ulcer of unspecified calf with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.208	Non-pressure chronic ulcer of unspecified calf with other specified severity	ICD-10-CM	Diagnosis
L97.209	Non-pressure chronic ulcer of unspecified calf with unspecified severity	ICD-10-CM	Diagnosis
L97.211	Non-pressure chronic ulcer of right calf limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.212	Non-pressure chronic ulcer of right calf with fat layer exposed	ICD-10-CM	Diagnosis
L97.213	Non-pressure chronic ulcer of right calf with necrosis of muscle	ICD-10-CM	Diagnosis
L97.214	Non-pressure chronic ulcer of right calf with necrosis of bone	ICD-10-CM	Diagnosis
L97.215	Non-pressure chronic ulcer of right calf with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.216	Non-pressure chronic ulcer of right calf with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.218	Non-pressure chronic ulcer of right calf with other specified severity	ICD-10-CM	Diagnosis
L97.219	Non-pressure chronic ulcer of right calf with unspecified severity	ICD-10-CM	Diagnosis
L97.221	Non-pressure chronic ulcer of left calf limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.222	Non-pressure chronic ulcer of left calf with fat layer exposed	ICD-10-CM	Diagnosis
L97.223	Non-pressure chronic ulcer of left calf with necrosis of muscle	ICD-10-CM	Diagnosis
L97.224	Non-pressure chronic ulcer of left calf with necrosis of bone	ICD-10-CM	Diagnosis
L97.225	Non-pressure chronic ulcer of left calf with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.226	Non-pressure chronic ulcer of left calf with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.228	Non-pressure chronic ulcer of left calf with other specified severity	ICD-10-CM	Diagnosis
L97.229	Non-pressure chronic ulcer of left calf with unspecified severity	ICD-10-CM	Diagnosis
L97.301	Non-pressure chronic ulcer of unspecified ankle limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.302	Non-pressure chronic ulcer of unspecified ankle with fat layer exposed	ICD-10-CM	Diagnosis
L97.303	Non-pressure chronic ulcer of unspecified ankle with necrosis of muscle	ICD-10-CM	Diagnosis
L97.304	Non-pressure chronic ulcer of unspecified ankle with necrosis of bone	ICD-10-CM	Diagnosis
L97.305	Non-pressure chronic ulcer of unspecified ankle with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.306	Non-pressure chronic ulcer of unspecified ankle with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
L97.308	Non-pressure chronic ulcer of unspecified ankle with other specified severity	ICD-10-CM	Diagnosis
L97.309	Non-pressure chronic ulcer of unspecified ankle with unspecified severity	ICD-10-CM	Diagnosis
L97.311	Non-pressure chronic ulcer of right ankle limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.312	Non-pressure chronic ulcer of right ankle with fat layer exposed	ICD-10-CM	Diagnosis
L97.313	Non-pressure chronic ulcer of right ankle with necrosis of muscle	ICD-10-CM	Diagnosis
L97.314	Non-pressure chronic ulcer of right ankle with necrosis of bone	ICD-10-CM	Diagnosis
L97.315	Non-pressure chronic ulcer of right ankle with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.316	Non-pressure chronic ulcer of right ankle with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.318	Non-pressure chronic ulcer of right ankle with other specified severity	ICD-10-CM	Diagnosis
L97.319	Non-pressure chronic ulcer of right ankle with unspecified severity	ICD-10-CM	Diagnosis
L97.321	Non-pressure chronic ulcer of left ankle limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.322	Non-pressure chronic ulcer of left ankle with fat layer exposed	ICD-10-CM	Diagnosis
L97.323	Non-pressure chronic ulcer of left ankle with necrosis of muscle	ICD-10-CM	Diagnosis
L97.324	Non-pressure chronic ulcer of left ankle with necrosis of bone	ICD-10-CM	Diagnosis
L97.325	Non-pressure chronic ulcer of left ankle with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.326	Non-pressure chronic ulcer of left ankle with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.328	Non-pressure chronic ulcer of left ankle with other specified severity	ICD-10-CM	Diagnosis
L97.329	Non-pressure chronic ulcer of left ankle with unspecified severity	ICD-10-CM	Diagnosis
L97.401	Non-pressure chronic ulcer of unspecified heel and midfoot limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.402	Non-pressure chronic ulcer of unspecified heel and midfoot with fat layer exposed	ICD-10-CM	Diagnosis
L97.403	Non-pressure chronic ulcer of unspecified heel and midfoot with necrosis of muscle	ICD-10-CM	Diagnosis
L97.404	Non-pressure chronic ulcer of unspecified heel and midfoot with necrosis of bone	ICD-10-CM	Diagnosis
L97.405	Non-pressure chronic ulcer of unspecified heel and midfoot with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.406	Non-pressure chronic ulcer of unspecified heel and midfoot with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.408	Non-pressure chronic ulcer of unspecified heel and midfoot with other specified severity	ICD-10-CM	Diagnosis
L97.409	Non-pressure chronic ulcer of unspecified heel and midfoot with unspecified severity	ICD-10-CM	Diagnosis
L97.411	Non-pressure chronic ulcer of right heel and midfoot limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.412	Non-pressure chronic ulcer of right heel and midfoot with fat layer exposed	ICD-10-CM	Diagnosis
L97.413	Non-pressure chronic ulcer of right heel and midfoot with necrosis of muscle	ICD-10-CM	Diagnosis
L97.414	Non-pressure chronic ulcer of right heel and midfoot with necrosis of bone	ICD-10-CM	Diagnosis
L97.415	Non-pressure chronic ulcer of right heel and midfoot with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
L97.416	Non-pressure chronic ulcer of right heel and midfoot with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.418	Non-pressure chronic ulcer of right heel and midfoot with other specified severity	ICD-10-CM	Diagnosis
L97.419	Non-pressure chronic ulcer of right heel and midfoot with unspecified severity	ICD-10-CM	Diagnosis
L97.421	Non-pressure chronic ulcer of left heel and midfoot limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.422	Non-pressure chronic ulcer of left heel and midfoot with fat layer exposed	ICD-10-CM	Diagnosis
L97.423	Non-pressure chronic ulcer of left heel and midfoot with necrosis of muscle	ICD-10-CM	Diagnosis
L97.424	Non-pressure chronic ulcer of left heel and midfoot with necrosis of bone	ICD-10-CM	Diagnosis
L97.425	Non-pressure chronic ulcer of left heel and midfoot with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.426	Non-pressure chronic ulcer of left heel and midfoot with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.428	Non-pressure chronic ulcer of left heel and midfoot with other specified severity	ICD-10-CM	Diagnosis
L97.429	Non-pressure chronic ulcer of left heel and midfoot with unspecified severity	ICD-10-CM	Diagnosis
L97.501	Non-pressure chronic ulcer of other part of unspecified foot limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.502	Non-pressure chronic ulcer of other part of unspecified foot with fat layer exposed	ICD-10-CM	Diagnosis
L97.503	Non-pressure chronic ulcer of other part of unspecified foot with necrosis of muscle	ICD-10-CM	Diagnosis
L97.504	Non-pressure chronic ulcer of other part of unspecified foot with necrosis of bone	ICD-10-CM	Diagnosis
L97.505	Non-pressure chronic ulcer of other part of unspecified foot with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.506	Non-pressure chronic ulcer of other part of unspecified foot with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.508	Non-pressure chronic ulcer of other part of unspecified foot with other specified severity	ICD-10-CM	Diagnosis
L97.509	Non-pressure chronic ulcer of other part of unspecified foot with unspecified severity	ICD-10-CM	Diagnosis
L97.511	Non-pressure chronic ulcer of other part of right foot limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.512	Non-pressure chronic ulcer of other part of right foot with fat layer exposed	ICD-10-CM	Diagnosis
L97.513	Non-pressure chronic ulcer of other part of right foot with necrosis of muscle	ICD-10-CM	Diagnosis
L97.514	Non-pressure chronic ulcer of other part of right foot with necrosis of bone	ICD-10-CM	Diagnosis
L97.515	Non-pressure chronic ulcer of other part of right foot with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.516	Non-pressure chronic ulcer of other part of right foot with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.518	Non-pressure chronic ulcer of other part of right foot with other specified severity	ICD-10-CM	Diagnosis
L97.519	Non-pressure chronic ulcer of other part of right foot with unspecified severity	ICD-10-CM	Diagnosis
L97.521	Non-pressure chronic ulcer of other part of left foot limited to breakdown of skin	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
L97.522	Non-pressure chronic ulcer of other part of left foot with fat layer exposed	ICD-10-CM	Diagnosis
L97.523	Non-pressure chronic ulcer of other part of left foot with necrosis of muscle	ICD-10-CM	Diagnosis
L97.524	Non-pressure chronic ulcer of other part of left foot with necrosis of bone	ICD-10-CM	Diagnosis
L97.525	Non-pressure chronic ulcer of other part of left foot with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.526	Non-pressure chronic ulcer of other part of left foot with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.528	Non-pressure chronic ulcer of other part of left foot with other specified severity	ICD-10-CM	Diagnosis
L97.529	Non-pressure chronic ulcer of other part of left foot with unspecified severity	ICD-10-CM	Diagnosis
L97.801	Non-pressure chronic ulcer of other part of unspecified lower leg limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.802	Non-pressure chronic ulcer of other part of unspecified lower leg with fat layer exposed	ICD-10-CM	Diagnosis
L97.803	Non-pressure chronic ulcer of other part of unspecified lower leg with necrosis of muscle	ICD-10-CM	Diagnosis
L97.804	Non-pressure chronic ulcer of other part of unspecified lower leg with necrosis of bone	ICD-10-CM	Diagnosis
L97.805	Non-pressure chronic ulcer of other part of unspecified lower leg with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.806	Non-pressure chronic ulcer of other part of unspecified lower leg with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.808	Non-pressure chronic ulcer of other part of unspecified lower leg with other specified severity	ICD-10-CM	Diagnosis
L97.809	Non-pressure chronic ulcer of other part of unspecified lower leg with unspecified severity	ICD-10-CM	Diagnosis
L97.811	Non-pressure chronic ulcer of other part of right lower leg limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.812	Non-pressure chronic ulcer of other part of right lower leg with fat layer exposed	ICD-10-CM	Diagnosis
L97.813	Non-pressure chronic ulcer of other part of right lower leg with necrosis of muscle	ICD-10-CM	Diagnosis
L97.814	Non-pressure chronic ulcer of other part of right lower leg with necrosis of bone	ICD-10-CM	Diagnosis
L97.815	Non-pressure chronic ulcer of other part of right lower leg with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.816	Non-pressure chronic ulcer of other part of right lower leg with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.818	Non-pressure chronic ulcer of other part of right lower leg with other specified severity	ICD-10-CM	Diagnosis
L97.819	Non-pressure chronic ulcer of other part of right lower leg with unspecified severity	ICD-10-CM	Diagnosis
L97.821	Non-pressure chronic ulcer of other part of left lower leg limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.822	Non-pressure chronic ulcer of other part of left lower leg with fat layer exposed	ICD-10-CM	Diagnosis
L97.823	Non-pressure chronic ulcer of other part of left lower leg with necrosis of muscle	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
L97.824	Non-pressure chronic ulcer of other part of left lower leg with necrosis of bone	ICD-10-CM	Diagnosis
L97.825	Non-pressure chronic ulcer of other part of left lower leg with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.826	Non-pressure chronic ulcer of other part of left lower leg with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.828	Non-pressure chronic ulcer of other part of left lower leg with other specified severity	ICD-10-CM	Diagnosis
L97.829	Non-pressure chronic ulcer of other part of left lower leg with unspecified severity	ICD-10-CM	Diagnosis
L97.901	Non-pressure chronic ulcer of unspecified part of unspecified lower leg limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.902	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with fat layer exposed	ICD-10-CM	Diagnosis
L97.903	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with necrosis of muscle	ICD-10-CM	Diagnosis
L97.904	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with necrosis of bone	ICD-10-CM	Diagnosis
L97.905	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.906	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.908	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with other specified severity	ICD-10-CM	Diagnosis
L97.909	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with unspecified severity	ICD-10-CM	Diagnosis
L97.911	Non-pressure chronic ulcer of unspecified part of right lower leg limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.912	Non-pressure chronic ulcer of unspecified part of right lower leg with fat layer exposed	ICD-10-CM	Diagnosis
L97.913	Non-pressure chronic ulcer of unspecified part of right lower leg with necrosis of muscle	ICD-10-CM	Diagnosis
L97.914	Non-pressure chronic ulcer of unspecified part of right lower leg with necrosis of bone	ICD-10-CM	Diagnosis
L97.915	Non-pressure chronic ulcer of unspecified part of right lower leg with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.916	Non-pressure chronic ulcer of unspecified part of right lower leg with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.918	Non-pressure chronic ulcer of unspecified part of right lower leg with other specified severity	ICD-10-CM	Diagnosis
L97.919	Non-pressure chronic ulcer of unspecified part of right lower leg with unspecified severity	ICD-10-CM	Diagnosis
L97.921	Non-pressure chronic ulcer of unspecified part of left lower leg limited to breakdown of skin	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
L97.922	Non-pressure chronic ulcer of unspecified part of left lower leg with fat layer exposed	ICD-10-CM	Diagnosis
L97.923	Non-pressure chronic ulcer of unspecified part of left lower leg with necrosis of muscle	ICD-10-CM	Diagnosis
L97.924	Non-pressure chronic ulcer of unspecified part of left lower leg with necrosis of bone	ICD-10-CM	Diagnosis
L97.925	Non-pressure chronic ulcer of unspecified part of left lower leg with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.926	Non-pressure chronic ulcer of unspecified part of left lower leg with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.928	Non-pressure chronic ulcer of unspecified part of left lower leg with other specified severity	ICD-10-CM	Diagnosis
L97.929	Non-pressure chronic ulcer of unspecified part of left lower leg with unspecified severity	ICD-10-CM	Diagnosis
L98.411	Non-pressure chronic ulcer of buttock limited to breakdown of skin	ICD-10-CM	Diagnosis
L98.412	Non-pressure chronic ulcer of buttock with fat layer exposed	ICD-10-CM	Diagnosis
L98.413	Non-pressure chronic ulcer of buttock with necrosis of muscle	ICD-10-CM	Diagnosis
L98.414	Non-pressure chronic ulcer of buttock with necrosis of bone	ICD-10-CM	Diagnosis
L98.415	Non-pressure chronic ulcer of buttock with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L98.416	Non-pressure chronic ulcer of buttock with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L98.418	Non-pressure chronic ulcer of buttock with other specified severity	ICD-10-CM	Diagnosis
L98.419	Non-pressure chronic ulcer of buttock with unspecified severity	ICD-10-CM	Diagnosis
Z89.411	Acquired absence of right great toe	ICD-10-CM	Diagnosis
Z89.412	Acquired absence of left great toe	ICD-10-CM	Diagnosis
Z89.419	Acquired absence of unspecified great toe	ICD-10-CM	Diagnosis
Z89.421	Acquired absence of other right toe(s)	ICD-10-CM	Diagnosis
Z89.422	Acquired absence of other left toe(s)	ICD-10-CM	Diagnosis
Z89.429	Acquired absence of other toe(s), unspecified side	ICD-10-CM	Diagnosis
Z89.431	Acquired absence of right foot	ICD-10-CM	Diagnosis
Z89.432	Acquired absence of left foot	ICD-10-CM	Diagnosis
Z89.439	Acquired absence of unspecified foot	ICD-10-CM	Diagnosis
Z89.441	Acquired absence of right ankle	ICD-10-CM	Diagnosis
Z89.442	Acquired absence of left ankle	ICD-10-CM	Diagnosis
Z89.449	Acquired absence of unspecified ankle	ICD-10-CM	Diagnosis
Z89.511	Acquired absence of right leg below knee	ICD-10-CM	Diagnosis
Z89.512	Acquired absence of left leg below knee	ICD-10-CM	Diagnosis
Z89.519	Acquired absence of unspecified leg below knee	ICD-10-CM	Diagnosis
Z89.611	Acquired absence of right leg above knee	ICD-10-CM	Diagnosis
Z89.612	Acquired absence of left leg above knee	ICD-10-CM	Diagnosis
Z89.619	Acquired absence of unspecified leg above knee	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
Z89.621	Acquired absence of right hip joint	ICD-10-CM	Diagnosis
Z89.622	Acquired absence of left hip joint	ICD-10-CM	Diagnosis
Z89.629	Acquired absence of unspecified hip joint	ICD-10-CM	Diagnosis
Z89.9	Acquired absence of limb, unspecified	ICD-10-CM	Diagnosis
Z95.820	Peripheral vascular angioplasty status with implants and grafts	ICD-10-CM	Diagnosis
00.55	Insertion of drug-eluting stent(s) of other peripheral vessel(s)	ICD-9-CM	Procedure
00.60	Insertion of drug-eluting stent(s) of superficial femoral artery	ICD-9-CM	Procedure
17.56	Atherectomy of other non-coronary vessel(s)	ICD-9-CM	Procedure
38.14	Endarterectomy, aorta	ICD-9-CM	Procedure
38.16	Endarterectomy, abdominal arteries	ICD-9-CM	Procedure
38.18	Endarterectomy of lower limb arteries	ICD-9-CM	Procedure
38.34	Resection of vessel with anastomosis, aorta	ICD-9-CM	Procedure
38.44	Resection of vessel with replacement, aorta, abdominal	ICD-9-CM	Procedure
39.25	Aorta-iliac-femoral bypass	ICD-9-CM	Procedure
39.29	Other (peripheral) vascular shunt or bypass	ICD-9-CM	Procedure
39.50	Angioplasty of other non-coronary vessel(s)	ICD-9-CM	Procedure
39.52	Other repair of aneurysm	ICD-9-CM	Procedure
39.71	Endovascular implantation of other graft in abdominal aorta	ICD-9-CM	Procedure
39.90	Insertion of non-drug-eluting peripheral (non-coronary) vessel stent(s)	ICD-9-CM	Procedure
84.10	Lower limb amputation, not otherwise specified	ICD-9-CM	Procedure
84.11	Amputation of toe	ICD-9-CM	Procedure
84.12	Amputation through foot	ICD-9-CM	Procedure
84.13	Disarticulation of ankle	ICD-9-CM	Procedure
84.14	Amputation of ankle through malleoli of tibia and fibula	ICD-9-CM	Procedure
84.15	Other amputation below knee	ICD-9-CM	Procedure
84.16	Disarticulation of knee	ICD-9-CM	Procedure
84.17	Amputation above knee	ICD-9-CM	Procedure
0312096	Bypass Innominate Artery to Right Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0312097	Bypass Innominate Artery to Left Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0312098	Bypass Innominate Artery to Bilateral Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0312099	Bypass Innominate Artery to Right Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0313096	Bypass Right Subclavian Artery to Right Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0313097	Bypass Right Subclavian Artery to Left Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0313098	Bypass Right Subclavian Artery to Bilateral Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
0313099	Bypass Right Subclavian Artery to Right Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0314096	Bypass Left Subclavian Artery to Right Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0314097	Bypass Left Subclavian Artery to Left Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0314098	Bypass Left Subclavian Artery to Bilateral Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0314099	Bypass Left Subclavian Artery to Right Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0315096	Bypass Right Axillary Artery to Right Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0315097	Bypass Right Axillary Artery to Left Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0315098	Bypass Right Axillary Artery to Bilateral Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0315099	Bypass Right Axillary Artery to Right Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0316096	Bypass Left Axillary Artery to Right Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0316097	Bypass Left Axillary Artery to Left Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0316098	Bypass Left Axillary Artery to Bilateral Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0316099	Bypass Left Axillary Artery to Right Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0373046	Dilation of Right Subclavian Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0373056	Dilation of Right Subclavian Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0373066	Dilation of Right Subclavian Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0373076	Dilation of Right Subclavian Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0373346	Dilation of Right Subclavian Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0373356	Dilation of Right Subclavian Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0373366	Dilation of Right Subclavian Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0373376	Dilation of Right Subclavian Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
0373446	Dilation of Right Subclavian Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0373456	Dilation of Right Subclavian Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0373466	Dilation of Right Subclavian Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0373476	Dilation of Right Subclavian Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0374046	Dilation of Left Subclavian Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0374056	Dilation of Left Subclavian Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0374066	Dilation of Left Subclavian Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0374076	Dilation of Left Subclavian Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0374346	Dilation of Left Subclavian Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0374356	Dilation of Left Subclavian Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0374366	Dilation of Left Subclavian Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0374376	Dilation of Left Subclavian Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0374446	Dilation of Left Subclavian Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0374456	Dilation of Left Subclavian Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0374466	Dilation of Left Subclavian Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0374476	Dilation of Left Subclavian Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0375046	Dilation of Right Axillary Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0375056	Dilation of Right Axillary Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0375066	Dilation of Right Axillary Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0375076	Dilation of Right Axillary Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0375346	Dilation of Right Axillary Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
0375356	Dilation of Right Axillary Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0375366	Dilation of Right Axillary Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0375376	Dilation of Right Axillary Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0375446	Dilation of Right Axillary Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0375456	Dilation of Right Axillary Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0375466	Dilation of Right Axillary Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0375476	Dilation of Right Axillary Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0376046	Dilation of Left Axillary Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0376056	Dilation of Left Axillary Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0376066	Dilation of Left Axillary Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0376076	Dilation of Left Axillary Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0376346	Dilation of Left Axillary Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0376356	Dilation of Left Axillary Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0376366	Dilation of Left Axillary Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0376376	Dilation of Left Axillary Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0376446	Dilation of Left Axillary Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0376456	Dilation of Left Axillary Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0376466	Dilation of Left Axillary Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0376476	Dilation of Left Axillary Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0410096	Bypass Abdominal Aorta to Right Common Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0410097	Bypass Abdominal Aorta to Left Common Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
0410098	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0410099	Bypass Abdominal Aorta to Right Internal Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0410496	Bypass Abdominal Aorta to Right Common Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0410497	Bypass Abdominal Aorta to Left Common Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0410498	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0410499	Bypass Abdominal Aorta to Right Internal Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0470046	Dilation of Abdominal Aorta, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0470056	Dilation of Abdominal Aorta, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0470066	Dilation of Abdominal Aorta, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0470076	Dilation of Abdominal Aorta, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0470346	Dilation of Abdominal Aorta, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0470356	Dilation of Abdominal Aorta, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0470366	Dilation of Abdominal Aorta, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0470376	Dilation of Abdominal Aorta, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0470446	Dilation of Abdominal Aorta, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0470456	Dilation of Abdominal Aorta, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0470466	Dilation of Abdominal Aorta, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0470476	Dilation of Abdominal Aorta, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03730E6	Dilation of Right Subclavian Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03733E6	Dilation of Right Subclavian Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03734E6	Dilation of Right Subclavian Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03740E6	Dilation of Left Subclavian Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03743E6	Dilation of Left Subclavian Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03744E6	Dilation of Left Subclavian Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03750E6	Dilation of Right Axillary Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03753E6	Dilation of Right Axillary Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03754E6	Dilation of Right Axillary Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03760E6	Dilation of Left Axillary Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03763E6	Dilation of Left Axillary Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03764E6	Dilation of Left Axillary Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04700E6	Dilation of Abdominal Aorta, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04703E6	Dilation of Abdominal Aorta, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04704E6	Dilation of Abdominal Aorta, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E041	Dilation of Right Internal Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047E046	Dilation of Right Internal Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047E056	Dilation of Right Internal Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E066	Dilation of Right Internal Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E076	Dilation of Right Internal Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
031209B	Bypass Innominate Artery to Left Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031209C	Bypass Innominate Artery to Bilateral Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
03120A6	Bypass Innominate Artery to Right Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120A7	Bypass Innominate Artery to Left Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03120A8	Bypass Innominate Artery to Bilateral Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120A9	Bypass Innominate Artery to Right Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120AB	Bypass Innominate Artery to Left Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120AC	Bypass Innominate Artery to Bilateral Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120J6	Bypass Innominate Artery to Right Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120J7	Bypass Innominate Artery to Left Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120J8	Bypass Innominate Artery to Bilateral Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120J9	Bypass Innominate Artery to Right Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120JB	Bypass Innominate Artery to Left Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120JC	Bypass Innominate Artery to Bilateral Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120K6	Bypass Innominate Artery to Right Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120K7	Bypass Innominate Artery to Left Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120K8	Bypass Innominate Artery to Bilateral Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120K9	Bypass Innominate Artery to Right Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120KB	Bypass Innominate Artery to Left Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120KC	Bypass Innominate Artery to Bilateral Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120Z6	Bypass Innominate Artery to Right Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03120Z7	Bypass Innominate Artery to Left Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03120Z8	Bypass Innominate Artery to Bilateral Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03120Z9	Bypass Innominate Artery to Right Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03120ZB	Bypass Innominate Artery to Left Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03120ZC	Bypass Innominate Artery to Bilateral Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
031309B	Bypass Right Subclavian Artery to Left Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031309C	Bypass Right Subclavian Artery to Bilateral Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03130A6	Bypass Right Subclavian Artery to Right Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130A7	Bypass Right Subclavian Artery to Left Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130A8	Bypass Right Subclavian Artery to Bilateral Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130A9	Bypass Right Subclavian Artery to Right Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130AB	Bypass Right Subclavian Artery to Left Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130AC	Bypass Right Subclavian Artery to Bilateral Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130J6	Bypass Right Subclavian Artery to Right Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130J7	Bypass Right Subclavian Artery to Left Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130J8	Bypass Right Subclavian Artery to Bilateral Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130J9	Bypass Right Subclavian Artery to Right Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130JB	Bypass Right Subclavian Artery to Left Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130JC	Bypass Right Subclavian Artery to Bilateral Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130K6	Bypass Right Subclavian Artery to Right Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130K7	Bypass Right Subclavian Artery to Left Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130K8	Bypass Right Subclavian Artery to Bilateral Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130K9	Bypass Right Subclavian Artery to Right Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130KB	Bypass Right Subclavian Artery to Left Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130KC	Bypass Right Subclavian Artery to Bilateral Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130Z6	Bypass Right Subclavian Artery to Right Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03130Z7	Bypass Right Subclavian Artery to Left Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03130Z8	Bypass Right Subclavian Artery to Bilateral Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03130Z9	Bypass Right Subclavian Artery to Right Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03130ZB	Bypass Right Subclavian Artery to Left Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03130ZC	Bypass Right Subclavian Artery to Bilateral Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
031409B	Bypass Left Subclavian Artery to Left Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031409C	Bypass Left Subclavian Artery to Bilateral Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
03140A6	Bypass Left Subclavian Artery to Right Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140A7	Bypass Left Subclavian Artery to Left Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140A8	Bypass Left Subclavian Artery to Bilateral Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140A9	Bypass Left Subclavian Artery to Right Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140AB	Bypass Left Subclavian Artery to Left Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140AC	Bypass Left Subclavian Artery to Bilateral Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140J6	Bypass Left Subclavian Artery to Right Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140J7	Bypass Left Subclavian Artery to Left Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140J8	Bypass Left Subclavian Artery to Bilateral Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140J9	Bypass Left Subclavian Artery to Right Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140JB	Bypass Left Subclavian Artery to Left Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140JC	Bypass Left Subclavian Artery to Bilateral Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140K6	Bypass Left Subclavian Artery to Right Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140K7	Bypass Left Subclavian Artery to Left Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140K8	Bypass Left Subclavian Artery to Bilateral Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140K9	Bypass Left Subclavian Artery to Right Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140KB	Bypass Left Subclavian Artery to Left Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140KC	Bypass Left Subclavian Artery to Bilateral Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140Z6	Bypass Left Subclavian Artery to Right Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03140Z7	Bypass Left Subclavian Artery to Left Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03140Z8	Bypass Left Subclavian Artery to Bilateral Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03140Z9	Bypass Left Subclavian Artery to Right Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03140ZB	Bypass Left Subclavian Artery to Left Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03140ZC	Bypass Left Subclavian Artery to Bilateral Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
031509B	Bypass Right Axillary Artery to Left Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031509C	Bypass Right Axillary Artery to Bilateral Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
03150A6	Bypass Right Axillary Artery to Right Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150A7	Bypass Right Axillary Artery to Left Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150A8	Bypass Right Axillary Artery to Bilateral Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150A9	Bypass Right Axillary Artery to Right Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150AB	Bypass Right Axillary Artery to Left Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150AC	Bypass Right Axillary Artery to Bilateral Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150J6	Bypass Right Axillary Artery to Right Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150J7	Bypass Right Axillary Artery to Left Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150J8	Bypass Right Axillary Artery to Bilateral Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150J9	Bypass Right Axillary Artery to Right Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150JB	Bypass Right Axillary Artery to Left Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150JC	Bypass Right Axillary Artery to Bilateral Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150K6	Bypass Right Axillary Artery to Right Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150K7	Bypass Right Axillary Artery to Left Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150K8	Bypass Right Axillary Artery to Bilateral Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150K9	Bypass Right Axillary Artery to Right Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150KB	Bypass Right Axillary Artery to Left Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03150KC	Bypass Right Axillary Artery to Bilateral Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150Z6	Bypass Right Axillary Artery to Right Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03150Z7	Bypass Right Axillary Artery to Left Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03150Z8	Bypass Right Axillary Artery to Bilateral Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03150Z9	Bypass Right Axillary Artery to Right Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03150ZB	Bypass Right Axillary Artery to Left Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03150ZC	Bypass Right Axillary Artery to Bilateral Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
031609B	Bypass Left Axillary Artery to Left Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031609C	Bypass Left Axillary Artery to Bilateral Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
03160A6	Bypass Left Axillary Artery to Right Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160A7	Bypass Left Axillary Artery to Left Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160A8	Bypass Left Axillary Artery to Bilateral Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160A9	Bypass Left Axillary Artery to Right Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160AB	Bypass Left Axillary Artery to Left Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160AC	Bypass Left Axillary Artery to Bilateral Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160J6	Bypass Left Axillary Artery to Right Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160J7	Bypass Left Axillary Artery to Left Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160J8	Bypass Left Axillary Artery to Bilateral Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160J9	Bypass Left Axillary Artery to Right Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160JB	Bypass Left Axillary Artery to Left Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160JC	Bypass Left Axillary Artery to Bilateral Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160K6	Bypass Left Axillary Artery to Right Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160K7	Bypass Left Axillary Artery to Left Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160K8	Bypass Left Axillary Artery to Bilateral Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03160K9	Bypass Left Axillary Artery to Right Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160KB	Bypass Left Axillary Artery to Left Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160KC	Bypass Left Axillary Artery to Bilateral Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160Z6	Bypass Left Axillary Artery to Right Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03160Z7	Bypass Left Axillary Artery to Left Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03160Z8	Bypass Left Axillary Artery to Bilateral Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03160Z9	Bypass Left Axillary Artery to Right Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03160ZB	Bypass Left Axillary Artery to Left Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03160ZC	Bypass Left Axillary Artery to Bilateral Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
037304Z	Dilation of Right Subclavian Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037305Z	Dilation of Right Subclavian Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037306Z	Dilation of Right Subclavian Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037307Z	Dilation of Right Subclavian Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03730D6	Dilation of Right Subclavian Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03730DZ	Dilation of Right Subclavian Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03730EZ	Dilation of Right Subclavian Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03730F6	Dilation of Right Subclavian Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03730FZ	Dilation of Right Subclavian Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03730G6	Dilation of Right Subclavian Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03730GZ	Dilation of Right Subclavian Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03730Z6	Dilation of Right Subclavian Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03730ZZ	Dilation of Right Subclavian Artery, Open Approach	ICD-10-PCS	Procedure
037334Z	Dilation of Right Subclavian Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037335Z	Dilation of Right Subclavian Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037336Z	Dilation of Right Subclavian Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037337Z	Dilation of Right Subclavian Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03733D6	Dilation of Right Subclavian Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03733DZ	Dilation of Right Subclavian Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03733EZ	Dilation of Right Subclavian Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03733F6	Dilation of Right Subclavian Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03733FZ	Dilation of Right Subclavian Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03733G6	Dilation of Right Subclavian Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03733GZ	Dilation of Right Subclavian Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03733Z6	Dilation of Right Subclavian Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03733ZZ	Dilation of Right Subclavian Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037344Z	Dilation of Right Subclavian Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037345Z	Dilation of Right Subclavian Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037346Z	Dilation of Right Subclavian Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037347Z	Dilation of Right Subclavian Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03734D6	Dilation of Right Subclavian Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03734DZ	Dilation of Right Subclavian Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03734EZ	Dilation of Right Subclavian Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03734F6	Dilation of Right Subclavian Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03734FZ	Dilation of Right Subclavian Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03734G6	Dilation of Right Subclavian Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03734GZ	Dilation of Right Subclavian Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03734Z6	Dilation of Right Subclavian Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03734ZZ	Dilation of Right Subclavian Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037404Z	Dilation of Left Subclavian Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037405Z	Dilation of Left Subclavian Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037406Z	Dilation of Left Subclavian Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037407Z	Dilation of Left Subclavian Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03740D6	Dilation of Left Subclavian Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03740DZ	Dilation of Left Subclavian Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03740EZ	Dilation of Left Subclavian Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03740F6	Dilation of Left Subclavian Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03740FZ	Dilation of Left Subclavian Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03740G6	Dilation of Left Subclavian Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03740GZ	Dilation of Left Subclavian Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03740Z6	Dilation of Left Subclavian Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03740ZZ	Dilation of Left Subclavian Artery, Open Approach	ICD-10-PCS	Procedure
037434Z	Dilation of Left Subclavian Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037435Z	Dilation of Left Subclavian Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037436Z	Dilation of Left Subclavian Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037437Z	Dilation of Left Subclavian Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03743D6	Dilation of Left Subclavian Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03743DZ	Dilation of Left Subclavian Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03743EZ	Dilation of Left Subclavian Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03743F6	Dilation of Left Subclavian Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03743FZ	Dilation of Left Subclavian Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03743G6	Dilation of Left Subclavian Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03743GZ	Dilation of Left Subclavian Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03743Z6	Dilation of Left Subclavian Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03743ZZ	Dilation of Left Subclavian Artery, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037444Z	Dilation of Left Subclavian Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037445Z	Dilation of Left Subclavian Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037446Z	Dilation of Left Subclavian Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037447Z	Dilation of Left Subclavian Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03744D6	Dilation of Left Subclavian Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03744DZ	Dilation of Left Subclavian Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03744EZ	Dilation of Left Subclavian Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03744F6	Dilation of Left Subclavian Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03744FZ	Dilation of Left Subclavian Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03744G6	Dilation of Left Subclavian Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03744GZ	Dilation of Left Subclavian Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03744Z6	Dilation of Left Subclavian Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03744ZZ	Dilation of Left Subclavian Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037504Z	Dilation of Right Axillary Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037505Z	Dilation of Right Axillary Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037506Z	Dilation of Right Axillary Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037507Z	Dilation of Right Axillary Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03750D6	Dilation of Right Axillary Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03750DZ	Dilation of Right Axillary Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03750EZ	Dilation of Right Axillary Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03750F6	Dilation of Right Axillary Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03750FZ	Dilation of Right Axillary Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03750G6	Dilation of Right Axillary Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03750GZ	Dilation of Right Axillary Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03750Z6	Dilation of Right Axillary Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03750ZZ	Dilation of Right Axillary Artery, Open Approach	ICD-10-PCS	Procedure
037534Z	Dilation of Right Axillary Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037535Z	Dilation of Right Axillary Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037536Z	Dilation of Right Axillary Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037537Z	Dilation of Right Axillary Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03753D6	Dilation of Right Axillary Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03753DZ	Dilation of Right Axillary Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03753EZ	Dilation of Right Axillary Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03753F6	Dilation of Right Axillary Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03753FZ	Dilation of Right Axillary Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03753G6	Dilation of Right Axillary Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03753GZ	Dilation of Right Axillary Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03753Z6	Dilation of Right Axillary Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03753ZZ	Dilation of Right Axillary Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037544Z	Dilation of Right Axillary Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037545Z	Dilation of Right Axillary Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037546Z	Dilation of Right Axillary Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037547Z	Dilation of Right Axillary Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03754D6	Dilation of Right Axillary Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03754DZ	Dilation of Right Axillary Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03754EZ	Dilation of Right Axillary Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03754F6	Dilation of Right Axillary Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03754FZ	Dilation of Right Axillary Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03754G6	Dilation of Right Axillary Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03754GZ	Dilation of Right Axillary Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03754Z6	Dilation of Right Axillary Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03754ZZ	Dilation of Right Axillary Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037604Z	Dilation of Left Axillary Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037605Z	Dilation of Left Axillary Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037606Z	Dilation of Left Axillary Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037607Z	Dilation of Left Axillary Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03760D6	Dilation of Left Axillary Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03760DZ	Dilation of Left Axillary Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03760EZ	Dilation of Left Axillary Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03760F6	Dilation of Left Axillary Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03760FZ	Dilation of Left Axillary Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03760G6	Dilation of Left Axillary Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03760GZ	Dilation of Left Axillary Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03760Z6	Dilation of Left Axillary Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03760ZZ	Dilation of Left Axillary Artery, Open Approach	ICD-10-PCS	Procedure
037634Z	Dilation of Left Axillary Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037635Z	Dilation of Left Axillary Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037636Z	Dilation of Left Axillary Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037637Z	Dilation of Left Axillary Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03763D6	Dilation of Left Axillary Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03763DZ	Dilation of Left Axillary Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03763EZ	Dilation of Left Axillary Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03763F6	Dilation of Left Axillary Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03763FZ	Dilation of Left Axillary Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03763G6	Dilation of Left Axillary Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03763GZ	Dilation of Left Axillary Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03763Z6	Dilation of Left Axillary Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03763ZZ	Dilation of Left Axillary Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037644Z	Dilation of Left Axillary Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037645Z	Dilation of Left Axillary Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037646Z	Dilation of Left Axillary Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037647Z	Dilation of Left Axillary Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03764D6	Dilation of Left Axillary Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03764DZ	Dilation of Left Axillary Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03764EZ	Dilation of Left Axillary Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03764F6	Dilation of Left Axillary Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03764FZ	Dilation of Left Axillary Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03764G6	Dilation of Left Axillary Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03764GZ	Dilation of Left Axillary Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03764Z6	Dilation of Left Axillary Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03764ZZ	Dilation of Left Axillary Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03C33Z6	Extirpation of Matter from Right Subclavian Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03C33ZZ	Extirpation of Matter from Right Subclavian Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03C43Z6	Extirpation of Matter from Left Subclavian Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03C43ZZ	Extirpation of Matter from Left Subclavian Artery, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03C53Z6	Extirpation of Matter from Right Axillary Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03C53ZZ	Extirpation of Matter from Right Axillary Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03C63Z6	Extirpation of Matter from Left Axillary Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03C63ZZ	Extirpation of Matter from Left Axillary Artery, Percutaneous Approach	ICD-10-PCS	Procedure
041009B	Bypass Abdominal Aorta to Left Internal Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041009C	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041009D	Bypass Abdominal Aorta to Right External Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041009F	Bypass Abdominal Aorta to Left External Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041009G	Bypass Abdominal Aorta to Bilateral External Iliac Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041009H	Bypass Abdominal Aorta to Right Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041009J	Bypass Abdominal Aorta to Left Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041009K	Bypass Abdominal Aorta to Bilateral Femoral Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041009Q	Bypass Abdominal Aorta to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
04100A6	Bypass Abdominal Aorta to Right Common Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100A7	Bypass Abdominal Aorta to Left Common Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100A8	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100A9	Bypass Abdominal Aorta to Right Internal Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100AB	Bypass Abdominal Aorta to Left Internal Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100AC	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100AD	Bypass Abdominal Aorta to Right External Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100AF	Bypass Abdominal Aorta to Left External Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100AG	Bypass Abdominal Aorta to Bilateral External Iliac Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
04100AH	Bypass Abdominal Aorta to Right Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100AJ	Bypass Abdominal Aorta to Left Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100AK	Bypass Abdominal Aorta to Bilateral Femoral Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100AQ	Bypass Abdominal Aorta to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100AR	Bypass Abdominal Aorta to Lower Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100J6	Bypass Abdominal Aorta to Right Common Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100J7	Bypass Abdominal Aorta to Left Common Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100J8	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100J9	Bypass Abdominal Aorta to Right Internal Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100JB	Bypass Abdominal Aorta to Left Internal Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100JC	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100JD	Bypass Abdominal Aorta to Right External Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100JF	Bypass Abdominal Aorta to Left External Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100JG	Bypass Abdominal Aorta to Bilateral External Iliac Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100JH	Bypass Abdominal Aorta to Right Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100JJ	Bypass Abdominal Aorta to Left Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100JK	Bypass Abdominal Aorta to Bilateral Femoral Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100JQ	Bypass Abdominal Aorta to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100K6	Bypass Abdominal Aorta to Right Common Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100K7	Bypass Abdominal Aorta to Left Common Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100K8	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
04100K9	Bypass Abdominal Aorta to Right Internal Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KB	Bypass Abdominal Aorta to Left Internal Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KC	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KD	Bypass Abdominal Aorta to Right External Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KF	Bypass Abdominal Aorta to Left External Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KG	Bypass Abdominal Aorta to Bilateral External Iliac Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KH	Bypass Abdominal Aorta to Right Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KJ	Bypass Abdominal Aorta to Left Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KK	Bypass Abdominal Aorta to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KQ	Bypass Abdominal Aorta to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KR	Bypass Abdominal Aorta to Lower Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100Z6	Bypass Abdominal Aorta to Right Common Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04100Z7	Bypass Abdominal Aorta to Left Common Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04100Z8	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries, Open Approach	ICD-10-PCS	Procedure
04100Z9	Bypass Abdominal Aorta to Right Internal Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04100ZB	Bypass Abdominal Aorta to Left Internal Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04100ZC	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries, Open Approach	ICD-10-PCS	Procedure
04100ZD	Bypass Abdominal Aorta to Right External Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04100ZF	Bypass Abdominal Aorta to Left External Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04100ZG	Bypass Abdominal Aorta to Bilateral External Iliac Arteries, Open Approach	ICD-10-PCS	Procedure
04100ZH	Bypass Abdominal Aorta to Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
04100ZJ	Bypass Abdominal Aorta to Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
04100ZK	Bypass Abdominal Aorta to Bilateral Femoral Arteries, Open Approach	ICD-10-PCS	Procedure
04100ZQ	Bypass Abdominal Aorta to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041049B	Bypass Abdominal Aorta to Left Internal Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041049C	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041049D	Bypass Abdominal Aorta to Right External Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041049F	Bypass Abdominal Aorta to Left External Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041049G	Bypass Abdominal Aorta to Bilateral External Iliac Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041049H	Bypass Abdominal Aorta to Right Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041049J	Bypass Abdominal Aorta to Left Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041049K	Bypass Abdominal Aorta to Bilateral Femoral Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041049Q	Bypass Abdominal Aorta to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104A6	Bypass Abdominal Aorta to Right Common Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104A7	Bypass Abdominal Aorta to Left Common Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104A8	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104A9	Bypass Abdominal Aorta to Right Internal Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104AB	Bypass Abdominal Aorta to Left Internal Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104AC	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104AD	Bypass Abdominal Aorta to Right External Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104AF	Bypass Abdominal Aorta to Left External Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104AG	Bypass Abdominal Aorta to Bilateral External Iliac Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104AH	Bypass Abdominal Aorta to Right Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104AJ	Bypass Abdominal Aorta to Left Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104AK	Bypass Abdominal Aorta to Bilateral Femoral Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104AQ	Bypass Abdominal Aorta to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104J6	Bypass Abdominal Aorta to Right Common Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104J7	Bypass Abdominal Aorta to Left Common Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
04104J8	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104J9	Bypass Abdominal Aorta to Right Internal Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104JB	Bypass Abdominal Aorta to Left Internal Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104JC	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104JD	Bypass Abdominal Aorta to Right External Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104JF	Bypass Abdominal Aorta to Left External Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104JG	Bypass Abdominal Aorta to Bilateral External Iliac Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104JH	Bypass Abdominal Aorta to Right Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104JJ	Bypass Abdominal Aorta to Left Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104JK	Bypass Abdominal Aorta to Bilateral Femoral Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104JQ	Bypass Abdominal Aorta to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104K6	Bypass Abdominal Aorta to Right Common Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104K7	Bypass Abdominal Aorta to Left Common Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104K8	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104K9	Bypass Abdominal Aorta to Right Internal Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104KB	Bypass Abdominal Aorta to Left Internal Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104KC	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104KD	Bypass Abdominal Aorta to Right External Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104KF	Bypass Abdominal Aorta to Left External Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104KG	Bypass Abdominal Aorta to Bilateral External Iliac Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104KH	Bypass Abdominal Aorta to Right Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
04104KJ	Bypass Abdominal Aorta to Left Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104KK	Bypass Abdominal Aorta to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104KQ	Bypass Abdominal Aorta to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104Z6	Bypass Abdominal Aorta to Right Common Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104Z7	Bypass Abdominal Aorta to Left Common Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104Z8	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104Z9	Bypass Abdominal Aorta to Right Internal Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104ZB	Bypass Abdominal Aorta to Left Internal Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104ZC	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104ZD	Bypass Abdominal Aorta to Right External Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104ZF	Bypass Abdominal Aorta to Left External Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104ZG	Bypass Abdominal Aorta to Bilateral External Iliac Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104ZH	Bypass Abdominal Aorta to Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104ZJ	Bypass Abdominal Aorta to Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104ZK	Bypass Abdominal Aorta to Bilateral Femoral Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104ZQ	Bypass Abdominal Aorta to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C09H	Bypass Right Common Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041C09J	Bypass Right Common Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041C09K	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041C0AH	Bypass Right Common Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041C0AJ	Bypass Right Common Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041C0AK	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041C0JH	Bypass Right Common Iliac Artery to Right Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041C0JJ	Bypass Right Common Iliac Artery to Left Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041C0JK	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041C0KH	Bypass Right Common Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041C0KJ	Bypass Right Common Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041C0KK	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041C0ZH	Bypass Right Common Iliac Artery to Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041C0ZJ	Bypass Right Common Iliac Artery to Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041C0ZK	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries, Open Approach	ICD-10-PCS	Procedure
041C49H	Bypass Right Common Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C49J	Bypass Right Common Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C49K	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4AH	Bypass Right Common Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4AJ	Bypass Right Common Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4AK	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4JH	Bypass Right Common Iliac Artery to Right Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4JJ	Bypass Right Common Iliac Artery to Left Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4JK	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4KH	Bypass Right Common Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4KJ	Bypass Right Common Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4KK	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041C4ZH	Bypass Right Common Iliac Artery to Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4ZJ	Bypass Right Common Iliac Artery to Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4ZK	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D09H	Bypass Left Common Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041D09J	Bypass Left Common Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041D09K	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041D0AH	Bypass Left Common Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041D0AJ	Bypass Left Common Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041D0AK	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041D0JH	Bypass Left Common Iliac Artery to Right Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041D0JJ	Bypass Left Common Iliac Artery to Left Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041D0JK	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041D0KH	Bypass Left Common Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041D0KJ	Bypass Left Common Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041D0KK	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041D0ZH	Bypass Left Common Iliac Artery to Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041D0ZJ	Bypass Left Common Iliac Artery to Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041D0ZK	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries, Open Approach	ICD-10-PCS	Procedure
041D49H	Bypass Left Common Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D49J	Bypass Left Common Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D49K	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4AH	Bypass Left Common Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041D4AJ	Bypass Left Common Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4AK	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4JH	Bypass Left Common Iliac Artery to Right Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4JJ	Bypass Left Common Iliac Artery to Left Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4JK	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4KH	Bypass Left Common Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4KJ	Bypass Left Common Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4KK	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4ZH	Bypass Left Common Iliac Artery to Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4ZJ	Bypass Left Common Iliac Artery to Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4ZK	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E09H	Bypass Right Internal Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041E09J	Bypass Right Internal Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041E09K	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041E0AH	Bypass Right Internal Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041E0AJ	Bypass Right Internal Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041E0AK	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041E0JH	Bypass Right Internal Iliac Artery to Right Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041E0JJ	Bypass Right Internal Iliac Artery to Left Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041E0JK	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041E0KH	Bypass Right Internal Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041E0KJ	Bypass Right Internal Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041E0KK	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041E0ZH	Bypass Right Internal Iliac Artery to Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041E0ZJ	Bypass Right Internal Iliac Artery to Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041E0ZK	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries, Open Approach	ICD-10-PCS	Procedure
041E49H	Bypass Right Internal Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E49J	Bypass Right Internal Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E49K	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4AH	Bypass Right Internal Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4AJ	Bypass Right Internal Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4AK	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4JH	Bypass Right Internal Iliac Artery to Right Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4JJ	Bypass Right Internal Iliac Artery to Left Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4JK	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4KH	Bypass Right Internal Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4KJ	Bypass Right Internal Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4KK	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4ZH	Bypass Right Internal Iliac Artery to Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4ZJ	Bypass Right Internal Iliac Artery to Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4ZK	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F09H	Bypass Left Internal Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041F09J	Bypass Left Internal Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041F09K	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041F0AH	Bypass Left Internal Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041F0AJ	Bypass Left Internal Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041F0AK	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041F0JH	Bypass Left Internal Iliac Artery to Right Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041F0JJ	Bypass Left Internal Iliac Artery to Left Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041F0JK	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041F0KH	Bypass Left Internal Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041F0KJ	Bypass Left Internal Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041F0KK	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041F0ZH	Bypass Left Internal Iliac Artery to Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041F0ZJ	Bypass Left Internal Iliac Artery to Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041F0ZK	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries, Open Approach	ICD-10-PCS	Procedure
041F49H	Bypass Left Internal Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F49J	Bypass Left Internal Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F49K	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4AH	Bypass Left Internal Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4AJ	Bypass Left Internal Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4AK	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4JH	Bypass Left Internal Iliac Artery to Right Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4JJ	Bypass Left Internal Iliac Artery to Left Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4JK	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041F4KH	Bypass Left Internal Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4KJ	Bypass Left Internal Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4KK	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4ZH	Bypass Left Internal Iliac Artery to Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4ZJ	Bypass Left Internal Iliac Artery to Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4ZK	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H09H	Bypass Right External Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041H09J	Bypass Right External Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041H09K	Bypass Right External Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041H0AH	Bypass Right External Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041H0AJ	Bypass Right External Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041H0AK	Bypass Right External Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041H0JH	Bypass Right External Iliac Artery to Right Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041H0JJ	Bypass Right External Iliac Artery to Left Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041H0JK	Bypass Right External Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041H0KH	Bypass Right External Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041H0KJ	Bypass Right External Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041H0KK	Bypass Right External Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041H0ZH	Bypass Right External Iliac Artery to Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041H0ZJ	Bypass Right External Iliac Artery to Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041H0ZK	Bypass Right External Iliac Artery to Bilateral Femoral Arteries, Open Approach	ICD-10-PCS	Procedure
041H49H	Bypass Right External Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041H49J	Bypass Right External Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H49K	Bypass Right External Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4AH	Bypass Right External Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4AJ	Bypass Right External Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4AK	Bypass Right External Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4JH	Bypass Right External Iliac Artery to Right Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4JJ	Bypass Right External Iliac Artery to Left Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4JK	Bypass Right External Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4KH	Bypass Right External Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4KJ	Bypass Right External Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4KK	Bypass Right External Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4ZH	Bypass Right External Iliac Artery to Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4ZJ	Bypass Right External Iliac Artery to Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4ZK	Bypass Right External Iliac Artery to Bilateral Femoral Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J09H	Bypass Left External Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041J09J	Bypass Left External Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041J09K	Bypass Left External Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041J0AH	Bypass Left External Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041J0AJ	Bypass Left External Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041J0AK	Bypass Left External Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041J0JH	Bypass Left External Iliac Artery to Right Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041J0JJ	Bypass Left External Iliac Artery to Left Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041J0JK	Bypass Left External Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041J0KH	Bypass Left External Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041J0KJ	Bypass Left External Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041J0KK	Bypass Left External Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041J0ZH	Bypass Left External Iliac Artery to Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041J0ZJ	Bypass Left External Iliac Artery to Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041J0ZK	Bypass Left External Iliac Artery to Bilateral Femoral Arteries, Open Approach	ICD-10-PCS	Procedure
041J49H	Bypass Left External Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J49J	Bypass Left External Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J49K	Bypass Left External Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4AH	Bypass Left External Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4AJ	Bypass Left External Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4AK	Bypass Left External Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4JH	Bypass Left External Iliac Artery to Right Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4JJ	Bypass Left External Iliac Artery to Left Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4JK	Bypass Left External Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4KH	Bypass Left External Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4KJ	Bypass Left External Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4KK	Bypass Left External Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4ZH	Bypass Left External Iliac Artery to Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4ZJ	Bypass Left External Iliac Artery to Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041J4ZK	Bypass Left External Iliac Artery to Bilateral Femoral Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K09H	Bypass Right Femoral Artery to Right Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041K09J	Bypass Right Femoral Artery to Left Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041K09K	Bypass Right Femoral Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041K09L	Bypass Right Femoral Artery to Popliteal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041K09M	Bypass Right Femoral Artery to Peroneal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041K09N	Bypass Right Femoral Artery to Posterior Tibial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041K09P	Bypass Right Femoral Artery to Foot Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041K09Q	Bypass Right Femoral Artery to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041K09S	Bypass Right Femoral Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041K0AH	Bypass Right Femoral Artery to Right Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041K0AJ	Bypass Right Femoral Artery to Left Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041K0AK	Bypass Right Femoral Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041K0AL	Bypass Right Femoral Artery to Popliteal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041K0AM	Bypass Right Femoral Artery to Peroneal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041K0AN	Bypass Right Femoral Artery to Posterior Tibial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041K0AP	Bypass Right Femoral Artery to Foot Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041K0AQ	Bypass Right Femoral Artery to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041K0AS	Bypass Right Femoral Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041K0JH	Bypass Right Femoral Artery to Right Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041K0JJ	Bypass Right Femoral Artery to Left Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041K0JK	Bypass Right Femoral Artery to Bilateral Femoral Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041K0JL	Bypass Right Femoral Artery to Popliteal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041K0JM	Bypass Right Femoral Artery to Peroneal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041K0JN	Bypass Right Femoral Artery to Posterior Tibial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041K0JP	Bypass Right Femoral Artery to Foot Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041K0JQ	Bypass Right Femoral Artery to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041K0JS	Bypass Right Femoral Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041K0KH	Bypass Right Femoral Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041K0KJ	Bypass Right Femoral Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041K0KK	Bypass Right Femoral Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041K0KL	Bypass Right Femoral Artery to Popliteal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041K0KM	Bypass Right Femoral Artery to Peroneal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041K0KN	Bypass Right Femoral Artery to Posterior Tibial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041K0KP	Bypass Right Femoral Artery to Foot Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041K0KQ	Bypass Right Femoral Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041K0KS	Bypass Right Femoral Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041K0ZH	Bypass Right Femoral Artery to Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041K0ZJ	Bypass Right Femoral Artery to Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041K0ZK	Bypass Right Femoral Artery to Bilateral Femoral Arteries, Open Approach	ICD-10-PCS	Procedure
041K0ZL	Bypass Right Femoral Artery to Popliteal Artery, Open Approach	ICD-10-PCS	Procedure
041K0ZM	Bypass Right Femoral Artery to Peroneal Artery, Open Approach	ICD-10-PCS	Procedure
041K0ZN	Bypass Right Femoral Artery to Posterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure
041K0ZP	Bypass Right Femoral Artery to Foot Artery, Open Approach	ICD-10-PCS	Procedure
041K0ZQ	Bypass Right Femoral Artery to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041K0ZS	Bypass Right Femoral Artery to Lower Extremity Vein, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041K49H	Bypass Right Femoral Artery to Right Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K49J	Bypass Right Femoral Artery to Left Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K49K	Bypass Right Femoral Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K49L	Bypass Right Femoral Artery to Popliteal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K49M	Bypass Right Femoral Artery to Peroneal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K49N	Bypass Right Femoral Artery to Posterior Tibial Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K49P	Bypass Right Femoral Artery to Foot Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K49Q	Bypass Right Femoral Artery to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K49S	Bypass Right Femoral Artery to Lower Extremity Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4AH	Bypass Right Femoral Artery to Right Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4AJ	Bypass Right Femoral Artery to Left Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4AK	Bypass Right Femoral Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4AL	Bypass Right Femoral Artery to Popliteal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4AM	Bypass Right Femoral Artery to Peroneal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4AN	Bypass Right Femoral Artery to Posterior Tibial Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4AP	Bypass Right Femoral Artery to Foot Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4AQ	Bypass Right Femoral Artery to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4AS	Bypass Right Femoral Artery to Lower Extremity Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4JH	Bypass Right Femoral Artery to Right Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4JJ	Bypass Right Femoral Artery to Left Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4JK	Bypass Right Femoral Artery to Bilateral Femoral Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041K4JL	Bypass Right Femoral Artery to Popliteal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4JM	Bypass Right Femoral Artery to Peroneal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4JN	Bypass Right Femoral Artery to Posterior Tibial Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4JP	Bypass Right Femoral Artery to Foot Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4JQ	Bypass Right Femoral Artery to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4JS	Bypass Right Femoral Artery to Lower Extremity Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4KH	Bypass Right Femoral Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4KJ	Bypass Right Femoral Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4KK	Bypass Right Femoral Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4KL	Bypass Right Femoral Artery to Popliteal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4KM	Bypass Right Femoral Artery to Peroneal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4KN	Bypass Right Femoral Artery to Posterior Tibial Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4KP	Bypass Right Femoral Artery to Foot Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4KQ	Bypass Right Femoral Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4KS	Bypass Right Femoral Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4ZH	Bypass Right Femoral Artery to Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4ZJ	Bypass Right Femoral Artery to Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4ZK	Bypass Right Femoral Artery to Bilateral Femoral Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4ZL	Bypass Right Femoral Artery to Popliteal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4ZM	Bypass Right Femoral Artery to Peroneal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4ZN	Bypass Right Femoral Artery to Posterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041K4ZP	Bypass Right Femoral Artery to Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4ZQ	Bypass Right Femoral Artery to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4ZS	Bypass Right Femoral Artery to Lower Extremity Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L09H	Bypass Left Femoral Artery to Right Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041L09J	Bypass Left Femoral Artery to Left Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041L09K	Bypass Left Femoral Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041L09L	Bypass Left Femoral Artery to Popliteal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041L09M	Bypass Left Femoral Artery to Peroneal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041L09N	Bypass Left Femoral Artery to Posterior Tibial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041L09P	Bypass Left Femoral Artery to Foot Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041L09Q	Bypass Left Femoral Artery to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041L09S	Bypass Left Femoral Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041L0AH	Bypass Left Femoral Artery to Right Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041L0AJ	Bypass Left Femoral Artery to Left Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041L0AK	Bypass Left Femoral Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041L0AL	Bypass Left Femoral Artery to Popliteal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041L0AM	Bypass Left Femoral Artery to Peroneal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041L0AN	Bypass Left Femoral Artery to Posterior Tibial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041L0AP	Bypass Left Femoral Artery to Foot Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041L0AQ	Bypass Left Femoral Artery to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041L0AS	Bypass Left Femoral Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041LOJH	Bypass Left Femoral Artery to Right Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041LOJJ	Bypass Left Femoral Artery to Left Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041LOJK	Bypass Left Femoral Artery to Bilateral Femoral Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041LOJL	Bypass Left Femoral Artery to Popliteal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041LOJM	Bypass Left Femoral Artery to Peroneal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041LOJN	Bypass Left Femoral Artery to Posterior Tibial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041LOJP	Bypass Left Femoral Artery to Foot Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041LOJQ	Bypass Left Femoral Artery to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041LOJS	Bypass Left Femoral Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041LOKH	Bypass Left Femoral Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041LOKJ	Bypass Left Femoral Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041LOKK	Bypass Left Femoral Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041LOKL	Bypass Left Femoral Artery to Popliteal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041LOKM	Bypass Left Femoral Artery to Peroneal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041LOKN	Bypass Left Femoral Artery to Posterior Tibial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041LOKP	Bypass Left Femoral Artery to Foot Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041LOKQ	Bypass Left Femoral Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041LOKS	Bypass Left Femoral Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041LOZH	Bypass Left Femoral Artery to Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041LOZJ	Bypass Left Femoral Artery to Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041LOZK	Bypass Left Femoral Artery to Bilateral Femoral Arteries, Open Approach	ICD-10-PCS	Procedure
041LOZL	Bypass Left Femoral Artery to Popliteal Artery, Open Approach	ICD-10-PCS	Procedure
041LOZM	Bypass Left Femoral Artery to Peroneal Artery, Open Approach	ICD-10-PCS	Procedure
041LOZN	Bypass Left Femoral Artery to Posterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041L0ZP	Bypass Left Femoral Artery to Foot Artery, Open Approach	ICD-10-PCS	Procedure
041L0ZQ	Bypass Left Femoral Artery to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041L0ZS	Bypass Left Femoral Artery to Lower Extremity Vein, Open Approach	ICD-10-PCS	Procedure
041L49H	Bypass Left Femoral Artery to Right Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L49J	Bypass Left Femoral Artery to Left Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L49K	Bypass Left Femoral Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L49L	Bypass Left Femoral Artery to Popliteal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L49M	Bypass Left Femoral Artery to Peroneal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L49N	Bypass Left Femoral Artery to Posterior Tibial Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L49P	Bypass Left Femoral Artery to Foot Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L49Q	Bypass Left Femoral Artery to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L49S	Bypass Left Femoral Artery to Lower Extremity Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4AH	Bypass Left Femoral Artery to Right Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4AJ	Bypass Left Femoral Artery to Left Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4AK	Bypass Left Femoral Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4AL	Bypass Left Femoral Artery to Popliteal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4AM	Bypass Left Femoral Artery to Peroneal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4AN	Bypass Left Femoral Artery to Posterior Tibial Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4AP	Bypass Left Femoral Artery to Foot Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4AQ	Bypass Left Femoral Artery to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4AS	Bypass Left Femoral Artery to Lower Extremity Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4JH	Bypass Left Femoral Artery to Right Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041L4JJ	Bypass Left Femoral Artery to Left Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4JK	Bypass Left Femoral Artery to Bilateral Femoral Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4JL	Bypass Left Femoral Artery to Popliteal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4JM	Bypass Left Femoral Artery to Peroneal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4JN	Bypass Left Femoral Artery to Posterior Tibial Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4JP	Bypass Left Femoral Artery to Foot Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4JQ	Bypass Left Femoral Artery to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4JS	Bypass Left Femoral Artery to Lower Extremity Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4KH	Bypass Left Femoral Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4KJ	Bypass Left Femoral Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4KK	Bypass Left Femoral Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4KL	Bypass Left Femoral Artery to Popliteal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4KM	Bypass Left Femoral Artery to Peroneal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4KN	Bypass Left Femoral Artery to Posterior Tibial Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4KP	Bypass Left Femoral Artery to Foot Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4KQ	Bypass Left Femoral Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4KS	Bypass Left Femoral Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4ZH	Bypass Left Femoral Artery to Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4ZJ	Bypass Left Femoral Artery to Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4ZK	Bypass Left Femoral Artery to Bilateral Femoral Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4ZL	Bypass Left Femoral Artery to Popliteal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041L4ZM	Bypass Left Femoral Artery to Peroneal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4ZN	Bypass Left Femoral Artery to Posterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4ZP	Bypass Left Femoral Artery to Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4ZQ	Bypass Left Femoral Artery to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4ZS	Bypass Left Femoral Artery to Lower Extremity Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M09L	Bypass Right Popliteal Artery to Popliteal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041M09M	Bypass Right Popliteal Artery to Peroneal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041M09P	Bypass Right Popliteal Artery to Foot Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041M09Q	Bypass Right Popliteal Artery to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041M09S	Bypass Right Popliteal Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041M0AL	Bypass Right Popliteal Artery to Popliteal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041M0AM	Bypass Right Popliteal Artery to Peroneal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041M0AP	Bypass Right Popliteal Artery to Foot Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041M0AQ	Bypass Right Popliteal Artery to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041M0AS	Bypass Right Popliteal Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041M0JL	Bypass Right Popliteal Artery to Popliteal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041M0JM	Bypass Right Popliteal Artery to Peroneal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041M0JP	Bypass Right Popliteal Artery to Foot Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041M0JQ	Bypass Right Popliteal Artery to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041M0JS	Bypass Right Popliteal Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041M0KL	Bypass Right Popliteal Artery to Popliteal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041M0KM	Bypass Right Popliteal Artery to Peroneal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041M0KP	Bypass Right Popliteal Artery to Foot Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041M0KQ	Bypass Right Popliteal Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041M0KS	Bypass Right Popliteal Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041M0ZL	Bypass Right Popliteal Artery to Popliteal Artery, Open Approach	ICD-10-PCS	Procedure
041M0ZM	Bypass Right Popliteal Artery to Peroneal Artery, Open Approach	ICD-10-PCS	Procedure
041M0ZP	Bypass Right Popliteal Artery to Foot Artery, Open Approach	ICD-10-PCS	Procedure
041M0ZQ	Bypass Right Popliteal Artery to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041M0ZS	Bypass Right Popliteal Artery to Lower Extremity Vein, Open Approach	ICD-10-PCS	Procedure
041M49L	Bypass Right Popliteal Artery to Popliteal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M49M	Bypass Right Popliteal Artery to Peroneal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M49P	Bypass Right Popliteal Artery to Foot Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M49Q	Bypass Right Popliteal Artery to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M49S	Bypass Right Popliteal Artery to Lower Extremity Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4AL	Bypass Right Popliteal Artery to Popliteal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4AM	Bypass Right Popliteal Artery to Peroneal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4AP	Bypass Right Popliteal Artery to Foot Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4AQ	Bypass Right Popliteal Artery to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4AS	Bypass Right Popliteal Artery to Lower Extremity Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4JL	Bypass Right Popliteal Artery to Popliteal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4JM	Bypass Right Popliteal Artery to Peroneal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4JP	Bypass Right Popliteal Artery to Foot Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4JQ	Bypass Right Popliteal Artery to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4JS	Bypass Right Popliteal Artery to Lower Extremity Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041M4KL	Bypass Right Popliteal Artery to Popliteal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4KM	Bypass Right Popliteal Artery to Peroneal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4KP	Bypass Right Popliteal Artery to Foot Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4KQ	Bypass Right Popliteal Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4KS	Bypass Right Popliteal Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4ZL	Bypass Right Popliteal Artery to Popliteal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4ZM	Bypass Right Popliteal Artery to Peroneal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4ZP	Bypass Right Popliteal Artery to Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4ZQ	Bypass Right Popliteal Artery to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4ZS	Bypass Right Popliteal Artery to Lower Extremity Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N09L	Bypass Left Popliteal Artery to Popliteal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041N09M	Bypass Left Popliteal Artery to Peroneal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041N09P	Bypass Left Popliteal Artery to Foot Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041N09Q	Bypass Left Popliteal Artery to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041N09S	Bypass Left Popliteal Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041N0AL	Bypass Left Popliteal Artery to Popliteal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041N0AM	Bypass Left Popliteal Artery to Peroneal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041N0AP	Bypass Left Popliteal Artery to Foot Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041N0AQ	Bypass Left Popliteal Artery to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041N0AS	Bypass Left Popliteal Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041N0JL	Bypass Left Popliteal Artery to Popliteal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041N0JM	Bypass Left Popliteal Artery to Peroneal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041N0JP	Bypass Left Popliteal Artery to Foot Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041N0JQ	Bypass Left Popliteal Artery to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041N0JS	Bypass Left Popliteal Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041N0KL	Bypass Left Popliteal Artery to Popliteal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041N0KM	Bypass Left Popliteal Artery to Peroneal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041N0KP	Bypass Left Popliteal Artery to Foot Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041N0KQ	Bypass Left Popliteal Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041N0KS	Bypass Left Popliteal Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041N0ZL	Bypass Left Popliteal Artery to Popliteal Artery, Open Approach	ICD-10-PCS	Procedure
041N0ZM	Bypass Left Popliteal Artery to Peroneal Artery, Open Approach	ICD-10-PCS	Procedure
041N0ZP	Bypass Left Popliteal Artery to Foot Artery, Open Approach	ICD-10-PCS	Procedure
041N0ZQ	Bypass Left Popliteal Artery to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041N0ZS	Bypass Left Popliteal Artery to Lower Extremity Vein, Open Approach	ICD-10-PCS	Procedure
041N49L	Bypass Left Popliteal Artery to Popliteal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N49M	Bypass Left Popliteal Artery to Peroneal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N49P	Bypass Left Popliteal Artery to Foot Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N49Q	Bypass Left Popliteal Artery to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N49S	Bypass Left Popliteal Artery to Lower Extremity Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4AL	Bypass Left Popliteal Artery to Popliteal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4AM	Bypass Left Popliteal Artery to Peroneal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4AP	Bypass Left Popliteal Artery to Foot Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4AQ	Bypass Left Popliteal Artery to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041N4AS	Bypass Left Popliteal Artery to Lower Extremity Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4JL	Bypass Left Popliteal Artery to Popliteal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4JM	Bypass Left Popliteal Artery to Peroneal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4JP	Bypass Left Popliteal Artery to Foot Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4JQ	Bypass Left Popliteal Artery to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4JS	Bypass Left Popliteal Artery to Lower Extremity Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4KL	Bypass Left Popliteal Artery to Popliteal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4KM	Bypass Left Popliteal Artery to Peroneal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4KP	Bypass Left Popliteal Artery to Foot Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4KQ	Bypass Left Popliteal Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4KS	Bypass Left Popliteal Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4ZL	Bypass Left Popliteal Artery to Popliteal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4ZM	Bypass Left Popliteal Artery to Peroneal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4ZP	Bypass Left Popliteal Artery to Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4ZQ	Bypass Left Popliteal Artery to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4ZS	Bypass Left Popliteal Artery to Lower Extremity Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T09P	Bypass Right Peroneal Artery to Foot Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041T09Q	Bypass Right Peroneal Artery to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041T09S	Bypass Right Peroneal Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041T0AP	Bypass Right Peroneal Artery to Foot Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041T0AQ	Bypass Right Peroneal Artery to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041T0AS	Bypass Right Peroneal Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041T0JP	Bypass Right Peroneal Artery to Foot Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041T0JQ	Bypass Right Peroneal Artery to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041T0JS	Bypass Right Peroneal Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041T0KP	Bypass Right Peroneal Artery to Foot Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041T0KQ	Bypass Right Peroneal Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041T0KS	Bypass Right Peroneal Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041T0ZP	Bypass Right Peroneal Artery to Foot Artery, Open Approach	ICD-10-PCS	Procedure
041T0ZQ	Bypass Right Peroneal Artery to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041T0ZS	Bypass Right Peroneal Artery to Lower Extremity Vein, Open Approach	ICD-10-PCS	Procedure
041T49P	Bypass Right Peroneal Artery to Foot Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T49Q	Bypass Right Peroneal Artery to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T49S	Bypass Right Peroneal Artery to Lower Extremity Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4AP	Bypass Right Peroneal Artery to Foot Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4AQ	Bypass Right Peroneal Artery to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4AS	Bypass Right Peroneal Artery to Lower Extremity Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4JP	Bypass Right Peroneal Artery to Foot Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4JQ	Bypass Right Peroneal Artery to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4JS	Bypass Right Peroneal Artery to Lower Extremity Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4KP	Bypass Right Peroneal Artery to Foot Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4KQ	Bypass Right Peroneal Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4KS	Bypass Right Peroneal Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4ZP	Bypass Right Peroneal Artery to Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4ZQ	Bypass Right Peroneal Artery to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041T4ZS	Bypass Right Peroneal Artery to Lower Extremity Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U09P	Bypass Left Peroneal Artery to Foot Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041U09Q	Bypass Left Peroneal Artery to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041U09S	Bypass Left Peroneal Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041U0AP	Bypass Left Peroneal Artery to Foot Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041U0AQ	Bypass Left Peroneal Artery to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041U0AS	Bypass Left Peroneal Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041U0JP	Bypass Left Peroneal Artery to Foot Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041U0JQ	Bypass Left Peroneal Artery to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041U0JS	Bypass Left Peroneal Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041U0KP	Bypass Left Peroneal Artery to Foot Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041U0KQ	Bypass Left Peroneal Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041U0KS	Bypass Left Peroneal Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041U0ZP	Bypass Left Peroneal Artery to Foot Artery, Open Approach	ICD-10-PCS	Procedure
041U0ZQ	Bypass Left Peroneal Artery to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041U0ZS	Bypass Left Peroneal Artery to Lower Extremity Vein, Open Approach	ICD-10-PCS	Procedure
041U49P	Bypass Left Peroneal Artery to Foot Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U49Q	Bypass Left Peroneal Artery to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U49S	Bypass Left Peroneal Artery to Lower Extremity Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4AP	Bypass Left Peroneal Artery to Foot Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4AQ	Bypass Left Peroneal Artery to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4AS	Bypass Left Peroneal Artery to Lower Extremity Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041U4JP	Bypass Left Peroneal Artery to Foot Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4JQ	Bypass Left Peroneal Artery to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4JS	Bypass Left Peroneal Artery to Lower Extremity Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4KP	Bypass Left Peroneal Artery to Foot Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4KQ	Bypass Left Peroneal Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4KS	Bypass Left Peroneal Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4ZP	Bypass Left Peroneal Artery to Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4ZQ	Bypass Left Peroneal Artery to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4ZS	Bypass Left Peroneal Artery to Lower Extremity Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V09P	Bypass Right Foot Artery to Foot Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041V09Q	Bypass Right Foot Artery to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041V09S	Bypass Right Foot Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041V0AP	Bypass Right Foot Artery to Foot Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041V0AQ	Bypass Right Foot Artery to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041V0AS	Bypass Right Foot Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041V0JP	Bypass Right Foot Artery to Foot Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041V0JQ	Bypass Right Foot Artery to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041V0JS	Bypass Right Foot Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041V0KP	Bypass Right Foot Artery to Foot Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041V0KQ	Bypass Right Foot Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041V0KS	Bypass Right Foot Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041V0ZP	Bypass Right Foot Artery to Foot Artery, Open Approach	ICD-10-PCS	Procedure
041V0ZQ	Bypass Right Foot Artery to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041V0ZS	Bypass Right Foot Artery to Lower Extremity Vein, Open Approach	ICD-10-PCS	Procedure
041V49P	Bypass Right Foot Artery to Foot Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V49Q	Bypass Right Foot Artery to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V49S	Bypass Right Foot Artery to Lower Extremity Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4AP	Bypass Right Foot Artery to Foot Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4AQ	Bypass Right Foot Artery to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4AS	Bypass Right Foot Artery to Lower Extremity Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4JP	Bypass Right Foot Artery to Foot Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4JQ	Bypass Right Foot Artery to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4JS	Bypass Right Foot Artery to Lower Extremity Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4KP	Bypass Right Foot Artery to Foot Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4KQ	Bypass Right Foot Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4KS	Bypass Right Foot Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4ZP	Bypass Right Foot Artery to Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4ZQ	Bypass Right Foot Artery to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4ZS	Bypass Right Foot Artery to Lower Extremity Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W09P	Bypass Left Foot Artery to Foot Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041W09Q	Bypass Left Foot Artery to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041W09S	Bypass Left Foot Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041W0AP	Bypass Left Foot Artery to Foot Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041W0AQ	Bypass Left Foot Artery to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041W0AS	Bypass Left Foot Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041W0JP	Bypass Left Foot Artery to Foot Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041W0JQ	Bypass Left Foot Artery to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041W0JS	Bypass Left Foot Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041W0KP	Bypass Left Foot Artery to Foot Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041W0KQ	Bypass Left Foot Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041W0KS	Bypass Left Foot Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041W0ZP	Bypass Left Foot Artery to Foot Artery, Open Approach	ICD-10-PCS	Procedure
041W0ZQ	Bypass Left Foot Artery to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041W0ZS	Bypass Left Foot Artery to Lower Extremity Vein, Open Approach	ICD-10-PCS	Procedure
041W49P	Bypass Left Foot Artery to Foot Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W49Q	Bypass Left Foot Artery to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W49S	Bypass Left Foot Artery to Lower Extremity Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4AP	Bypass Left Foot Artery to Foot Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4AQ	Bypass Left Foot Artery to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4AS	Bypass Left Foot Artery to Lower Extremity Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4JP	Bypass Left Foot Artery to Foot Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4JQ	Bypass Left Foot Artery to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4JS	Bypass Left Foot Artery to Lower Extremity Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4KP	Bypass Left Foot Artery to Foot Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4KQ	Bypass Left Foot Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4KS	Bypass Left Foot Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4ZP	Bypass Left Foot Artery to Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4ZQ	Bypass Left Foot Artery to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041W4ZS	Bypass Left Foot Artery to Lower Extremity Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04700D6	Dilation of Abdominal Aorta, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
04700F6	Dilation of Abdominal Aorta, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04700G6	Dilation of Abdominal Aorta, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04700Z6	Dilation of Abdominal Aorta, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04703D6	Dilation of Abdominal Aorta, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
04703F6	Dilation of Abdominal Aorta, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04703G6	Dilation of Abdominal Aorta, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04703Z6	Dilation of Abdominal Aorta, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04704D6	Dilation of Abdominal Aorta, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04704F6	Dilation of Abdominal Aorta, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04704G6	Dilation of Abdominal Aorta, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04704Z6	Dilation of Abdominal Aorta, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C041	Dilation of Right Common Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047C046	Dilation of Right Common Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047C04Z	Dilation of Right Common Iliac Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047C056	Dilation of Right Common Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C05Z	Dilation of Right Common Iliac Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C066	Dilation of Right Common Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C06Z	Dilation of Right Common Iliac Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C076	Dilation of Right Common Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C07Z	Dilation of Right Common Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C0D1	Dilation of Right Common Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047C0D6	Dilation of Right Common Iliac Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047C0DZ	Dilation of Right Common Iliac Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047C0E6	Dilation of Right Common Iliac Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C0EZ	Dilation of Right Common Iliac Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C0F6	Dilation of Right Common Iliac Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C0FZ	Dilation of Right Common Iliac Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C0G6	Dilation of Right Common Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C0GZ	Dilation of Right Common Iliac Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C0Z1	Dilation of Right Common Iliac Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047C0Z6	Dilation of Right Common Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047C0ZZ	Dilation of Right Common Iliac Artery, Open Approach	ICD-10-PCS	Procedure
047C341	Dilation of Right Common Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047C346	Dilation of Right Common Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047C34Z	Dilation of Right Common Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047C356	Dilation of Right Common Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C35Z	Dilation of Right Common Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C366	Dilation of Right Common Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C36Z	Dilation of Right Common Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C376	Dilation of Right Common Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C37Z	Dilation of Right Common Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C3D1	Dilation of Right Common Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047C3D6	Dilation of Right Common Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047C3DZ	Dilation of Right Common Iliac Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047C3E6	Dilation of Right Common Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C3EZ	Dilation of Right Common Iliac Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C3F6	Dilation of Right Common Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C3FZ	Dilation of Right Common Iliac Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C3G6	Dilation of Right Common Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C3GZ	Dilation of Right Common Iliac Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C3Z1	Dilation of Right Common Iliac Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047C3Z6	Dilation of Right Common Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047C3ZZ	Dilation of Right Common Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047C441	Dilation of Right Common Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C446	Dilation of Right Common Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C44Z	Dilation of Right Common Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C456	Dilation of Right Common Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C45Z	Dilation of Right Common Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C466	Dilation of Right Common Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C46Z	Dilation of Right Common Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C476	Dilation of Right Common Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C47Z	Dilation of Right Common Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4D1	Dilation of Right Common Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4D6	Dilation of Right Common Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4DZ	Dilation of Right Common Iliac Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4E6	Dilation of Right Common Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047C4EZ	Dilation of Right Common Iliac Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4F6	Dilation of Right Common Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4FZ	Dilation of Right Common Iliac Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4G6	Dilation of Right Common Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4GZ	Dilation of Right Common Iliac Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4Z1	Dilation of Right Common Iliac Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4Z6	Dilation of Right Common Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4ZZ	Dilation of Right Common Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D041	Dilation of Left Common Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047D046	Dilation of Left Common Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047D04Z	Dilation of Left Common Iliac Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047D056	Dilation of Left Common Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D05Z	Dilation of Left Common Iliac Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D066	Dilation of Left Common Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D06Z	Dilation of Left Common Iliac Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D076	Dilation of Left Common Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D07Z	Dilation of Left Common Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D0D1	Dilation of Left Common Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047D0D6	Dilation of Left Common Iliac Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047D0DZ	Dilation of Left Common Iliac Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047D0E6	Dilation of Left Common Iliac Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D0EZ	Dilation of Left Common Iliac Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047D0F6	Dilation of Left Common Iliac Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D0FZ	Dilation of Left Common Iliac Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D0G6	Dilation of Left Common Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D0GZ	Dilation of Left Common Iliac Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D0Z1	Dilation of Left Common Iliac Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047D0Z6	Dilation of Left Common Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047D0ZZ	Dilation of Left Common Iliac Artery, Open Approach	ICD-10-PCS	Procedure
047D341	Dilation of Left Common Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047D346	Dilation of Left Common Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047D34Z	Dilation of Left Common Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047D356	Dilation of Left Common Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D35Z	Dilation of Left Common Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D366	Dilation of Left Common Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D36Z	Dilation of Left Common Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D376	Dilation of Left Common Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D37Z	Dilation of Left Common Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D3D1	Dilation of Left Common Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047D3D6	Dilation of Left Common Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047D3DZ	Dilation of Left Common Iliac Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047D3E6	Dilation of Left Common Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D3EZ	Dilation of Left Common Iliac Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D3F6	Dilation of Left Common Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047D3FZ	Dilation of Left Common Iliac Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D3G6	Dilation of Left Common Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D3GZ	Dilation of Left Common Iliac Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D3Z1	Dilation of Left Common Iliac Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047D3Z6	Dilation of Left Common Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047D3ZZ	Dilation of Left Common Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047D441	Dilation of Left Common Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D446	Dilation of Left Common Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D44Z	Dilation of Left Common Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D456	Dilation of Left Common Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D45Z	Dilation of Left Common Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D466	Dilation of Left Common Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D46Z	Dilation of Left Common Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D476	Dilation of Left Common Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D47Z	Dilation of Left Common Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4D1	Dilation of Left Common Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4D6	Dilation of Left Common Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4DZ	Dilation of Left Common Iliac Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4E6	Dilation of Left Common Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4EZ	Dilation of Left Common Iliac Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4F6	Dilation of Left Common Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4FZ	Dilation of Left Common Iliac Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047D4G6	Dilation of Left Common Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4GZ	Dilation of Left Common Iliac Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4Z1	Dilation of Left Common Iliac Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4Z6	Dilation of Left Common Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4ZZ	Dilation of Left Common Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E04Z	Dilation of Right Internal Iliac Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047E05Z	Dilation of Right Internal Iliac Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E06Z	Dilation of Right Internal Iliac Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E07Z	Dilation of Right Internal Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E0D1	Dilation of Right Internal Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047E0D6	Dilation of Right Internal Iliac Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047E0DZ	Dilation of Right Internal Iliac Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047E0E6	Dilation of Right Internal Iliac Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E0EZ	Dilation of Right Internal Iliac Artery with Two Intraluminal Devices, Open	ICD-10-PCS	Procedure
047E0F6	Dilation of Right Internal Iliac Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E0FZ	Dilation of Right Internal Iliac Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E0G6	Dilation of Right Internal Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E0GZ	Dilation of Right Internal Iliac Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E0Z1	Dilation of Right Internal Iliac Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047E0Z6	Dilation of Right Internal Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047E0ZZ	Dilation of Right Internal Iliac Artery, Open Approach	ICD-10-PCS	Procedure
047E341	Dilation of Right Internal Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047E346	Dilation of Right Internal Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047E34Z	Dilation of Right Internal Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047E356	Dilation of Right Internal Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E35Z	Dilation of Right Internal Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E366	Dilation of Right Internal Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E36Z	Dilation of Right Internal Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E376	Dilation of Right Internal Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E37Z	Dilation of Right Internal Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E3D1	Dilation of Right Internal Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047E3D6	Dilation of Right Internal Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047E3DZ	Dilation of Right Internal Iliac Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047E3E6	Dilation of Right Internal Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E3EZ	Dilation of Right Internal Iliac Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E3F6	Dilation of Right Internal Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E3FZ	Dilation of Right Internal Iliac Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E3G6	Dilation of Right Internal Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E3GZ	Dilation of Right Internal Iliac Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E3Z1	Dilation of Right Internal Iliac Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047E3Z6	Dilation of Right Internal Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047E3ZZ	Dilation of Right Internal Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047E441	Dilation of Right Internal Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E446	Dilation of Right Internal Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E44Z	Dilation of Right Internal Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E456	Dilation of Right Internal Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047E45Z	Dilation of Right Internal Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E466	Dilation of Right Internal Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E46Z	Dilation of Right Internal Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E476	Dilation of Right Internal Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E47Z	Dilation of Right Internal Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4D1	Dilation of Right Internal Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4D6	Dilation of Right Internal Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4DZ	Dilation of Right Internal Iliac Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4E6	Dilation of Right Internal Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4EZ	Dilation of Right Internal Iliac Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4F6	Dilation of Right Internal Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4FZ	Dilation of Right Internal Iliac Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4G6	Dilation of Right Internal Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4GZ	Dilation of Right Internal Iliac Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4Z1	Dilation of Right Internal Iliac Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4Z6	Dilation of Right Internal Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4ZZ	Dilation of Right Internal Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F041	Dilation of Left Internal Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047F046	Dilation of Left Internal Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047F04Z	Dilation of Left Internal Iliac Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047F056	Dilation of Left Internal Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047F05Z	Dilation of Left Internal Iliac Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F066	Dilation of Left Internal Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F06Z	Dilation of Left Internal Iliac Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F076	Dilation of Left Internal Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F07Z	Dilation of Left Internal Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F0D1	Dilation of Left Internal Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047F0D6	Dilation of Left Internal Iliac Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047F0DZ	Dilation of Left Internal Iliac Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047F0E6	Dilation of Left Internal Iliac Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F0EZ	Dilation of Left Internal Iliac Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F0F6	Dilation of Left Internal Iliac Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F0FZ	Dilation of Left Internal Iliac Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F0G6	Dilation of Left Internal Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F0GZ	Dilation of Left Internal Iliac Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F0Z1	Dilation of Left Internal Iliac Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047F0Z6	Dilation of Left Internal Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047F0ZZ	Dilation of Left Internal Iliac Artery, Open Approach	ICD-10-PCS	Procedure
047F341	Dilation of Left Internal Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047F346	Dilation of Left Internal Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047F34Z	Dilation of Left Internal Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047F356	Dilation of Left Internal Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F35Z	Dilation of Left Internal Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F366	Dilation of Left Internal Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047F36Z	Dilation of Left Internal Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F376	Dilation of Left Internal Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F37Z	Dilation of Left Internal Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F3D1	Dilation of Left Internal Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047F3D6	Dilation of Left Internal Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047F3DZ	Dilation of Left Internal Iliac Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047F3E6	Dilation of Left Internal Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F3EZ	Dilation of Left Internal Iliac Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F3F6	Dilation of Left Internal Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F3FZ	Dilation of Left Internal Iliac Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F3G6	Dilation of Left Internal Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F3GZ	Dilation of Left Internal Iliac Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F3Z1	Dilation of Left Internal Iliac Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047F3Z6	Dilation of Left Internal Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047F3ZZ	Dilation of Left Internal Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047F441	Dilation of Left Internal Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F446	Dilation of Left Internal Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F44Z	Dilation of Left Internal Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F456	Dilation of Left Internal Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F45Z	Dilation of Left Internal Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F466	Dilation of Left Internal Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F46Z	Dilation of Left Internal Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047F476	Dilation of Left Internal Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F47Z	Dilation of Left Internal Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4D1	Dilation of Left Internal Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4D6	Dilation of Left Internal Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4DZ	Dilation of Left Internal Iliac Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4E6	Dilation of Left Internal Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4EZ	Dilation of Left Internal Iliac Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4F6	Dilation of Left Internal Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4FZ	Dilation of Left Internal Iliac Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4G6	Dilation of Left Internal Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4GZ	Dilation of Left Internal Iliac Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4Z1	Dilation of Left Internal Iliac Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4Z6	Dilation of Left Internal Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4ZZ	Dilation of Left Internal Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H041	Dilation of Right External Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047H046	Dilation of Right External Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047H04Z	Dilation of Right External Iliac Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047H056	Dilation of Right External Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H05Z	Dilation of Right External Iliac Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H066	Dilation of Right External Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H06Z	Dilation of Right External Iliac Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047H076	Dilation of Right External Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H07Z	Dilation of Right External Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H0D1	Dilation of Right External Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047H0D6	Dilation of Right External Iliac Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047H0DZ	Dilation of Right External Iliac Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047H0E6	Dilation of Right External Iliac Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H0EZ	Dilation of Right External Iliac Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H0F6	Dilation of Right External Iliac Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H0FZ	Dilation of Right External Iliac Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H0G6	Dilation of Right External Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H0GZ	Dilation of Right External Iliac Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H0Z1	Dilation of Right External Iliac Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047H0Z6	Dilation of Right External Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047H0ZZ	Dilation of Right External Iliac Artery, Open Approach	ICD-10-PCS	Procedure
047H341	Dilation of Right External Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047H346	Dilation of Right External Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047H34Z	Dilation of Right External Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047H356	Dilation of Right External Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H35Z	Dilation of Right External Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H366	Dilation of Right External Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H36Z	Dilation of Right External Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H376	Dilation of Right External Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H37Z	Dilation of Right External Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047H3D1	Dilation of Right External Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047H3D6	Dilation of Right External Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047H3DZ	Dilation of Right External Iliac Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047H3E6	Dilation of Right External Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H3EZ	Dilation of Right External Iliac Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H3F6	Dilation of Right External Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H3FZ	Dilation of Right External Iliac Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H3G6	Dilation of Right External Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H3GZ	Dilation of Right External Iliac Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H3Z1	Dilation of Right External Iliac Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047H3Z6	Dilation of Right External Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047H3ZZ	Dilation of Right External Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047H441	Dilation of Right External Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H446	Dilation of Right External Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H44Z	Dilation of Right External Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H456	Dilation of Right External Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H45Z	Dilation of Right External Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H466	Dilation of Right External Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H46Z	Dilation of Right External Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H476	Dilation of Right External Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H47Z	Dilation of Right External Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4D1	Dilation of Right External Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047H4D6	Dilation of Right External Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4DZ	Dilation of Right External Iliac Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4E6	Dilation of Right External Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4EZ	Dilation of Right External Iliac Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4F6	Dilation of Right External Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4FZ	Dilation of Right External Iliac Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4G6	Dilation of Right External Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4GZ	Dilation of Right External Iliac Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4Z1	Dilation of Right External Iliac Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4Z6	Dilation of Right External Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4ZZ	Dilation of Right External Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J041	Dilation of Left External Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047J046	Dilation of Left External Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047J04Z	Dilation of Left External Iliac Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047J056	Dilation of Left External Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J05Z	Dilation of Left External Iliac Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J066	Dilation of Left External Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J06Z	Dilation of Left External Iliac Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J076	Dilation of Left External Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J07Z	Dilation of Left External Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J0D1	Dilation of Left External Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047J0D6	Dilation of Left External Iliac Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047J0DZ	Dilation of Left External Iliac Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047J0E6	Dilation of Left External Iliac Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J0EZ	Dilation of Left External Iliac Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J0F6	Dilation of Left External Iliac Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J0FZ	Dilation of Left External Iliac Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J0G6	Dilation of Left External Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J0GZ	Dilation of Left External Iliac Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J0Z1	Dilation of Left External Iliac Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047J0Z6	Dilation of Left External Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047J0ZZ	Dilation of Left External Iliac Artery, Open Approach	ICD-10-PCS	Procedure
047J341	Dilation of Left External Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047J346	Dilation of Left External Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047J34Z	Dilation of Left External Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047J356	Dilation of Left External Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J35Z	Dilation of Left External Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J366	Dilation of Left External Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J36Z	Dilation of Left External Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J376	Dilation of Left External Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J37Z	Dilation of Left External Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J3D1	Dilation of Left External Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047J3D6	Dilation of Left External Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047J3DZ	Dilation of Left External Iliac Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047J3E6	Dilation of Left External Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J3EZ	Dilation of Left External Iliac Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J3F6	Dilation of Left External Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J3FZ	Dilation of Left External Iliac Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J3G6	Dilation of Left External Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J3GZ	Dilation of Left External Iliac Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J3Z1	Dilation of Left External Iliac Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047J3Z6	Dilation of Left External Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047J3ZZ	Dilation of Left External Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047J441	Dilation of Left External Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J446	Dilation of Left External Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J44Z	Dilation of Left External Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J456	Dilation of Left External Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J45Z	Dilation of Left External Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J466	Dilation of Left External Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J46Z	Dilation of Left External Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J476	Dilation of Left External Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J47Z	Dilation of Left External Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4D1	Dilation of Left External Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4D6	Dilation of Left External Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4DZ	Dilation of Left External Iliac Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4E6	Dilation of Left External Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047J4EZ	Dilation of Left External Iliac Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4F6	Dilation of Left External Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4FZ	Dilation of Left External Iliac Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4G6	Dilation of Left External Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4GZ	Dilation of Left External Iliac Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4Z1	Dilation of Left External Iliac Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4Z6	Dilation of Left External Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4ZZ	Dilation of Left External Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K041	Dilation of Right Femoral Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047K046	Dilation of Right Femoral Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047K04Z	Dilation of Right Femoral Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047K056	Dilation of Right Femoral Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K05Z	Dilation of Right Femoral Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K066	Dilation of Right Femoral Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K06Z	Dilation of Right Femoral Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K076	Dilation of Right Femoral Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K07Z	Dilation of Right Femoral Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K0D1	Dilation of Right Femoral Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047K0D6	Dilation of Right Femoral Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047K0DZ	Dilation of Right Femoral Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047K0E6	Dilation of Right Femoral Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K0EZ	Dilation of Right Femoral Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047K0F6	Dilation of Right Femoral Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K0FZ	Dilation of Right Femoral Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K0G6	Dilation of Right Femoral Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K0GZ	Dilation of Right Femoral Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K0Z1	Dilation of Right Femoral Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047K0Z6	Dilation of Right Femoral Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047K0ZZ	Dilation of Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
047K341	Dilation of Right Femoral Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047K346	Dilation of Right Femoral Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047K34Z	Dilation of Right Femoral Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047K356	Dilation of Right Femoral Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K35Z	Dilation of Right Femoral Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K366	Dilation of Right Femoral Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K36Z	Dilation of Right Femoral Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K376	Dilation of Right Femoral Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K37Z	Dilation of Right Femoral Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K3D1	Dilation of Right Femoral Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047K3D6	Dilation of Right Femoral Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047K3DZ	Dilation of Right Femoral Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047K3E6	Dilation of Right Femoral Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K3EZ	Dilation of Right Femoral Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K3F6	Dilation of Right Femoral Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K3FZ	Dilation of Right Femoral Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047K3G6	Dilation of Right Femoral Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K3GZ	Dilation of Right Femoral Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K3Z1	Dilation of Right Femoral Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047K3Z6	Dilation of Right Femoral Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047K3ZZ	Dilation of Right Femoral Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047K441	Dilation of Right Femoral Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K446	Dilation of Right Femoral Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K44Z	Dilation of Right Femoral Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K456	Dilation of Right Femoral Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K45Z	Dilation of Right Femoral Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K466	Dilation of Right Femoral Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K46Z	Dilation of Right Femoral Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K476	Dilation of Right Femoral Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K47Z	Dilation of Right Femoral Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4D1	Dilation of Right Femoral Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4D6	Dilation of Right Femoral Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4DZ	Dilation of Right Femoral Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4E6	Dilation of Right Femoral Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4EZ	Dilation of Right Femoral Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4F6	Dilation of Right Femoral Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4FZ	Dilation of Right Femoral Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4G6	Dilation of Right Femoral Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047K4GZ	Dilation of Right Femoral Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4Z1	Dilation of Right Femoral Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4Z6	Dilation of Right Femoral Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4ZZ	Dilation of Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L041	Dilation of Left Femoral Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047L046	Dilation of Left Femoral Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047L04Z	Dilation of Left Femoral Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047L056	Dilation of Left Femoral Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L05Z	Dilation of Left Femoral Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L066	Dilation of Left Femoral Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L06Z	Dilation of Left Femoral Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L076	Dilation of Left Femoral Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L07Z	Dilation of Left Femoral Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L0D1	Dilation of Left Femoral Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047L0D6	Dilation of Left Femoral Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047L0DZ	Dilation of Left Femoral Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047L0E6	Dilation of Left Femoral Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L0EZ	Dilation of Left Femoral Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L0F6	Dilation of Left Femoral Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L0FZ	Dilation of Left Femoral Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L0G6	Dilation of Left Femoral Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L0GZ	Dilation of Left Femoral Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L0Z1	Dilation of Left Femoral Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047L0Z6	Dilation of Left Femoral Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047L0ZZ	Dilation of Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047L341	Dilation of Left Femoral Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047L346	Dilation of Left Femoral Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047L34Z	Dilation of Left Femoral Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047L356	Dilation of Left Femoral Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L35Z	Dilation of Left Femoral Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L366	Dilation of Left Femoral Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L36Z	Dilation of Left Femoral Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L376	Dilation of Left Femoral Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L37Z	Dilation of Left Femoral Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L3D1	Dilation of Left Femoral Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047L3D6	Dilation of Left Femoral Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047L3DZ	Dilation of Left Femoral Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047L3E6	Dilation of Left Femoral Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L3EZ	Dilation of Left Femoral Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L3F6	Dilation of Left Femoral Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L3FZ	Dilation of Left Femoral Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L3G6	Dilation of Left Femoral Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L3GZ	Dilation of Left Femoral Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L3Z1	Dilation of Left Femoral Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047L3Z6	Dilation of Left Femoral Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047L3ZZ	Dilation of Left Femoral Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047L441	Dilation of Left Femoral Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L446	Dilation of Left Femoral Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047L44Z	Dilation of Left Femoral Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L456	Dilation of Left Femoral Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L45Z	Dilation of Left Femoral Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L466	Dilation of Left Femoral Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L46Z	Dilation of Left Femoral Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L476	Dilation of Left Femoral Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L47Z	Dilation of Left Femoral Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4D1	Dilation of Left Femoral Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4D6	Dilation of Left Femoral Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4DZ	Dilation of Left Femoral Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4E6	Dilation of Left Femoral Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4EZ	Dilation of Left Femoral Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4F6	Dilation of Left Femoral Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4FZ	Dilation of Left Femoral Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4G6	Dilation of Left Femoral Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4GZ	Dilation of Left Femoral Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4Z1	Dilation of Left Femoral Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4Z6	Dilation of Left Femoral Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4ZZ	Dilation of Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M041	Dilation of Right Popliteal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047M046	Dilation of Right Popliteal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047M04Z	Dilation of Right Popliteal Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047M056	Dilation of Right Popliteal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M05Z	Dilation of Right Popliteal Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M066	Dilation of Right Popliteal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M06Z	Dilation of Right Popliteal Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M076	Dilation of Right Popliteal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M07Z	Dilation of Right Popliteal Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M0D1	Dilation of Right Popliteal Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047M0D6	Dilation of Right Popliteal Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047M0DZ	Dilation of Right Popliteal Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047M0E6	Dilation of Right Popliteal Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M0EZ	Dilation of Right Popliteal Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M0F6	Dilation of Right Popliteal Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M0FZ	Dilation of Right Popliteal Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M0G6	Dilation of Right Popliteal Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M0GZ	Dilation of Right Popliteal Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M0Z1	Dilation of Right Popliteal Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047M0Z6	Dilation of Right Popliteal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047M0ZZ	Dilation of Right Popliteal Artery, Open Approach	ICD-10-PCS	Procedure
047M341	Dilation of Right Popliteal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047M346	Dilation of Right Popliteal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047M34Z	Dilation of Right Popliteal Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047M356	Dilation of Right Popliteal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M35Z	Dilation of Right Popliteal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M366	Dilation of Right Popliteal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047M36Z	Dilation of Right Popliteal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M376	Dilation of Right Popliteal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M37Z	Dilation of Right Popliteal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M3D1	Dilation of Right Popliteal Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047M3D6	Dilation of Right Popliteal Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047M3DZ	Dilation of Right Popliteal Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047M3E6	Dilation of Right Popliteal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M3EZ	Dilation of Right Popliteal Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M3F6	Dilation of Right Popliteal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M3FZ	Dilation of Right Popliteal Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M3G6	Dilation of Right Popliteal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M3GZ	Dilation of Right Popliteal Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M3Z1	Dilation of Right Popliteal Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047M3Z6	Dilation of Right Popliteal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047M3ZZ	Dilation of Right Popliteal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047M441	Dilation of Right Popliteal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M446	Dilation of Right Popliteal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M44Z	Dilation of Right Popliteal Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M456	Dilation of Right Popliteal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M45Z	Dilation of Right Popliteal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M466	Dilation of Right Popliteal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M46Z	Dilation of Right Popliteal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047M476	Dilation of Right Popliteal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M47Z	Dilation of Right Popliteal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4D1	Dilation of Right Popliteal Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4D6	Dilation of Right Popliteal Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4DZ	Dilation of Right Popliteal Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4E6	Dilation of Right Popliteal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4EZ	Dilation of Right Popliteal Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4F6	Dilation of Right Popliteal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4FZ	Dilation of Right Popliteal Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4G6	Dilation of Right Popliteal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4GZ	Dilation of Right Popliteal Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4Z1	Dilation of Right Popliteal Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4Z6	Dilation of Right Popliteal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4ZZ	Dilation of Right Popliteal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N041	Dilation of Left Popliteal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047N046	Dilation of Left Popliteal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047N04Z	Dilation of Left Popliteal Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047N056	Dilation of Left Popliteal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N05Z	Dilation of Left Popliteal Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N066	Dilation of Left Popliteal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N06Z	Dilation of Left Popliteal Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N076	Dilation of Left Popliteal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047N07Z	Dilation of Left Popliteal Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N0D1	Dilation of Left Popliteal Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047N0D6	Dilation of Left Popliteal Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047N0DZ	Dilation of Left Popliteal Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047N0E6	Dilation of Left Popliteal Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N0EZ	Dilation of Left Popliteal Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N0F6	Dilation of Left Popliteal Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N0FZ	Dilation of Left Popliteal Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N0G6	Dilation of Left Popliteal Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N0GZ	Dilation of Left Popliteal Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N0Z1	Dilation of Left Popliteal Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047N0Z6	Dilation of Left Popliteal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047N0ZZ	Dilation of Left Popliteal Artery, Open Approach	ICD-10-PCS	Procedure
047N341	Dilation of Left Popliteal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047N346	Dilation of Left Popliteal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047N34Z	Dilation of Left Popliteal Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047N356	Dilation of Left Popliteal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N35Z	Dilation of Left Popliteal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N366	Dilation of Left Popliteal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N36Z	Dilation of Left Popliteal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N376	Dilation of Left Popliteal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N37Z	Dilation of Left Popliteal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N3D1	Dilation of Left Popliteal Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047N3D6	Dilation of Left Popliteal Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047N3DZ	Dilation of Left Popliteal Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047N3E6	Dilation of Left Popliteal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N3EZ	Dilation of Left Popliteal Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N3F6	Dilation of Left Popliteal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N3FZ	Dilation of Left Popliteal Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N3G6	Dilation of Left Popliteal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N3GZ	Dilation of Left Popliteal Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N3Z1	Dilation of Left Popliteal Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047N3Z6	Dilation of Left Popliteal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047N3ZZ	Dilation of Left Popliteal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047N441	Dilation of Left Popliteal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N446	Dilation of Left Popliteal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N44Z	Dilation of Left Popliteal Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N456	Dilation of Left Popliteal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N45Z	Dilation of Left Popliteal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N466	Dilation of Left Popliteal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N46Z	Dilation of Left Popliteal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N476	Dilation of Left Popliteal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N47Z	Dilation of Left Popliteal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4D1	Dilation of Left Popliteal Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4D6	Dilation of Left Popliteal Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4DZ	Dilation of Left Popliteal Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4E6	Dilation of Left Popliteal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047N4EZ	Dilation of Left Popliteal Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4F6	Dilation of Left Popliteal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4FZ	Dilation of Left Popliteal Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4G6	Dilation of Left Popliteal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4GZ	Dilation of Left Popliteal Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4Z1	Dilation of Left Popliteal Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4Z6	Dilation of Left Popliteal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4ZZ	Dilation of Left Popliteal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P041	Dilation of Right Anterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047P046	Dilation of Right Anterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047P04Z	Dilation of Right Anterior Tibial Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047P056	Dilation of Right Anterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P05Z	Dilation of Right Anterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P066	Dilation of Right Anterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P06Z	Dilation of Right Anterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P076	Dilation of Right Anterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P07Z	Dilation of Right Anterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P0D1	Dilation of Right Anterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047P0D6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047P0DZ	Dilation of Right Anterior Tibial Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047P0E6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P0EZ	Dilation of Right Anterior Tibial Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047P0F6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P0FZ	Dilation of Right Anterior Tibial Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P0G6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P0GZ	Dilation of Right Anterior Tibial Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P0Z1	Dilation of Right Anterior Tibial Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047P0Z6	Dilation of Right Anterior Tibial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047P0ZZ	Dilation of Right Anterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure
047P341	Dilation of Right Anterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047P346	Dilation of Right Anterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047P34Z	Dilation of Right Anterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047P356	Dilation of Right Anterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P35Z	Dilation of Right Anterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P366	Dilation of Right Anterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P36Z	Dilation of Right Anterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P376	Dilation of Right Anterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P37Z	Dilation of Right Anterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P3D1	Dilation of Right Anterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047P3D6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047P3DZ	Dilation of Right Anterior Tibial Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047P3E6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P3EZ	Dilation of Right Anterior Tibial Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P3F6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047P3FZ	Dilation of Right Anterior Tibial Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P3G6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P3GZ	Dilation of Right Anterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P3Z1	Dilation of Right Anterior Tibial Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047P3Z6	Dilation of Right Anterior Tibial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047P3ZZ	Dilation of Right Anterior Tibial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047P441	Dilation of Right Anterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P446	Dilation of Right Anterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P44Z	Dilation of Right Anterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P456	Dilation of Right Anterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P45Z	Dilation of Right Anterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P466	Dilation of Right Anterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P46Z	Dilation of Right Anterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P476	Dilation of Right Anterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P47Z	Dilation of Right Anterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4D1	Dilation of Right Anterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4D6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4DZ	Dilation of Right Anterior Tibial Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4E6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4EZ	Dilation of Right Anterior Tibial Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4F6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4FZ	Dilation of Right Anterior Tibial Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047P4G6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4GZ	Dilation of Right Anterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4Z1	Dilation of Right Anterior Tibial Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4Z6	Dilation of Right Anterior Tibial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4ZZ	Dilation of Right Anterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q041	Dilation of Left Anterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047Q046	Dilation of Left Anterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047Q04Z	Dilation of Left Anterior Tibial Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047Q056	Dilation of Left Anterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q05Z	Dilation of Left Anterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q066	Dilation of Left Anterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q06Z	Dilation of Left Anterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q076	Dilation of Left Anterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q07Z	Dilation of Left Anterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q0D1	Dilation of Left Anterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047Q0D6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047Q0DZ	Dilation of Left Anterior Tibial Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047Q0E6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q0EZ	Dilation of Left Anterior Tibial Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q0F6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q0FZ	Dilation of Left Anterior Tibial Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q0G6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047Q0GZ	Dilation of Left Anterior Tibial Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q0Z1	Dilation of Left Anterior Tibial Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047Q0Z6	Dilation of Left Anterior Tibial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047Q0ZZ	Dilation of Left Anterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure
047Q341	Dilation of Left Anterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047Q346	Dilation of Left Anterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047Q34Z	Dilation of Left Anterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047Q356	Dilation of Left Anterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q35Z	Dilation of Left Anterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q366	Dilation of Left Anterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q36Z	Dilation of Left Anterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q376	Dilation of Left Anterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q37Z	Dilation of Left Anterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3D1	Dilation of Left Anterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3D6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3DZ	Dilation of Left Anterior Tibial Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3E6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3EZ	Dilation of Left Anterior Tibial Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3F6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3FZ	Dilation of Left Anterior Tibial Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3G6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3GZ	Dilation of Left Anterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047Q3Z1	Dilation of Left Anterior Tibial Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3Z6	Dilation of Left Anterior Tibial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3ZZ	Dilation of Left Anterior Tibial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047Q441	Dilation of Left Anterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q446	Dilation of Left Anterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q44Z	Dilation of Left Anterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q456	Dilation of Left Anterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q45Z	Dilation of Left Anterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q466	Dilation of Left Anterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q46Z	Dilation of Left Anterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q476	Dilation of Left Anterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q47Z	Dilation of Left Anterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4D1	Dilation of Left Anterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4D6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4DZ	Dilation of Left Anterior Tibial Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4E6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4EZ	Dilation of Left Anterior Tibial Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4F6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4FZ	Dilation of Left Anterior Tibial Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4G6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4GZ	Dilation of Left Anterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4Z1	Dilation of Left Anterior Tibial Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047Q4Z6	Dilation of Left Anterior Tibial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4ZZ	Dilation of Left Anterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R041	Dilation of Right Posterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047R046	Dilation of Right Posterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047R04Z	Dilation of Right Posterior Tibial Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047R056	Dilation of Right Posterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R05Z	Dilation of Right Posterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R066	Dilation of Right Posterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R06Z	Dilation of Right Posterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R076	Dilation of Right Posterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R07Z	Dilation of Right Posterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R0D1	Dilation of Right Posterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047R0D6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047R0DZ	Dilation of Right Posterior Tibial Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047R0E6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R0EZ	Dilation of Right Posterior Tibial Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R0F6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R0FZ	Dilation of Right Posterior Tibial Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R0G6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R0GZ	Dilation of Right Posterior Tibial Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R0Z1	Dilation of Right Posterior Tibial Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047R0Z6	Dilation of Right Posterior Tibial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047R0ZZ	Dilation of Right Posterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047R341	Dilation of Right Posterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047R346	Dilation of Right Posterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047R34Z	Dilation of Right Posterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047R356	Dilation of Right Posterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R35Z	Dilation of Right Posterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R366	Dilation of Right Posterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R36Z	Dilation of Right Posterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R376	Dilation of Right Posterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R37Z	Dilation of Right Posterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R3D1	Dilation of Right Posterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047R3D6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047R3DZ	Dilation of Right Posterior Tibial Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047R3E6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R3EZ	Dilation of Right Posterior Tibial Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R3F6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R3FZ	Dilation of Right Posterior Tibial Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R3G6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R3GZ	Dilation of Right Posterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R3Z1	Dilation of Right Posterior Tibial Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047R3Z6	Dilation of Right Posterior Tibial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047R3ZZ	Dilation of Right Posterior Tibial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047R441	Dilation of Right Posterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047R446	Dilation of Right Posterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R44Z	Dilation of Right Posterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R456	Dilation of Right Posterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R45Z	Dilation of Right Posterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R466	Dilation of Right Posterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R46Z	Dilation of Right Posterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R476	Dilation of Right Posterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R47Z	Dilation of Right Posterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4D1	Dilation of Right Posterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4D6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4DZ	Dilation of Right Posterior Tibial Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4E6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4EZ	Dilation of Right Posterior Tibial Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4F6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4FZ	Dilation of Right Posterior Tibial Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4G6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4GZ	Dilation of Right Posterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4Z1	Dilation of Right Posterior Tibial Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4Z6	Dilation of Right Posterior Tibial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4ZZ	Dilation of Right Posterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S041	Dilation of Left Posterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047S046	Dilation of Left Posterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047S04Z	Dilation of Left Posterior Tibial Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047S056	Dilation of Left Posterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S05Z	Dilation of Left Posterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S066	Dilation of Left Posterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S06Z	Dilation of Left Posterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S076	Dilation of Left Posterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S07Z	Dilation of Left Posterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S0D1	Dilation of Left Posterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047S0D6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047S0DZ	Dilation of Left Posterior Tibial Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047S0E6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S0EZ	Dilation of Left Posterior Tibial Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S0F6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S0FZ	Dilation of Left Posterior Tibial Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S0G6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S0GZ	Dilation of Left Posterior Tibial Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S0Z1	Dilation of Left Posterior Tibial Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047S0Z6	Dilation of Left Posterior Tibial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047S0ZZ	Dilation of Left Posterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure
047S341	Dilation of Left Posterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047S346	Dilation of Left Posterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047S34Z	Dilation of Left Posterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047S356	Dilation of Left Posterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S35Z	Dilation of Left Posterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S366	Dilation of Left Posterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S36Z	Dilation of Left Posterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S376	Dilation of Left Posterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S37Z	Dilation of Left Posterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S3D1	Dilation of Left Posterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047S3D6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047S3DZ	Dilation of Left Posterior Tibial Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047S3E6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S3EZ	Dilation of Left Posterior Tibial Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S3F6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S3FZ	Dilation of Left Posterior Tibial Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S3G6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S3GZ	Dilation of Left Posterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S3Z1	Dilation of Left Posterior Tibial Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047S3Z6	Dilation of Left Posterior Tibial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047S3ZZ	Dilation of Left Posterior Tibial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047S441	Dilation of Left Posterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S446	Dilation of Left Posterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S44Z	Dilation of Left Posterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S456	Dilation of Left Posterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047S45Z	Dilation of Left Posterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S466	Dilation of Left Posterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S46Z	Dilation of Left Posterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S476	Dilation of Left Posterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S47Z	Dilation of Left Posterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4D1	Dilation of Left Posterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4D6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4DZ	Dilation of Left Posterior Tibial Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4E6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4EZ	Dilation of Left Posterior Tibial Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4F6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4FZ	Dilation of Left Posterior Tibial Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4G6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4GZ	Dilation of Left Posterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4Z1	Dilation of Left Posterior Tibial Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4Z6	Dilation of Left Posterior Tibial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4ZZ	Dilation of Left Posterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T041	Dilation of Right Peroneal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047T046	Dilation of Right Peroneal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047T04Z	Dilation of Right Peroneal Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047T056	Dilation of Right Peroneal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047T05Z	Dilation of Right Peroneal Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T066	Dilation of Right Peroneal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T06Z	Dilation of Right Peroneal Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T076	Dilation of Right Peroneal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T07Z	Dilation of Right Peroneal Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T0D1	Dilation of Right Peroneal Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047T0D6	Dilation of Right Peroneal Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047T0DZ	Dilation of Right Peroneal Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047T0E6	Dilation of Right Peroneal Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T0EZ	Dilation of Right Peroneal Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T0F6	Dilation of Right Peroneal Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T0FZ	Dilation of Right Peroneal Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T0G6	Dilation of Right Peroneal Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T0GZ	Dilation of Right Peroneal Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T0Z1	Dilation of Right Peroneal Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047T0Z6	Dilation of Right Peroneal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047T0ZZ	Dilation of Right Peroneal Artery, Open Approach	ICD-10-PCS	Procedure
047T341	Dilation of Right Peroneal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047T346	Dilation of Right Peroneal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047T34Z	Dilation of Right Peroneal Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047T356	Dilation of Right Peroneal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T35Z	Dilation of Right Peroneal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T366	Dilation of Right Peroneal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T36Z	Dilation of Right Peroneal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047T376	Dilation of Right Peroneal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T37Z	Dilation of Right Peroneal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T3D1	Dilation of Right Peroneal Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047T3D6	Dilation of Right Peroneal Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047T3DZ	Dilation of Right Peroneal Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047T3E6	Dilation of Right Peroneal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T3EZ	Dilation of Right Peroneal Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T3F6	Dilation of Right Peroneal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T3FZ	Dilation of Right Peroneal Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T3G6	Dilation of Right Peroneal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T3GZ	Dilation of Right Peroneal Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T3Z1	Dilation of Right Peroneal Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047T3Z6	Dilation of Right Peroneal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047T3ZZ	Dilation of Right Peroneal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047T441	Dilation of Right Peroneal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T446	Dilation of Right Peroneal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T44Z	Dilation of Right Peroneal Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T456	Dilation of Right Peroneal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T45Z	Dilation of Right Peroneal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T466	Dilation of Right Peroneal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T46Z	Dilation of Right Peroneal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T476	Dilation of Right Peroneal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047T47Z	Dilation of Right Peroneal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4D1	Dilation of Right Peroneal Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4D6	Dilation of Right Peroneal Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4DZ	Dilation of Right Peroneal Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4E6	Dilation of Right Peroneal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4EZ	Dilation of Right Peroneal Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4F6	Dilation of Right Peroneal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4FZ	Dilation of Right Peroneal Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4G6	Dilation of Right Peroneal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4GZ	Dilation of Right Peroneal Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4Z1	Dilation of Right Peroneal Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4Z6	Dilation of Right Peroneal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4ZZ	Dilation of Right Peroneal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U041	Dilation of Left Peroneal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047U046	Dilation of Left Peroneal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047U04Z	Dilation of Left Peroneal Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047U056	Dilation of Left Peroneal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U05Z	Dilation of Left Peroneal Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U066	Dilation of Left Peroneal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U06Z	Dilation of Left Peroneal Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U076	Dilation of Left Peroneal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U07Z	Dilation of Left Peroneal Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047U0D1	Dilation of Left Peroneal Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047U0D6	Dilation of Left Peroneal Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047U0DZ	Dilation of Left Peroneal Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047U0E6	Dilation of Left Peroneal Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U0EZ	Dilation of Left Peroneal Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U0F6	Dilation of Left Peroneal Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U0FZ	Dilation of Left Peroneal Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U0G6	Dilation of Left Peroneal Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U0GZ	Dilation of Left Peroneal Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U0Z1	Dilation of Left Peroneal Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047U0Z6	Dilation of Left Peroneal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047U0ZZ	Dilation of Left Peroneal Artery, Open Approach	ICD-10-PCS	Procedure
047U341	Dilation of Left Peroneal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047U346	Dilation of Left Peroneal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047U34Z	Dilation of Left Peroneal Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047U356	Dilation of Left Peroneal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U35Z	Dilation of Left Peroneal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U366	Dilation of Left Peroneal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U36Z	Dilation of Left Peroneal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U376	Dilation of Left Peroneal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U37Z	Dilation of Left Peroneal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U3D1	Dilation of Left Peroneal Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047U3D6	Dilation of Left Peroneal Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047U3DZ	Dilation of Left Peroneal Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047U3E6	Dilation of Left Peroneal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U3EZ	Dilation of Left Peroneal Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U3F6	Dilation of Left Peroneal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U3FZ	Dilation of Left Peroneal Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U3G6	Dilation of Left Peroneal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U3GZ	Dilation of Left Peroneal Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U3Z1	Dilation of Left Peroneal Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047U3Z6	Dilation of Left Peroneal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047U3ZZ	Dilation of Left Peroneal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047U441	Dilation of Left Peroneal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U446	Dilation of Left Peroneal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U44Z	Dilation of Left Peroneal Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U456	Dilation of Left Peroneal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U45Z	Dilation of Left Peroneal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U466	Dilation of Left Peroneal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U46Z	Dilation of Left Peroneal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U476	Dilation of Left Peroneal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U47Z	Dilation of Left Peroneal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4D1	Dilation of Left Peroneal Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4D6	Dilation of Left Peroneal Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4DZ	Dilation of Left Peroneal Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4E6	Dilation of Left Peroneal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047U4EZ	Dilation of Left Peroneal Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4F6	Dilation of Left Peroneal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4FZ	Dilation of Left Peroneal Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4G6	Dilation of Left Peroneal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4GZ	Dilation of Left Peroneal Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4Z1	Dilation of Left Peroneal Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4Z6	Dilation of Left Peroneal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4ZZ	Dilation of Left Peroneal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V041	Dilation of Right Foot Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047V046	Dilation of Right Foot Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047V04Z	Dilation of Right Foot Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047V056	Dilation of Right Foot Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V05Z	Dilation of Right Foot Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V066	Dilation of Right Foot Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V06Z	Dilation of Right Foot Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V076	Dilation of Right Foot Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V07Z	Dilation of Right Foot Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V0D1	Dilation of Right Foot Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047V0D6	Dilation of Right Foot Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047V0DZ	Dilation of Right Foot Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047V0E6	Dilation of Right Foot Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V0EZ	Dilation of Right Foot Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V0F6	Dilation of Right Foot Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V0FZ	Dilation of Right Foot Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047V0G6	Dilation of Right Foot Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V0GZ	Dilation of Right Foot Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V0Z1	Dilation of Right Foot Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047V0Z6	Dilation of Right Foot Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047V0ZZ	Dilation of Right Foot Artery, Open Approach	ICD-10-PCS	Procedure
047V341	Dilation of Right Foot Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047V346	Dilation of Right Foot Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047V34Z	Dilation of Right Foot Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047V356	Dilation of Right Foot Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V35Z	Dilation of Right Foot Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V366	Dilation of Right Foot Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V36Z	Dilation of Right Foot Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V376	Dilation of Right Foot Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V37Z	Dilation of Right Foot Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V3D1	Dilation of Right Foot Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047V3D6	Dilation of Right Foot Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047V3DZ	Dilation of Right Foot Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047V3E6	Dilation of Right Foot Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V3EZ	Dilation of Right Foot Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V3F6	Dilation of Right Foot Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V3FZ	Dilation of Right Foot Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V3G6	Dilation of Right Foot Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V3GZ	Dilation of Right Foot Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047V3Z1	Dilation of Right Foot Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047V3Z6	Dilation of Right Foot Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047V3ZZ	Dilation of Right Foot Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047V441	Dilation of Right Foot Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V446	Dilation of Right Foot Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V44Z	Dilation of Right Foot Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V456	Dilation of Right Foot Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V45Z	Dilation of Right Foot Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V466	Dilation of Right Foot Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V46Z	Dilation of Right Foot Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V476	Dilation of Right Foot Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V47Z	Dilation of Right Foot Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4D1	Dilation of Right Foot Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4D6	Dilation of Right Foot Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4DZ	Dilation of Right Foot Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4E6	Dilation of Right Foot Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4EZ	Dilation of Right Foot Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4F6	Dilation of Right Foot Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4FZ	Dilation of Right Foot Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4G6	Dilation of Right Foot Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4GZ	Dilation of Right Foot Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4Z1	Dilation of Right Foot Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4Z6	Dilation of Right Foot Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047V4ZZ	Dilation of Right Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W041	Dilation of Left Foot Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047W046	Dilation of Left Foot Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047W04Z	Dilation of Left Foot Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047W056	Dilation of Left Foot Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W05Z	Dilation of Left Foot Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W066	Dilation of Left Foot Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W06Z	Dilation of Left Foot Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W076	Dilation of Left Foot Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W07Z	Dilation of Left Foot Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W0D1	Dilation of Left Foot Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047W0D6	Dilation of Left Foot Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047W0DZ	Dilation of Left Foot Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047W0E6	Dilation of Left Foot Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W0EZ	Dilation of Left Foot Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W0F6	Dilation of Left Foot Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W0FZ	Dilation of Left Foot Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W0G6	Dilation of Left Foot Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W0GZ	Dilation of Left Foot Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W0Z1	Dilation of Left Foot Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047W0Z6	Dilation of Left Foot Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047W0ZZ	Dilation of Left Foot Artery, Open Approach	ICD-10-PCS	Procedure
047W341	Dilation of Left Foot Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047W346	Dilation of Left Foot Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047W34Z	Dilation of Left Foot Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047W356	Dilation of Left Foot Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047W35Z	Dilation of Left Foot Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W366	Dilation of Left Foot Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W36Z	Dilation of Left Foot Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W376	Dilation of Left Foot Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W37Z	Dilation of Left Foot Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W3D1	Dilation of Left Foot Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047W3D6	Dilation of Left Foot Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047W3DZ	Dilation of Left Foot Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047W3E6	Dilation of Left Foot Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W3EZ	Dilation of Left Foot Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W3F6	Dilation of Left Foot Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W3FZ	Dilation of Left Foot Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W3G6	Dilation of Left Foot Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W3GZ	Dilation of Left Foot Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W3Z1	Dilation of Left Foot Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047W3Z6	Dilation of Left Foot Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047W3ZZ	Dilation of Left Foot Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047W441	Dilation of Left Foot Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W446	Dilation of Left Foot Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W44Z	Dilation of Left Foot Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W456	Dilation of Left Foot Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W45Z	Dilation of Left Foot Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W466	Dilation of Left Foot Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047W46Z	Dilation of Left Foot Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W476	Dilation of Left Foot Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W47Z	Dilation of Left Foot Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4D1	Dilation of Left Foot Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4D6	Dilation of Left Foot Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4DZ	Dilation of Left Foot Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4E6	Dilation of Left Foot Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4EZ	Dilation of Left Foot Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4F6	Dilation of Left Foot Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4FZ	Dilation of Left Foot Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4G6	Dilation of Left Foot Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4GZ	Dilation of Left Foot Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4Z1	Dilation of Left Foot Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4Z6	Dilation of Left Foot Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4ZZ	Dilation of Left Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04C00Z6	Extirpation of Matter from Abdominal Aorta, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04C03Z6	Extirpation of Matter from Abdominal Aorta, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04C04Z6	Extirpation of Matter from Abdominal Aorta, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CC0Z6	Extirpation of Matter from Right Common Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CC0ZZ	Extirpation of Matter from Right Common Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04CC3Z6	Extirpation of Matter from Right Common Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CC3ZZ	Extirpation of Matter from Right Common Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CC4Z6	Extirpation of Matter from Right Common Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CC4ZZ	Extirpation of Matter from Right Common Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CD0Z6	Extirpation of Matter from Left Common Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
04CD0ZZ	Extirpation of Matter from Left Common Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04CD3Z6	Extirpation of Matter from Left Common Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CD3ZZ	Extirpation of Matter from Left Common Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CD4Z6	Extirpation of Matter from Left Common Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CD4ZZ	Extirpation of Matter from Left Common Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CE0Z6	Extirpation of Matter from Right Internal Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CE0ZZ	Extirpation of Matter from Right Internal Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04CE3Z6	Extirpation of Matter from Right Internal Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CE3ZZ	Extirpation of Matter from Right Internal Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CE4Z6	Extirpation of Matter from Right Internal Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CE4ZZ	Extirpation of Matter from Right Internal Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CF0Z6	Extirpation of Matter from Left Internal Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CF0ZZ	Extirpation of Matter from Left Internal Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04CF3Z6	Extirpation of Matter from Left Internal Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CF3ZZ	Extirpation of Matter from Left Internal Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CF4Z6	Extirpation of Matter from Left Internal Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CF4ZZ	Extirpation of Matter from Left Internal Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CH0Z6	Extirpation of Matter from Right External Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CH0ZZ	Extirpation of Matter from Right External Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04CH3Z6	Extirpation of Matter from Right External Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CH3ZZ	Extirpation of Matter from Right External Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CH4Z6	Extirpation of Matter from Right External Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CH4ZZ	Extirpation of Matter from Right External Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CJ0Z6	Extirpation of Matter from Left External Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CJ0ZZ	Extirpation of Matter from Left External Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04CJ3Z6	Extirpation of Matter from Left External Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CJ3ZZ	Extirpation of Matter from Left External Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
04CJ4Z6	Extirpation of Matter from Left External Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CJ4ZZ	Extirpation of Matter from Left External Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CK0Z6	Extirpation of Matter from Right Femoral Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CK0ZZ	Extirpation of Matter from Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
04CK3Z6	Extirpation of Matter from Right Femoral Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CK3ZZ	Extirpation of Matter from Right Femoral Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CK4Z6	Extirpation of Matter from Right Femoral Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CK4ZZ	Extirpation of Matter from Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CL0Z6	Extirpation of Matter from Left Femoral Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CL0ZZ	Extirpation of Matter from Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
04CL3Z6	Extirpation of Matter from Left Femoral Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CL3ZZ	Extirpation of Matter from Left Femoral Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CL4Z6	Extirpation of Matter from Left Femoral Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CL4ZZ	Extirpation of Matter from Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CM0Z6	Extirpation of Matter from Right Popliteal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CM0ZZ	Extirpation of Matter from Right Popliteal Artery, Open Approach	ICD-10-PCS	Procedure
04CM3Z6	Extirpation of Matter from Right Popliteal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CM3ZZ	Extirpation of Matter from Right Popliteal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CM4Z6	Extirpation of Matter from Right Popliteal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CM4ZZ	Extirpation of Matter from Right Popliteal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CN0Z6	Extirpation of Matter from Left Popliteal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CN0ZZ	Extirpation of Matter from Left Popliteal Artery, Open Approach	ICD-10-PCS	Procedure
04CN3Z6	Extirpation of Matter from Left Popliteal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CN3ZZ	Extirpation of Matter from Left Popliteal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CN4Z6	Extirpation of Matter from Left Popliteal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CN4ZZ	Extirpation of Matter from Left Popliteal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CP0Z6	Extirpation of Matter from Right Anterior Tibial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CP0ZZ	Extirpation of Matter from Right Anterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
04CP3Z6	Extirpation of Matter from Right Anterior Tibial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CP3ZZ	Extirpation of Matter from Right Anterior Tibial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CP4Z6	Extirpation of Matter from Right Anterior Tibial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CP4ZZ	Extirpation of Matter from Right Anterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CQ0Z6	Extirpation of Matter from Left Anterior Tibial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CQ0ZZ	Extirpation of Matter from Left Anterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure
04CQ3Z6	Extirpation of Matter from Left Anterior Tibial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CQ3ZZ	Extirpation of Matter from Left Anterior Tibial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CQ4Z6	Extirpation of Matter from Left Anterior Tibial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CQ4ZZ	Extirpation of Matter from Left Anterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CR0Z6	Extirpation of Matter from Right Posterior Tibial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CR0ZZ	Extirpation of Matter from Right Posterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure
04CR3Z6	Extirpation of Matter from Right Posterior Tibial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CR3ZZ	Extirpation of Matter from Right Posterior Tibial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CR4Z6	Extirpation of Matter from Right Posterior Tibial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CR4ZZ	Extirpation of Matter from Right Posterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CS0Z6	Extirpation of Matter from Left Posterior Tibial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CS0ZZ	Extirpation of Matter from Left Posterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure
04CS3Z6	Extirpation of Matter from Left Posterior Tibial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CS3ZZ	Extirpation of Matter from Left Posterior Tibial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CS4Z6	Extirpation of Matter from Left Posterior Tibial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CS4ZZ	Extirpation of Matter from Left Posterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CT0Z6	Extirpation of Matter from Right Peroneal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CT0ZZ	Extirpation of Matter from Right Peroneal Artery, Open Approach	ICD-10-PCS	Procedure
04CT3Z6	Extirpation of Matter from Right Peroneal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CT3ZZ	Extirpation of Matter from Right Peroneal Artery, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
04CT4Z6	Extirpation of Matter from Right Peroneal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CT4ZZ	Extirpation of Matter from Right Peroneal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CU0Z6	Extirpation of Matter from Left Peroneal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CU0ZZ	Extirpation of Matter from Left Peroneal Artery, Open Approach	ICD-10-PCS	Procedure
04CU3Z6	Extirpation of Matter from Left Peroneal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CU3ZZ	Extirpation of Matter from Left Peroneal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CU4Z6	Extirpation of Matter from Left Peroneal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CU4ZZ	Extirpation of Matter from Left Peroneal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CV0Z6	Extirpation of Matter from Right Foot Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CV0ZZ	Extirpation of Matter from Right Foot Artery, Open Approach	ICD-10-PCS	Procedure
04CV3Z6	Extirpation of Matter from Right Foot Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CV3ZZ	Extirpation of Matter from Right Foot Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CV4Z6	Extirpation of Matter from Right Foot Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CV4ZZ	Extirpation of Matter from Right Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CW0Z6	Extirpation of Matter from Left Foot Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CW0ZZ	Extirpation of Matter from Left Foot Artery, Open Approach	ICD-10-PCS	Procedure
04CW3Z6	Extirpation of Matter from Left Foot Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CW3ZZ	Extirpation of Matter from Left Foot Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CW4Z6	Extirpation of Matter from Left Foot Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CW4ZZ	Extirpation of Matter from Left Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0Y6C0Z1	Detachment at Right Upper Leg, High, Open Approach	ICD-10-PCS	Procedure
0Y6C0Z2	Detachment at Right Upper Leg, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6C0Z3	Detachment at Right Upper Leg, Low, Open Approach	ICD-10-PCS	Procedure
0Y6D0Z1	Detachment at Left Upper Leg, High, Open Approach	ICD-10-PCS	Procedure
0Y6D0Z2	Detachment at Left Upper Leg, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6D0Z3	Detachment at Left Upper Leg, Low, Open Approach	ICD-10-PCS	Procedure
0Y6F0ZZ	Detachment at Right Knee Region, Open Approach	ICD-10-PCS	Procedure
0Y6G0ZZ	Detachment at Left Knee Region, Open Approach	ICD-10-PCS	Procedure
0Y6H0Z1	Detachment at Right Lower Leg, High, Open Approach	ICD-10-PCS	Procedure
0Y6H0Z2	Detachment at Right Lower Leg, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6H0Z3	Detachment at Right Lower Leg, Low, Open Approach	ICD-10-PCS	Procedure
0Y6J0Z1	Detachment at Left Lower Leg, High, Open Approach	ICD-10-PCS	Procedure
0Y6J0Z2	Detachment at Left Lower Leg, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6J0Z3	Detachment at Left Lower Leg, Low, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
0Y6M0Z0	Detachment at Right Foot, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6M0Z4	Detachment at Right Foot, Complete 1st Ray, Open Approach	ICD-10-PCS	Procedure
0Y6M0Z5	Detachment at Right Foot, Complete 2nd Ray, Open Approach	ICD-10-PCS	Procedure
0Y6M0Z6	Detachment at Right Foot, Complete 3rd Ray, Open Approach	ICD-10-PCS	Procedure
0Y6M0Z7	Detachment at Right Foot, Complete 4th Ray, Open Approach	ICD-10-PCS	Procedure
0Y6M0Z8	Detachment at Right Foot, Complete 5th Ray, Open Approach	ICD-10-PCS	Procedure
0Y6M0Z9	Detachment at Right Foot, Partial 1st Ray, Open Approach	ICD-10-PCS	Procedure
0Y6M0ZB	Detachment at Right Foot, Partial 2nd Ray, Open Approach	ICD-10-PCS	Procedure
0Y6M0ZC	Detachment at Right Foot, Partial 3rd Ray, Open Approach	ICD-10-PCS	Procedure
0Y6M0ZD	Detachment at Right Foot, Partial 4th Ray, Open Approach	ICD-10-PCS	Procedure
0Y6M0ZF	Detachment at Right Foot, Partial 5th Ray, Open Approach	ICD-10-PCS	Procedure
0Y6N0Z0	Detachment at Left Foot, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6N0Z4	Detachment at Left Foot, Complete 1st Ray, Open Approach	ICD-10-PCS	Procedure
0Y6N0Z5	Detachment at Left Foot, Complete 2nd Ray, Open Approach	ICD-10-PCS	Procedure
0Y6N0Z6	Detachment at Left Foot, Complete 3rd Ray, Open Approach	ICD-10-PCS	Procedure
0Y6N0Z7	Detachment at Left Foot, Complete 4th Ray, Open Approach	ICD-10-PCS	Procedure
0Y6N0Z8	Detachment at Left Foot, Complete 5th Ray, Open Approach	ICD-10-PCS	Procedure
0Y6N0Z9	Detachment at Left Foot, Partial 1st Ray, Open Approach	ICD-10-PCS	Procedure
0Y6N0ZB	Detachment at Left Foot, Partial 2nd Ray, Open Approach	ICD-10-PCS	Procedure
0Y6N0ZC	Detachment at Left Foot, Partial 3rd Ray, Open Approach	ICD-10-PCS	Procedure
0Y6N0ZD	Detachment at Left Foot, Partial 4th Ray, Open Approach	ICD-10-PCS	Procedure
0Y6N0ZF	Detachment at Left Foot, Partial 5th Ray, Open Approach	ICD-10-PCS	Procedure
0Y6P0Z0	Detachment at Right 1st Toe, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6P0Z1	Detachment at Right 1st Toe, High, Open Approach	ICD-10-PCS	Procedure
0Y6P0Z2	Detachment at Right 1st Toe, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6P0Z3	Detachment at Right 1st Toe, Low, Open Approach	ICD-10-PCS	Procedure
0Y6Q0Z0	Detachment at Left 1st Toe, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6Q0Z1	Detachment at Left 1st Toe, High, Open Approach	ICD-10-PCS	Procedure
0Y6Q0Z2	Detachment at Left 1st Toe, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6Q0Z3	Detachment at Left 1st Toe, Low, Open Approach	ICD-10-PCS	Procedure
0Y6R0Z0	Detachment at Right 2nd Toe, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6R0Z1	Detachment at Right 2nd Toe, High, Open Approach	ICD-10-PCS	Procedure
0Y6R0Z2	Detachment at Right 2nd Toe, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6R0Z3	Detachment at Right 2nd Toe, Low, Open Approach	ICD-10-PCS	Procedure
0Y6S0Z0	Detachment at Left 2nd Toe, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6S0Z1	Detachment at Left 2nd Toe, High, Open Approach	ICD-10-PCS	Procedure
0Y6S0Z2	Detachment at Left 2nd Toe, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6S0Z3	Detachment at Left 2nd Toe, Low, Open Approach	ICD-10-PCS	Procedure
0Y6T0Z0	Detachment at Right 3rd Toe, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6T0Z1	Detachment at Right 3rd Toe, High, Open Approach	ICD-10-PCS	Procedure
0Y6T0Z2	Detachment at Right 3rd Toe, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6T0Z3	Detachment at Right 3rd Toe, Low, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
0Y6U0Z0	Detachment at Left 3rd Toe, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6U0Z1	Detachment at Left 3rd Toe, High, Open Approach	ICD-10-PCS	Procedure
0Y6U0Z2	Detachment at Left 3rd Toe, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6U0Z3	Detachment at Left 3rd Toe, Low, Open Approach	ICD-10-PCS	Procedure
0Y6V0Z0	Detachment at Right 4th Toe, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6V0Z1	Detachment at Right 4th Toe, High, Open Approach	ICD-10-PCS	Procedure
0Y6V0Z2	Detachment at Right 4th Toe, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6V0Z3	Detachment at Right 4th Toe, Low, Open Approach	ICD-10-PCS	Procedure
0Y6W0Z0	Detachment at Left 4th Toe, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6W0Z1	Detachment at Left 4th Toe, High, Open Approach	ICD-10-PCS	Procedure
0Y6W0Z2	Detachment at Left 4th Toe, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6W0Z3	Detachment at Left 4th Toe, Low, Open Approach	ICD-10-PCS	Procedure
0Y6X0Z0	Detachment at Right 5th Toe, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6X0Z1	Detachment at Right 5th Toe, High, Open Approach	ICD-10-PCS	Procedure
0Y6X0Z2	Detachment at Right 5th Toe, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6X0Z3	Detachment at Right 5th Toe, Low, Open Approach	ICD-10-PCS	Procedure
0Y6Y0Z0	Detachment at Left 5th Toe, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6Y0Z1	Detachment at Left 5th Toe, High, Open Approach	ICD-10-PCS	Procedure
0Y6Y0Z2	Detachment at Left 5th Toe, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6Y0Z3	Detachment at Left 5th Toe, Low, Open Approach	ICD-10-PCS	Procedure
0238T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel	CPT Category III	Procedure
0254T	Endovascular repair of iliac artery bifurcation (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma, dissection) using bifurcated endograft from the common iliac artery into both the external and internal iliac artery, including all selective and/or nonselective catheterization(s) required for device placement and all associated radiological supervision and interpretation, unilateral	CPT Category III	Procedure
27295	Disarticulation of hip	CPT-4	Procedure
27295	Disarticulation of hip	CPT-4	Procedure
27590	Amputation, thigh, through femur, any level;	CPT-4	Procedure
27591	Amputation, thigh, through femur, any level; immediate fitting technique including first cast	CPT-4	Procedure
27592	Amputation, thigh, through femur, any level; open, circular (guillotine)	CPT-4	Procedure
27594	Amputation, thigh, through femur, any level; secondary closure or scar revision	CPT-4	Procedure
27596	Amputation, thigh, through femur, any level; re-amputation	CPT-4	Procedure
27598	Disarticulation at knee	CPT-4	Procedure
27880	Amputation, leg, through tibia and fibula;	CPT-4	Procedure
27881	Amputation, leg, through tibia and fibula; with immediate fitting technique including application of first cast	CPT-4	Procedure
27882	Amputation, leg, through tibia and fibula; open, circular (guillotine)	CPT-4	Procedure
27884	Amputation, leg, through tibia and fibula; secondary closure or scar revision	CPT-4	Procedure
27886	Amputation, leg, through tibia and fibula; re-amputation	CPT-4	Procedure

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

Code	Description	Code Type	Code Category
27888	Amputation, ankle, through malleoli of tibia and fibula (eg, Syme, Pirogoff type procedures), with plastic closure and resection of nerves	CPT-4	Procedure
27889	Ankle disarticulation	CPT-4	Procedure
27892	Decompression fasciotomy, leg; anterior and/or lateral compartments only, with debridement of nonviable muscle and/or nerve	CPT-4	Procedure
27893	Decompression fasciotomy, leg; posterior compartment(s) only, with debridement of nonviable muscle and/or nerve	CPT-4	Procedure
27894	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s), with debridement of nonviable muscle and/or nerve	CPT-4	Procedure
27899	Unlisted procedure, leg or ankle	CPT-4	Procedure
28800	Amputation, foot; midtarsal (eg, Chopart type procedure)	CPT-4	Procedure
28805	Amputation, foot; transmetatarsal	CPT-4	Procedure
28810	Amputation, metatarsal, with toe, single	CPT-4	Procedure
28820	Amputation, toe; metatarsophalangeal joint	CPT-4	Procedure
28825	Amputation, toe; interphalangeal joint	CPT-4	Procedure
35351	Thromboendarterectomy, including patch graft, if performed; iliac	CPT-4	Procedure
35355	Thromboendarterectomy, including patch graft, if performed; iliofemoral	CPT-4	Procedure
35361	Thromboendarterectomy, including patch graft, if performed; combined aortoiliac	CPT-4	Procedure
35363	Thromboendarterectomy, including patch graft, if performed; combined aortoiliofemoral	CPT-4	Procedure
35371	Thromboendarterectomy, including patch graft, if performed; common femoral	CPT-4	Procedure
35372	Thromboendarterectomy, including patch graft, if performed; deep (profunda) femoral	CPT-4	Procedure
35454	Transluminal balloon angioplasty, open; iliac	CPT-4	Procedure
35456	Transluminal balloon angioplasty, open; femoral-popliteal	CPT-4	Procedure
35459	Transluminal balloon angioplasty, open; tibioperoneal trunk and branches	CPT-4	Procedure
35470	Transluminal balloon angioplasty, percutaneous; tibioperoneal trunk or branches, each vessel	CPT-4	Procedure
35473	Transluminal balloon angioplasty, percutaneous; iliac	CPT-4	Procedure
35474	Transluminal balloon angioplasty, percutaneous; femoral-popliteal	CPT-4	Procedure
35482	Transluminal peripheral atherectomy, open; iliac	CPT-4	Procedure
35483	Transluminal peripheral atherectomy, open; femoral-popliteal	CPT-4	Procedure
35492	Transluminal peripheral atherectomy, percutaneous; iliac	CPT-4	Procedure
35493	Transluminal peripheral atherectomy, percutaneous; femoral-popliteal	CPT-4	Procedure
35495	Transluminal peripheral atherectomy, percutaneous; tibioperoneal trunk and branches	CPT-4	Procedure
35521	Bypass graft, with vein; axillary-femoral	CPT-4	Procedure
35533	Bypass graft, with vein; axillary-femoral-femoral	CPT-4	Procedure
35541	Bypass graft, with vein; aortoiliac or bi-iliac	CPT-4	Procedure
35546	Bypass graft, with vein; aortofemoral or bifemoral	CPT-4	Procedure
35548	Bypass graft, with vein; aortoiliofemoral, unilateral	CPT-4	Procedure
35549	Bypass graft, with vein; aortoiliofemoral, bilateral	CPT-4	Procedure

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

Code	Description	Code Type	Code Category
35551	Bypass graft, with vein; aortofemoral-popliteal	CPT-4	Procedure
35556	Bypass graft, with vein; femoral-popliteal	CPT-4	Procedure
35558	Bypass graft, with vein; femoral-femoral	CPT-4	Procedure
35563	Bypass graft, with vein; ilioliac	CPT-4	Procedure
35565	Bypass graft, with vein; iliofemoral	CPT-4	Procedure
35566	Bypass graft, with vein; femoral-anterior tibial, posterior tibial, peroneal artery or other distal vessels	CPT-4	Procedure
35570	Bypass graft, with vein; tibial-tibial, peroneal-tibial, or tibial/peroneal trunk-tibial	CPT-4	Procedure
35571	Bypass graft, with vein; popliteal-tibial, -peroneal artery or other distal vessels	CPT-4	Procedure
35681	Bypass graft; composite, prosthetic and vein (List separately in addition to code for primary procedure)	CPT-4	Procedure
35682	Bypass graft; autogenous composite, 2 segments of veins from 2 locations (List separately in addition to code for primary procedure)	CPT-4	Procedure
35683	Bypass graft; autogenous composite, 3 or more segments of vein from 2 or more locations (List separately in addition to code for primary procedure)	CPT-4	Procedure
35879	Revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty	CPT-4	Procedure
37207	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; initial vessel	CPT-4	Procedure
37208	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; each additional vessel (List separately in addition to code for primary procedure)	CPT-4	Procedure
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	CPT-4	Procedure
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	CPT-4	Procedure
37222	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	CPT-4	Procedure
37223	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	CPT-4	Procedure
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	CPT-4	Procedure
37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	CPT-4	Procedure
37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	CPT-4	Procedure

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

Code	Description	Code Type	Code Category
37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	CPT-4	Procedure
37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	CPT-4	Procedure
37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	CPT-4	Procedure
37230	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	CPT-4	Procedure
37231	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	CPT-4	Procedure
37232	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	CPT-4	Procedure
37233	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	CPT-4	Procedure
37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	CPT-4	Procedure
37235	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	CPT-4	Procedure

Chronic Kidney Disease

249.4	Secondary diabetes mellitus with renal manifestations	ICD-9-CM	Diagnosis
249.40	Secondary diabetes mellitus with renal manifestations, not stated as uncontrolled, or unspecified	ICD-9-CM	Diagnosis
249.41	Secondary diabetes mellitus with renal manifestations, uncontrolled	ICD-9-CM	Diagnosis
250.4	Diabetes with renal manifestations	ICD-9-CM	Diagnosis
250.40	Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled	ICD-9-CM	Diagnosis
250.41	Diabetes with renal manifestations, type I [juvenile type], not stated as uncontrolled	ICD-9-CM	Diagnosis
250.42	Diabetes with renal manifestations, type II or unspecified type, uncontrolled	ICD-9-CM	Diagnosis
250.43	Diabetes with renal manifestations, type I [juvenile type], uncontrolled	ICD-9-CM	Diagnosis
274.1	Gouty nephropathy	ICD-9-CM	Diagnosis

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

Code	Description	Code Type	Code Category
274.10	Gouty nephropathy, unspecified	ICD-9-CM	Diagnosis
274.19	Other gouty nephropathy	ICD-9-CM	Diagnosis
403.0	Hypertensive chronic kidney disease, malignant	ICD-9-CM	Diagnosis
403.00	Hypertensive chronic kidney disease, malignant, with chronic kidney disease stage I through stage IV, or unspecified	ICD-9-CM	Diagnosis
403.01	Hypertensive chronic kidney disease, malignant, with chronic kidney disease stage V or end stage renal disease	ICD-9-CM	Diagnosis
403.11	Hypertensive chronic kidney disease, benign, with chronic kidney disease stage V or end stage renal disease	ICD-9-CM	Diagnosis
403.9	Hypertensive chronic kidney disease, unspecified	ICD-9-CM	Diagnosis
403.90	Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage I through stage IV, or unspecified	ICD-9-CM	Diagnosis
403.91	Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage V or end stage renal disease	ICD-9-CM	Diagnosis
404.02	Hypertensive heart and chronic kidney disease, malignant, without heart failure and with chronic kidney disease stage V or end stage renal disease	ICD-9-CM	Diagnosis
404.03	Hypertensive heart and chronic kidney disease, malignant, with heart failure and with chronic kidney disease stage V or end stage renal disease	ICD-9-CM	Diagnosis
404.12	Hypertensive heart and chronic kidney disease, benign, without heart failure and with chronic kidney disease stage V or end stage renal disease	ICD-9-CM	Diagnosis
404.13	Hypertensive heart and chronic kidney disease, benign, with heart failure and chronic kidney disease stage V or end stage renal disease	ICD-9-CM	Diagnosis
404.92	Hypertensive heart and chronic kidney disease, unspecified, without heart failure and with chronic kidney disease stage V or end stage renal disease	ICD-9-CM	Diagnosis
404.93	Hypertensive heart and chronic kidney disease, unspecified, with heart failure and chronic kidney disease stage V or end stage renal disease	ICD-9-CM	Diagnosis
446.21	Goodpasture's syndrome	ICD-9-CM	Diagnosis
453.3	Embolism and thrombosis of renal vein	ICD-9-CM	Diagnosis
572.4	Hepatorenal syndrome	ICD-9-CM	Diagnosis
581	Nephrotic syndrome	ICD-9-CM	Diagnosis
581.0	Nephrotic syndrome with lesion of proliferative glomerulonephritis	ICD-9-CM	Diagnosis
581.1	Nephrotic syndrome with lesion of membranous glomerulonephritis	ICD-9-CM	Diagnosis
581.2	Nephrotic syndrome with lesion of membranoproliferative glomerulonephritis	ICD-9-CM	Diagnosis
581.3	Nephrotic syndrome with lesion of minimal change glomerulonephritis	ICD-9-CM	Diagnosis
581.8	Nephrotic syndrome with other specified pathological lesion in kidney	ICD-9-CM	Diagnosis
581.81	Nephrotic syndrome with other specified pathological lesion in kidney in diseases classified elsewhere	ICD-9-CM	Diagnosis
581.89	Other nephrotic syndrome with specified pathological lesion in kidney	ICD-9-CM	Diagnosis
581.9	Nephrotic syndrome with unspecified pathological lesion in kidney	ICD-9-CM	Diagnosis
582	Chronic glomerulonephritis	ICD-9-CM	Diagnosis
582.0	Chronic glomerulonephritis with lesion of proliferative glomerulonephritis	ICD-9-CM	Diagnosis
582.1	Chronic glomerulonephritis with lesion of membranous glomerulonephritis	ICD-9-CM	Diagnosis

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

Code	Description	Code Type	Code Category
582.2	Chronic glomerulonephritis with lesion of membranoproliferative glomerulonephritis	ICD-9-CM	Diagnosis
582.4	Chronic glomerulonephritis with lesion of rapidly progressive glomerulonephritis	ICD-9-CM	Diagnosis
582.8	Chronic glomerulonephritis with other specified pathological lesion in kidney	ICD-9-CM	Diagnosis
582.81	Chronic glomerulonephritis with other specified pathological lesion in kidney in diseases classified elsewhere	ICD-9-CM	Diagnosis
582.89	Other chronic glomerulonephritis with specified pathological lesion in kidney	ICD-9-CM	Diagnosis
582.9	Chronic glomerulonephritis with unspecified pathological lesion in kidney	ICD-9-CM	Diagnosis
583	Nephritis and nephropathy, not specified as acute or chronic	ICD-9-CM	Diagnosis
583.0	Nephritis and nephropathy, not specified as acute or chronic, with lesion of proliferative glomerulonephritis	ICD-9-CM	Diagnosis
583.1	Nephritis and nephropathy, not specified as acute or chronic, with lesion of membranous glomerulonephritis	ICD-9-CM	Diagnosis
583.2	Nephritis and nephropathy, not specified as acute or chronic, with lesion of membranoproliferative glomerulonephritis	ICD-9-CM	Diagnosis
583.4	Nephritis and nephropathy, not specified as acute or chronic, with lesion of rapidly progressive glomerulonephritis	ICD-9-CM	Diagnosis
583.6	Nephritis and nephropathy, not specified as acute or chronic, with lesion of renal cortical necrosis	ICD-9-CM	Diagnosis
583.7	Nephritis and nephropathy, not specified as acute or chronic, with lesion of renal medullary necrosis	ICD-9-CM	Diagnosis
583.8	Nephritis and nephropathy, not specified as acute or chronic, with other specified pathological lesion in kidney	ICD-9-CM	Diagnosis
583.81	Nephritis and nephropathy, not specified as acute or chronic, with other specified pathological lesion in kidney, in diseases classified elsewhere	ICD-9-CM	Diagnosis
583.89	Other nephritis and nephropathy, not specified as acute or chronic, with specified pathological lesion in kidney	ICD-9-CM	Diagnosis
583.9	Nephritis and nephropathy, not specified as acute or chronic, with unspecified pathological lesion in kidney	ICD-9-CM	Diagnosis
585	Chronic kidney disease (CKD)	ICD-9-CM	Diagnosis
585.1	Chronic kidney disease, Stage I	ICD-9-CM	Diagnosis
585.2	Chronic kidney disease, Stage II (mild)	ICD-9-CM	Diagnosis
585.3	Chronic kidney disease, Stage III (moderate)	ICD-9-CM	Diagnosis
585.4	Chronic kidney disease, Stage IV (severe)	ICD-9-CM	Diagnosis
585.5	Chronic kidney disease, Stage V	ICD-9-CM	Diagnosis
585.9	Chronic kidney disease, unspecified	ICD-9-CM	Diagnosis
586	Unspecified renal failure	ICD-9-CM	Diagnosis
587	Unspecified renal sclerosis	ICD-9-CM	Diagnosis
593	Other disorders of kidney and ureter	ICD-9-CM	Diagnosis
593.89	Other specified disorder of kidney and ureter	ICD-9-CM	Diagnosis
593.9	Unspecified disorder of kidney and ureter	ICD-9-CM	Diagnosis
753.0	Congenital renal agenesis and dysgenesis	ICD-9-CM	Diagnosis

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

Code	Description	Code Type	Code Category
753.1	Congenital cystic kidney disease	ICD-9-CM	Diagnosis
753.10	Unspecified congenital cystic kidney disease	ICD-9-CM	Diagnosis
753.11	Congenital single renal cyst	ICD-9-CM	Diagnosis
753.12	Congenital polycystic kidney, unspecified type	ICD-9-CM	Diagnosis
753.13	Congenital polycystic kidney, autosomal dominant	ICD-9-CM	Diagnosis
753.14	Congenital polycystic kidney, autosomal recessive	ICD-9-CM	Diagnosis
753.15	Congenital renal dysplasia	ICD-9-CM	Diagnosis
753.16	Congenital medullary cystic kidney	ICD-9-CM	Diagnosis
753.17	Congenital medullary sponge kidney	ICD-9-CM	Diagnosis
753.19	Other specified congenital cystic kidney disease	ICD-9-CM	Diagnosis
753.20	Unspecified obstructive defect of renal pelvis and ureter	ICD-9-CM	Diagnosis
753.21	Congenital obstruction of ureteropelvic junction	ICD-9-CM	Diagnosis
753.22	Congenital obstruction of ureterovesical junction	ICD-9-CM	Diagnosis
753.23	Congenital ureterocele	ICD-9-CM	Diagnosis
753.29	Other obstructive defect of renal pelvis and ureter	ICD-9-CM	Diagnosis
753.3	Other specified congenital anomalies of kidney	ICD-9-CM	Diagnosis
791.0	Proteinuria	ICD-9-CM	Diagnosis
E08.21	Diabetes mellitus due to underlying condition with diabetic nephropathy	ICD-10-CM	Diagnosis
E08.22	Diabetes mellitus due to underlying condition with diabetic chronic kidney disease	ICD-10-CM	Diagnosis
E08.29	Diabetes mellitus due to underlying condition with other diabetic kidney complication	ICD-10-CM	Diagnosis
E08.65	Diabetes mellitus due to underlying condition with hyperglycemia	ICD-10-CM	Diagnosis
E09.21	Drug or chemical induced diabetes mellitus with diabetic nephropathy	ICD-10-CM	Diagnosis
E09.22	Drug or chemical induced diabetes mellitus with diabetic chronic kidney disease	ICD-10-CM	Diagnosis
E09.29	Drug or chemical induced diabetes mellitus with other diabetic kidney complication	ICD-10-CM	Diagnosis
E10.21	Type 1 diabetes mellitus with diabetic nephropathy	ICD-10-CM	Diagnosis
E10.22	Type 1 diabetes mellitus with diabetic chronic kidney disease	ICD-10-CM	Diagnosis
E10.29	Type 1 diabetes mellitus with other diabetic kidney complication	ICD-10-CM	Diagnosis
E10.65	Type 1 diabetes mellitus with hyperglycemia	ICD-10-CM	Diagnosis
E11.21	Type 2 diabetes mellitus with diabetic nephropathy	ICD-10-CM	Diagnosis
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease	ICD-10-CM	Diagnosis
E11.29	Type 2 diabetes mellitus with other diabetic kidney complication	ICD-10-CM	Diagnosis
E11.65	Type 2 diabetes mellitus with hyperglycemia	ICD-10-CM	Diagnosis
E13.21	Other specified diabetes mellitus with diabetic nephropathy	ICD-10-CM	Diagnosis
E13.22	Other specified diabetes mellitus with diabetic chronic kidney disease	ICD-10-CM	Diagnosis
E13.29	Other specified diabetes mellitus with other diabetic kidney complication	ICD-10-CM	Diagnosis
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease	ICD-10-CM	Diagnosis
I12.9	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	ICD-10-CM	Diagnosis
I13.11	Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease	ICD-10-CM	Diagnosis
I82.3	Embolism and thrombosis of renal vein	ICD-10-CM	Diagnosis
K76.7	Hepatorenal syndrome	ICD-10-CM	Diagnosis
M10.30	Gout due to renal impairment, unspecified site	ICD-10-CM	Diagnosis
M10.311	Gout due to renal impairment, right shoulder	ICD-10-CM	Diagnosis
M10.312	Gout due to renal impairment, left shoulder	ICD-10-CM	Diagnosis
M10.319	Gout due to renal impairment, unspecified shoulder	ICD-10-CM	Diagnosis
M10.321	Gout due to renal impairment, right elbow	ICD-10-CM	Diagnosis
M10.322	Gout due to renal impairment, left elbow	ICD-10-CM	Diagnosis
M10.329	Gout due to renal impairment, unspecified elbow	ICD-10-CM	Diagnosis
M10.331	Gout due to renal impairment, right wrist	ICD-10-CM	Diagnosis
M10.332	Gout due to renal impairment, left wrist	ICD-10-CM	Diagnosis
M10.339	Gout due to renal impairment, unspecified wrist	ICD-10-CM	Diagnosis
M10.341	Gout due to renal impairment, right hand	ICD-10-CM	Diagnosis
M10.342	Gout due to renal impairment, left hand	ICD-10-CM	Diagnosis
M10.349	Gout due to renal impairment, unspecified hand	ICD-10-CM	Diagnosis
M10.351	Gout due to renal impairment, right hip	ICD-10-CM	Diagnosis
M10.352	Gout due to renal impairment, left hip	ICD-10-CM	Diagnosis
M10.359	Gout due to renal impairment, unspecified hip	ICD-10-CM	Diagnosis
M10.361	Gout due to renal impairment, right knee	ICD-10-CM	Diagnosis
M10.362	Gout due to renal impairment, left knee	ICD-10-CM	Diagnosis
M10.369	Gout due to renal impairment, unspecified knee	ICD-10-CM	Diagnosis
M10.371	Gout due to renal impairment, right ankle and foot	ICD-10-CM	Diagnosis
M10.372	Gout due to renal impairment, left ankle and foot	ICD-10-CM	Diagnosis
M10.379	Gout due to renal impairment, unspecified ankle and foot	ICD-10-CM	Diagnosis
M10.38	Gout due to renal impairment, vertebrae	ICD-10-CM	Diagnosis
M10.39	Gout due to renal impairment, multiple sites	ICD-10-CM	Diagnosis
M31.0	Hypersensitivity angiitis	ICD-10-CM	Diagnosis
M32.14	Glomerular disease in systemic lupus erythematosus	ICD-10-CM	Diagnosis
M32.15	Tubulo-interstitial nephropathy in systemic lupus erythematosus	ICD-10-CM	Diagnosis
M35.04	Sicca syndrome with tubulo-interstitial nephropathy	ICD-10-CM	Diagnosis
N02.0	Recurrent and persistent hematuria with minor glomerular abnormality	ICD-10-CM	Diagnosis
N02.1	Recurrent and persistent hematuria with focal and segmental glomerular lesions	ICD-10-CM	Diagnosis
N02.2	Recurrent and persistent hematuria with diffuse membranous glomerulonephritis	ICD-10-CM	Diagnosis
N02.3	Recurrent and persistent hematuria with diffuse mesangial proliferative glomerulonephritis	ICD-10-CM	Diagnosis
N02.4	Recurrent and persistent hematuria with diffuse endocapillary proliferative glomerulonephritis	ICD-10-CM	Diagnosis
N02.5	Recurrent and persistent hematuria with diffuse mesangiocapillary glomerulonephritis	ICD-10-CM	Diagnosis
N02.6	Recurrent and persistent hematuria with dense deposit disease	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
N02.7	Recurrent and persistent hematuria with diffuse crescentic glomerulonephritis	ICD-10-CM	Diagnosis
N02.8	Recurrent and persistent hematuria with other morphologic changes	ICD-10-CM	Diagnosis
N02.9	Recurrent and persistent hematuria with unspecified morphologic changes	ICD-10-CM	Diagnosis
N03.0	Chronic nephritic syndrome with minor glomerular abnormality	ICD-10-CM	Diagnosis
N03.1	Chronic nephritic syndrome with focal and segmental glomerular lesions	ICD-10-CM	Diagnosis
N03.2	Chronic nephritic syndrome with diffuse membranous glomerulonephritis	ICD-10-CM	Diagnosis
N03.3	Chronic nephritic syndrome with diffuse mesangial proliferative glomerulonephritis	ICD-10-CM	Diagnosis
N03.4	Chronic nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis	ICD-10-CM	Diagnosis
N03.5	Chronic nephritic syndrome with diffuse mesangiocapillary glomerulonephritis	ICD-10-CM	Diagnosis
N03.6	Chronic nephritic syndrome with dense deposit disease	ICD-10-CM	Diagnosis
N03.7	Chronic nephritic syndrome with diffuse crescentic glomerulonephritis	ICD-10-CM	Diagnosis
N03.8	Chronic nephritic syndrome with other morphologic changes	ICD-10-CM	Diagnosis
N03.9	Chronic nephritic syndrome with unspecified morphologic changes	ICD-10-CM	Diagnosis
N04.0	Nephrotic syndrome with minor glomerular abnormality	ICD-10-CM	Diagnosis
N04.1	Nephrotic syndrome with focal and segmental glomerular lesions	ICD-10-CM	Diagnosis
N04.2	Nephrotic syndrome with diffuse membranous glomerulonephritis	ICD-10-CM	Diagnosis
N04.3	Nephrotic syndrome with diffuse mesangial proliferative glomerulonephritis	ICD-10-CM	Diagnosis
N04.4	Nephrotic syndrome with diffuse endocapillary proliferative glomerulonephritis	ICD-10-CM	Diagnosis
N04.5	Nephrotic syndrome with diffuse mesangiocapillary glomerulonephritis	ICD-10-CM	Diagnosis
N04.6	Nephrotic syndrome with dense deposit disease	ICD-10-CM	Diagnosis
N04.7	Nephrotic syndrome with diffuse crescentic glomerulonephritis	ICD-10-CM	Diagnosis
N04.8	Nephrotic syndrome with other morphologic changes	ICD-10-CM	Diagnosis
N04.9	Nephrotic syndrome with unspecified morphologic changes	ICD-10-CM	Diagnosis
N05.0	Unspecified nephritic syndrome with minor glomerular abnormality	ICD-10-CM	Diagnosis
N05.1	Unspecified nephritic syndrome with focal and segmental glomerular lesions	ICD-10-CM	Diagnosis
N05.2	Unspecified nephritic syndrome with diffuse membranous glomerulonephritis	ICD-10-CM	Diagnosis
N05.3	Unspecified nephritic syndrome with diffuse mesangial proliferative glomerulonephritis	ICD-10-CM	Diagnosis
N05.4	Unspecified nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis	ICD-10-CM	Diagnosis
N05.5	Unspecified nephritic syndrome with diffuse mesangiocapillary glomerulonephritis	ICD-10-CM	Diagnosis
N05.6	Unspecified nephritic syndrome with dense deposit disease	ICD-10-CM	Diagnosis
N05.7	Unspecified nephritic syndrome with diffuse crescentic glomerulonephritis	ICD-10-CM	Diagnosis
N05.8	Unspecified nephritic syndrome with other morphologic changes	ICD-10-CM	Diagnosis
N05.9	Unspecified nephritic syndrome with unspecified morphologic changes	ICD-10-CM	Diagnosis
N06.0	Isolated proteinuria with minor glomerular abnormality	ICD-10-CM	Diagnosis
N06.1	Isolated proteinuria with focal and segmental glomerular lesions	ICD-10-CM	Diagnosis
N06.2	Isolated proteinuria with diffuse membranous glomerulonephritis	ICD-10-CM	Diagnosis
N06.3	Isolated proteinuria with diffuse mesangial proliferative glomerulonephritis	ICD-10-CM	Diagnosis
N06.4	Isolated proteinuria with diffuse endocapillary proliferative glomerulonephritis	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
N06.5	Isolated proteinuria with diffuse mesangiocapillary glomerulonephritis	ICD-10-CM	Diagnosis
N06.6	Isolated proteinuria with dense deposit disease	ICD-10-CM	Diagnosis
N06.7	Isolated proteinuria with diffuse crescentic glomerulonephritis	ICD-10-CM	Diagnosis
N06.8	Isolated proteinuria with other morphologic lesion	ICD-10-CM	Diagnosis
N06.9	Isolated proteinuria with unspecified morphologic lesion	ICD-10-CM	Diagnosis
N07.0	Hereditary nephropathy, not elsewhere classified with minor glomerular abnormality	ICD-10-CM	Diagnosis
N07.1	Hereditary nephropathy, not elsewhere classified with focal and segmental glomerular lesions	ICD-10-CM	Diagnosis
N07.2	Hereditary nephropathy, not elsewhere classified with diffuse membranous glomerulonephritis	ICD-10-CM	Diagnosis
N07.3	Hereditary nephropathy, not elsewhere classified with diffuse mesangial proliferative glomerulonephritis	ICD-10-CM	Diagnosis
N07.4	Hereditary nephropathy, not elsewhere classified with diffuse endocapillary proliferative glomerulonephritis	ICD-10-CM	Diagnosis
N07.5	Hereditary nephropathy, not elsewhere classified with diffuse mesangiocapillary glomerulonephritis	ICD-10-CM	Diagnosis
N07.6	Hereditary nephropathy, not elsewhere classified with dense deposit disease	ICD-10-CM	Diagnosis
N07.7	Hereditary nephropathy, not elsewhere classified with diffuse crescentic glomerulonephritis	ICD-10-CM	Diagnosis
N07.8	Hereditary nephropathy, not elsewhere classified with other morphologic lesions	ICD-10-CM	Diagnosis
N07.9	Hereditary nephropathy, not elsewhere classified with unspecified morphologic lesions	ICD-10-CM	Diagnosis
N08	Glomerular disorders in diseases classified elsewhere	ICD-10-CM	Diagnosis
N14.0	Analgesic nephropathy	ICD-10-CM	Diagnosis
N14.1	Nephropathy induced by other drugs, medicaments and biological substances	ICD-10-CM	Diagnosis
N14.2	Nephropathy induced by unspecified drug, medicament or biological substance	ICD-10-CM	Diagnosis
N14.3	Nephropathy induced by heavy metals	ICD-10-CM	Diagnosis
N14.4	Toxic nephropathy, not elsewhere classified	ICD-10-CM	Diagnosis
N15.0	Balkan nephropathy	ICD-10-CM	Diagnosis
N15.8	Other specified renal tubulo-interstitial diseases	ICD-10-CM	Diagnosis
N15.9	Renal tubulo-interstitial disease, unspecified	ICD-10-CM	Diagnosis
N16	Renal tubulo-interstitial disorders in diseases classified elsewhere	ICD-10-CM	Diagnosis
N17.1	Acute kidney failure with acute cortical necrosis	ICD-10-CM	Diagnosis
N17.2	Acute kidney failure with medullary necrosis	ICD-10-CM	Diagnosis
N18.1	Chronic kidney disease, stage 1	ICD-10-CM	Diagnosis
N18.2	Chronic kidney disease, stage 2 (mild)	ICD-10-CM	Diagnosis
N18.3	Chronic kidney disease, stage 3 (moderate)	ICD-10-CM	Diagnosis
N18.4	Chronic kidney disease, stage 4 (severe)	ICD-10-CM	Diagnosis
N18.5	Chronic kidney disease, stage 5	ICD-10-CM	Diagnosis
N18.9	Chronic kidney disease, unspecified	ICD-10-CM	Diagnosis
N19	Unspecified kidney failure	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
N26.1	Atrophy of kidney (terminal)	ICD-10-CM	Diagnosis
N26.9	Renal sclerosis, unspecified	ICD-10-CM	Diagnosis
N28.82	Megaloureter	ICD-10-CM	Diagnosis
N28.89	Other specified disorders of kidney and ureter	ICD-10-CM	Diagnosis
N28.9	Disorder of kidney and ureter, unspecified	ICD-10-CM	Diagnosis
N29	Other disorders of kidney and ureter in diseases classified elsewhere	ICD-10-CM	Diagnosis
Q60.0	Renal agenesis, unilateral	ICD-10-CM	Diagnosis
Q60.1	Renal agenesis, bilateral	ICD-10-CM	Diagnosis
Q60.2	Renal agenesis, unspecified	ICD-10-CM	Diagnosis
Q60.3	Renal hypoplasia, unilateral	ICD-10-CM	Diagnosis
Q60.4	Renal hypoplasia, bilateral	ICD-10-CM	Diagnosis
Q60.5	Renal hypoplasia, unspecified	ICD-10-CM	Diagnosis
Q60.6	Potter's syndrome	ICD-10-CM	Diagnosis
Q61.00	Congenital renal cyst, unspecified	ICD-10-CM	Diagnosis
Q61.01	Congenital single renal cyst	ICD-10-CM	Diagnosis
Q61.02	Congenital multiple renal cysts	ICD-10-CM	Diagnosis
Q61.11	Cystic dilatation of collecting ducts	ICD-10-CM	Diagnosis
Q61.19	Other polycystic kidney, infantile type	ICD-10-CM	Diagnosis
Q61.2	Polycystic kidney, adult type	ICD-10-CM	Diagnosis
Q61.3	Polycystic kidney, unspecified	ICD-10-CM	Diagnosis
Q61.4	Renal dysplasia	ICD-10-CM	Diagnosis
Q61.5	Medullary cystic kidney	ICD-10-CM	Diagnosis
Q61.8	Other cystic kidney diseases	ICD-10-CM	Diagnosis
Q61.9	Cystic kidney disease, unspecified	ICD-10-CM	Diagnosis
Q62.0	Congenital hydronephrosis	ICD-10-CM	Diagnosis
Q62.10	Congenital occlusion of ureter, unspecified	ICD-10-CM	Diagnosis
Q62.11	Congenital occlusion of ureteropelvic junction	ICD-10-CM	Diagnosis
Q62.12	Congenital occlusion of ureterovesical orifice	ICD-10-CM	Diagnosis
Q62.2	Congenital megaureter	ICD-10-CM	Diagnosis
Q62.31	Congenital ureterocele, orthotopic	ICD-10-CM	Diagnosis
Q62.32	Cecoureterocele	ICD-10-CM	Diagnosis
Q62.39	Other obstructive defects of renal pelvis and ureter	ICD-10-CM	Diagnosis
Q63.0	Accessory kidney	ICD-10-CM	Diagnosis
Q63.1	Lobulated, fused and horseshoe kidney	ICD-10-CM	Diagnosis
Q63.2	Ectopic kidney	ICD-10-CM	Diagnosis
Q63.3	Hyperplastic and giant kidney	ICD-10-CM	Diagnosis
Q63.8	Other specified congenital malformations of kidney	ICD-10-CM	Diagnosis
Q63.9	Congenital malformation of kidney, unspecified	ICD-10-CM	Diagnosis
R80.0	Isolated proteinuria	ICD-10-CM	Diagnosis
R80.1	Persistent proteinuria, unspecified	ICD-10-CM	Diagnosis
R80.3	Bence Jones proteinuria	ICD-10-CM	Diagnosis
R80.8	Other proteinuria	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
R80.9	Proteinuria, unspecified	ICD-10-CM	Diagnosis
Gout Severity Measures			
Tophus			
274.03	Chronic gouty arthropathy with tophus (tophi)	ICD-9-CM	Diagnosis
274.8	Gout with other specified manifestations	ICD-9-CM	Diagnosis
274.81	Gouty tophi of ear	ICD-9-CM	Diagnosis
274.82	Gouty tophi of other sites	ICD-9-CM	Diagnosis
274.89	Gout with other specified manifestations	ICD-9-CM	Diagnosis
M1A.00X1	Idiopathic chronic gout, unspecified site, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0111	Idiopathic chronic gout, right shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0121	Idiopathic chronic gout, left shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0191	Idiopathic chronic gout, unspecified shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0211	Idiopathic chronic gout, right elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0221	Idiopathic chronic gout, left elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0291	Idiopathic chronic gout, unspecified elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0311	Idiopathic chronic gout, right wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0321	Idiopathic chronic gout, left wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0391	Idiopathic chronic gout, unspecified wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0411	Idiopathic chronic gout, right hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0421	Idiopathic chronic gout, left hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0491	Idiopathic chronic gout, unspecified hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0511	Idiopathic chronic gout, right hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0521	Idiopathic chronic gout, left hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0591	Idiopathic chronic gout, unspecified hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0611	Idiopathic chronic gout, right knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0621	Idiopathic chronic gout, left knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0691	Idiopathic chronic gout, unspecified knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0711	Idiopathic chronic gout, right ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0721	Idiopathic chronic gout, left ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0791	Idiopathic chronic gout, unspecified ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.08X1	Idiopathic chronic gout, vertebrae, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.09X1	Idiopathic chronic gout, multiple sites, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.20X1	Drug-induced chronic gout, unspecified site, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2111	Drug-induced chronic gout, right shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2121	Drug-induced chronic gout, left shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2191	Drug-induced chronic gout, unspecified shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2211	Drug-induced chronic gout, right elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2221	Drug-induced chronic gout, left elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2291	Drug-induced chronic gout, unspecified elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2311	Drug-induced chronic gout, right wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2321	Drug-induced chronic gout, left wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2391	Drug-induced chronic gout, unspecified wrist, with tophus (tophi)	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
M1A.2411	Drug-induced chronic gout, right hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2421	Drug-induced chronic gout, left hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2491	Drug-induced chronic gout, unspecified hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2511	Drug-induced chronic gout, right hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2521	Drug-induced chronic gout, left hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2591	Drug-induced chronic gout, unspecified hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2611	Drug-induced chronic gout, right knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2621	Drug-induced chronic gout, left knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2691	Drug-induced chronic gout, unspecified knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2711	Drug-induced chronic gout, right ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2721	Drug-induced chronic gout, left ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2791	Drug-induced chronic gout, unspecified ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.28X1	Drug-induced chronic gout, vertebrae, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.29X1	Drug-induced chronic gout, multiple sites, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.30X1	Chronic gout due to renal impairment, unspecified site, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3111	Chronic gout due to renal impairment, right shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3121	Chronic gout due to renal impairment, left shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3191	Chronic gout due to renal impairment, unspecified shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3211	Chronic gout due to renal impairment, right elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3221	Chronic gout due to renal impairment, left elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3291	Chronic gout due to renal impairment, unspecified elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3311	Chronic gout due to renal impairment, right wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3321	Chronic gout due to renal impairment, left wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3391	Chronic gout due to renal impairment, unspecified wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3411	Chronic gout due to renal impairment, right hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3421	Chronic gout due to renal impairment, left hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3491	Chronic gout due to renal impairment, unspecified hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3511	Chronic gout due to renal impairment, right hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3521	Chronic gout due to renal impairment, left hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3591	Chronic gout due to renal impairment, unspecified hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3611	Chronic gout due to renal impairment, right knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3621	Chronic gout due to renal impairment, left knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3691	Chronic gout due to renal impairment, unspecified knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3711	Chronic gout due to renal impairment, right ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3721	Chronic gout due to renal impairment, left ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3791	Chronic gout due to renal impairment, unspecified ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.38X1	Chronic gout due to renal impairment, vertebrae, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.39X1	Chronic gout due to renal impairment, multiple sites, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.40X1	Other secondary chronic gout, unspecified site, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4111	Other secondary chronic gout, right shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4121	Other secondary chronic gout, left shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
M1A.4191	Other secondary chronic gout, unspecified shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4211	Other secondary chronic gout, right elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4221	Other secondary chronic gout, left elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4291	Other secondary chronic gout, unspecified elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4311	Other secondary chronic gout, right wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4321	Other secondary chronic gout, left wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4391	Other secondary chronic gout, unspecified wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4411	Other secondary chronic gout, right hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4421	Other secondary chronic gout, left hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4491	Other secondary chronic gout, unspecified hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4511	Other secondary chronic gout, right hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4521	Other secondary chronic gout, left hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4591	Other secondary chronic gout, unspecified hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4611	Other secondary chronic gout, right knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4621	Other secondary chronic gout, left knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4691	Other secondary chronic gout, unspecified knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4711	Other secondary chronic gout, right ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4721	Other secondary chronic gout, left ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4791	Other secondary chronic gout, unspecified ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.48X1	Other secondary chronic gout, vertebrae, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.49X1	Other secondary chronic gout, multiple sites, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.9XX1	Chronic gout, unspecified, with tophus (tophi)	ICD-10-CM	Diagnosis
79.60	Debridement of open fracture, unspecified site	ICD-9-CM	Procedure
79.61	Debridement of open fracture of humerus	ICD-9-CM	Procedure
79.62	Debridement of open fracture of radius and ulna	ICD-9-CM	Procedure
79.63	Debridement of open fracture of carpals and metacarpals	ICD-9-CM	Procedure
79.64	Debridement of open fracture of phalanges of hand	ICD-9-CM	Procedure
79.65	Debridement of open fracture of femur	ICD-9-CM	Procedure
79.66	Debridement of open fracture of tibia and fibula	ICD-9-CM	Procedure
79.67	Debridement of open fracture of tarsals and metatarsals	ICD-9-CM	Procedure
79.68	Debridement of open fracture of phalanges of foot	ICD-9-CM	Procedure
80.14	Other arthrotomy of hand and finger	ICD-9-CM	Procedure
80.16	Other arthrotomy of knee	ICD-9-CM	Procedure
80.18	Other arthrotomy of foot and toe	ICD-9-CM	Procedure
0M9700Z	Drainage of Right Hand Bursa and Ligament with Drainage Device, Open Approach	ICD-10-PCS	Procedure
0M970ZZ	Drainage of Right Hand Bursa and Ligament, Open Approach	ICD-10-PCS	Procedure
0M9800Z	Drainage of Left Hand Bursa and Ligament with Drainage Device, Open Approach	ICD-10-PCS	Procedure
0M980ZZ	Drainage of Left Hand Bursa and Ligament, Open Approach	ICD-10-PCS	Procedure
0M9N00Z	Drainage of Right Knee Bursa and Ligament with Drainage Device, Open Approach	ICD-10-PCS	Procedure
0M9N0ZZ	Drainage of Right Knee Bursa and Ligament, Open Approach	ICD-10-PCS	Procedure
0M9N40Z	Drainage of Right Knee Bursa and Ligament with Drainage Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
0M9P00Z	Drainage of Left Knee Bursa and Ligament with Drainage Device, Open Approach	ICD-10-PCS	Procedure
0M9P0ZZ	Drainage of Left Knee Bursa and Ligament, Open Approach	ICD-10-PCS	Procedure
0M9P40Z	Drainage of Left Knee Bursa and Ligament with Drainage Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0M9S00Z	Drainage of Right Foot Bursa and Ligament with Drainage Device, Open Approach	ICD-10-PCS	Procedure
0M9S0ZZ	Drainage of Right Foot Bursa and Ligament, Open Approach	ICD-10-PCS	Procedure
0M9S40Z	Drainage of Right Foot Bursa and Ligament with Drainage Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0M9T00Z	Drainage of Left Foot Bursa and Ligament with Drainage Device, Open Approach	ICD-10-PCS	Procedure
0M9T0ZZ	Drainage of Left Foot Bursa and Ligament, Open Approach	ICD-10-PCS	Procedure
0M9T40Z	Drainage of Left Foot Bursa and Ligament with Drainage Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0MC70ZZ	Extirpation of Matter from Right Hand Bursa and Ligament, Open Approach	ICD-10-PCS	Procedure
0MC73ZZ	Extirpation of Matter from Right Hand Bursa and Ligament, Percutaneous Approach	ICD-10-PCS	Procedure
0MC74ZZ	Extirpation of Matter from Right Hand Bursa and Ligament, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0MC80ZZ	Extirpation of Matter from Left Hand Bursa and Ligament, Open Approach	ICD-10-PCS	Procedure
0MC83ZZ	Extirpation of Matter from Left Hand Bursa and Ligament, Percutaneous Approach	ICD-10-PCS	Procedure
0MC84ZZ	Extirpation of Matter from Left Hand Bursa and Ligament, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0MCN0ZZ	Extirpation of Matter from Right Knee Bursa and Ligament, Open Approach	ICD-10-PCS	Procedure
0MCN3ZZ	Extirpation of Matter from Right Knee Bursa and Ligament, Percutaneous Approach	ICD-10-PCS	Procedure
0MCN4ZZ	Extirpation of Matter from Right Knee Bursa and Ligament, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0MCP0ZZ	Extirpation of Matter from Left Knee Bursa and Ligament, Open Approach	ICD-10-PCS	Procedure
0MCP3ZZ	Extirpation of Matter from Left Knee Bursa and Ligament, Percutaneous Approach	ICD-10-PCS	Procedure
0MCP4ZZ	Extirpation of Matter from Left Knee Bursa and Ligament, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0MCS0ZZ	Extirpation of Matter from Right Foot Bursa and Ligament, Open Approach	ICD-10-PCS	Procedure
0MCS3ZZ	Extirpation of Matter from Right Foot Bursa and Ligament, Percutaneous Approach	ICD-10-PCS	Procedure
0MCS4ZZ	Extirpation of Matter from Right Foot Bursa and Ligament, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0MCT0ZZ	Extirpation of Matter from Left Foot Bursa and Ligament, Open Approach	ICD-10-PCS	Procedure
0MCT3ZZ	Extirpation of Matter from Left Foot Bursa and Ligament, Percutaneous Approach	ICD-10-PCS	Procedure
0MCT4ZZ	Extirpation of Matter from Left Foot Bursa and Ligament, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0R9Q00Z	Drainage of Right Carpal Joint with Drainage Device, Open Approach	ICD-10-PCS	Procedure
0R9Q0ZZ	Drainage of Right Carpal Joint, Open Approach	ICD-10-PCS	Procedure
0R9R00Z	Drainage of Left Carpal Joint with Drainage Device, Open Approach	ICD-10-PCS	Procedure
0R9R0ZZ	Drainage of Left Carpal Joint, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
0R9S00Z	Drainage of Right Carpometacarpal Joint with Drainage Device, Open Approach	ICD-10-PCS	Procedure
0R9S0ZZ	Drainage of Right Carpometacarpal Joint, Open Approach	ICD-10-PCS	Procedure
0R9T00Z	Drainage of Left Carpometacarpal Joint with Drainage Device, Open Approach	ICD-10-PCS	Procedure
0R9T0ZZ	Drainage of Left Carpometacarpal Joint, Open Approach	ICD-10-PCS	Procedure
0R9U00Z	Drainage of Right Metacarpophalangeal Joint with Drainage Device, Open Approach	ICD-10-PCS	Procedure
0R9U0ZZ	Drainage of Right Metacarpophalangeal Joint, Open Approach	ICD-10-PCS	Procedure
0R9V00Z	Drainage of Left Metacarpophalangeal Joint with Drainage Device, Open Approach	ICD-10-PCS	Procedure
0R9V0ZZ	Drainage of Left Metacarpophalangeal Joint, Open Approach	ICD-10-PCS	Procedure
0R9W00Z	Drainage of Right Finger Phalangeal Joint with Drainage Device, Open Approach	ICD-10-PCS	Procedure
0R9W0ZZ	Drainage of Right Finger Phalangeal Joint, Open Approach	ICD-10-PCS	Procedure
0R9X00Z	Drainage of Left Finger Phalangeal Joint with Drainage Device, Open Approach	ICD-10-PCS	Procedure
0R9X0ZZ	Drainage of Left Finger Phalangeal Joint, Open Approach	ICD-10-PCS	Procedure
0RCQ0ZZ	Extirpation of Matter from Right Carpal Joint, Open Approach	ICD-10-PCS	Procedure
0RCQ3ZZ	Extirpation of Matter from Right Carpal Joint, Percutaneous Approach	ICD-10-PCS	Procedure
0RCQ4ZZ	Extirpation of Matter from Right Carpal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0RCR0ZZ	Extirpation of Matter from Left Carpal Joint, Open Approach	ICD-10-PCS	Procedure
0RCR3ZZ	Extirpation of Matter from Left Carpal Joint, Percutaneous Approach	ICD-10-PCS	Procedure
0RCR4ZZ	Extirpation of Matter from Left Carpal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0RCS0ZZ	Extirpation of Matter from Right Carpometacarpal Joint, Open Approach	ICD-10-PCS	Procedure
0RCS3ZZ	Extirpation of Matter from Right Carpometacarpal Joint, Percutaneous Approach	ICD-10-PCS	Procedure
0RCS4ZZ	Extirpation of Matter from Right Carpometacarpal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0RCT0ZZ	Extirpation of Matter from Left Carpometacarpal Joint, Open Approach	ICD-10-PCS	Procedure
0RCT3ZZ	Extirpation of Matter from Left Carpometacarpal Joint, Percutaneous Approach	ICD-10-PCS	Procedure
0RCT4ZZ	Extirpation of Matter from Left Carpometacarpal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0RCU0ZZ	Extirpation of Matter from Right Metacarpophalangeal Joint, Open Approach	ICD-10-PCS	Procedure
0RCU3ZZ	Extirpation of Matter from Right Metacarpophalangeal Joint, Percutaneous Approach	ICD-10-PCS	Procedure
0RCU4ZZ	Extirpation of Matter from Right Metacarpophalangeal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0RCV0ZZ	Extirpation of Matter from Left Metacarpophalangeal Joint, Open Approach	ICD-10-PCS	Procedure
0RCV3ZZ	Extirpation of Matter from Left Metacarpophalangeal Joint, Percutaneous Approach	ICD-10-PCS	Procedure
0RCV4ZZ	Extirpation of Matter from Left Metacarpophalangeal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0RCW0ZZ	Extirpation of Matter from Right Finger Phalangeal Joint, Open Approach	ICD-10-PCS	Procedure
0RCW3ZZ	Extirpation of Matter from Right Finger Phalangeal Joint, Percutaneous Approach	ICD-10-PCS	Procedure
0RCW4ZZ	Extirpation of Matter from Right Finger Phalangeal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
ORCX0ZZ	Extirpation of Matter from Left Finger Phalangeal Joint, Open Approach	ICD-10-PCS	Procedure
ORCX3ZZ	Extirpation of Matter from Left Finger Phalangeal Joint, Percutaneous Approach	ICD-10-PCS	Procedure
ORCX4ZZ	Extirpation of Matter from Left Finger Phalangeal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORJQ0ZZ	Inspection of Right Carpal Joint, Open Approach	ICD-10-PCS	Procedure
ORJR0ZZ	Inspection of Left Carpal Joint, Open Approach	ICD-10-PCS	Procedure
ORJS0ZZ	Inspection of Right Carpometacarpal Joint, Open Approach	ICD-10-PCS	Procedure
ORJT0ZZ	Inspection of Left Carpometacarpal Joint, Open Approach	ICD-10-PCS	Procedure
ORJU0ZZ	Inspection of Right Metacarpophalangeal Joint, Open Approach	ICD-10-PCS	Procedure
ORJV0ZZ	Inspection of Left Metacarpophalangeal Joint, Open Approach	ICD-10-PCS	Procedure
ORJW0ZZ	Inspection of Right Finger Phalangeal Joint, Open Approach	ICD-10-PCS	Procedure
ORJX0ZZ	Inspection of Left Finger Phalangeal Joint, Open Approach	ICD-10-PCS	Procedure
OS9C00Z	Drainage of Right Knee Joint with Drainage Device, Open Approach	ICD-10-PCS	Procedure
OS9C0ZZ	Drainage of Right Knee Joint, Open Approach	ICD-10-PCS	Procedure
OS9D00Z	Drainage of Left Knee Joint with Drainage Device, Open Approach	ICD-10-PCS	Procedure
OS9D0ZZ	Drainage of Left Knee Joint, Open Approach	ICD-10-PCS	Procedure
OS9H00Z	Drainage of Right Tarsal Joint with Drainage Device, Open Approach	ICD-10-PCS	Procedure
OS9H0ZZ	Drainage of Right Tarsal Joint, Open Approach	ICD-10-PCS	Procedure
OS9J00Z	Drainage of Left Tarsal Joint with Drainage Device, Open Approach	ICD-10-PCS	Procedure
OS9J0ZZ	Drainage of Left Tarsal Joint, Open Approach	ICD-10-PCS	Procedure
OS9K00Z	Drainage of Right Tarsometatarsal Joint with Drainage Device, Open Approach	ICD-10-PCS	Procedure
OS9K0ZZ	Drainage of Right Tarsometatarsal Joint, Open Approach	ICD-10-PCS	Procedure
OS9L00Z	Drainage of Left Tarsometatarsal Joint with Drainage Device, Open Approach	ICD-10-PCS	Procedure
OS9L0ZZ	Drainage of Left Tarsometatarsal Joint, Open Approach	ICD-10-PCS	Procedure
OS9M00Z	Drainage of Right Metatarsal-Phalangeal Joint with Drainage Device, Open Approach	ICD-10-PCS	Procedure
OS9M0ZZ	Drainage of Right Metatarsal-Phalangeal Joint, Open Approach	ICD-10-PCS	Procedure
OS9N00Z	Drainage of Left Metatarsal-Phalangeal Joint with Drainage Device, Open Approach	ICD-10-PCS	Procedure
OS9N0ZZ	Drainage of Left Metatarsal-Phalangeal Joint, Open Approach	ICD-10-PCS	Procedure
OS9P00Z	Drainage of Right Toe Phalangeal Joint with Drainage Device, Open Approach	ICD-10-PCS	Procedure
OS9P0ZZ	Drainage of Right Toe Phalangeal Joint, Open Approach	ICD-10-PCS	Procedure
OS9Q00Z	Drainage of Left Toe Phalangeal Joint with Drainage Device, Open Approach	ICD-10-PCS	Procedure
OS9Q0ZZ	Drainage of Left Toe Phalangeal Joint, Open Approach	ICD-10-PCS	Procedure
OSCC0ZZ	Extirpation of Matter from Right Knee Joint, Open Approach	ICD-10-PCS	Procedure
OSCC3ZZ	Extirpation of Matter from Right Knee Joint, Percutaneous Approach	ICD-10-PCS	Procedure
OSCC4ZZ	Extirpation of Matter from Right Knee Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSCD0ZZ	Extirpation of Matter from Left Knee Joint, Open Approach	ICD-10-PCS	Procedure
OSCD3ZZ	Extirpation of Matter from Left Knee Joint, Percutaneous Approach	ICD-10-PCS	Procedure
OSCD4ZZ	Extirpation of Matter from Left Knee Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSCH0ZZ	Extirpation of Matter from Right Tarsal Joint, Open Approach	ICD-10-PCS	Procedure
OSCH3ZZ	Extirpation of Matter from Right Tarsal Joint, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
0SCH4ZZ	Extirpation of Matter from Right Tarsal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSCJ0ZZ	Extirpation of Matter from Left Tarsal Joint, Open Approach	ICD-10-PCS	Procedure
OSCJ3ZZ	Extirpation of Matter from Left Tarsal Joint, Percutaneous Approach	ICD-10-PCS	Procedure
OSCJ4ZZ	Extirpation of Matter from Left Tarsal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSCK0ZZ	Extirpation of Matter from Right Tarsometatarsal Joint, Open Approach	ICD-10-PCS	Procedure
OSCK3ZZ	Extirpation of Matter from Right Tarsometatarsal Joint, Percutaneous Approach	ICD-10-PCS	Procedure
OSCK4ZZ	Extirpation of Matter from Right Tarsometatarsal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSCL0ZZ	Extirpation of Matter from Left Tarsometatarsal Joint, Open Approach	ICD-10-PCS	Procedure
OSCL3ZZ	Extirpation of Matter from Left Tarsometatarsal Joint, Percutaneous Approach	ICD-10-PCS	Procedure
OSCL4ZZ	Extirpation of Matter from Left Tarsometatarsal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSCM0ZZ	Extirpation of Matter from Right Metatarsal-Phalangeal Joint, Open Approach	ICD-10-PCS	Procedure
OSCM3ZZ	Extirpation of Matter from Right Metatarsal-Phalangeal Joint, Percutaneous Approach	ICD-10-PCS	Procedure
OSCM4ZZ	Extirpation of Matter from Right Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSCN0ZZ	Extirpation of Matter from Left Metatarsal-Phalangeal Joint, Open Approach	ICD-10-PCS	Procedure
OSCN3ZZ	Extirpation of Matter from Left Metatarsal-Phalangeal Joint, Percutaneous Approach	ICD-10-PCS	Procedure
OSCN4ZZ	Extirpation of Matter from Left Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSCP0ZZ	Extirpation of Matter from Right Toe Phalangeal Joint, Open Approach	ICD-10-PCS	Procedure
OSCP3ZZ	Extirpation of Matter from Right Toe Phalangeal Joint, Percutaneous Approach	ICD-10-PCS	Procedure
OSCP4ZZ	Extirpation of Matter from Right Toe Phalangeal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSCQ0ZZ	Extirpation of Matter from Left Toe Phalangeal Joint, Open Approach	ICD-10-PCS	Procedure
OSCQ3ZZ	Extirpation of Matter from Left Toe Phalangeal Joint, Percutaneous Approach	ICD-10-PCS	Procedure
OSCQ4ZZ	Extirpation of Matter from Left Toe Phalangeal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSJC0ZZ	Inspection of Right Knee Joint, Open Approach	ICD-10-PCS	Procedure
OSJD0ZZ	Inspection of Left Knee Joint, Open Approach	ICD-10-PCS	Procedure
OSJH0ZZ	Inspection of Right Tarsal Joint, Open Approach	ICD-10-PCS	Procedure
OSJJ0ZZ	Inspection of Left Tarsal Joint, Open Approach	ICD-10-PCS	Procedure
OSJK0ZZ	Inspection of Right Tarsometatarsal Joint, Open Approach	ICD-10-PCS	Procedure
OSJL0ZZ	Inspection of Left Tarsometatarsal Joint, Open Approach	ICD-10-PCS	Procedure
OSJM0ZZ	Inspection of Right Metatarsal-Phalangeal Joint, Open Approach	ICD-10-PCS	Procedure
OSJN0ZZ	Inspection of Left Metatarsal-Phalangeal Joint, Open Approach	ICD-10-PCS	Procedure
OSJP0ZZ	Inspection of Right Toe Phalangeal Joint, Open Approach	ICD-10-PCS	Procedure
OSJQ0ZZ	Inspection of Left Toe Phalangeal Joint, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
11042	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	CPT-4	Procedure
11043	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	CPT-4	Procedure
11044	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	CPT-4	Procedure
23930	Incision and drainage, upper arm or elbow area; deep abscess or hematoma	CPT-4	Procedure
23931	Incision and drainage, upper arm or elbow area; bursa	CPT-4	Procedure
24000	Arthrotomy, elbow, including exploration, drainage, or removal of foreign body	CPT-4	Procedure
24006	Arthrotomy of the elbow, with capsular excision for capsular release (separate procedure)	CPT-4	Procedure
24065	Biopsy, soft tissue of upper arm or elbow area; superficial	CPT-4	Procedure
24066	Biopsy, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)	CPT-4	Procedure
24075	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm	CPT-4	Procedure
24076	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm	CPT-4	Procedure
24155	Resection of elbow joint (arthrectomy)	CPT-4	Procedure
25028	Incision and drainage, forearm and/or wrist; deep abscess or hematoma	CPT-4	Procedure
25031	Incision and drainage, forearm and/or wrist; bursa	CPT-4	Procedure
25040	Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body	CPT-4	Procedure
25065	Biopsy, soft tissue of forearm and/or wrist; superficial	CPT-4	Procedure
25066	Biopsy, soft tissue of forearm and/or wrist; deep (subfascial or intramuscular)	CPT-4	Procedure
25075	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm	CPT-4	Procedure
25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm	CPT-4	Procedure
25100	Arthrotomy, wrist joint; with biopsy	CPT-4	Procedure
25101	Arthrotomy, wrist joint; with joint exploration, with or without biopsy, with or without removal of loose or foreign body	CPT-4	Procedure
25105	Arthrotomy, wrist joint; with synovectomy	CPT-4	Procedure
25107	Arthrotomy, distal radioulnar joint including repair of triangular cartilage, complex	CPT-4	Procedure
25109	Excision of tendon, forearm and/or wrist, flexor or extensor, each	CPT-4	Procedure
25110	Excision, lesion of tendon sheath, forearm and/or wrist	CPT-4	Procedure
25118	Synovectomy, extensor tendon sheath, wrist, single compartment;	CPT-4	Procedure
25119	Synovectomy, extensor tendon sheath, wrist, single compartment; with resection of distal ulna	CPT-4	Procedure
25120	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process);	CPT-4	Procedure

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

Code	Description	Code Type	Code Category
25125	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with autograft (includes obtaining graft)	CPT-4	Procedure
25126	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with allograft	CPT-4	Procedure
25130	Excision or curettage of bone cyst or benign tumor of carpal bones;	CPT-4	Procedure
25135	Excision or curettage of bone cyst or benign tumor of carpal bones; with autograft (includes obtaining graft)	CPT-4	Procedure
25136	Excision or curettage of bone cyst or benign tumor of carpal bones; with allograft	CPT-4	Procedure
26010	Drainage of finger abscess; simple	CPT-4	Procedure
26011	Drainage of finger abscess; complicated (eg, felon)	CPT-4	Procedure
26020	Drainage of tendon sheath, digit and/or palm, each	CPT-4	Procedure
26025	Drainage of palmar bursa; single, bursa	CPT-4	Procedure
26030	Drainage of palmar bursa; multiple bursa	CPT-4	Procedure
26070	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; carpometacarpal joint	CPT-4	Procedure
26075	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each	CPT-4	Procedure
26080	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each	CPT-4	Procedure
26100	Arthrotomy with biopsy; carpometacarpal joint, each	CPT-4	Procedure
26105	Arthrotomy with biopsy; metacarpophalangeal joint, each	CPT-4	Procedure
26110	Arthrotomy with biopsy; interphalangeal joint, each	CPT-4	Procedure
26115	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm	CPT-4	Procedure
26116	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm	CPT-4	Procedure
26130	Synovectomy, carpometacarpal joint	CPT-4	Procedure
26135	Synovectomy, metacarpophalangeal joint including intrinsic release and extensor hood reconstruction, each digit	CPT-4	Procedure
26140	Synovectomy, proximal interphalangeal joint, including extensor reconstruction, each interphalangeal joint	CPT-4	Procedure
26145	Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or finger, each tendon	CPT-4	Procedure
26160	Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger	CPT-4	Procedure
26170	Excision of tendon, palm, flexor or extensor, single, each tendon	CPT-4	Procedure
26180	Excision of tendon, finger, flexor or extensor, each tendon	CPT-4	Procedure
26200	Excision or curettage of bone cyst or benign tumor of metacarpal;	CPT-4	Procedure
26205	Excision or curettage of bone cyst or benign tumor of metacarpal; with autograft (includes obtaining graft)	CPT-4	Procedure

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

Code	Description	Code Type	Code Category
26210	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger;	CPT-4	Procedure
26215	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger; with autograft (includes obtaining graft)	CPT-4	Procedure
27301	Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region	CPT-4	Procedure
27310	Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)	CPT-4	Procedure
27323	Biopsy, soft tissue of thigh or knee area; superficial	CPT-4	Procedure
27324	Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)	CPT-4	Procedure
27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	CPT-4	Procedure
27328	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm	CPT-4	Procedure
27330	Arthrotomy, knee; with synovial biopsy only	CPT-4	Procedure
27331	Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies	CPT-4	Procedure
27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral	CPT-4	Procedure
27333	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral	CPT-4	Procedure
27334	Arthrotomy, with synovectomy, knee; anterior OR posterior	CPT-4	Procedure
27335	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area	CPT-4	Procedure
27340	Excision, prepatellar bursa	CPT-4	Procedure
27345	Excision of synovial cyst of popliteal space (eg, Baker's cyst)	CPT-4	Procedure
27347	Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee	CPT-4	Procedure
27355	Excision or curettage of bone cyst or benign tumor of femur;	CPT-4	Procedure
27356	Excision or curettage of bone cyst or benign tumor of femur; with allograft	CPT-4	Procedure
27357	Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft)	CPT-4	Procedure
27358	Excision or curettage of bone cyst or benign tumor of femur; with internal fixation (List in addition to code for primary procedure)	CPT-4	Procedure
27603	Incision and drainage, leg or ankle; deep abscess or hematoma	CPT-4	Procedure
27604	Incision and drainage, leg or ankle; infected bursa	CPT-4	Procedure
27610	Arthrotomy, ankle, including exploration, drainage, or removal of foreign body	CPT-4	Procedure
27612	Arthrotomy, posterior capsular release, ankle, with or without Achilles tendon lengthening	CPT-4	Procedure
27613	Biopsy, soft tissue of leg or ankle area; superficial	CPT-4	Procedure
27614	Biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular)	CPT-4	Procedure
27618	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm	CPT-4	Procedure
27619	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm	CPT-4	Procedure
28001	Incision and drainage, bursa, foot	CPT-4	Procedure

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

Code	Description	Code Type	Code Category
28002	Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space	CPT-4	Procedure
28003	Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas	CPT-4	Procedure
28020	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint	CPT-4	Procedure
28022	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint	CPT-4	Procedure
28024	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint	CPT-4	Procedure
28043	Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm	CPT-4	Procedure
28045	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm	CPT-4	Procedure
28050	Arthrotomy with biopsy; intertarsal or tarsometatarsal joint	CPT-4	Procedure
28052	Arthrotomy with biopsy; metatarsophalangeal joint	CPT-4	Procedure
28054	Arthrotomy with biopsy; interphalangeal joint	CPT-4	Procedure
28070	Synovectomy; intertarsal or tarsometatarsal joint, each	CPT-4	Procedure
28072	Synovectomy; metatarsophalangeal joint, each	CPT-4	Procedure
28086	Synovectomy, tendon sheath, foot; flexor	CPT-4	Procedure
28088	Synovectomy, tendon sheath, foot; extensor	CPT-4	Procedure
28090	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot	CPT-4	Procedure
28092	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); toe(s), each	CPT-4	Procedure
28100	Excision or curettage of bone cyst or benign tumor, talus or calcaneus;	CPT-4	Procedure
28102	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with iliac or other autograft (includes obtaining graft)	CPT-4	Procedure
28103	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with allograft	CPT-4	Procedure
28104	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus;	CPT-4	Procedure
28106	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with iliac or other autograft (includes obtaining graft)	CPT-4	Procedure
28107	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with allograft	CPT-4	Procedure
28108	Excision or curettage of bone cyst or benign tumor, phalanges of foot	CPT-4	Procedure
28126	Resection, partial or complete, phalangeal base, each toe	CPT-4	Procedure
28153	Resection, condyle(s), distal end of phalanx, each toe	CPT-4	Procedure

Gouty Arthritis

274.0	Gouty arthropathy	ICD-9-CM	Diagnosis
274.00	Gouty arthropathy, unspecified	ICD-9-CM	Diagnosis
274.01	Acute gouty arthropathy	ICD-9-CM	Diagnosis

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

Code	Description	Code Type	Code Category
274.02	Chronic gouty arthropathy without mention of tophus (tophi)	ICD-9-CM	Diagnosis
274.03	Chronic gouty arthropathy with tophus (tophi)	ICD-9-CM	Diagnosis
M10.00	Idiopathic gout, unspecified site	ICD-10-CM	Diagnosis
M10.011	Idiopathic gout, right shoulder	ICD-10-CM	Diagnosis
M10.012	Idiopathic gout, left shoulder	ICD-10-CM	Diagnosis
M10.019	Idiopathic gout, unspecified shoulder	ICD-10-CM	Diagnosis
M10.021	Idiopathic gout, right elbow	ICD-10-CM	Diagnosis
M10.022	Idiopathic gout, left elbow	ICD-10-CM	Diagnosis
M10.029	Idiopathic gout, unspecified elbow	ICD-10-CM	Diagnosis
M10.031	Idiopathic gout, right wrist	ICD-10-CM	Diagnosis
M10.032	Idiopathic gout, left wrist	ICD-10-CM	Diagnosis
M10.039	Idiopathic gout, unspecified wrist	ICD-10-CM	Diagnosis
M10.041	Idiopathic gout, right hand	ICD-10-CM	Diagnosis
M10.042	Idiopathic gout, left hand	ICD-10-CM	Diagnosis
M10.049	Idiopathic gout, unspecified hand	ICD-10-CM	Diagnosis
M10.051	Idiopathic gout, right hip	ICD-10-CM	Diagnosis
M10.052	Idiopathic gout, left hip	ICD-10-CM	Diagnosis
M10.059	Idiopathic gout, unspecified hip	ICD-10-CM	Diagnosis
M10.061	Idiopathic gout, right knee	ICD-10-CM	Diagnosis
M10.062	Idiopathic gout, left knee	ICD-10-CM	Diagnosis
M10.069	Idiopathic gout, unspecified knee	ICD-10-CM	Diagnosis
M10.071	Idiopathic gout, right ankle and foot	ICD-10-CM	Diagnosis
M10.072	Idiopathic gout, left ankle and foot	ICD-10-CM	Diagnosis
M10.079	Idiopathic gout, unspecified ankle and foot	ICD-10-CM	Diagnosis
M10.08	Idiopathic gout, vertebrae	ICD-10-CM	Diagnosis
M10.09	Idiopathic gout, multiple sites	ICD-10-CM	Diagnosis
M10.10	Lead-induced gout, unspecified site	ICD-10-CM	Diagnosis
M10.111	Lead-induced gout, right shoulder	ICD-10-CM	Diagnosis
M10.112	Lead-induced gout, left shoulder	ICD-10-CM	Diagnosis
M10.119	Lead-induced gout, unspecified shoulder	ICD-10-CM	Diagnosis
M10.121	Lead-induced gout, right elbow	ICD-10-CM	Diagnosis
M10.122	Lead-induced gout, left elbow	ICD-10-CM	Diagnosis
M10.129	Lead-induced gout, unspecified elbow	ICD-10-CM	Diagnosis
M10.131	Lead-induced gout, right wrist	ICD-10-CM	Diagnosis
M10.132	Lead-induced gout, left wrist	ICD-10-CM	Diagnosis
M10.139	Lead-induced gout, unspecified wrist	ICD-10-CM	Diagnosis
M10.141	Lead-induced gout, right hand	ICD-10-CM	Diagnosis
M10.142	Lead-induced gout, left hand	ICD-10-CM	Diagnosis
M10.149	Lead-induced gout, unspecified hand	ICD-10-CM	Diagnosis
M10.151	Lead-induced gout, right hip	ICD-10-CM	Diagnosis
M10.152	Lead-induced gout, left hip	ICD-10-CM	Diagnosis
M10.159	Lead-induced gout, unspecified hip	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
M10.161	Lead-induced gout, right knee	ICD-10-CM	Diagnosis
M10.162	Lead-induced gout, left knee	ICD-10-CM	Diagnosis
M10.169	Lead-induced gout, unspecified knee	ICD-10-CM	Diagnosis
M10.171	Lead-induced gout, right ankle and foot	ICD-10-CM	Diagnosis
M10.172	Lead-induced gout, left ankle and foot	ICD-10-CM	Diagnosis
M10.179	Lead-induced gout, unspecified ankle and foot	ICD-10-CM	Diagnosis
M10.18	Lead-induced gout, vertebrae	ICD-10-CM	Diagnosis
M10.19	Lead-induced gout, multiple sites	ICD-10-CM	Diagnosis
M10.20	Drug-induced gout, unspecified site	ICD-10-CM	Diagnosis
M10.211	Drug-induced gout, right shoulder	ICD-10-CM	Diagnosis
M10.212	Drug-induced gout, left shoulder	ICD-10-CM	Diagnosis
M10.219	Drug-induced gout, unspecified shoulder	ICD-10-CM	Diagnosis
M10.221	Drug-induced gout, right elbow	ICD-10-CM	Diagnosis
M10.222	Drug-induced gout, left elbow	ICD-10-CM	Diagnosis
M10.229	Drug-induced gout, unspecified elbow	ICD-10-CM	Diagnosis
M10.231	Drug-induced gout, right wrist	ICD-10-CM	Diagnosis
M10.232	Drug-induced gout, left wrist	ICD-10-CM	Diagnosis
M10.239	Drug-induced gout, unspecified wrist	ICD-10-CM	Diagnosis
M10.241	Drug-induced gout, right hand	ICD-10-CM	Diagnosis
M10.242	Drug-induced gout, left hand	ICD-10-CM	Diagnosis
M10.249	Drug-induced gout, unspecified hand	ICD-10-CM	Diagnosis
M10.251	Drug-induced gout, right hip	ICD-10-CM	Diagnosis
M10.252	Drug-induced gout, left hip	ICD-10-CM	Diagnosis
M10.259	Drug-induced gout, unspecified hip	ICD-10-CM	Diagnosis
M10.261	Drug-induced gout, right knee	ICD-10-CM	Diagnosis
M10.262	Drug-induced gout, left knee	ICD-10-CM	Diagnosis
M10.269	Drug-induced gout, unspecified knee	ICD-10-CM	Diagnosis
M10.271	Drug-induced gout, right ankle and foot	ICD-10-CM	Diagnosis
M10.272	Drug-induced gout, left ankle and foot	ICD-10-CM	Diagnosis
M10.279	Drug-induced gout, unspecified ankle and foot	ICD-10-CM	Diagnosis
M10.28	Drug-induced gout, vertebrae	ICD-10-CM	Diagnosis
M10.29	Drug-induced gout, multiple sites	ICD-10-CM	Diagnosis
M1A.00X0	Idiopathic chronic gout, unspecified site, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.00X1	Idiopathic chronic gout, unspecified site, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0110	Idiopathic chronic gout, right shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0111	Idiopathic chronic gout, right shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0120	Idiopathic chronic gout, left shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0121	Idiopathic chronic gout, left shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0190	Idiopathic chronic gout, unspecified shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0191	Idiopathic chronic gout, unspecified shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0210	Idiopathic chronic gout, right elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0211	Idiopathic chronic gout, right elbow, with tophus (tophi)	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
M1A.0220	Idiopathic chronic gout, left elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0221	Idiopathic chronic gout, left elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0290	Idiopathic chronic gout, unspecified elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0291	Idiopathic chronic gout, unspecified elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0310	Idiopathic chronic gout, right wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0311	Idiopathic chronic gout, right wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0320	Idiopathic chronic gout, left wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0321	Idiopathic chronic gout, left wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0390	Idiopathic chronic gout, unspecified wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0391	Idiopathic chronic gout, unspecified wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0410	Idiopathic chronic gout, right hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0411	Idiopathic chronic gout, right hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0420	Idiopathic chronic gout, left hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0421	Idiopathic chronic gout, left hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0490	Idiopathic chronic gout, unspecified hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0491	Idiopathic chronic gout, unspecified hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0510	Idiopathic chronic gout, right hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0511	Idiopathic chronic gout, right hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0520	Idiopathic chronic gout, left hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0521	Idiopathic chronic gout, left hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0590	Idiopathic chronic gout, unspecified hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0591	Idiopathic chronic gout, unspecified hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0610	Idiopathic chronic gout, right knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0611	Idiopathic chronic gout, right knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0620	Idiopathic chronic gout, left knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0621	Idiopathic chronic gout, left knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0690	Idiopathic chronic gout, unspecified knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0691	Idiopathic chronic gout, unspecified knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0710	Idiopathic chronic gout, right ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0711	Idiopathic chronic gout, right ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0720	Idiopathic chronic gout, left ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0721	Idiopathic chronic gout, left ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0790	Idiopathic chronic gout, unspecified ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0791	Idiopathic chronic gout, unspecified ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.08X0	Idiopathic chronic gout, vertebrae, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.08X1	Idiopathic chronic gout, vertebrae, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.09X0	Idiopathic chronic gout, multiple sites, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.09X1	Idiopathic chronic gout, multiple sites, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.20X0	Drug-induced chronic gout, unspecified site, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.20X1	Drug-induced chronic gout, unspecified site, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2110	Drug-induced chronic gout, right shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2111	Drug-induced chronic gout, right shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
M1A.2120	Drug-induced chronic gout, left shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2121	Drug-induced chronic gout, left shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2190	Drug-induced chronic gout, unspecified shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2191	Drug-induced chronic gout, unspecified shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2210	Drug-induced chronic gout, right elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2211	Drug-induced chronic gout, right elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2220	Drug-induced chronic gout, left elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2221	Drug-induced chronic gout, left elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2290	Drug-induced chronic gout, unspecified elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2291	Drug-induced chronic gout, unspecified elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2310	Drug-induced chronic gout, right wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2311	Drug-induced chronic gout, right wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2320	Drug-induced chronic gout, left wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2321	Drug-induced chronic gout, left wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2390	Drug-induced chronic gout, unspecified wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2391	Drug-induced chronic gout, unspecified wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2410	Drug-induced chronic gout, right hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2411	Drug-induced chronic gout, right hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2420	Drug-induced chronic gout, left hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2421	Drug-induced chronic gout, left hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2490	Drug-induced chronic gout, unspecified hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2491	Drug-induced chronic gout, unspecified hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2510	Drug-induced chronic gout, right hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2511	Drug-induced chronic gout, right hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2520	Drug-induced chronic gout, left hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2521	Drug-induced chronic gout, left hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2590	Drug-induced chronic gout, unspecified hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2591	Drug-induced chronic gout, unspecified hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2610	Drug-induced chronic gout, right knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2611	Drug-induced chronic gout, right knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2620	Drug-induced chronic gout, left knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2621	Drug-induced chronic gout, left knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2690	Drug-induced chronic gout, unspecified knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2691	Drug-induced chronic gout, unspecified knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2710	Drug-induced chronic gout, right ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2711	Drug-induced chronic gout, right ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2720	Drug-induced chronic gout, left ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2721	Drug-induced chronic gout, left ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2790	Drug-induced chronic gout, unspecified ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2791	Drug-induced chronic gout, unspecified ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.28X0	Drug-induced chronic gout, vertebrae, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.28X1	Drug-induced chronic gout, vertebrae, with tophus (tophi)	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
M1A.29X0	Drug-induced chronic gout, multiple sites, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.29X1	Drug-induced chronic gout, multiple sites, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.30X0	Chronic gout due to renal impairment, unspecified site, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.30X1	Chronic gout due to renal impairment, unspecified site, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3110	Chronic gout due to renal impairment, right shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3111	Chronic gout due to renal impairment, right shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3120	Chronic gout due to renal impairment, left shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3121	Chronic gout due to renal impairment, left shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3190	Chronic gout due to renal impairment, unspecified shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3191	Chronic gout due to renal impairment, unspecified shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3210	Chronic gout due to renal impairment, right elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3211	Chronic gout due to renal impairment, right elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3220	Chronic gout due to renal impairment, left elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3221	Chronic gout due to renal impairment, left elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3290	Chronic gout due to renal impairment, unspecified elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3291	Chronic gout due to renal impairment, unspecified elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3310	Chronic gout due to renal impairment, right wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3311	Chronic gout due to renal impairment, right wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3320	Chronic gout due to renal impairment, left wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3321	Chronic gout due to renal impairment, left wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3390	Chronic gout due to renal impairment, unspecified wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3391	Chronic gout due to renal impairment, unspecified wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3410	Chronic gout due to renal impairment, right hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3411	Chronic gout due to renal impairment, right hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3420	Chronic gout due to renal impairment, left hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3421	Chronic gout due to renal impairment, left hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3490	Chronic gout due to renal impairment, unspecified hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3491	Chronic gout due to renal impairment, unspecified hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3510	Chronic gout due to renal impairment, right hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3511	Chronic gout due to renal impairment, right hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3520	Chronic gout due to renal impairment, left hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3521	Chronic gout due to renal impairment, left hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3590	Chronic gout due to renal impairment, unspecified hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3591	Chronic gout due to renal impairment, unspecified hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3610	Chronic gout due to renal impairment, right knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3611	Chronic gout due to renal impairment, right knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3620	Chronic gout due to renal impairment, left knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3621	Chronic gout due to renal impairment, left knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3690	Chronic gout due to renal impairment, unspecified knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3691	Chronic gout due to renal impairment, unspecified knee, with tophus (tophi)	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
M1A.3710	Chronic gout due to renal impairment, right ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3711	Chronic gout due to renal impairment, right ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3720	Chronic gout due to renal impairment, left ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3721	Chronic gout due to renal impairment, left ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3790	Chronic gout due to renal impairment, unspecified ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3791	Chronic gout due to renal impairment, unspecified ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.38X0	Chronic gout due to renal impairment, vertebrae, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.38X1	Chronic gout due to renal impairment, vertebrae, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.39X0	Chronic gout due to renal impairment, multiple sites, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.39X1	Chronic gout due to renal impairment, multiple sites, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.40X0	Other secondary chronic gout, unspecified site, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.40X1	Other secondary chronic gout, unspecified site, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4110	Other secondary chronic gout, right shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4111	Other secondary chronic gout, right shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4120	Other secondary chronic gout, left shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4121	Other secondary chronic gout, left shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4190	Other secondary chronic gout, unspecified shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4191	Other secondary chronic gout, unspecified shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4210	Other secondary chronic gout, right elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4211	Other secondary chronic gout, right elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4220	Other secondary chronic gout, left elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4221	Other secondary chronic gout, left elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4290	Other secondary chronic gout, unspecified elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4291	Other secondary chronic gout, unspecified elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4310	Other secondary chronic gout, right wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4311	Other secondary chronic gout, right wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4320	Other secondary chronic gout, left wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4321	Other secondary chronic gout, left wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4390	Other secondary chronic gout, unspecified wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4391	Other secondary chronic gout, unspecified wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4410	Other secondary chronic gout, right hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4411	Other secondary chronic gout, right hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4420	Other secondary chronic gout, left hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4421	Other secondary chronic gout, left hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4490	Other secondary chronic gout, unspecified hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4491	Other secondary chronic gout, unspecified hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4510	Other secondary chronic gout, right hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4511	Other secondary chronic gout, right hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4520	Other secondary chronic gout, left hip, without tophus (tophi)	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
M1A.4521	Other secondary chronic gout, left hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4590	Other secondary chronic gout, unspecified hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4591	Other secondary chronic gout, unspecified hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4610	Other secondary chronic gout, right knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4611	Other secondary chronic gout, right knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4620	Other secondary chronic gout, left knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4621	Other secondary chronic gout, left knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4690	Other secondary chronic gout, unspecified knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4691	Other secondary chronic gout, unspecified knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4710	Other secondary chronic gout, right ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4711	Other secondary chronic gout, right ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4720	Other secondary chronic gout, left ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4721	Other secondary chronic gout, left ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4790	Other secondary chronic gout, unspecified ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4791	Other secondary chronic gout, unspecified ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.48X0	Other secondary chronic gout, vertebrae, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.48X1	Other secondary chronic gout, vertebrae, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.49X0	Other secondary chronic gout, multiple sites, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.49X1	Other secondary chronic gout, multiple sites, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.9XX0	Chronic gout, unspecified, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.9XX1	Chronic gout, unspecified, with tophus (tophi)	ICD-10-CM	Diagnosis
Kidney Stones			
274.11	Uric acid nephrolithiasis	ICD-9-CM	Diagnosis
592	Calculus of kidney and ureter	ICD-9-CM	Diagnosis
592.0	Calculus of kidney	ICD-9-CM	Diagnosis
592.1	Calculus of ureter	ICD-9-CM	Diagnosis
592.9	Unspecified urinary calculus	ICD-9-CM	Diagnosis
594	Calculus of lower urinary tract	ICD-9-CM	Diagnosis
594.0	Calculus in diverticulum of bladder	ICD-9-CM	Diagnosis
594.1	Other calculus in bladder	ICD-9-CM	Diagnosis
594.2	Calculus in urethra	ICD-9-CM	Diagnosis
594.8	Other lower urinary tract calculus	ICD-9-CM	Diagnosis
594.9	Unspecified calculus of lower urinary tract	ICD-9-CM	Diagnosis
N13.2	Hydronephrosis with renal and ureteral calculous obstruction	ICD-10-CM	Diagnosis
N13.9	Obstructive and reflux uropathy, unspecified	ICD-10-CM	Diagnosis
N20.0	Calculus of kidney	ICD-10-CM	Diagnosis
N20.1	Calculus of ureter	ICD-10-CM	Diagnosis
N20.2	Calculus of kidney with calculus of ureter	ICD-10-CM	Diagnosis
N20.9	Urinary calculus, unspecified	ICD-10-CM	Diagnosis
N21.0	Calculus in bladder	ICD-10-CM	Diagnosis
N21.1	Calculus in urethra	ICD-10-CM	Diagnosis
N21.8	Other lower urinary tract calculus	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
N21.9	Calculus of lower urinary tract, unspecified	ICD-10-CM	Diagnosis
N22	Calculus of urinary tract in diseases classified elsewhere	ICD-10-CM	Diagnosis
55.03	Percutaneous nephrostomy without fragmentation	ICD-9-CM	Procedure
98.5	Extracorporeal shockwave lithotripsy (ESWL)	ICD-9-CM	Procedure
98.51	Extracorporeal shockwave lithotripsy (ESWL) of the kidney, ureter and/or bladder	ICD-9-CM	Procedure
0T9040Z	Drainage of Right Kidney with Drainage Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0T9140Z	Drainage of Left Kidney with Drainage Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0TC03ZZ	Extirpation of Matter from Right Kidney, Percutaneous Approach	ICD-10-PCS	Procedure
0TC04ZZ	Extirpation of Matter from Right Kidney, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0TC13ZZ	Extirpation of Matter from Left Kidney, Percutaneous Approach	ICD-10-PCS	Procedure
0TC14ZZ	Extirpation of Matter from Left Kidney, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0TC33ZZ	Extirpation of Matter from Right Kidney Pelvis, Percutaneous Approach	ICD-10-PCS	Procedure
0TC34ZZ	Extirpation of Matter from Right Kidney Pelvis, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0TC43ZZ	Extirpation of Matter from Left Kidney Pelvis, Percutaneous Approach	ICD-10-PCS	Procedure
0TC44ZZ	Extirpation of Matter from Left Kidney Pelvis, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0TF3XZZ	Fragmentation in Right Kidney Pelvis, External Approach	ICD-10-PCS	Procedure
0TF4XZZ	Fragmentation in Left Kidney Pelvis, External Approach	ICD-10-PCS	Procedure
0TF6XZZ	Fragmentation in Right Ureter, External Approach	ICD-10-PCS	Procedure
0TF7XZZ	Fragmentation in Left Ureter, External Approach	ICD-10-PCS	Procedure
0TFBXZZ	Fragmentation in Bladder, External Approach	ICD-10-PCS	Procedure
0TFCXZZ	Fragmentation in Bladder Neck, External Approach	ICD-10-PCS	Procedure
0WFRXZZ	Fragmentation in Genitourinary Tract, External Approach	ICD-10-PCS	Procedure
50060	Nephrolithotomy; removal of calculus	CPT-4	Procedure
50065	Nephrolithotomy; secondary surgical operation for calculus	CPT-4	Procedure
50070	Nephrolithotomy; complicated by congenital kidney abnormality	CPT-4	Procedure
50075	Nephrolithotomy; removal of large staghorn calculus filling renal pelvis and calyces (including anatomic pyelolithotomy)	CPT-4	Procedure
50080	Percutaneous nephrostolithotomy or pyelolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm	CPT-4	Procedure
50081	Percutaneous nephrostolithotomy or pyelolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm	CPT-4	Procedure
50590	Lithotripsy, extracorporeal shock wave	CPT-4	Procedure
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)	CPT-4	Procedure
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	CPT-4	Procedure
S0400	Global fee for extracorporeal shock wave lithotripsy treatment of kidney stone(s)	HCPCS	Procedure

Appendix E. List of Generic and Brand Medical Product Names Used to Define Baseline Characteristics in this Request

Generic Name	Brand Name
Gout Severity Agents	
Corticosteroids	
betamethasone acetate/betamethasone sodium phosphate	Pod-Care 100C
betamethasone acetate/betamethasone sodium phosphate	ReadySharp Betamethasone
betamethasone acetate/betamethasone sodium phosphate	Beta-1
dexamethasone sodium phosphate	ReadySharp dexamethasone
dexamethasone sodium phosphate/PF	Active Injection Kit D (PF)
dexamethasone sodium phosphate/PF	MAS Care-Pak (PF)
dexamethasone sodium phosphate/PF	DoubleDex (PF)
methylprednisolone acetate	P-Care D40
methylprednisolone acetate	P-Care D80
methylprednisolone acetate	ReadySharp Methylprednisolone
methylprednisolone acetate/bupivacaine HCl	Physicians EZ Use M-Pred
triamcinolone acetonide	P-Care K40
triamcinolone acetonide	P-Care K80
triamcinolone acetonide	Pod-Care 100K
triamcinolone acetonide	ReadySharp Triamcinolone
triamcinolone acetonide	Arze-Ject-A
triamcinolone acetonide	Pro-C-Dure 5
triamcinolone acetonide	Pro-C-Dure 6
triamcinolone acetonide/lidocaine HCl	EZ Use Joint-Tunnel-Trigger
hydrocortisone sod succinate	Solu-Cortef
hydrocortisone sod succinate	A-Hydrocort
hydrocortisone sodium succinate/PF	Solu-Cortef (PF)
methylprednisolone sodium succinate	Solu-Medrol
methylprednisolone sodium succinate	A-Methapred
methylprednisolone sodium succinate	methylprednisolone sodium succ
methylprednisolone sodium succinate/PF	Solu-Medrol (PF)
betamethasone sodium phosph in sterile water for injection	betamethasone sod phosph-water
dexamethasone sodium phosphate	dexamethasone sodium phosphate
dexamethasone sodium phosphate/lidocaine HCl	Lidocidex-I
dexamethasone sodium phosphate/PF	dexamethasone sodium phos (PF)
betamethasone acetate and sodium phos in sterile water/PF	betameth ac,sod phos(PF)-water
betamethasone acetate/betamethasone sodium phosphate	Celestone Soluspan
betamethasone acetate/betamethasone sodium phosphate	betamethasone acet,sod phos
betamethasone acetate/betamethasone sodium phosphate/water	betamethasone ace,sod phos-wtr
dexamethasone acetate and sodium phosphate in sterile water	dexamethasone ac, sod ph-water
dexamethasone acetate in sodium chloride, iso-osmotic	dexamethasone ace-NaCl,iso-osm
methylprednisolone acetate	Depo-Medrol
methylprednisolone acetate	methylprednisolone acetate
methylprednisolone acetate in sodium chloride,iso-osmotic/PF	methylpred ac(PF)-NaCl,iso-osm
methylprednisolone acetate in sterile water for injection	methylprednisolone acet-water
methylprednisolone acetate/bupivacaine HCl in sterile water	methylprednisol ac-bupivac-wat
triamcinolone acetonide	Kenalog
triamcinolone acetonide	triamcinolone acetonide
triamcinolone acetonide in 0.9 % sodium chloride	triamcinolone aceton-0.9% NaCl
triamcinolone acetonide/0.9% sodium chloride/PF	triamcinol ac (PF) in 0.9%NaCl

Appendix E. List of Generic and Brand Medical Product Names Used to Define Baseline Characteristics in this Request

Generic Name	Brand Name
triamcinolone acetonide/bupivacaine/in 0.9% sodium chloride	triamcinol ace-bupiv-0.9% NaCl
triamcinolone acetonide/lidocaine HCl	Lidocilone I
triamcinolone diacetate in 0.9 % sodium chloride	triamcinolone diacet-0.9% NaCl
triamcinolone diacetate in 0.9 % sodium chloride/PF	triamcinolone dia(PF)-0.9%NaCl
triamcinolone hexacetonide	Aristospan Intralesional
triamcinolone hexacetonide	Aristospan Intra-Articular
triamcinolone acetonide	Zilretta
dexamethasone sodium phosphate in 0.9 % sodium chloride	dexamethasone in 0.9 % sod chl
dexamethasone sodium phosphate	Dexonto
betamethasone acetate and sodium phosph/norflurane/HFC 245fa	Pod-Care 100CG
betamethasone acetate and sodium phosph/norflurane/HFC 245fa	Betaloan SUIK
dexamethasone/PF/norflurane/pentafluoropropane (HFC 245fa)	DMT SUIK
methylprednisolone acetate/norflurane/HFC 245fa	P-Care D40G
methylprednisolone acetate/norflurane/HFC 245fa	P-Care D80G
methylprednisolone acetate/norflurane/HFC 245fa	Medroloan SUIK
methylprednisolone acetate/norflurane/HFC 245fa	Medroloan II SUIK
triamcinolone/norflurane and pentafluoropropane (HFC 245fa)	P-Care K40G
triamcinolone/norflurane and pentafluoropropane (HFC 245fa)	P-Care K80G
triamcinolone/norflurane and pentafluoropropane (HFC 245fa)	Pod-Care 100KG
triamcinolone/norflurane and pentafluoropropane (HFC 245fa)	Triloan SUIK
triamcinolone/norflurane and pentafluoropropane (HFC 245fa)	Triloan II SUIK
triamcinolone acetonide/lidocaine/prilocaine	DermacinRx Cinlone-I CPI
prednisone	Prednisone Intensol
dexamethasone	Dexamethasone Intensol
dexamethasone	dexamethasone
dexamethasone	Decadron
dexamethasone	Baycadron
betamethasone	Celestone
prednisolone	prednisolone
prednisolone	Prelone
prednisolone sod phosphate	prednisolone sodium phosphate
prednisolone sod phosphate	Millipred
prednisolone sod phosphate	Orapred
prednisolone sod phosphate	Veripred 20
prednisolone sod phosphate	Pediapred
Prednisolone Sodium Phosphate/Peak Flow Meter	Asmalpred Plus
Prednisolone Sodium Phosphate/Peak Flow Meter	Asmalpred
prednisone	prednisone
deflazacort	Emflaza
prednisolone acetate	Flo-Pred
cortisone acetate	cortisone
fludrocortisone acetate	fludrocortisone
hydrocortisone	Cortef
hydrocortisone	hydrocortisone
methylprednisolone	Medrol
methylprednisolone	methylprednisolone

Appendix E. List of Generic and Brand Medical Product Names Used to Define Baseline Characteristics in this Request

Generic Name	Brand Name
prednisolone	Millipred
prednisone	Deltasone
prednisone	Rayos
prednisolone sod phosphate	Orapred ODT
dexamethasone	DexPak 10 day
dexamethasone	DexPak 13 Day
dexamethasone	DexPak 6 Day
dexamethasone	TaperDex
dexamethasone	ZoDex
dexamethasone	Zema-Pak
dexamethasone	ZonaCort
dexamethasone	LoCort
methylprednisolone	Medrol (Pak)
methylprednisolone	Meprolone Unipak
prednisolone	Millipred DP
prednisone	Sterapred
prednisone	Sterapred DS
Colchicine	
colchicine	colchicine
colchicine	Mitigare
colchicine	Colcrys
probenecid/colchicine	probenecid-colchicine
Prescription Nonsteroidal Anti-Inflammatory Drugs	
celecoxib	Celebrex
celecoxib	celecoxib
diclofenac potassium	Zipsor
diclofenac submicronized	Zorvolex
etodolac	Lodine
etodolac	etodolac
fenoprofen calcium	Nalfon
fenoprofen calcium	Fenortho
fenoprofen calcium	fenoprofen
indomethacin	indomethacin
indomethacin, submicronized	Tivorbex
ketoprofen	ketoprofen
meclofenamate sodium	meclofenamate
mefenamic acid	Ponstel
mefenamic acid	mefenamic acid
meloxicam, submicronized	Vivlodex
piroxicam	Feldene
piroxicam	piroxicam
tolmetin sodium	tolmetin
indomethacin	Indocin SR
Ibuprofen/Caffeine/Vitamins B1, B2, B6, & B12	IC400
Ibuprofen/Caffeine/Vitamins B1, B2, B6, & B12	IC800
ibuprofen/dietary supplement,misc. cb.11	Theraprogen-60
ibuprofen/dietary supplement,misc. cb.11	Theraprogen-90

Appendix E. List of Generic and Brand Medical Product Names Used to Define Baseline Characteristics in this Request

Generic Name	Brand Name
naproxen/dietary supplement,misc. cb.11	Theraproxen
naproxen/dietary supplement,misc. cb.11	Theraproxen-90
piroxicam/dietary supplement,misc. cb.11	Therafeldamine
diclofenac potassium	Cambia
ibuprofen	ibuprofen
ibuprofen	Children's Advil
ibuprofen	Motrin
indomethacin	Indocin
meloxicam	meloxicam
meloxicam	Mobic
naproxen	Naprosyn
naproxen	naproxen
diclofenac potassium	Cataflam
diclofenac potassium	diclofenac potassium
fenoprofen calcium	ProFeno
flurbiprofen	flurbiprofen
flurbiprofen	Ansaid
hydrocodone/ibuprofen	hydrocodone-ibuprofen
hydrocodone/ibuprofen	Reprexain
hydrocodone/ibuprofen	Ibudone
hydrocodone/ibuprofen	Xylon 10
hydrocodone/ibuprofen	Vicoprofen
ibuprofen	IBU
ibuprofen/famotidine	Duexis
ibuprofen/oxycodone HCl	ibuprofen-oxycodone
ibuprofen/oxycodone HCl	Combunox
ketorolac tromethamine	ketorolac
ketorolac tromethamine	Toradol
nabumetone	nabumetone
nabumetone	Relafen
naproxen sodium	Anaprox
naproxen sodium	naproxen sodium
naproxen sodium	Anaprox DS
oxaprozin	Daypro
oxaprozin	oxaprozin
sulindac	sulindac
sulindac	Clinoril
sumatriptan succinate/naproxen sodium	Treximet
sumatriptan succinate/naproxen sodium	sumatriptan-naproxen
diclofenac sodium	Voltaren-XR
diclofenac sodium	diclofenac sodium
naproxen sodium	Naprelan CR
diclofenac sodium	Voltaren
naproxen	EC-Naprosyn
naproxen sodium	Naprelan CR Dose Card
diclofenac sodium/misoprostol	Arthrotec 50

Appendix E. List of Generic and Brand Medical Product Names Used to Define Baseline Characteristics in this Request

Generic Name	Brand Name
diclofenac sodium/misoprostol	diclofenac-misoprostol
diclofenac sodium/misoprostol	Arthrotec 75
naproxen/esomeprazole magnesium	Vimovo

Appendix F. Specifications Defining Parameters Used in this Request

This request utilized the Cohort Identification and Descriptive Analysis (CIDA) module, version 7.3.3 to examine urate lowering therapy use among the gout population in the Sentinel Distributed Database (SDD), with a focus on dosages of febuxostat and allopurinol. These specifications are specifically for the prevalent new-user cohorts.

Query period: January 1, 2009 to March 31, 2018
Coverage requirement: Medical & Drug Coverage
Age groups: 21-44 45-64 65+ years
Pre-index enrollment requirement: 183
Post-index enrollment requirement: 0
Enrollment gap: 45
Race groups: None
Stratifications: Age group, Sex, Calendar year
Envelope macro: Default

Exposure

Scenario	Index Exposure/ Event	Cohort definition	Washout period	Incident with respect to:	Treatment episode gap	Exposure episode extension	Minimum exposure episode duration	Minimum days supplied	Maximum exposure episode duration	Care setting / Diagnosis position	Censor enrollment at evidence of
1	Febuxostat (80 mg)	First valid index date during query period	183	Febuxostat	30 days	30 days	1	1	N/A	N/A	Death; Data Partner End Date
2	Febuxostat (40 mg)	First valid index date during query period	183	Febuxostat	30 days	30 days	1	1	N/A	N/A	Death; Data Partner End Date
3	Allopurinol (300 mg)	First valid index date during query period	183	Allopurinol	30 days	30 days	1	1	N/A	N/A	Death; Data Partner End Date
4	Allopurinol (100 mg)	First valid index date during query period	183	Allopurinol	30 days	30 days	1	1	N/A	N/A	Death; Data Partner End Date
5	Febuxostat	First valid index date during query period	183	Febuxostat	30 days	30 days	1	1	N/A	N/A	Death; Data Partner End Date

Appendix F. Specifications Defining Parameters Used in this Request

Scenario	Index Exposure/ Event	Cohort definition	Washout period	Incident with respect to:	Treatment episode gap	Exposure					Care setting / Diagnosis position	Censor enrollment at evidence of
						Exposure episode extension	Minimum exposure episode duration	Minimum days supplied	Maximum exposure episode duration			
6	Allopurinol	First valid index date during query period	183	Allopurinol	30 days	30 days	1	1	N/A	N/A	Death; Data Partner End Date	
7	Febuxostat (80 mg)	All valid index dates until first event	183	Febuxostat	30 days	30 days	1	1	N/A	N/A	Death; Data Partner End Date	
8	Febuxostat (80 mg)	All valid index dates until first event	183	Febuxostat	30 days	30 days	1	1	N/A	N/A	Death; Data Partner End Date	
9	Febuxostat (40 mg)	All valid index dates until first event	183	Febuxostat	30 days	30 days	1	1	N/A	N/A	Death; Data Partner End Date	
10	Febuxostat (40 mg)	All valid index dates until first event	183	Febuxostat	30 days	30 days	1	1	N/A	N/A	Death; Data Partner End Date	
11	Allopurinol (300 mg)	All valid index dates until first event	183	Allopurinol	30 days	30 days	1	1	N/A	N/A	Death; Data Partner End Date	
12	Allopurinol (300 mg)	All valid index dates until first event	183	Allopurinol	30 days	30 days	1	1	N/A	N/A	Death; Data Partner End Date	

Appendix F. Specifications Defining Parameters Used in this Request

Exposure											
Scenario	Index Exposure/ Event	Cohort definition	Washout period	Incident with respect to:	Treatment episode gap	Exposure episode extension	Minimum exposure episode duration	Minimum days supplied	Maximum exposure episode duration	Care setting / Diagnosis position	Censor enrollment at evidence of
13	Allopurinol (100 mg)	All valid index dates until first event	183	Allopurinol	30 days	30 days	1	1	N/A	N/A	Death; Data Partner End Date
14	Allopurinol (100 mg)	All valid index dates until first event	183	Allopurinol	30 days	30 days	1	1	N/A	N/A	Death; Data Partner End Date
15	Febuxostat	All valid index dates until first event	183	Febuxostat	30 days	30 days	1	1	N/A	N/A	Death; Data Partner End Date
16	Allopurinol	All valid index dates until first event	183	Allopurinol	30 days	30 days	1	1	N/A	N/A	Death; Data Partner End Date

¹Caresetting/Principal Diagnosis

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

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.

Principal Diagnosis - 'IPP' = inpatient principal diagnosis, 'IPS' = inpatient secondary diagnosis.

International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes are provided by Optum360.

NDC codes are checked against First Data Bank's "National Drug Data File (NDDF®) Plus."

Appendix F. Specifications Defining Parameters Used in this Request (cont.)

This request utilized the Cohort Identification and Descriptive Analysis (CIDA) module, version 7.3.3 to examine urate lowering therapy use among the gout population in the Sentinel Distributed Database (SDD), with a focus on dosages of febuxostat and allopurinol. These specifications are specifically for the prevalent new-user cohorts.

Query period: January 1, 2009 to March 31, 2018
Coverage requirement: Medical & Drug Coverage
Age groups: 21-44 45-64 65+ years
Pre-index enrollment requirement: 183
Post-index enrollment requirement: 0
Enrollment gap: 45
Race groups: None
Stratifications: Age group, Sex, Calendar year
Envelope macro: Default

Scenario	Inclusion/Exclusion Criteria						Event Outcome					Characteristics	Utilization		
	Inclusion/ Exclusion	Criteria	Care setting / Diagnosis position	Evaluation period (start, end)	If prescription, dispensing date only? (Code Supply=1)	Number of instances the criteria should be found in evaluation period	Event	Event washout period	Event de- duplication	Blackout period	If prescription, dispensing date only? (Code Supply = 1)	If prescription, only use dispensing date in washout, post- stockpiling? (Exclude Supply = Y)	Characteristic	Medical Utilization Evaluation Window	Medical Utilization Care setting ¹
1	Gout AND Allopurinol	Inclusion	Any	(-183, 0) (-183, -1)	Yes	1	N/A	N/A	N/A	N/A	N/A	See Appendix G	(-183, 0)	IP, IS, AV, OA, ED	(-183, 0)
	AND Allopurinol	Exclusion	Any	(0, 0)	Yes	1									
2	Gout AND Allopurinol	Inclusion	Any	(-183, 0) (-183, -1)	Yes	1	N/A	N/A	N/A	N/A	N/A	See Appendix G	(-183, 0)	IP, IS, AV, OA, ED	(-183, 0)
	AND Allopurinol	Exclusion	Any	(0, 0)	Yes	1									
3	Gout AND Febuxostat	Inclusion	Any	(-183, 0) (-183, -1)	Yes	1	N/A	N/A	N/A	N/A	N/A	See Appendix G	(-183, 0)	IP, IS, AV, OA, ED	(-183, 0)
	AND Febuxostat	Exclusion	Any	(0, 0)	Yes	1									

Appendix F. Specifications Defining Parameters Used in this Request (cont.)

Scenario	Inclusion/Exclusion Criteria						Event Outcome					Characteristics	Utilization			
	Inclusion/Exclusion	Criteria	Care setting / Diagnosis position	Evaluation period (start, end)	If prescription, dispensing date only? (Code Supply=1)	Number of instances the criteria should be found in evaluation period	Event	Event washout period	Event de-duplication	Blackout period	If prescription, dispensing date only? (Code Supply = 1)	If prescription, only use dispensing date in washout, post-stockpiling? (Exclude Supply = Y)	Characteristic	Medical Utilization Evaluation Window	Medical Utilization Care setting ¹	Drug Utilization Evaluation Window
4	Gout AND Febuxostat	Inclusion	Any	(-183, 0) (-183, -1)	Yes	1	N/A	N/A	N/A	N/A	N/A	N/A	See Appendix G	(-183, 0)	IP, IS, AV, OA, ED	(-183, 0)
	AND Febuxostat	Exclusion	Any	(0, 0)	Yes	1										
5	Gout AND Allopurinol	Inclusion	Any	(-183, 0) (-183, -1)	Yes	1	N/A	N/A	N/A	N/A	N/A	N/A	See Appendix G	(-183, 0)	IP, IS, AV, OA, ED	(-183, 0)
	AND Allopurinol	Exclusion	Any	(0, 0)	Yes	1										
6	Gout AND Febuxostat	Inclusion	Any	(-183, 0) (-183, -1)	Yes	1	N/A	N/A	N/A	N/A	N/A	N/A	See Appendix G	(-183, 0)	IP, IS, AV, OA, ED	(-183, 0)
	AND Febuxostat	Exclusion	Any	(0, 0)	Yes	1										
7	Gout AND Allopurinol	Inclusion	Any	(-183, 0) (-183, -1)	Yes	1	Allopurinol 100mg	0	De-duplicates occurrences of the same event group on the same day	0	Yes	No	See Appendix G	(-183, 0)	IP, IS, AV, OA, ED	(-183, 0)
	AND Allopurinol	Exclusion	Any	(0, 0)	Yes	1										
8	Gout AND Allopurinol	Inclusion	Any	(-183, 0) (-183, -1)	Yes	1	Allopurinol 300mg	0	De-duplicates occurrences of the same event group on the same day	0	Yes	No	See Appendix G	(-183, 0)	IP, IS, AV, OA, ED	(-183, 0)
	AND Allopurinol	Exclusion	Any	(0, 0)	Yes	1										

Appendix F. Specifications Defining Parameters Used in this Request (cont.)

Scenario	Inclusion/Exclusion Criteria						Event Outcome					Characteristics	Utilization			
	Inclusion/Exclusion	Criteria	Care setting / Diagnosis position	Evaluation period (start, end)	If dispensing date only? (Code Supply=1)	Number of instances the criteria should be found in evaluation period	Event	Event washout period	Event de-duplication	Blackout period	If dispensing date only? (Code Supply = 1)	If prescription, only use dispensing date in washout, post-stockpiling? (Exclude Supply = Y)	Characteristic	Medical Utilization Evaluation Window	Medical Utilization Care setting ¹	Drug Utilization Evaluation Window
9	Gout AND Allopurinol	Inclusion	Any	(-183, 0) (-183, -1)	Yes	1	Allopurinol 100mg	0	De-duplicates occurrences of the same event group on the same day	0	Yes	No	See Appendix G	(-183, 0)	IP, IS, AV, OA, ED	(-183, 0)
	AND Allopurinol	Exclusion	Any	(0, 0)	Yes	1										
10	Gout AND Allopurinol	Inclusion	Any	(-183, 0) (-183, -1)	Yes	1	Allopurinol 300mg	0	De-duplicates occurrences of the same event group on the same day	0	Yes	No	See Appendix G	(-183, 0)	IP, IS, AV, OA, ED	(-183, 0)
	AND Allopurinol	Exclusion	Any	(0, 0)	Yes	1										
11	Gout AND Febuxostat	Inclusion	Any	(-183, 0) (-183, -1)	Yes	1	Febuxostat 80mg	0	De-duplicates occurrences of the same event group on the same day	0	Yes	No	See Appendix G	(-183, 0)	IP, IS, AV, OA, ED	(-183, 0)
	AND Febuxostat	Exclusion	Any	(0, 0)	Yes	1										
12	Gout AND Febuxostat	Inclusion	Any	(-183, 0) (-183, -1)	Yes	1	Febuxostat 40mg	0	De-duplicates occurrences of the same event group on the same day	0	Yes	No	See Appendix G	(-183, 0)	IP, IS, AV, OA, ED	(-183, 0)
	AND Febuxostat	Exclusion	Any	(0, 0)	Yes	1										

Appendix F. Specifications Defining Parameters Used in this Request (cont.)

Scenario	Inclusion/Exclusion Criteria						Event Outcome				Characteristics	Utilization				
	Inclusion/Exclusion	Criteria	Care setting / Diagnosis position	Evaluation period (start, end)	If dispensing date only? (Code Supply=1)	Number of instances the criteria should be found in evaluation period	Event	Event washout period	Event de-duplication	Blackout period	If dispensing date only? (Code Supply = 1)	If prescription, only use dispensing date in washout, post-stockpiling? (Exclude Supply = Y)	Characteristics	Medical Utilization Evaluation Window	Medical Utilization Care setting ¹	Drug Utilization Evaluation Window
13	Gout AND Febuxostat	Inclusion	Any	(-183, 0) (-183, -1)	Yes	1	Febuxostat 80mg	0	De-duplicates occurrences of the same event group on the same day	0	Yes	No	See Appendix G	(-183, 0)	IP, IS, AV, OA, ED	(-183, 0)
	AND Febuxostat	Exclusion	Any	(0, 0)	Yes	1										
14	Gout AND Febuxostat	Inclusion	Any	(-183, 0) (-183, -1)	Yes	1	Febuxostat 40mg	0	De-duplicates occurrences of the same event group on the same day	0	Yes	No	See Appendix G	(-183, 0)	IP, IS, AV, OA, ED	(-183, 0)
	AND Febuxostat	Exclusion	Any	(0, 0)	Yes	1										
15	Gout AND Allopurinol	Inclusion	Any	(-183, 0) (-183, -1)	Yes	1	Allopurinol	0	De-duplicates occurrences of the same event group on the same day	0	Yes	No	See Appendix G	(-183, 0)	IP, IS, AV, OA, ED	(-183, 0)
	AND Allopurinol	Exclusion	Any	(0, 0)	Yes	1										
16	Gout AND Febuxostat	Inclusion	Any	(-183, 0) (-183, -1)	Yes	1	Febuxostat	0	De-duplicates occurrences of the same event group on the same day	0	Yes	No	See Appendix G	(-183, 0)	IP, IS, AV, OA, ED	(-183, 0)
	AND Febuxostat	Exclusion	Any	(0, 0)	Yes	1										

¹Caresetting/Principal Diagnosis

- 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.
- Principal Diagnosis** - 'IPP' = inpatient principal diagnosis, 'IPS' = inpatient secondary diagnosis.

International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes are provided by Optum360.

NDC codes are checked against First Data Bank's "National Drug Data File (NDDF®) Plus."

Appendix G. Specifications Defining Baseline Characteristics Examined in this Request

Group	Characteristic	Evaluation period start	Evaluation period end	Care setting / Principal diagnosis position	Number of instances the characteristic should be found in evaluation period
Demographics	Mean age (continuous)	N/A	N/A	N/A	N/A
Demographics	Age group (21-45, 46-65, 66+)	N/A	N/A	N/A	N/A
Demographics	Sex (male, female, other)	N/A	N/A	N/A	N/A
Demographics	Calendar year	N/A	N/A	N/A	N/A
Diabetes	Diabetes	-183	0	Inpatient Care Setting with Any Diagnosis Position (IP*)	1
CVD	Myocardial infarction	-183	0	IP*	1
CVD	Hospitalization for unstable angina	-183	0	IP*	1
CVD	Stroke (hemorrhagic and ischemic)	-183	0	IP*	1
CVD	Hospitalization for transient ischemic attack	-183	0	IP*	1
CVD	Peripheral vascular disease	-183	0	IP*	1
CVD	Diabetes mellitus with evidence of microvascular disease or macrovascular disease (retinopathy, neuropathy, nephropathy, and small vessel vascular diseases), defined as EITHER of the following: - codes explicitly identifying diabetes with presence of micro- or macrovascular disease within (-183, 0) baseline window OR - evidence of any diabetes code AND micro- or macrovascular codes, both within (-183, 0) window, not necessarily on same day. Micro- or macrovascular codes are defined as presence of any of the following: -- coronary macrovascular disease (myocardial infarction, unstable angina, other) -- cerebrovascular disease (stroke, transient ischemic attack, other) -- retinal microvascular disease -- renovascular disease -- lower limb microvascular disease	-183	0	IP*	1
Chronic kidney disease	Chronic kidney disease	-183	0	IP*	1
Gout severity	Tophi	Beginning of enrollment	0	Any	1
Gout severity	Gouty arthritis	Beginning of enrollment	0	Any	1
Gout severity	Kidney stones	Beginning of enrollment	0	Any	1
Gout severity	>= 2 gout attacks - Gout flare indicated by use of colchicine, NSAIDs or corticosteroids on different days	Beginning of enrollment	0	N/A	2
Gout severity	Tophi AND gouty arthritis	Beginning of enrollment	0	Any	1

Appendix G. Specifications Defining Baseline Characteristics Examined in this Request

Group	Characteristic	Evaluation period start	Evaluation period end	Care setting / Principal diagnosis position	Number of instances the characteristic should be found in evaluation period
Gout severity	Tophi AND kidney stones	Beginning of enrollment	0	Any	1
Gout severity	Gouty arthritis AND kidney stones	Beginning of enrollment	0	Any	1
Gout severity	Tophi AND gouty arthritis AND kidney stones	Beginning of enrollment	0	Any	1
Comorbidity	Combined Comorbidity Score	-183	0	N/A	N/A
Utilization	Mean number of inpatient hospital stays	-183	0	N/A	N/A
Utilization	Mean number of emergency department visits	-183	0	N/A	N/A
Utilization	Mean number of ambulatory visits	-183	0	N/A	N/A
Utilization	Mean number of filled prescriptions	-183	0	N/A	N/A
Utilization	Mean number of generics	-183	0	N/A	N/A
Utilization	Mean number of drug classes	-183	0	N/A	N/A