



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. 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_mpl2r_wp008

Request ID: cder_mpl2r_wp008_nsdv_v03

Request Description: The goal of this request was to assess the risk of acute myocardial infarction (AMI) and hospitalized heart failure (hHF) following saxagliptin or sitagliptin use in comparison to one another, to long-acting insulins, to pioglitazone, and to second-generation sulfonylureas in the Sentinel Distributed Database (SDD).

The request had two components: the “replication” analysis aimed to recreate the final analysis from a protocol-based assessment (PBA) of these diabetes drug exposures and health outcomes, while the “updated” analysis featured the same drug comparisons and outcomes but was run on the latest available data and accounted for present-day drugs and analysis tool capabilities.^{1,2,3}

Following is a list of reports for the “replication” analysis. The report contained in this file is bolded.

Report 1 investigates AMI incidence among new users of saxagliptin and comparator drugs under "replication" analytic conditions.

Report 2 investigates AMI incidence among new users of sitagliptin and comparator drugs under "replication" analytic conditions.

Report 3 investigates hHF incidence among new users of saxagliptin and comparator drugs under "replication" analytic conditions.

Report 4 investigates hHF incidence among new users of sitagliptin and comparator drugs under "replication" analytic conditions.

Sentinel Routine Querying Module: Cohort Identification and Descriptive Analysis (CIDA) module, with Propensity Score Analysis, version 7.3.4

Data Source: We used data from October 1, 2006 to July 31, 2014 from 13 Data Partners contributing to the SDD. We distributed this request on September 10, 2019. See Appendix A for a list of dates of available data for each Data Partner.

Study Design: This query used a retrospective new-user cohort design. We reported effect estimates for overall populations and for subgroups defined by prior diagnosis of cardiovascular disease (CVD) status, sex, and age group.

Exposures of Interest: The four exposures of interest for this report were paired below into three comparisons. We defined each exposure using National Drug Codes (NDCs). Please see Appendix B for generic names of medical products used to define exposures in this request.

Comparison 1: Sitagliptin vs. pioglitazone

Comparison 2: Sitagliptin vs. long-acting insulins

Comparison 3: Sitagliptin vs. second-generation sulfonylureas

Cohort Eligibility Criteria: We included individuals in our analysis if they were continuously enrolled in health plans with medical and drug coverage for at least 365 days prior to their first qualifying (index) dispensing date, during which gaps in coverage of up to 45 days were allowed. We excluded members who had claims (NDCs) indicating use of either sitagliptin or the comparator drug in the 365 days prior to their index date. Generic names of medical products for incidence criteria are shown in Appendix B. We restricted our analysis to patients classified as male or female sex (excluding “other” and “missing”) who were at least 18 years of age at index. We reported outcomes according to the following age categories: 18-29, 30-44, 45-54, 55-64, 65-74, 75-84, and 85 years or greater. This analysis captured only the first valid index date during the query period.

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Inclusion and Exclusion Criteria: For all comparisons, we included patients with either a diabetes diagnosis or a non-short-acting insulin diabetes medication dispensing in the 365 days prior to the index dispensing date. We excluded patients with gestational diabetes, defined as a female patient with a diagnosis signaling pregnancy (such as delivery, miscarriage, or ongoing pregnancy) on the index date or in the 365 days prior to index date (in addition to the aforementioned diabetes diagnosis inclusion criterion). For the pioglitazone comparison only, we additionally excluded individuals with evidence of congestive heart failure in the 365 days prior to index. For the long-acting insulin comparison only, we additionally excluded patients with no diabetes medication other than short-acting insulin in the 365 days prior to index. We defined all inclusion and exclusion criteria using International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) diagnosis codes and National Drug Codes (NDCs). Please see Appendix C for a list of diagnosis codes and Appendix D for generic names of medical products used to define inclusions and exclusions in this request.

Stockpiling Algorithm: For same-day dispensings of the same stockpiling group, we set the number of days supplied to equal the sum of days supplied over these dispensings. We handled the amount supplied value for same-day dispensings in the same way. In situations where a dispensing occurred during the supply period for the previous dispensing, we pushed forward the date of this dispensing as if there were no overlap between consecutive dispensing's days supplied. Finally, we only allowed a dispensing to contribute a maximum of 120 days to an episode.

Follow-Up Time: Follow-up time began on the date of first dispensing and continued for the duration of the exposure episode. We defined exposure episode length using outpatient pharmacy dispensings' days supplied values to create a sequence of continuous exposure. We considered exposure episodes to be continuous across dispensings if gaps in days supplied were less than 33% of the previous dispensing length. Follow-up continued until the last day supplied plus a 12-day extension period, or until the first occurrence of any of the following: 1) disenrollment; 2) death; 3) the end of the query period; 4) the outcome of interest; or 5) use of the comparison drug.

Outcome of Interest: The outcome of interest for this was AMI. We defined the outcome as a primary diagnosis in an inpatient (IP) encounter using ICD-9-CM discharge diagnosis codes. We excluded patients from the analysis if they had a primary diagnosis of AMI in an IP encounter in the 60 days prior to their index date. See Appendix E for a list of ICD-9-CM diagnosis codes used to define AMI in this request.

Patient Characteristics: We generated covariates for three purposes: 1) to describe the characteristics of our analytic cohorts; 2) to include in our propensity score (PS) model; and 3) to define subgroups for stratified analyses by presence of prior CVD conditions. We defined the baseline period for descriptive variables as the 365 days prior to the exposure of interest, not including the index date, except in describing prior AMI, prior hHF, and prior encounters (see details below). We also reported concurrent use of drugs, defined as evidence of use on index date.

Overview for Request cder_mpl2r_wp008

Descriptive and propensity score, baseline only

We assessed the following covariates during only the baseline period and included them in our PS models: age, sex, year of treatment initiation, Combined Comorbidity Index⁴, prior AMI in the past 61-365 days (narrow definition), other ischemic heart disease, congestive heart failure, other heart disease, stroke (broad definition), stroke (narrow definition), peripheral arterial disease, coronary revascularization procedures (defined as coronary artery bypass graft or percutaneous coronary intervention), carotid revascularization procedures (defined as carotid bypass or carotid endarterectomy, stenting, angioplasty or atherectomy), lower extremity revascularization (defined as lower extremity bypass, lower extremity amputation, lower extremity endarterectomy, stenting, angioplasty or atherectomy), asthma, cancer (excluding non-melanoma skin cancer), chronic kidney disease (excluding end-stage renal disease), chronic obstructive pulmonary disease, dementia, depression, end-stage renal disease, fracture, human immunodeficiency virus or acquired immunodeficiency syndrome, hyperlipidemia or lipid disorder, hypertension, hypoglycemia, obesity (or weight gain), osteoporosis, peripheral neuropathy, tobacco use, non-acute institutional stay (IS encounter) in prior year, any hospitalization (IP encounter) within prior 30 days, any hospitalization within past 31-365 days, any emergency department (ED encounter) visit within prior 30 days, any emergency department visit within prior 31-365 days, number of outpatient visits (AV encounter) in prior year, and number of unique medications dispensed in prior year.

Descriptive and propensity score, baseline and concurrent use

We assessed the following drug use covariates during the baseline period and, separately, on index date only. We included both baseline and index values of these variables in our PS models: alpha-glucosidase inhibitors, biguanides, other dipeptidyl peptidase-4 (DPP-4) inhibitors, meglitinides, saxagliptin, sitagliptin, pioglitazone, first-generation sulfonylureas, second-generation sulfonylureas, long-acting insulin, short-acting insulin, other thiazolidinediones, other anti-diabetics (defined as glucagon-like peptide-1 (GLP-1) analogues, amylin analog-types or canagliflozin), angiotensin-converting enzyme (ACE) inhibitors, alpha blockers, angiotensin receptor blockers (ARB), beta blockers, calcium channel blockers, direct vasodilators, loop diuretics, aldosterone receptor agonists (ARAs), non-ARA potassium sparing diuretics, thiazide diuretics, renin inhibitors, central alpha-2 receptor agonists, reserpine and derivatives, and lipid-lowering agents. We included in each PS model all exposure drugs of interest other than the treatment and comparator under assessment. For example, the PS model for the saxagliptin versus long-acting insulin comparison included sitagliptin, pioglitazone, and second-generation sulfonylureas, but not long-acting insulins. Saxagliptin is an exception to this, and its handling is detailed below.

Additionally, we grouped a selection of antidiabetic agents into two aggregate “other anti-diabetics” variables based on the previous PBA, one describing use during the baseline period and one describing use on index day. We included both variables in our PS model. These aggregate variables included: alpha-glucosidase inhibitors, other DPP-4 inhibitors, meglitinides, first-generation sulfonylureas, saxagliptin, and other anti-diabetics (defined as GLP-1 analogues, amylin analog-types or canagliflozin). In analyses where saxagliptin was an exposure of interest, we did not include saxagliptin in the definitions of “other anti-diabetics” at baseline or at index.

Similarly, we identified use of the following anti-hypertensive drugs and grouped them into two aggregate variables, one describing use during the baseline period and one describing use on index day. We included both variables in our PS model. The aggregate variables include: central alpha-2 receptor agonists, alpha blockers, ARAs, potassium sparing diuretics, loop diuretics, direct vasodilators, renin inhibitors, reserpine and derivatives, and direct vasodilators.

Descriptive only, baseline only

We assessed the following descriptive variables during the baseline period only and did not include them in PS models: each of the components that make up coronary revascularization procedures, carotid revascularization procedures, lower extremity revascularization procedures covariates, aggregate of all cardiovascular disease covariates previously listed, aggregate of all comorbidity covariates previously listed, aggregates of all anti-diabetic medication in the baseline period and on index day, aggregates of all anti-hypertensive agents in the baseline period and on index day, prior AMI in the previous 61 to 365 days (broad definition), and prior hHF in the previous 61 to 365 days.

Overview for Request cder_mpl2r_wp008

Prior CVD subgroups

We classified patients into “presence of prior CVD” and “no prior CVD” subgroups for stratified analyses. We defined presence of prior CVD conditions according to the following variables, assessed during the baseline period of 365 days prior to the exposure of interest: prior AMI (broad), other ischemic heart disease, heart failure, other heart disease, stroke (broad), peripheral arterial disease, all coronary revascularization procedures, all carotid revascularization procedures, and all lower extremity revascularization.

Care settings

We captured diagnoses and procedures from IP or ambulatory visit (AV) care settings, except for stroke (narrow definition), AMI (narrow definition), and hHF, which required a principal diagnosis in the IP care setting.

Codes

We defined all conditions using ICD-9-CM diagnosis and procedure codes, Healthcare Common Procedure Coding System (HCPCS) codes, and Current Procedural Terminology, Fourth Edition (CPT-4, Category I-III) codes. We defined drug dispensings using NDCs. Please see Appendix F for a list of diagnosis and procedure codes and Appendix G for generic names of medical products used to identify covariates in this request.

Analysis: We estimated propensity scores using the covariates listed above, and adjusted our analytic models via PS matching using 1:1 nearest neighbor matching without replacement using a caliper of 0.01. Each comparator patient was matched one time, at most, to a treatment patient. We estimated adjusted hazard ratios and 95% confidence intervals using Cox regression stratified on Data Partner site (and matched sample in the conditional analysis). We performed subgroup analyses by prior CVD status, sex, and age group (18-64 years, 65 or older). In subgroup analyses, we re-matched patients within subgroups.

Please see Appendices H.1-H.8 for the specifications of parameters for this request and Appendix I for the list of covariates and their use in the PS models and subgroup definition. Note that only comparisons 5 through 7 apply to this report.

Limitations: 1) As with all observational studies, this evaluation was limited in its ability to control for all sources of potential bias. 2) Exposures, outcomes, inclusions, exclusions, episode truncation criteria, and covariates may be misclassified due to imperfect identification algorithms.

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

¹Toh S, Reichman M, Graham D, Hamp C, Zhang R, Butler M, Iyer A, Rucker M, Pimentel M, Hamilton J, Lendle S, Fireman B. Prospective Postmarketing Surveillance of Acute Myocardial Infarction in New Users of Saxagliptin: A Population-Based Study. *Diabetes Care* 2018;41:39-48

²Toh S, Hamp C, Reichman M, Graham D, Balakrishnan S, Pucino F, Hamilton J, Lendle S, Iyer A, Rucker M, Pimentel M, Nathwani N, Griffin M, Brown N, Fireman B. Risk for Hospitalized Heart Failure Among New Users of Saxagliptin, Sitagliptin, and Other Antihyperglycemic Drugs: A Retrospective Cohort Study. *Ann Intern Med*. 2016;164:705-714.

³Fireman B, Toh S, Butler M, Go A, Joffe H, Graham D, Nelson J, Daniel G, Selby J. A protocol for active surveillance of acute myocardial infarction in association with the use of a new antidiabetic pharmaceutical agent. *Pharmacoepidemiol Drug Saf*. 2012 Jan; 21 Suppl 1: 282-90.

⁴Gagne 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

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**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).

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.

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.

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

Glossary of Terms for Analyses Using Propensity Score Analysis (PSA) Tool*

Covariate - requester defined binary variable to include in the propensity score estimation model (e.g., diabetes, heart failure, etc.) during requester-defined lookback period. Requester may also choose to add any of the following categorical, continuous, or count metrics to the propensity score estimation model:

1. Age (continuous)
2. Sex
3. Time period (i.e., monitoring period for sequential analyses)
4. Year of exposure
5. Comorbidity score
6. Medical utilization – number of inpatient stays
7. Medical utilization – number of institutional stays
8. Medical utilization – number of emergency department visits
9. Medical utilization – number of outpatient visits
10. Health care utilization – number of other ambulatory encounters (e.g., telemedicine, email consults)
11. Drug utilization – number of dispensings
12. Drug utilization – number of unique generics dispensed
13. Drug Utilization – number of unique drug classes dispensed

Covariate Evaluation Window - specified number of days relative to index date to evaluate the occurrence of covariates of interest. Note: members are required to have continuous enrollment during the covariate evaluation window, regardless of the value included in the "Continuous enrollment before exposure" field.

Individual Level Data Return - program may return individual-level, de-identified datasets to the Sentinel Operations Center (SOC). While the datasets contain a single row per patient for each specified analysis, patient identifiers such as a patient ID are not included in the output. Individual-level datasets are returned to the SOC, aggregated, and used to calculate effect estimates via Cox (proportional hazards) regression.

Mahalanobis Distance - provides a measure of balance across all variables while accounting for their correlation.

Matching Caliper - maximum allowed difference in propensity scores between treatment and control patients. Requester may select any caliper (e.g., 0.01, 0.025, and 0.05).

Matching Ratio - patients in exposed and comparator groups are nearest neighbor matched by a 1:1 or 1:n (up to 10) matching ratio.

Matched Conditional and Unconditional Analysis - in a conditional matched analysis, a Cox model, stratified by Data Partner site and matched set, is run on the matched population. This can be done for both the both 1:1 and 1:n matched cohorts. In an unconditional analysis, a Cox model, stratified by Data Partner site only, is run on the matched population. This can be done for the 1:1 matched cohort only.

Propensity Score Stratification - option to stratify propensity scores based on requester-defined percentiles in the unmatched population. In a stratified analysis, a Cox model, stratified by Data Partner site, is run on the stratified population. Note that all patients identified in exposure and comparator cohorts are used in the analysis.

PSM Tool - performs effect estimation by comparing exposure propensity-score matched parallel new user cohorts. Propensity score estimation and matching are conducted within each Sentinel Data Partner site via distributed programming code; data are returned to the SOC, aggregated, and used to calculate effect estimates.

Risk-set Level Data Return - alternative to the patient-level data return approach. In this approach, the PSM tool will produce de-identified, risk-set level datasets instead of or in addition to individual-level output. Whereas each observation in the patient-level datasets represents one patient in the cohort, each observation in the risk set dataset represents one event. Risk sets are created at the Data Partner site, returned to the SOC, aggregated, and used to calculate effect estimates via case-centered logistic regression.

Subgroup Analysis - may be conducted using any requester-defined covariates. Subgroup analyses may be performed in the unmatched and the matched population.

**Glossary of Terms for Analyses Using
Propensity Score Analysis (PSA) Tool***

Zero Cell Correction - indicator for whether to screen variables with a zero correction added to each cell in the confounder/outcome 2x2 table. Recommended when the number of exposed outcomes is fewer than 150.

*all terms may not be used in this report

Table 1a. Baseline Characteristics of Sitagliptin vs Pioglitazone with Acute Myocardial Infarction in the Sentinel Distributed Database (SDD) between August 1, 2009 and July 31, 2014, (Replication) (Unmatched, Aggregated), Ratio: 1:1, Caliper:0.01

Characteristic	Medical Product				Covariate Balance	
	Sitagliptin		Pioglitazone		Absolute Difference	Standardized Difference
	Number	Percent	Number	Percent		
Patients	213,303	100.0%	200,021	100.0%	-	-
Demographics	Mean	Standard Deviation	Mean	Standard Deviation		
Mean age (years)	58.0	11.6	58.4	11.7	-0.367	-0.032
Age (years)	Number	Percent	Number	Percent		
18-29	2,140	1.0%	2,323	1.2%	-0.158	-0.015
30-44	28,129	13.2%	25,705	12.9%	0.336	0.010
45-54	56,696	26.6%	51,017	25.5%	1.074	0.024
55-64	69,273	32.5%	62,782	31.4%	1.089	0.023
65-74	37,911	17.8%	38,996	19.5%	-1.723	-0.044
75-84	15,858	7.4%	16,312	8.2%	-0.721	-0.027
85+	3,296	1.5%	2,886	1.4%	0.102	0.008
Sex						
Female	99,435	46.6%	86,037	43.0%	3.603	0.072
Male	113,868	53.4%	113,984	57.0%	-3.603	-0.072
Year						
2006	83	0.0%	2,793	1.4%	-1.357	-0.161
2007	17,853	8.4%	33,343	16.7%	-8.300	-0.253
2008	18,673	8.8%	25,137	12.6%	-3.813	-0.124
2009	35,194	16.5%	45,356	22.7%	-6.176	-0.156
2010	30,996	14.5%	44,717	22.4%	-7.825	-0.203
2011	36,300	17.0%	25,294	12.6%	4.372	0.123
2012	34,821	16.3%	9,599	4.8%	11.526	0.382
2013	30,163	14.5%	10,734	5.6%	8.839	0.297
2014	9,220	5.5%	3,048	1.9%	3.638	0.193
Recorded history of:						
Prior combined comorbidity raw score	-	-	-	-	-	-
Acute myocardial infarction prior to 60 days before index date (broad)	1,408	0.7%	1,105	0.6%	0.108	0.014
Acute myocardial infarction prior to 60 days before index date (narrow)	578	0.3%	454	0.2%	0.044	0.009
Acute myocardial infarction (broad)	1,770	0.8%	1,339	0.7%	0.160	0.019
Hospitalized heart failure prior to 60 days before index date	-	0.0%	-	0.0%	0.000	-
Other ischemic heart disease	33,457	15.7%	27,427	13.7%	1.973	0.056
Congestive heart failure	-	0.0%	-	0.0%	0.000	-
Other heart disease	41,419	19.4%	32,425	16.2%	3.207	0.084
Stroke (broad)	11,412	5.4%	9,164	4.6%	0.769	0.035
Stroke (narrow)	913	0.4%	795	0.4%	0.031	0.005
Peripheral arterial disease	8,364	3.9%	7,406	3.7%	0.219	0.011
All coronary revascularization procedures	9,468	4.4%	7,653	3.8%	0.613	0.031
Coronary artery bypass graft	4,311	2.0%	3,513	1.8%	0.265	0.019
Percutaneous coronary intervention	6,438	3.0%	5,096	2.5%	0.471	0.029

Table 1a. Baseline Characteristics of Sitagliptin vs Pioglitazone with Acute Myocardial Infarction in the Sentinel Distributed Database (SDD) between August 1, 2009 and July 31, 2014, (Replication) (Unmatched, Aggregated), Ratio: 1:1, Caliper:0.01

Characteristic	Medical Product				Covariate Balance	
	Sitagliptin		Pioglitazone		Absolute Difference	Standardized Difference
	Number	Percent	Number	Percent		
All carotid revascularization procedures	277	0.1%	279	0.1%	-0.010	-0.003
Carotid endarterectomy, etc.	276	0.1%	278	0.1%	-0.010	-0.003
Carotid bypass	1	0.0%	1	0.0%	0.000	0.000
All lower extremity revascularization	839	0.4%	803	0.4%	-0.008	-0.001
Lower extremity endarterectomy, etc.	455	0.2%	395	0.2%	0.016	0.003
Lower extremity bypass	158	0.1%	140	0.1%	0.004	0.002
Lower extremity amputation	365	0.2%	385	0.2%	-0.021	-0.005
All Prior Cardiovascular Disease Covariates	63,826	29.9%	52,927	26.5%	3.462	0.077
Asthma	13,896	6.5%	12,115	6.1%	0.458	0.019
Cancer (excluding non-melanoma skin cancer)	13,813	6.5%	11,339	5.7%	0.807	0.034
Chronic kidney disease (excluding end stage renal disease)	10,018	4.7%	11,165	5.6%	-0.885	-0.040
Chronic obstructive pulmonary disease	11,360	5.3%	10,351	5.2%	0.151	0.007
Dementia	3,350	1.6%	2,903	1.5%	0.119	0.010
Depression	19,513	9.1%	17,195	8.6%	0.551	0.019
End stage renal disease (ESRD)	1,085	0.5%	1,137	0.6%	-0.060	-0.008
Fracture	5,653	2.7%	5,381	2.7%	-0.040	-0.002
Human immunodeficiency virus (HIV) / acquired immunodeficiency syndrome (AIDS)	388	0.2%	449	0.2%	-0.043	-0.009
Hyperlipidemia or lipid disorder	153,956	72.2%	139,311	69.6%	2.529	0.056
Hypertension	156,823	73.5%	143,571	71.8%	1.743	0.039
Hypoglycemia	7,835	3.7%	8,284	4.1%	-0.468	-0.024
Obesity (or weight gain)	36,457	17.1%	32,254	16.1%	0.966	0.026
Osteoporosis	8,852	4.1%	7,170	3.6%	0.565	0.029
Peripheral neuropathy	28,924	13.6%	27,793	13.9%	-0.335	-0.010
Tobacco use	13,619	6.4%	13,413	6.7%	-0.321	-0.013
All comorbidity covariates	195,071	91.5%	179,254	89.6%	1.835	0.063
History of use:						
Alpha-glucosidase inhibitors (B)	1,206	0.6%	1,081	0.5%	0.025	0.003
Biguanides (B)	152,460	71.5%	138,361	69.2%	2.303	0.050
Other dipeptidyl peptidase-4 (DPP-4) inhibitors (B)	718	0.3%	605	0.3%	0.034	0.006
Meglitinides (B)	4,301	2.0%	3,085	1.5%	0.474	0.036
Saxagliptin (B)	3,421	1.6%	2,716	1.4%	0.246	0.020
Sitagliptin (B)	-	0.0%	-	0.0%	0.000	-
Pioglitazone (B)	-	0.0%	-	0.0%	0.000	-
First-generation sulfonylureas (B)	156	0.1%	3,639	1.8%	-1.746	-0.181
Second-generation sulfonylureas (B)	91,154	42.7%	98,037	49.0%	-6.279	-0.126
Long-acting insulins (B)	23,970	11.2%	24,534	12.3%	-1.028	-0.032
Short-acting insulins (B)	9,046	4.2%	9,726	4.9%	-0.622	-0.030
Other thiazolidinediones (B)	17,713	8.3%	34,731	17.4%	-9.060	-0.273
Other anti-diabetics (B)	10,492	4.9%	9,639	4.8%	0.100	0.005
All anti-diabetics (B)	180,026	84.4%	171,144	85.6%	-1.164	-0.033

Table 1a. Baseline Characteristics of Sitagliptin vs Pioglitazone with Acute Myocardial Infarction in the Sentinel Distributed Database (SDD) between August 1, 2009 and July 31, 2014, (Replication) (Unmatched, Aggregated), Ratio: 1:1, Caliper:0.01

Characteristic	Medical Product				Covariate Balance	
	Sitagliptin		Pioglitazone		Absolute Difference	Standardized Difference
	Number	Percent	Number	Percent		
Angiotensin-converting enzyme inhibitors (B)	95,123	44.6%	97,348	48.7%	-4.074	-0.082
Alpha blockers (B)	4,390	2.1%	5,513	2.8%	-0.698	-0.046
Angiotensin receptor blockers (B)	51,247	24.0%	41,235	20.6%	3.410	0.082
Beta blockers (B)	57,547	27.0%	53,738	26.9%	0.113	0.003
Calcium channel blockers (B)	46,458	21.8%	41,969	21.0%	0.798	0.019
Direct vasodilators (B)	1,714	0.8%	1,551	0.8%	0.028	0.003
Loop diuretics (B)	17,414	8.2%	14,685	7.3%	0.822	0.031
Aldosterone receptor agonists (ARAs) (B)	3,604	1.7%	2,389	1.2%	0.495	0.042
Non-ARA potassium sparing diuretics (B)	7,531	3.5%	7,145	3.6%	-0.041	-0.002
Thiazide diuretics (B)	67,608	31.7%	63,807	31.9%	-0.204	-0.004
Renin inhibitors (B)	1,461	0.7%	928	0.5%	0.221	0.029
Central alpha-2 receptor agonists (B)	4,613	2.2%	4,487	2.2%	-0.081	-0.005
Reserpine and derivatives (B)	199	0.1%	105	0.1%	0.041	0.015
All anti-hypertensive agents (B)	159,983	75.0%	150,755	75.4%	-0.367	-0.008
Lipid lowering agents (B)	135,906	63.7%	130,663	65.3%	-1.610	-0.034
Alpha-glucosidase inhibitors (C)	682	0.3%	640	0.3%	0.000	0.000
Biguanides (C)	147,799	69.3%	123,437	61.7%	7.579	0.160
Other DPP-4 inhibitors (C)	243	0.1%	825	0.4%	-0.299	-0.058
Meglitinides (C)	2,568	1.2%	2,007	1.0%	0.201	0.019
Saxagliptin (C)	1,112	0.5%	2,107	1.1%	-0.532	-0.060
Sitagliptin (C)	213,303	100.0%	-	0.0%	100.000	-
Pioglitazone (C)	-	0.0%	200,021	100.0%	-100.000	-
First-generation sulfonylureas (C)	98	0.0%	2,284	1.1%	-1.096	-0.143
Second-generation sulfonylureas (C)	69,204	32.4%	82,198	41.1%	-8.651	-0.180
Long-acting insulins (C)	16,321	7.7%	17,239	8.6%	-0.967	-0.035
Short-acting insulins (C)	4,527	2.1%	5,435	2.7%	-0.595	-0.039
Other thiazolidinediones (C)	8,220	3.9%	14,617	7.3%	-3.454	-0.151
Other anti-diabetics (C)	3,212	1.5%	6,031	3.0%	-1.509	-0.102
All anti-diabetics (C)	213,303	100.0%	200,021	100.0%	0.000	-
Angiotensin-converting enzyme inhibitors (C)	76,535	35.9%	81,761	40.9%	-4.995	-0.103
Alpha blockers (C)	3,194	1.5%	4,227	2.1%	-0.616	-0.046
Angiotensin receptor blockers (C)	43,424	20.4%	34,841	17.4%	2.939	0.075
Beta blockers (C)	46,569	21.8%	44,143	22.1%	-0.237	-0.006
Calcium channel blockers (C)	38,755	18.2%	36,003	18.0%	0.169	0.004
Direct vasodilators (C)	1,222	0.6%	1,142	0.6%	0.002	0.000
Loop diuretics (C)	10,872	5.1%	9,363	4.7%	0.416	0.019
Aldosterone receptor agonists (ARAs) (C)	2,484	1.2%	1,718	0.9%	0.306	0.031
Non-ARA potassium sparing diuretics (C)	5,047	2.4%	5,019	2.5%	-0.143	-0.009
Thiazide diuretics (C)	52,852	24.8%	51,064	25.5%	-0.751	-0.017
Renin inhibitors (C)	1,030	0.5%	680	0.3%	0.143	0.022
Central alpha-2 receptor agonists (C)	3,031	1.4%	3,150	1.6%	-0.154	-0.013
Reserpine and derivatives (C)	103	0.0%	55	0.0%	0.021	0.011
All anti-hypertensive agents (C)	143,050	67.1%	137,569	68.8%	-1.713	-0.037

Table 1a. Baseline Characteristics of Sitagliptin vs Pioglitazone with Acute Myocardial Infarction in the Sentinel Distributed Database (SDD) between August 1, 2009 and July 31, 2014, (Replication) (Unmatched, Aggregated), Ratio: 1:1, Caliper:0.01

Characteristic	Medical Product				Covariate Balance	
	Sitagliptin		Pioglitazone		Absolute Difference	Standardized Difference
	Number	Percent	Number	Percent		
Lipid lowering agents (C)	115,307	54.1%	113,402	56.7%	-2.637	-0.053
Health Service Utilization Intensity:						
Non-acute institutional stay (IS visit) during prior year	5,879	2.8%	5,371	2.7%	0.071	0.004
Any inpatient hospital encounter (IP visit) within prior 30 day	7,091	3.3%	6,073	3.0%	0.288	0.016
Any inpatient hospital encounter (IP visit) 31-365 days prior to index date	20,152	9.4%	17,701	8.8%	0.598	0.021
Any emergency room encounter (ED visit) within prior 30 days	8,369	3.9%	8,174	4.1%	-0.163	-0.008
Any emergency room encounter (ED visit) 31-365 days prior to index date	38,529	18.1%	35,471	17.7%	0.329	0.009
	Mean	Standard Deviation	Mean	Standard Deviation		
Mean number of ambulatory encounters (AV)	14.0	13.4	12.4	12.3	1.542	0.120
Mean number of emergency room encounters (ED)	0.3	0.9	0.3	1.0	-0.004	-0.004
Mean number of inpatient hospital encounters (IP)	0.2	0.5	0.1	0.5	0.008	0.015
Mean number of non-acute institutional encounters (IS)	0.0	0.4	0.0	0.5	0.001	0.002
Mean number of other ambulatory encounters (OA)	2.9	5.4	3.2	5.3	-0.330	-0.061
Mean number of unique drug classes	7.9	4.7	7.5	4.5	0.362	0.078
Mean number of generics	8.9	5.5	8.7	5.3	0.271	0.050
Mean number of filled prescriptions	35.8	28.0	34.2	27.0	1.576	0.057

Table 1b. Baseline Characteristics of Sitagliptin vs Pioglitazone with Acute Myocardial Infarction in the Sentinel Distributed Database (SDD) between August 1, 2009 and July 31, 2014, (Replication) (Matched, Aggregated), Ratio: 1:1, Caliper:0.01

Characteristic	Medical Product				Covariate Balance	
	Sitagliptin		Pioglitazone		Absolute Difference	Standardized Difference
	Number	Percent	Number	Percent		
Patients	131,846	61.9%	131,846	66.6%	-	-
Demographics	Mean	Standard Deviation	Mean	Standard Deviation		
Mean age (years)	57.5	11.6	57.5	11.6	-0.020	-0.002
Age (years)	Number	Percent	Number	Percent		
18-29	1,424	1.1%	1,647	1.2%	-0.169	-0.016
30-44	18,084	13.7%	18,130	13.8%	-0.035	-0.001
45-54	36,125	27.4%	35,688	27.1%	0.331	0.007
55-64	43,735	33.2%	42,763	32.4%	0.737	0.016
65-74	21,537	16.3%	22,661	17.2%	-0.853	-0.023
75-84	9,038	6.9%	9,270	7.0%	-0.176	-0.007
85+	1,903	1.4%	1,687	1.3%	0.164	0.014
Sex						
Female	57,372	43.5%	57,185	43.4%	0.142	0.003
Male	74,474	56.5%	74,661	56.6%	-0.142	-0.003
Year						
2006	83	0.1%	95	0.1%	-0.009	-0.004
2007	16,920	12.8%	17,150	13.0%	-0.174	-0.005
2008	14,873	11.3%	14,668	11.1%	0.155	0.005
2009	30,272	23.0%	29,682	22.5%	0.447	0.011
2010	27,512	20.9%	27,026	20.5%	0.369	0.009
2011	21,105	16.0%	20,918	15.9%	0.142	0.004
2012	8,565	6.5%	9,105	6.9%	-0.410	-0.016
2013	9,880	7.7%	10,436	8.1%	-0.432	-0.016
2014	2,636	2.6%	2,766	2.7%	-0.127	-0.008
Recorded history of:						
Prior combined comorbidity raw score	-	-	-	-	-	-
Acute myocardial infarction prior to 60 days before index date (broad)	758	0.6%	779	0.6%	-0.016	-0.002
Acute myocardial infarction prior to 60 days before index date (narrow)	297	0.2%	310	0.2%	-0.010	-0.002
Acute myocardial infarction (broad)	949	0.7%	946	0.7%	0.002	0.000
Hospitalized heart failure prior to 60 days before index date	-	0.0%	-	0.0%	0.000	-
Other ischemic heart disease	19,038	14.4%	18,793	14.3%	0.186	0.005
Congestive heart failure	-	0.0%	-	0.0%	0.000	-
Other heart disease	23,443	17.8%	23,207	17.6%	0.179	0.005
Stroke (broad)	6,418	4.9%	6,319	4.8%	0.075	0.004
Stroke (narrow)	505	0.4%	497	0.4%	0.006	0.001
Peripheral arterial disease	4,697	3.6%	4,699	3.6%	-0.002	0.000
All coronary revascularization procedures	5,227	4.0%	5,191	3.9%	0.027	0.001
Coronary artery bypass graft	2,425	1.8%	2,314	1.8%	0.084	0.006
Percutaneous coronary intervention	3,541	2.7%	3,544	2.7%	-0.002	0.000

Table 1b. Baseline Characteristics of Sitagliptin vs Pioglitazone with Acute Myocardial Infarction in the Sentinel Distributed Database (SDD) between August 1, 2009 and July 31, 2014, (Replication) (Matched, Aggregated), Ratio: 1:1, Caliper:0.01

Characteristic	Medical Product				Covariate Balance	
	Sitagliptin		Pioglitazone		Absolute Difference	Standardized Difference
	Number	Percent	Number	Percent		
All carotid revascularization procedures	164	0.1%	163	0.1%	0.001	0.000
Carotid endarterectomy, etc.	163	0.1%	162	0.1%	0.001	0.000
Carotid bypass	1	0.0%	1	0.0%	0.000	0.000
All lower extremity revascularization	499	0.4%	495	0.4%	0.003	0.000
Lower extremity endarterectomy, etc.	261	0.2%	245	0.2%	0.012	0.003
Lower extremity bypass	98	0.1%	87	0.1%	0.008	0.003
Lower extremity amputation	219	0.2%	235	0.2%	-0.012	-0.003
All Prior Cardiovascular Disease Covariates	36,851	28.0%	36,420	27.6%	0.327	0.007
Asthma	7,816	5.9%	7,687	5.8%	0.098	0.004
Cancer (excluding non-melanoma skin cancer)	7,788	5.9%	7,715	5.9%	0.055	0.002
Chronic kidney disease (excluding end stage renal disease)	5,842	4.4%	5,903	4.5%	-0.046	-0.002
Chronic obstructive pulmonary disease	6,549	5.0%	6,493	4.9%	0.042	0.002
Dementia	1,804	1.4%	1,768	1.3%	0.027	0.002
Depression	11,150	8.5%	11,064	8.4%	0.065	0.002
End stage renal disease (ESRD)	680	0.5%	689	0.5%	-0.007	-0.001
Fracture	3,493	2.6%	3,497	2.7%	-0.003	0.000
Human immunodeficiency virus (HIV) / acquired immunodeficiency syndrome (AIDS)	269	0.2%	265	0.2%	0.003	0.001
Hyperlipidemia or lipid disorder	93,034	70.6%	92,954	70.5%	0.061	0.001
Hypertension	94,786	71.9%	94,535	71.7%	0.190	0.004
Hypoglycemia	4,548	3.4%	4,509	3.4%	0.030	0.002
Obesity (or weight gain)	19,840	15.0%	19,773	15.0%	0.051	0.001
Osteoporosis	5,000	3.8%	4,958	3.8%	0.032	0.002
Peripheral neuropathy	16,856	12.8%	16,719	12.7%	0.104	0.003
Tobacco use	7,978	6.1%	7,991	6.1%	-0.010	0.000
All comorbidity covariates	119,283	90.5%	118,697	90.0%	0.444	0.015
History of use:						
Alpha-glucosidase inhibitors (B)	881	0.7%	625	0.5%	0.194	0.026
Biguanides (B)	91,039	69.0%	90,947	69.0%	0.070	0.002
Other dipeptidyl peptidase-4 (DPP-4) inhibitors (B)	285	0.2%	603	0.5%	-0.241	-0.042
Meglitinides (B)	3,394	2.6%	2,073	1.6%	1.002	0.070
Saxagliptin (B)	1,633	1.2%	2,453	1.9%	-0.622	-0.050
Sitagliptin (B)	-	0.0%	-	0.0%	0.000	-
Pioglitazone (B)	-	0.0%	-	0.0%	0.000	-
First-generation sulfonylureas (B)	106	0.1%	160	0.1%	-0.041	-0.013
Second-generation sulfonylureas (B)	57,785	43.8%	57,801	43.8%	-0.012	0.000
Long-acting insulins (B)	15,471	11.7%	15,370	11.7%	0.077	0.002
Short-acting insulins (B)	6,126	4.6%	6,068	4.6%	0.044	0.002
Other thiazolidinediones (B)	17,345	13.2%	18,659	14.2%	-0.997	-0.029
Other anti-diabetics (B)	7,755	5.9%	7,202	5.5%	0.419	0.018
All anti-diabetics (B)	110,716	84.0%	109,898	83.4%	0.620	0.017

Table 1b. Baseline Characteristics of Sitagliptin vs Pioglitazone with Acute Myocardial Infarction in the Sentinel Distributed Database (SDD) between August 1, 2009 and July 31, 2014, (Replication) (Matched, Aggregated), Ratio: 1:1, Caliper:0.01

Characteristic	Medical Product				Covariate Balance	
	Sitagliptin		Pioglitazone		Absolute Difference	Standardized Difference
	Number	Percent	Number	Percent		
Angiotensin-converting enzyme inhibitors (B)	59,205	44.9%	59,447	45.1%	-0.184	-0.004
Alpha blockers (B)	2,739	2.1%	2,872	2.2%	-0.101	-0.007
Angiotensin receptor blockers (B)	29,116	22.1%	29,031	22.0%	0.064	0.002
Beta blockers (B)	33,468	25.4%	33,159	25.1%	0.234	0.005
Calcium channel blockers (B)	27,226	20.6%	27,176	20.6%	0.038	0.001
Direct vasodilators (B)	901	0.7%	910	0.7%	-0.007	-0.001
Loop diuretics (B)	10,230	7.8%	9,434	7.2%	0.604	0.023
Aldosterone receptor agonists (ARAs) (B)	2,011	1.5%	1,760	1.3%	0.190	0.016
Non-ARA potassium sparing diuretics (B)	4,672	3.5%	4,696	3.6%	-0.018	-0.001
Thiazide diuretics (B)	40,660	30.8%	40,750	30.9%	-0.068	-0.001
Renin inhibitors (B)	781	0.6%	753	0.6%	0.021	0.003
Central alpha-2 receptor agonists (B)	2,516	1.9%	2,726	2.1%	-0.159	-0.011
Reserpine and derivatives (B)	87	0.1%	80	0.1%	0.005	0.002
All anti-hypertensive agents (B)	96,919	73.5%	96,549	73.2%	0.281	0.006
Lipid lowering agents (B)	82,215	62.4%	82,417	62.5%	-0.153	-0.003
Alpha-glucosidase inhibitors (C)	494	0.4%	355	0.3%	0.105	0.019
Biguanides (C)	84,592	64.2%	84,638	64.2%	-0.035	-0.001
Other DPP-4 inhibitors (C)	92	0.1%	820	0.6%	-0.552	-0.094
Meglitinides (C)	2,031	1.5%	1,370	1.0%	0.501	0.044
Saxagliptin (C)	526	0.4%	1,871	1.4%	-1.020	-0.108
Sitagliptin (C)	131,846	100.0%	-	0.0%	100.000	-
Pioglitazone (C)	-	0.0%	131,846	100.0%	-100.000	-
First-generation sulfonylureas (C)	61	0.0%	96	0.1%	-0.027	-0.011
Second-generation sulfonylureas (C)	45,916	34.8%	46,090	35.0%	-0.132	-0.003
Long-acting insulins (C)	10,743	8.1%	10,708	8.1%	0.027	0.001
Short-acting insulins (C)	3,206	2.4%	3,199	2.4%	0.005	0.000
Other thiazolidinediones (C)	7,997	6.1%	8,420	6.4%	-0.321	-0.013
Other anti-diabetics (C)	2,346	1.8%	4,601	3.5%	-1.710	-0.107
All anti-diabetics (C)	131,846	100.0%	131,846	100.0%	0.000	-
Angiotensin-converting enzyme inhibitors (C)	48,639	36.9%	48,941	37.1%	-0.229	-0.005
Alpha blockers (C)	2,027	1.5%	2,171	1.6%	-0.109	-0.009
Angiotensin receptor blockers (C)	24,621	18.7%	24,532	18.6%	0.068	0.002
Beta blockers (C)	26,869	20.4%	26,740	20.3%	0.098	0.002
Calcium channel blockers (C)	22,979	17.4%	22,900	17.4%	0.060	0.002
Direct vasodilators (C)	655	0.5%	630	0.5%	0.019	0.003
Loop diuretics (C)	6,396	4.9%	5,797	4.4%	0.454	0.022
Aldosterone receptor agonists (ARAs) (C)	1,380	1.0%	1,243	0.9%	0.104	0.010
Non-ARA potassium sparing diuretics (C)	3,131	2.4%	3,213	2.4%	-0.062	-0.004
Thiazide diuretics (C)	31,840	24.1%	32,010	24.3%	-0.129	-0.003
Renin inhibitors (C)	614	0.5%	554	0.4%	0.046	0.007
Central alpha-2 receptor agonists (C)	1,674	1.3%	1,829	1.4%	-0.118	-0.010
Reserpine and derivatives (C)	39	0.0%	39	0.0%	0.000	0.000
All anti-hypertensive agents (C)	86,695	65.8%	87,117	66.1%	-0.320	-0.007

Table 1b. Baseline Characteristics of Sitagliptin vs Pioglitazone with Acute Myocardial Infarction in the Sentinel Distributed Database (SDD) between August 1, 2009 and July 31, 2014, (Replication) (Matched, Aggregated), Ratio: 1:1, Caliper:0.01

Characteristic	Medical Product				Covariate Balance	
	Sitagliptin		Pioglitazone		Absolute Difference	Standardized Difference
	Number	Percent	Number	Percent		
Lipid lowering agents (C)	70,726	53.6%	71,105	53.9%	-0.287	-0.006
Health Service Utilization Intensity:						
Non-acute institutional stay (IS visit) during prior year	2,762	2.1%	2,760	2.1%	0.002	0.000
Any inpatient hospital encounter (IP visit) within prior 30 day	3,991	3.0%	3,971	3.0%	0.015	0.001
Any inpatient hospital encounter (IP visit) 31-365 days prior to index date	11,874	9.0%	11,710	8.9%	0.124	0.004
Any emergency room encounter (ED visit) within prior 30 days	4,905	3.7%	4,902	3.7%	0.002	0.000
Any emergency room encounter (ED visit) 31-365 days prior to index date	22,799	17.3%	22,641	17.2%	0.120	0.003
	Mean	Standard Deviation	Mean	Standard Deviation		
Mean number of ambulatory encounters (AV)	13.2	12.3	13.1	13.1	0.072	0.006
Mean number of emergency room encounters (ED)	0.3	0.8	0.3	0.9	-0.009	-0.010
Mean number of inpatient hospital encounters (IP)	0.1	0.5	0.1	0.5	0.000	-0.001
Mean number of non-acute institutional encounters (IS)	0.0	0.4	0.0	0.5	0.000	-0.001
Mean number of other ambulatory encounters (OA)	2.7	5.1	2.7	5.3	0.028	0.005
Mean number of unique drug classes	7.5	4.5	7.4	4.6	0.044	0.010
Mean number of generics	8.6	5.3	8.5	5.4	0.023	0.004
Mean number of filled prescriptions	34.8	27.4	34.5	27.9	0.242	0.009

Table 1c. Baseline Characteristics of Sitagliptin vs Long-Acting Insulins with Acute Myocardial Infarction in the Sentinel Distributed Database (SDD) between August 1, 2009 and July 31, 2014, (Replication) (Unmatched, Aggregated), Ratio: 1:1, Caliper:0.01

Characteristic	Medical Product				Covariate Balance	
	Sitagliptin		Long-Acting Insulins		Absolute Difference	Standardized Difference
	Number	Percent	Number	Percent		
Patients	262,313	100.0%	354,842	100.0%	-	-
Demographics	Mean	Standard Deviation	Mean	Standard Deviation		
Mean age (years)	59.1	11.8	59.0	13.0	0.077	0.006
Age (years)	Number	Percent	Number	Percent		
18-29	2,055	0.8%	8,326	2.3%	-1.563	-0.126
30-44	30,651	11.7%	46,274	13.0%	-1.356	-0.041
45-54	65,932	25.1%	81,126	22.9%	2.272	0.053
55-64	85,049	32.4%	101,374	28.6%	3.854	0.084
65-74	49,741	19.0%	70,613	19.9%	-0.937	-0.024
75-84	23,336	8.9%	36,862	10.4%	-1.492	-0.051
85+	5,549	2.1%	10,267	2.9%	-0.778	-0.050
Sex						
Female	116,724	44.5%	160,654	45.3%	-0.777	-0.016
Male	145,589	55.5%	194,188	54.7%	0.777	0.016
Year						
2006	120	0.0%	3,382	1.0%	-0.907	-0.129
2007	23,540	9.0%	30,907	8.7%	0.264	0.009
2008	24,748	9.4%	33,857	9.5%	-0.107	-0.004
2009	44,634	17.0%	58,304	16.4%	0.585	0.016
2010	38,189	14.6%	53,074	15.0%	-0.399	-0.011
2011	46,872	17.9%	54,571	15.4%	2.490	0.067
2012	42,808	16.3%	54,756	15.4%	0.888	0.024
2013	32,060	12.5%	51,429	15.2%	-2.726	-0.079
2014	9,342	4.5%	14,562	5.1%	-0.545	-0.026
Recorded history of:						
Prior combined comorbidity raw score	-	-	-	-	-	-
Acute myocardial infarction prior to 60 days before index date (broad)	2,614	1.0%	5,888	1.7%	-0.663	-0.058
Acute myocardial infarction prior to 60 days before index date (narrow)	1,033	0.4%	2,329	0.7%	-0.263	-0.036
Acute myocardial infarction (broad)	3,307	1.3%	8,882	2.5%	-1.242	-0.092
Hospitalized heart failure prior to 60 days before index date	1,223	0.5%	4,558	1.3%	-0.818	-0.088
Other ischemic heart disease	47,945	18.3%	80,696	22.7%	-4.464	-0.111
Congestive heart failure	16,428	6.3%	45,436	12.8%	-6.542	-0.224
Other heart disease	59,524	22.7%	101,488	28.6%	-5.909	-0.136
Stroke (broad)	15,762	6.0%	29,758	8.4%	-2.377	-0.092
Stroke (narrow)	1,114	0.4%	4,967	1.4%	-0.975	-0.103
Peripheral arterial disease	11,547	4.4%	23,213	6.5%	-2.140	-0.094
All coronary revascularization procedures	14,684	5.6%	31,295	8.8%	-3.222	-0.125
Coronary artery bypass graft	6,977	2.7%	16,718	4.7%	-2.052	-0.109

Table 1c. Baseline Characteristics of Sitagliptin vs Long-Acting Insulins with Acute Myocardial Infarction in the Sentinel Distributed Database (SDD) between August 1, 2009 and July 31, 2014, (Replication) (Unmatched, Aggregated), Ratio: 1:1, Caliper:0.01

Characteristic	Medical Product				Covariate Balance	
	Sitagliptin		Long-Acting Insulins		Absolute Difference	Standardized Difference
	Number	Percent	Number	Percent		
Percutaneous coronary intervention	9,910	3.8%	20,878	5.9%	-2.106	-0.098
All carotid revascularization procedures	414	0.2%	925	0.3%	-0.103	-0.023
Carotid endarterectomy, etc.	412	0.2%	923	0.3%	-0.103	-0.023
Carotid bypass	2	0.0%	2	0.0%	0.000	0.001
All lower extremity revascularization	1,058	0.4%	5,019	1.4%	-1.011	-0.107
Lower extremity endarterectomy, etc.	642	0.2%	2,026	0.6%	-0.326	-0.051
Lower extremity bypass	243	0.1%	892	0.3%	-0.159	-0.038
Lower extremity amputation	378	0.1%	3,153	0.9%	-0.744	-0.104
All Prior Cardiovascular Disease Covariates	88,020	33.6%	146,045	41.2%	-7.602	-0.158
Asthma	17,200	6.6%	31,790	9.0%	-2.402	-0.090
Cancer (excluding non-melanoma skin cancer)	17,863	6.8%	31,476	8.9%	-2.061	-0.077
Chronic kidney disease (excluding end stage renal disease)	14,962	5.7%	43,228	12.2%	-6.478	-0.229
Chronic obstructive pulmonary disease	17,002	6.5%	39,484	11.1%	-4.646	-0.165
Dementia	4,645	1.8%	13,372	3.8%	-1.998	-0.122
Depression	22,656	8.6%	47,204	13.3%	-4.666	-0.150
End stage renal disease (ESRD)	1,631	0.6%	9,705	2.7%	-2.113	-0.165
Fracture	7,571	2.9%	15,047	4.2%	-1.354	-0.073
Human immunodeficiency virus (HIV) / acquired immunodeficiency syndrome (AIDS)	468	0.2%	1,083	0.3%	-0.127	-0.026
Hyperlipidemia or lipid disorder	192,592	73.4%	234,490	66.1%	7.338	0.160
Hypertension	196,379	74.9%	262,382	73.9%	0.921	0.021
Hypoglycemia	9,241	3.5%	32,704	9.2%	-5.694	-0.235
Obesity (or weight gain)	43,860	16.7%	81,473	23.0%	-6.240	-0.157
Osteoporosis	11,417	4.4%	13,585	3.8%	0.524	0.026
Peripheral neuropathy	34,384	13.1%	76,362	21.5%	-8.412	-0.224
Tobacco use	16,617	6.3%	45,259	12.8%	-6.420	-0.220
All comorbidity covariates	241,235	92.0%	321,459	90.6%	1.372	0.049
History of use:						
Alpha-glucosidase inhibitors (B)	1,660	0.6%	3,105	0.9%	-0.242	-0.028
Biguanides (B)	191,030	72.8%	221,859	62.5%	10.302	0.222
Other dipeptidyl peptidase-4 (DPP-4) inhibitors (B)	777	0.3%	2,016	0.6%	-0.272	-0.041
Meglitinides (B)	5,771	2.2%	6,706	1.9%	0.310	0.022
Saxagliptin (B)	3,951	1.5%	8,429	2.4%	-0.869	-0.063
Sitagliptin (B)	-	0.0%	-	0.0%	0.000	-
Pioglitazone (B)	56,419	21.5%	63,195	17.8%	3.699	0.093
First-generation sulfonylureas (B)	239	0.1%	5,833	1.6%	-1.553	-0.168
Second-generation sulfonylureas (B)	122,411	46.7%	200,158	56.4%	-9.742	-0.196
Long-acting insulins (B)	-	0.0%	1	0.0%	0.000	-
Short-acting insulins (B)	1,716	0.7%	22,208	6.3%	-5.604	-0.310
Other thiazolidinediones (B)	20,295	7.7%	12,214	3.4%	4.295	0.188

Table 1c. Baseline Characteristics of Sitagliptin vs Long-Acting Insulins with Acute Myocardial Infarction in the Sentinel Distributed Database (SDD) between August 1, 2009 and July 31, 2014, (Replication) (Unmatched, Aggregated), Ratio: 1:1, Caliper:0.01

Characteristic	Medical Product				Covariate Balance	
	Sitagliptin		Long-Acting Insulins		Absolute Difference	Standardized Difference
	Number	Percent	Number	Percent		
Other anti-diabetics (B)	11,443	4.4%	28,379	8.0%	-3.635	-0.151
All anti-diabetics (B)	226,111	86.2%	277,321	78.2%	8.046	0.211
Angiotensin-converting enzyme inhibitors (B)	120,671	46.0%	172,307	48.6%	-2.556	-0.051
Alpha blockers (B)	6,030	2.3%	12,636	3.6%	-1.262	-0.075
Angiotensin receptor blockers (B)	64,913	24.7%	66,707	18.8%	5.947	0.144
Beta blockers (B)	76,457	29.1%	122,612	34.6%	-5.407	-0.116
Calcium channel blockers (B)	59,147	22.5%	83,725	23.6%	-1.047	-0.025
Direct vasodilators (B)	2,598	1.0%	8,546	2.4%	-1.418	-0.110
Loop diuretics (B)	29,062	11.1%	62,983	17.7%	-6.670	-0.191
Aldosterone receptor agonists (ARAs) (B)	6,264	2.4%	13,032	3.7%	-1.285	-0.075
Non-ARA potassium sparing diuretics (B)	9,496	3.6%	11,180	3.2%	0.469	0.026
Thiazide diuretics (B)	84,177	32.1%	104,522	29.5%	2.634	0.057
Renin inhibitors (B)	1,833	0.7%	1,541	0.4%	0.265	0.035
Central alpha-2 receptor agonists (B)	5,733	2.2%	12,596	3.5%	-1.364	-0.082
Reserpine and derivatives (B)	228	0.1%	232	0.1%	0.022	0.008
All anti-hypertensive agents (B)	201,856	77.0%	269,882	76.1%	0.895	0.021
Lipid lowering agents (B)	174,703	66.6%	219,731	61.9%	4.677	0.098
Alpha-glucosidase inhibitors (C)	954	0.4%	1,737	0.5%	-0.126	-0.019
Biguanides (C)	178,424	68.0%	164,437	46.3%	21.679	0.449
Other DPP-4 inhibitors (C)	286	0.1%	1,359	0.4%	-0.274	-0.055
Meglitinides (C)	3,545	1.4%	4,076	1.1%	0.203	0.018
Saxagliptin (C)	1,325	0.5%	5,239	1.5%	-0.971	-0.098
Sitagliptin (C)	262,313	100.0%	-	0.0%	100.000	-
Pioglitazone (C)	33,179	12.6%	36,338	10.2%	2.408	0.076
First-generation sulfonylureas (C)	144	0.1%	3,457	1.0%	-0.919	-0.129
Second-generation sulfonylureas (C)	93,938	35.8%	149,969	42.3%	-6.452	-0.133
Long-acting insulins (C)	-	0.0%	354,842	100.0%	-100.000	-
Short-acting insulins (C)	934	0.4%	66,101	18.6%	-18.272	-0.656
Other thiazolidinediones (C)	8,327	3.2%	4,814	1.4%	1.818	0.122
Other anti-diabetics (C)	3,639	1.4%	13,414	3.8%	-2.393	-0.151
All anti-diabetics (C)	262,313	100.0%	354,842	100.0%	0.000	-
Angiotensin-converting enzyme inhibitors (C)	96,720	36.9%	137,189	38.7%	-1.790	-0.037
Alpha blockers (C)	4,353	1.7%	9,124	2.6%	-0.912	-0.063
Angiotensin receptor blockers (C)	54,638	20.8%	51,376	14.5%	6.351	0.167
Beta blockers (C)	62,258	23.7%	103,322	29.1%	-5.384	-0.122
Calcium channel blockers (C)	48,972	18.7%	68,340	19.3%	-0.590	-0.015
Direct vasodilators (C)	1,904	0.7%	6,969	2.0%	-1.238	-0.108
Loop diuretics (C)	19,339	7.4%	46,458	13.1%	-5.720	-0.190
Aldosterone receptor agonists (ARAs) (C)	4,395	1.7%	9,147	2.6%	-0.902	-0.063
Non-ARA potassium sparing diuretics (C)	6,274	2.4%	6,905	1.9%	0.446	0.031
Thiazide diuretics (C)	65,167	24.8%	74,839	21.1%	3.752	0.089
Renin inhibitors (C)	1,311	0.5%	809	0.2%	0.272	0.045

Table 1c. Baseline Characteristics of Sitagliptin vs Long-Acting Insulins with Acute Myocardial Infarction in the Sentinel Distributed Database (SDD) between August 1, 2009 and July 31, 2014, (Replication) (Unmatched, Aggregated), Ratio: 1:1, Caliper:0.01

Characteristic	Medical Product				Covariate Balance	
	Sitagliptin		Long-Acting Insulins		Absolute Difference	Standardized Difference
	Number	Percent	Number	Percent		
Central alpha-2 receptor agonists (C)	3,812	1.5%	8,942	2.5%	-1.067	-0.077
Reserpine and derivatives (C)	127	0.0%	87	0.0%	0.024	0.013
All anti-hypertensive agents (C)	181,362	69.1%	245,109	69.1%	0.064	0.001
Lipid lowering agents (C)	147,794	56.3%	179,470	50.6%	5.765	0.116
Health Service Utilization Intensity:						
Non-acute institutional stay (IS visit) during prior year	8,569	3.3%	32,952	9.3%	-6.020	-0.250
Any inpatient hospital encounter (IP visit) within prior 30 day	10,068	3.8%	69,528	19.6%	-15.756	-0.505
Any inpatient hospital encounter (IP visit) 31-365 days prior to index date	27,873	10.6%	69,651	19.6%	-9.003	-0.253
Any emergency room encounter (ED visit) within prior 30 days	10,071	3.8%	46,858	13.2%	-9.366	-0.340
Any emergency room encounter (ED visit) 31-365 days prior to index date	47,069	17.9%	97,389	27.4%	-9.502	-0.228
	Mean	Standard Deviation	Mean	Standard Deviation		
Mean number of ambulatory encounters (AV)	14.4	13.8	15.8	17.7	-1.427	-0.090
Mean number of emergency room encounters (ED)	0.3	0.9	0.7	1.7	-0.382	-0.276
Mean number of inpatient hospital encounters (IP)	0.2	0.6	0.5	1.1	-0.355	-0.402
Mean number of non-acute institutional encounters (IS)	0.1	0.5	0.2	1.3	-0.164	-0.166
Mean number of other ambulatory encounters (OA)	3.1	5.8	6.3	10.0	-3.226	-0.394
Mean number of unique drug classes	8.0	4.7	8.7	5.5	-0.740	-0.144
Mean number of generics	9.2	5.5	10.1	6.5	-0.925	-0.154
Mean number of filled prescriptions	37.5	28.5	36.7	30.9	0.848	0.029

Table 1d. Baseline Characteristics of Sitagliptin vs Long-Acting Insulins with Acute Myocardial Infarction in the Sentinel Distributed Database (SDD) between August 1, 2009 and July 31, 2014, (Replication) (Matched, Aggregated), Ratio: 1:1, Caliper:0.01

Characteristic	Medical Product				Covariate Balance	
	Sitagliptin		Long-Acting Insulins		Absolute Difference	Standardized Difference
	Number	Percent	Number	Percent		
Patients	145,741	55.8%	145,741	42.7%	-	-
Demographics	Mean	Standard Deviation	Mean	Standard Deviation		
Mean age (years)	58.9	12.2	59.0	12.3	-0.088	-0.007
Age (years)	Number	Percent	Number	Percent		
18-29	1,571	1.1%	2,157	1.5%	-0.402	-0.036
30-44	19,498	13.4%	18,307	12.6%	0.817	0.024
45-54	36,447	25.0%	35,234	24.2%	0.832	0.019
55-64	43,099	29.6%	44,392	30.5%	-0.887	-0.019
65-74	27,465	18.8%	28,404	19.5%	-0.644	-0.016
75-84	13,901	9.5%	13,731	9.4%	0.117	0.004
85+	3,760	2.6%	3,516	2.4%	0.167	0.011
Sex						
Female	65,446	44.9%	65,543	45.0%	-0.067	-0.001
Male	80,295	55.1%	80,198	55.0%	0.067	0.001
Year						
2006	120	0.1%	124	0.1%	-0.003	-0.001
2007	10,561	7.2%	10,538	7.2%	0.016	0.001
2008	11,951	8.2%	12,009	8.2%	-0.040	-0.001
2009	24,546	16.8%	24,260	16.6%	0.196	0.005
2010	21,388	14.7%	21,464	14.7%	-0.052	-0.001
2011	25,461	17.5%	25,671	17.6%	-0.144	-0.004
2012	24,818	17.0%	24,991	17.1%	-0.119	-0.003
2013	21,432	15.2%	21,249	15.0%	0.130	0.004
2014	5,464	4.9%	5,435	4.8%	0.026	0.001
Recorded history of:						
Prior combined comorbidity raw score	-	-	-	-	-	-
Acute myocardial infarction prior to 60 days before index date (broad)	1,850	1.3%	1,835	1.3%	0.010	0.001
Acute myocardial infarction prior to 60 days before index date (narrow)	734	0.5%	728	0.5%	0.004	0.001
Acute myocardial infarction (broad)	2,436	1.7%	2,437	1.7%	-0.001	0.000
Hospitalized heart failure prior to 60 days before index date	1,051	0.7%	1,030	0.7%	0.014	0.002
Other ischemic heart disease	29,813	20.5%	30,008	20.6%	-0.134	-0.003
Congestive heart failure	12,369	8.5%	12,692	8.7%	-0.222	-0.008
Other heart disease	36,548	25.1%	37,044	25.4%	-0.340	-0.008
Stroke (broad)	10,099	6.9%	10,329	7.1%	-0.158	-0.006
Stroke (narrow)	935	0.6%	987	0.7%	-0.036	-0.004
Peripheral arterial disease	7,835	5.4%	7,892	5.4%	-0.039	-0.002
All coronary revascularization procedures	9,787	6.7%	9,940	6.8%	-0.105	-0.004
Coronary artery bypass graft	4,795	3.3%	5,052	3.5%	-0.176	-0.010

Table 1d. Baseline Characteristics of Sitagliptin vs Long-Acting Insulins with Acute Myocardial Infarction in the Sentinel Distributed Database (SDD) between August 1, 2009 and July 31, 2014, (Replication) (Matched, Aggregated), Ratio: 1:1, Caliper:0.01

Characteristic	Medical Product				Covariate Balance	
	Sitagliptin		Long-Acting Insulins		Absolute Difference	Standardized Difference
	Number	Percent	Number	Percent		
Percutaneous coronary intervention	6,652	4.6%	6,552	4.5%	0.069	0.003
All carotid revascularization procedures	294	0.2%	295	0.2%	-0.001	0.000
Carotid endarterectomy, etc.	293	0.2%	295	0.2%	-0.001	0.000
Carotid bypass	1	0.0%	-	0.0%	0.001	-
All lower extremity revascularization	937	0.6%	980	0.7%	-0.030	-0.004
Lower extremity endarterectomy, etc.	555	0.4%	546	0.4%	0.006	0.001
Lower extremity bypass	228	0.2%	176	0.1%	0.036	0.010
Lower extremity amputation	348	0.2%	445	0.3%	-0.067	-0.013
All Prior Cardiovascular Disease Covariates	53,019	36.4%	54,487	37.4%	-1.007	-0.021
Asthma	9,996	6.9%	10,199	7.0%	-0.139	-0.005
Cancer (excluding non-melanoma skin cancer)	11,096	7.6%	11,169	7.7%	-0.050	-0.002
Chronic kidney disease (excluding end stage renal disease)	11,313	7.8%	11,513	7.9%	-0.137	-0.005
Chronic obstructive pulmonary disease	12,039	8.3%	12,216	8.4%	-0.121	-0.004
Dementia	3,599	2.5%	3,771	2.6%	-0.118	-0.008
Depression	15,120	10.4%	15,140	10.4%	-0.014	0.000
End stage renal disease (ESRD)	1,500	1.0%	1,697	1.2%	-0.135	-0.013
Fracture	4,925	3.4%	4,990	3.4%	-0.045	-0.002
Human immunodeficiency virus (HIV) / acquired immunodeficiency syndrome (AIDS)	321	0.2%	327	0.2%	-0.004	-0.001
Hyperlipidemia or lipid disorder	101,794	69.8%	102,497	70.3%	-0.482	-0.011
Hypertension	109,167	74.9%	109,335	75.0%	-0.115	-0.003
Hypoglycemia	6,951	4.8%	7,131	4.9%	-0.124	-0.006
Obesity (or weight gain)	26,710	18.3%	26,691	18.3%	0.013	0.000
Osteoporosis	5,747	3.9%	5,835	4.0%	-0.060	-0.003
Peripheral neuropathy	23,741	16.3%	24,029	16.5%	-0.198	-0.005
Tobacco use	11,628	8.0%	11,709	8.0%	-0.056	-0.002
All comorbidity covariates	133,505	91.6%	132,636	91.0%	0.596	0.021
History of use:						
Alpha-glucosidase inhibitors (B)	1,478	1.0%	901	0.6%	0.396	0.044
Biguanides (B)	99,655	68.4%	99,639	68.4%	0.011	0.000
Other dipeptidyl peptidase-4 (DPP-4) inhibitors (B)	748	0.5%	813	0.6%	-0.045	-0.006
Meglitinides (B)	4,924	3.4%	2,828	1.9%	1.438	0.089
Saxagliptin (B)	3,699	2.5%	3,941	2.7%	-0.166	-0.010
Sitagliptin (B)	-	0.0%	-	0.0%	0.000	-
Pioglitazone (B)	30,494	20.9%	30,175	20.7%	0.219	0.005
First-generation sulfonylureas (B)	162	0.1%	173	0.1%	-0.008	-0.002
Second-generation sulfonylureas (B)	79,911	54.8%	78,368	53.8%	1.059	0.021
Long-acting insulins (B)	-	0.0%	-	0.0%	0.000	-
Short-acting insulins (B)	1,698	1.2%	2,172	1.5%	-0.325	-0.028
Other thiazolidinediones (B)	8,153	5.6%	8,265	5.7%	-0.077	-0.003

Table 1d. Baseline Characteristics of Sitagliptin vs Long-Acting Insulins with Acute Myocardial Infarction in the Sentinel Distributed Database (SDD) between August 1, 2009 and July 31, 2014, (Replication) (Matched, Aggregated), Ratio: 1:1, Caliper:0.01

Characteristic	Medical Product				Covariate Balance	
	Sitagliptin		Long-Acting Insulins		Absolute Difference	Standardized Difference
	Number	Percent	Number	Percent		
Other anti-diabetics (B)	10,168	7.0%	13,456	9.2%	-2.256	-0.083
All anti-diabetics (B)	126,313	86.7%	116,663	80.0%	6.621	0.178
Angiotensin-converting enzyme inhibitors (B)	68,904	47.3%	68,673	47.1%	0.159	0.003
Alpha blockers (B)	3,799	2.6%	3,766	2.6%	0.023	0.001
Angiotensin receptor blockers (B)	30,430	20.9%	30,995	21.3%	-0.388	-0.010
Beta blockers (B)	44,577	30.6%	44,881	30.8%	-0.209	-0.005
Calcium channel blockers (B)	33,383	22.9%	33,590	23.0%	-0.142	-0.003
Direct vasodilators (B)	1,958	1.3%	2,301	1.6%	-0.235	-0.020
Loop diuretics (B)	19,969	13.7%	21,102	14.5%	-0.777	-0.022
Aldosterone receptor agonists (ARAs) (B)	4,368	3.0%	4,343	3.0%	0.017	0.001
Non-ARA potassium sparing diuretics (B)	5,516	3.8%	4,477	3.1%	0.713	0.039
Thiazide diuretics (B)	44,002	30.2%	44,266	30.4%	-0.181	-0.004
Renin inhibitors (B)	987	0.7%	836	0.6%	0.104	0.013
Central alpha-2 receptor agonists (B)	3,796	2.6%	4,333	3.0%	-0.368	-0.022
Reserpine and derivatives (B)	134	0.1%	115	0.1%	0.013	0.004
All anti-hypertensive agents (B)	110,780	76.0%	109,745	75.3%	0.710	0.017
Lipid lowering agents (B)	90,211	61.9%	90,824	62.3%	-0.421	-0.009
Alpha-glucosidase inhibitors (C)	852	0.6%	486	0.3%	0.251	0.037
Biguanides (C)	78,330	53.7%	80,468	55.2%	-1.467	-0.029
Other DPP-4 inhibitors (C)	273	0.2%	592	0.4%	-0.219	-0.040
Meglitinides (C)	3,009	2.1%	1,817	1.2%	0.818	0.064
Saxagliptin (C)	1,218	0.8%	2,671	1.8%	-0.997	-0.087
Sitagliptin (C)	145,741	100.0%	-	0.0%	100.000	-
Pioglitazone (C)	17,674	12.1%	17,353	11.9%	0.220	0.007
First-generation sulfonylureas (C)	91	0.1%	105	0.1%	-0.010	-0.004
Second-generation sulfonylureas (C)	59,871	41.1%	58,800	40.3%	0.735	0.015
Long-acting insulins (C)	-	0.0%	145,741	100.0%	-100.000	-
Short-acting insulins (C)	932	0.6%	1,407	1.0%	-0.326	-0.037
Other thiazolidinediones (C)	3,386	2.3%	3,428	2.4%	-0.029	-0.002
Other anti-diabetics (C)	3,239	2.2%	6,908	4.7%	-2.517	-0.138
All anti-diabetics (C)	145,741	100.0%	145,741	100.0%	0.000	-
Angiotensin-converting enzyme inhibitors (C)	54,096	37.1%	53,969	37.0%	0.087	0.002
Alpha blockers (C)	2,685	1.8%	2,699	1.9%	-0.010	-0.001
Angiotensin receptor blockers (C)	23,905	16.4%	24,464	16.8%	-0.384	-0.010
Beta blockers (C)	35,823	24.6%	36,074	24.8%	-0.172	-0.004
Calcium channel blockers (C)	26,764	18.4%	27,015	18.5%	-0.172	-0.004
Direct vasodilators (C)	1,453	1.0%	1,691	1.2%	-0.163	-0.016
Loop diuretics (C)	13,451	9.2%	14,544	10.0%	-0.750	-0.025
Aldosterone receptor agonists (ARAs) (C)	3,023	2.1%	3,024	2.1%	-0.001	0.000
Non-ARA potassium sparing diuretics (C)	3,524	2.4%	2,853	2.0%	0.460	0.031
Thiazide diuretics (C)	32,289	22.2%	32,508	22.3%	-0.150	-0.004
Renin inhibitors (C)	676	0.5%	474	0.3%	0.139	0.022

Table 1d. Baseline Characteristics of Sitagliptin vs Long-Acting Insulins with Acute Myocardial Infarction in the Sentinel Distributed Database (SDD) between August 1, 2009 and July 31, 2014, (Replication) (Matched, Aggregated), Ratio: 1:1, Caliper:0.01

Characteristic	Medical Product				Covariate Balance	
	Sitagliptin		Long-Acting Insulins		Absolute Difference	Standardized Difference
	Number	Percent	Number	Percent		
Central alpha-2 receptor agonists (C)	2,520	1.7%	2,950	2.0%	-0.295	-0.022
Reserpine and derivatives (C)	60	0.0%	51	0.0%	0.006	0.003
All anti-hypertensive agents (C)	97,631	67.0%	97,536	66.9%	0.065	0.001
Lipid lowering agents (C)	73,240	50.3%	74,059	50.8%	-0.562	-0.011
Health Service Utilization Intensity:						
Non-acute institutional stay (IS visit) during prior year	7,460	5.1%	7,788	5.3%	-0.225	-0.010
Any inpatient hospital encounter (IP visit) within prior 30 day	9,750	6.7%	10,618	7.3%	-0.596	-0.023
Any inpatient hospital encounter (IP visit) 31-365 days prior to index date	20,266	13.9%	20,812	14.3%	-0.375	-0.011
Any emergency room encounter (ED visit) within prior 30 days	8,865	6.1%	9,270	6.4%	-0.278	-0.012
Any emergency room encounter (ED visit) 31-365 days prior to index date	32,169	22.1%	32,211	22.1%	-0.029	-0.001
	Mean	Standard Deviation	Mean	Standard Deviation		
Mean number of ambulatory encounters (AV)	15.2	14.9	15.3	16.3	-0.150	-0.010
Mean number of emergency room encounters (ED)	0.4	1.1	0.5	1.2	-0.030	-0.026
Mean number of inpatient hospital encounters (IP)	0.3	0.8	0.3	0.7	-0.019	-0.025
Mean number of non-acute institutional encounters (IS)	0.1	0.6	0.1	0.7	-0.011	-0.016
Mean number of other ambulatory encounters (OA)	3.5	6.5	3.8	7.4	-0.294	-0.042
Mean number of unique drug classes	8.2	5.0	8.2	5.1	0.021	0.004
Mean number of generics	9.5	5.7	9.5	6.0	-0.039	-0.007
Mean number of filled prescriptions	38.0	29.3	37.9	31.2	0.127	0.004

Table 1e. Baseline Characteristics of Sitagliptin vs Second-Generation Sulfonylureas with Acute Myocardial Infarction in the Sentinel Distributed Database (SDD) between August 1, 2009 and July 31, 2014, (Replication) (Unmatched, Aggregated), Ratio: 1:1, Caliper:0.01

Characteristic	Medical Product				Covariate Balance	
	Sitagliptin		Second-Generation Sulfonylureas		Absolute Difference	Standardized Difference
	Number	Percent	Number	Percent		
Patients	156,220	100.0%	560,288	100.0%	-	-
Demographics	Mean	Standard Deviation	Mean	Standard Deviation		
Mean age (years)	57.5	11.8	59.7	12.5	-2.223	-0.183
Age (years)	Number	Percent	Number	Percent		
18-29	1,715	1.1%	6,065	1.1%	0.015	0.001
30-44	21,675	13.9%	69,612	12.4%	1.450	0.043
45-54	42,725	27.3%	131,731	23.5%	3.838	0.088
55-64	51,596	33.0%	162,119	28.9%	4.093	0.089
65-74	25,074	16.1%	114,018	20.3%	-4.299	-0.112
75-84	10,810	6.9%	60,297	10.8%	-3.842	-0.136
85+	2,625	1.7%	16,446	2.9%	-1.255	-0.084
Sex						
Female	71,905	46.0%	252,079	45.0%	1.037	0.021
Male	84,315	54.0%	308,209	55.0%	-1.037	-0.021
Year						
2006	88	0.1%	10,405	1.9%	-1.801	-0.186
2007	13,397	8.6%	57,168	10.2%	-1.628	-0.056
2008	13,926	8.9%	51,840	9.3%	-0.338	-0.012
2009	26,303	16.8%	94,648	16.9%	-0.056	-0.001
2010	23,202	14.9%	88,724	15.8%	-0.983	-0.027
2011	27,922	17.9%	85,246	15.2%	2.659	0.072
2012	25,465	16.3%	78,554	14.0%	2.280	0.064
2013	19,632	12.8%	71,938	13.4%	-0.565	-0.017
2014	6,285	5.2%	21,765	4.8%	0.412	0.019
Recorded history of:						
Prior combined comorbidity raw score	-	-	-	-	-	-
Acute myocardial infarction prior to 60 days before index date (broad)	1,586	1.0%	6,108	1.1%	-0.075	-0.007
Acute myocardial infarction prior to 60 days before index date (narrow)	649	0.4%	2,503	0.4%	-0.031	-0.005
Acute myocardial infarction (broad)	2,057	1.3%	8,119	1.4%	-0.132	-0.011
Hospitalized heart failure prior to 60 days before index date	730	0.5%	3,597	0.6%	-0.175	-0.024
Other ischemic heart disease	26,873	17.2%	97,812	17.5%	-0.255	-0.007
Congestive heart failure	9,442	6.0%	43,740	7.8%	-1.763	-0.069
Other heart disease	34,540	22.1%	121,312	21.7%	0.458	0.011
Stroke (broad)	9,224	5.9%	32,749	5.8%	0.059	0.003
Stroke (narrow)	729	0.5%	4,205	0.8%	-0.284	-0.037
Peripheral arterial disease	6,463	4.1%	25,575	4.6%	-0.428	-0.021
All coronary revascularization procedures	8,531	5.5%	33,793	6.0%	-0.570	-0.025
Coronary artery bypass graft	4,018	2.6%	17,076	3.0%	-0.476	-0.029

Table 1e. Baseline Characteristics of Sitagliptin vs Second-Generation Sulfonylureas with Acute Myocardial Infarction in the Sentinel Distributed Database (SDD) between August 1, 2009 and July 31, 2014, (Replication) (Unmatched, Aggregated), Ratio: 1:1, Caliper:0.01

Characteristic	Medical Product				Covariate Balance	
	Sitagliptin		Second-Generation Sulfonylureas		Absolute Difference	Standardized Difference
	Number	Percent	Number	Percent		
Percutaneous coronary intervention	5,950	3.8%	22,425	4.0%	-0.194	-0.010
All carotid revascularization procedures	216	0.1%	956	0.2%	-0.032	-0.008
Carotid endarterectomy, etc.	215	0.1%	955	0.2%	-0.033	-0.008
Carotid bypass	1	0.0%	1	0.0%	0.000	0.002
All lower extremity revascularization	717	0.5%	3,270	0.6%	-0.125	-0.017
Lower extremity endarterectomy, etc.	394	0.3%	1,559	0.3%	-0.026	-0.005
Lower extremity bypass	162	0.1%	690	0.1%	-0.019	-0.006
Lower extremity amputation	314	0.2%	1,649	0.3%	-0.093	-0.019
All Prior Cardiovascular Disease Covariates	50,543	32.4%	181,983	32.5%	-0.127	-0.003
Asthma	11,265	7.2%	43,121	7.7%	-0.485	-0.018
Cancer (excluding non-melanoma skin cancer)	10,490	6.7%	39,404	7.0%	-0.318	-0.013
Chronic kidney disease (excluding end stage renal disease)	7,319	4.7%	43,876	7.8%	-3.146	-0.130
Chronic obstructive pulmonary disease	10,079	6.5%	46,782	8.3%	-1.898	-0.073
Dementia	2,677	1.7%	14,119	2.5%	-0.806	-0.056
Depression	14,899	9.5%	58,420	10.4%	-0.890	-0.030
End stage renal disease (ESRD)	1,167	0.7%	5,732	1.0%	-0.276	-0.029
Fracture	4,659	3.0%	17,477	3.1%	-0.137	-0.008
Human immunodeficiency virus (HIV) / acquired immunodeficiency syndrome (AIDS)	304	0.2%	1,204	0.2%	-0.020	-0.004
Hyperlipidemia or lipid disorder	112,544	72.0%	362,839	64.8%	7.283	0.157
Hypertension	113,520	72.7%	397,186	70.9%	1.777	0.039
Hypoglycemia	5,451	3.5%	27,712	4.9%	-1.457	-0.073
Obesity (or weight gain)	27,880	17.8%	111,746	19.9%	-2.098	-0.054
Osteoporosis	6,813	4.4%	21,166	3.8%	0.583	0.030
Peripheral neuropathy	19,929	12.8%	80,363	14.3%	-1.586	-0.046
Tobacco use	10,169	6.5%	54,940	9.8%	-3.296	-0.121
All comorbidity covariates	142,816	91.4%	495,842	88.5%	2.922	0.097
History of use:						
Alpha-glucosidase inhibitors (B)	532	0.3%	1,448	0.3%	0.082	0.015
Biguanides (B)	102,582	65.7%	349,401	62.4%	3.304	0.069
Other dipeptidyl peptidase-4 (DPP-4) inhibitors (B)	460	0.3%	1,765	0.3%	-0.021	-0.004
Meglitinides (B)	4,274	2.7%	6,178	1.1%	1.633	0.119
Saxagliptin (B)	2,327	1.5%	7,801	1.4%	0.097	0.008
Sitagliptin (B)	-	0.0%	-	0.0%	0.000	-
Pioglitazone (B)	27,943	17.9%	58,401	10.4%	7.464	0.215
First-generation sulfonylureas (B)	154	0.1%	23,638	4.2%	-4.120	-0.286
Second-generation sulfonylureas (B)	-	0.0%	2	0.0%	0.000	-
Long-acting insulins (B)	20,216	12.9%	54,911	9.8%	3.140	0.099
Short-acting insulins (B)	8,993	5.8%	21,536	3.8%	1.913	0.090
Other thiazolidinediones (B)	10,017	6.4%	14,901	2.7%	3.753	0.181

Table 1e. Baseline Characteristics of Sitagliptin vs Second-Generation Sulfonylureas with Acute Myocardial Infarction in the Sentinel Distributed Database (SDD) between August 1, 2009 and July 31, 2014, (Replication) (Unmatched, Aggregated), Ratio: 1:1, Caliper:0.01

Characteristic	Medical Product				Covariate Balance	
	Sitagliptin		Second-Generation Sulfonylureas		Absolute Difference	Standardized Difference
	Number	Percent	Number	Percent		
Other anti-diabetics (B)	7,742	5.0%	15,358	2.7%	2.215	0.115
All anti-diabetics (B)	121,454	77.7%	405,346	72.3%	5.399	0.125
Angiotensin-converting enzyme inhibitors (B)	63,355	40.6%	252,750	45.1%	-4.556	-0.092
Alpha blockers (B)	2,735	1.8%	18,474	3.3%	-1.546	-0.099
Angiotensin receptor blockers (B)	38,751	24.8%	99,647	17.8%	7.020	0.172
Beta blockers (B)	41,919	26.8%	170,171	30.4%	-3.539	-0.078
Calcium channel blockers (B)	32,479	20.8%	118,292	21.1%	-0.322	-0.008
Direct vasodilators (B)	1,395	0.9%	8,089	1.4%	-0.551	-0.051
Loop diuretics (B)	16,167	10.3%	65,571	11.7%	-1.354	-0.043
Aldosterone receptor agonists (ARAs) (B)	3,861	2.5%	13,081	2.3%	0.137	0.009
Non-ARA potassium sparing diuretics (B)	5,419	3.5%	20,586	3.7%	-0.205	-0.011
Thiazide diuretics (B)	47,680	30.5%	168,099	30.0%	0.519	0.011
Renin inhibitors (B)	1,261	0.8%	1,930	0.3%	0.463	0.061
Central alpha-2 receptor agonists (B)	3,136	2.0%	14,707	2.6%	-0.617	-0.041
Reserpine and derivatives (B)	128	0.1%	403	0.1%	0.010	0.004
All anti-hypertensive agents (B)	113,625	72.7%	408,217	72.9%	-0.124	-0.003
Lipid lowering agents (B)	97,576	62.5%	333,648	59.5%	2.911	0.060
Alpha-glucosidase inhibitors (C)	307	0.2%	955	0.2%	0.026	0.006
Biguanides (C)	104,709	67.0%	326,004	58.2%	8.842	0.184
Other DPP-4 inhibitors (C)	160	0.1%	1,355	0.2%	-0.139	-0.034
Meglitinides (C)	2,757	1.8%	3,045	0.5%	1.221	0.115
Saxagliptin (C)	802	0.5%	5,633	1.0%	-0.492	-0.057
Sitagliptin (C)	156,220	100.0%	-	0.0%	100.000	-
Pioglitazone (C)	16,648	10.7%	40,557	7.2%	3.418	0.120
First-generation sulfonylureas (C)	114	0.1%	14,964	2.7%	-2.598	-0.225
Second-generation sulfonylureas (C)	-	0.0%	560,288	100.0%	-100.000	-
Long-acting insulins (C)	13,925	8.9%	37,310	6.7%	2.255	0.084
Short-acting insulins (C)	4,576	2.9%	11,734	2.1%	0.835	0.053
Other thiazolidinediones (C)	4,006	2.6%	8,236	1.5%	1.094	0.078
Other anti-diabetics (C)	2,387	1.5%	8,355	1.5%	0.037	0.003
All anti-diabetics (C)	156,220	100.0%	560,288	100.0%	0.000	-
Angiotensin-converting enzyme inhibitors (C)	50,642	32.4%	224,405	40.1%	-7.635	-0.159
Alpha blockers (C)	1,943	1.2%	14,300	2.6%	-1.309	-0.096
Angiotensin receptor blockers (C)	32,691	20.9%	82,125	14.7%	6.269	0.164
Beta blockers (C)	33,623	21.5%	147,048	26.2%	-4.722	-0.111
Calcium channel blockers (C)	26,563	17.0%	100,831	18.0%	-0.993	-0.026
Direct vasodilators (C)	1,004	0.6%	6,414	1.1%	-0.502	-0.053
Loop diuretics (C)	10,496	6.7%	48,304	8.6%	-1.903	-0.072
Aldosterone receptor agonists (ARAs) (C)	2,599	1.7%	9,767	1.7%	-0.080	-0.006
Non-ARA potassium sparing diuretics (C)	3,528	2.3%	14,349	2.6%	-0.303	-0.020
Thiazide diuretics (C)	36,654	23.5%	135,438	24.2%	-0.710	-0.017
Renin inhibitors (C)	893	0.6%	1,133	0.2%	0.369	0.060

Table 1e. Baseline Characteristics of Sitagliptin vs Second-Generation Sulfonylureas with Acute Myocardial Infarction in the Sentinel Distributed Database (SDD) between August 1, 2009 and July 31, 2014, (Replication) (Unmatched, Aggregated), Ratio: 1:1, Caliper:0.01

Characteristic	Medical Product				Covariate Balance	
	Sitagliptin		Second-Generation Sulfonylureas		Absolute Difference	Standardized Difference
	Number	Percent	Number	Percent		
Central alpha-2 receptor agonists (C)	1,959	1.3%	10,657	1.9%	-0.648	-0.052
Reserpine and derivatives (C)	65	0.0%	177	0.0%	0.010	0.005
All anti-hypertensive agents (C)	101,555	65.0%	388,577	69.4%	-4.345	-0.093
Lipid lowering agents (C)	83,158	53.2%	297,485	53.1%	0.136	0.003
Health Service Utilization Intensity:						
Non-acute institutional stay (IS visit) during prior year	4,914	3.1%	28,824	5.1%	-1.999	-0.100
Any inpatient hospital encounter (IP visit) within prior 30 day	6,893	4.4%	45,656	8.1%	-3.736	-0.154
Any inpatient hospital encounter (IP visit) 31-365 days prior to index date	17,820	11.4%	70,920	12.7%	-1.251	-0.038
Any emergency room encounter (ED visit) within prior 30 days	6,621	4.2%	43,685	7.8%	-3.559	-0.150
Any emergency room encounter (ED visit) 31-365 days prior to index date	29,628	19.0%	119,571	21.3%	-2.375	-0.059
	Mean	Standard Deviation	Mean	Standard Deviation		
Mean number of ambulatory encounters (AV)	14.7	14.6	12.7	14.0	1.984	0.139
Mean number of emergency room encounters (ED)	0.4	1.1	0.5	1.3	-0.104	-0.087
Mean number of inpatient hospital encounters (IP)	0.2	0.7	0.3	0.8	-0.067	-0.092
Mean number of non-acute institutional encounters (IS)	0.1	0.6	0.1	0.9	-0.046	-0.062
Mean number of other ambulatory encounters (OA)	3.1	6.3	4.7	7.9	-1.633	-0.229
Mean number of unique drug classes	7.9	5.1	7.6	5.0	0.374	0.074
Mean number of generics	8.8	5.9	8.3	5.8	0.505	0.087
Mean number of filled prescriptions	34.4	29.0	29.5	26.6	4.943	0.178

Table 1f. Baseline Characteristics of Sitagliptin vs Second-Generation Sulfonylureas with Acute Myocardial Infarction in the Sentinel Distributed Database (SDD) between August 1, 2009 and July 31, 2014, (Replication) (Matched, Aggregated), Ratio: 1:1, Caliper:0.01

Characteristic	Medical Product				Covariate Balance	
	Sitagliptin		Second-Generation Sulfonylureas		Absolute Difference	Standardized Difference
	Number	Percent	Number	Percent		
Patients	154,012	99.0%	154,012	28.6%	-	-
Demographics	Mean	Standard Deviation	Mean	Standard Deviation		
Mean age (years)	57.5	11.8	57.5	12.0	-0.025	-0.002
Age (years)	Number	Percent	Number	Percent		
18-29	1,698	1.1%	1,815	1.2%	-0.076	-0.007
30-44	21,434	13.9%	21,998	14.3%	-0.366	-0.011
45-54	42,139	27.4%	42,085	27.3%	0.035	0.001
55-64	50,757	33.0%	48,424	31.4%	1.515	0.032
65-74	24,711	16.0%	25,706	16.7%	-0.646	-0.017
75-84	10,680	6.9%	11,331	7.4%	-0.423	-0.016
85+	2,593	1.7%	2,653	1.7%	-0.039	-0.003
Sex						
Female	70,720	45.9%	71,023	46.1%	-0.197	-0.004
Male	83,292	54.1%	82,989	53.9%	0.197	0.004
Year						
2006	87	0.1%	85	0.1%	0.001	0.001
2007	12,978	8.4%	12,677	8.2%	0.195	0.007
2008	13,470	8.7%	13,271	8.6%	0.129	0.005
2009	26,032	16.9%	25,957	16.9%	0.049	0.001
2010	22,953	14.9%	23,095	15.0%	-0.092	-0.003
2011	27,493	17.9%	27,598	17.9%	-0.068	-0.002
2012	25,183	16.4%	25,375	16.5%	-0.125	-0.003
2013	19,563	12.9%	19,577	12.9%	-0.009	0.000
2014	6,253	5.2%	6,377	5.3%	-0.104	-0.005
Recorded history of:						
Prior combined comorbidity raw score	-	-	-	-	-	-
Acute myocardial infarction prior to 60 days before index date (broad)	1,557	1.0%	1,684	1.1%	-0.082	-0.008
Acute myocardial infarction prior to 60 days before index date (narrow)	639	0.4%	640	0.4%	-0.001	0.000
Acute myocardial infarction (broad)	2,021	1.3%	2,035	1.3%	-0.009	-0.001
Hospitalized heart failure prior to 60 days before index date	715	0.5%	721	0.5%	-0.004	-0.001
Other ischemic heart disease	26,382	17.1%	26,548	17.2%	-0.108	-0.003
Congestive heart failure	9,253	6.0%	9,498	6.2%	-0.159	-0.007
Other heart disease	33,923	22.0%	34,088	22.1%	-0.107	-0.003
Stroke (broad)	9,047	5.9%	9,128	5.9%	-0.053	-0.002
Stroke (narrow)	719	0.5%	722	0.5%	-0.002	0.000
Peripheral arterial disease	6,339	4.1%	6,413	4.2%	-0.048	-0.002
All coronary revascularization procedures	8,366	5.4%	8,457	5.5%	-0.059	-0.003
Coronary artery bypass graft	3,949	2.6%	4,012	2.6%	-0.041	-0.003

Table 1f. Baseline Characteristics of Sitagliptin vs Second-Generation Sulfonylureas with Acute Myocardial Infarction in the Sentinel Distributed Database (SDD) between August 1, 2009 and July 31, 2014, (Replication) (Matched, Aggregated), Ratio: 1:1, Caliper:0.01

Characteristic	Medical Product				Covariate Balance	
	Sitagliptin		Second-Generation Sulfonylureas		Absolute Difference	Standardized Difference
	Number	Percent	Number	Percent		
Percutaneous coronary intervention	5,824	3.8%	5,794	3.8%	0.019	0.001
All carotid revascularization procedures	215	0.1%	226	0.1%	-0.007	-0.002
Carotid endarterectomy, etc.	214	0.1%	225	0.1%	-0.007	-0.002
Carotid bypass	1	0.0%	1	0.0%	0.000	0.000
All lower extremity revascularization	709	0.5%	700	0.5%	0.006	0.001
Lower extremity endarterectomy, etc.	390	0.3%	371	0.2%	0.012	0.002
Lower extremity bypass	162	0.1%	147	0.1%	0.010	0.003
Lower extremity amputation	309	0.2%	320	0.2%	-0.007	-0.002
All Prior Cardiovascular Disease Covariates	49,652	32.2%	49,839	32.4%	-0.121	-0.003
Asthma	11,009	7.1%	11,077	7.2%	-0.044	-0.002
Cancer (excluding non-melanoma skin cancer)	10,330	6.7%	10,394	6.7%	-0.042	-0.002
Chronic kidney disease (excluding end stage renal disease)	7,174	4.7%	7,395	4.8%	-0.143	-0.007
Chronic obstructive pulmonary disease	9,967	6.5%	10,120	6.6%	-0.099	-0.004
Dementia	2,647	1.7%	2,749	1.8%	-0.066	-0.005
Depression	14,668	9.5%	14,983	9.7%	-0.205	-0.007
End stage renal disease (ESRD)	1,147	0.7%	1,244	0.8%	-0.063	-0.007
Fracture	4,593	3.0%	4,574	3.0%	0.012	0.001
Human immunodeficiency virus (HIV) / acquired immunodeficiency syndrome (AIDS)	300	0.2%	284	0.2%	0.010	0.002
Hyperlipidemia or lipid disorder	110,642	71.8%	111,011	72.1%	-0.240	-0.005
Hypertension	111,720	72.5%	111,893	72.7%	-0.112	-0.003
Hypoglycemia	5,301	3.4%	5,240	3.4%	0.040	0.002
Obesity (or weight gain)	27,283	17.7%	27,542	17.9%	-0.168	-0.004
Osteoporosis	6,624	4.3%	6,775	4.4%	-0.098	-0.005
Peripheral neuropathy	19,467	12.6%	19,546	12.7%	-0.051	-0.002
Tobacco use	10,057	6.5%	10,136	6.6%	-0.051	-0.002
All comorbidity covariates	140,698	91.4%	139,947	90.9%	0.488	0.017
History of use:						
Alpha-glucosidase inhibitors (B)	510	0.3%	442	0.3%	0.044	0.008
Biguanides (B)	101,001	65.6%	101,711	66.0%	-0.461	-0.010
Other dipeptidyl peptidase-4 (DPP-4) inhibitors (B)	458	0.3%	754	0.5%	-0.192	-0.031
Meglitinides (B)	4,158	2.7%	2,552	1.7%	1.043	0.071
Saxagliptin (B)	2,296	1.5%	3,523	2.3%	-0.797	-0.059
Sitagliptin (B)	-	0.0%	-	0.0%	0.000	-
Pioglitazone (B)	26,956	17.5%	26,900	17.5%	0.036	0.001
First-generation sulfonylureas (B)	105	0.1%	178	0.1%	-0.047	-0.016
Second-generation sulfonylureas (B)	-	0.0%	-	0.0%	0.000	-
Long-acting insulins (B)	19,399	12.6%	19,128	12.4%	0.176	0.005
Short-acting insulins (B)	8,427	5.5%	8,301	5.4%	0.082	0.004
Other thiazolidinediones (B)	9,372	6.1%	9,164	6.0%	0.135	0.006

Table 1f. Baseline Characteristics of Sitagliptin vs Second-Generation Sulfonylureas with Acute Myocardial Infarction in the Sentinel Distributed Database (SDD) between August 1, 2009 and July 31, 2014, (Replication) (Matched, Aggregated), Ratio: 1:1, Caliper:0.01

Characteristic	Medical Product				Covariate Balance	
	Sitagliptin		Second-Generation Sulfonylureas		Absolute Difference	Standardized Difference
	Number	Percent	Number	Percent		
Other anti-diabetics (B)	7,498	4.9%	7,727	5.0%	-0.149	-0.007
All anti-diabetics (B)	119,370	77.5%	119,425	77.5%	-0.036	-0.001
Angiotensin-converting enzyme inhibitors (B)	62,474	40.6%	62,805	40.8%	-0.215	-0.004
Alpha blockers (B)	2,695	1.7%	2,991	1.9%	-0.192	-0.014
Angiotensin receptor blockers (B)	37,639	24.4%	37,757	24.5%	-0.077	-0.002
Beta blockers (B)	41,221	26.8%	41,492	26.9%	-0.176	-0.004
Calcium channel blockers (B)	31,961	20.8%	32,117	20.9%	-0.101	-0.002
Direct vasodilators (B)	1,371	0.9%	1,609	1.0%	-0.155	-0.016
Loop diuretics (B)	15,842	10.3%	16,007	10.4%	-0.107	-0.004
Aldosterone receptor agonists (ARAs) (B)	3,786	2.5%	3,454	2.2%	0.216	0.014
Non-ARA potassium sparing diuretics (B)	5,339	3.5%	5,064	3.3%	0.179	0.010
Thiazide diuretics (B)	46,818	30.4%	46,974	30.5%	-0.101	-0.002
Renin inhibitors (B)	1,236	0.8%	822	0.5%	0.269	0.033
Central alpha-2 receptor agonists (B)	3,088	2.0%	3,494	2.3%	-0.264	-0.018
Reserpine and derivatives (B)	128	0.1%	121	0.1%	0.005	0.002
All anti-hypertensive agents (B)	111,699	72.5%	111,380	72.3%	0.207	0.005
Lipid lowering agents (B)	95,694	62.1%	96,254	62.5%	-0.364	-0.008
Alpha-glucosidase inhibitors (C)	291	0.2%	276	0.2%	0.010	0.002
Biguanides (C)	103,004	66.9%	103,291	67.1%	-0.186	-0.004
Other DPP-4 inhibitors (C)	159	0.1%	588	0.4%	-0.279	-0.057
Meglitinides (C)	2,687	1.7%	1,283	0.8%	0.912	0.081
Saxagliptin (C)	786	0.5%	2,599	1.7%	-1.177	-0.113
Sitagliptin (C)	154,012	100.0%	-	0.0%	100.000	-
Pioglitazone (C)	16,239	10.5%	16,295	10.6%	-0.036	-0.001
First-generation sulfonylureas (C)	73	0.0%	120	0.1%	-0.031	-0.012
Second-generation sulfonylureas (C)	-	0.0%	154,012	100.0%	-100.000	-
Long-acting insulins (C)	13,317	8.6%	13,047	8.5%	0.175	0.006
Short-acting insulins (C)	4,237	2.8%	4,033	2.6%	0.132	0.008
Other thiazolidinediones (C)	3,917	2.5%	3,906	2.5%	0.007	0.000
Other anti-diabetics (C)	2,312	1.5%	4,318	2.8%	-1.302	-0.090
All anti-diabetics (C)	154,012	100.0%	154,012	100.0%	0.000	-
Angiotensin-converting enzyme inhibitors (C)	50,144	32.6%	49,858	32.4%	0.186	0.004
Alpha blockers (C)	1,918	1.2%	2,245	1.5%	-0.212	-0.018
Angiotensin receptor blockers (C)	31,699	20.6%	31,707	20.6%	-0.005	0.000
Beta blockers (C)	33,135	21.5%	33,316	21.6%	-0.118	-0.003
Calcium channel blockers (C)	26,183	17.0%	26,272	17.1%	-0.058	-0.002
Direct vasodilators (C)	987	0.6%	1,155	0.7%	-0.109	-0.013
Loop diuretics (C)	10,303	6.7%	10,812	7.0%	-0.330	-0.013
Aldosterone receptor agonists (ARAs) (C)	2,554	1.7%	2,448	1.6%	0.069	0.005
Non-ARA potassium sparing diuretics (C)	3,485	2.3%	3,410	2.2%	0.049	0.003
Thiazide diuretics (C)	36,060	23.4%	36,033	23.4%	0.018	0.000
Renin inhibitors (C)	873	0.6%	509	0.3%	0.236	0.035

Table 1f. Baseline Characteristics of Sitagliptin vs Second-Generation Sulfonylureas with Acute Myocardial Infarction in the Sentinel Distributed Database (SDD) between August 1, 2009 and July 31, 2014, (Replication) (Matched, Aggregated), Ratio: 1:1, Caliper:0.01

Characteristic	Medical Product				Covariate Balance	
	Sitagliptin		Second-Generation Sulfonylureas		Absolute Difference	Standardized Difference
	Number	Percent	Number	Percent		
Central alpha-2 receptor agonists (C)	1,930	1.3%	2,337	1.5%	-0.264	-0.023
Reserpine and derivatives (C)	65	0.0%	55	0.0%	0.006	0.003
All anti-hypertensive agents (C)	99,899	64.9%	101,180	65.7%	-0.832	-0.017
Lipid lowering agents (C)	81,639	53.0%	82,075	53.3%	-0.283	-0.006
Health Service Utilization Intensity:						
Non-acute institutional stay (IS visit) during prior year	4,876	3.2%	4,938	3.2%	-0.040	-0.002
Any inpatient hospital encounter (IP visit) within prior 30 day	6,860	4.5%	6,941	4.5%	-0.053	-0.003
Any inpatient hospital encounter (IP visit) 31-365 days prior to index date	17,554	11.4%	17,783	11.5%	-0.149	-0.005
Any emergency room encounter (ED visit) within prior 30 days	6,594	4.3%	6,705	4.4%	-0.072	-0.004
Any emergency room encounter (ED visit) 31-365 days prior to index date	29,248	19.0%	29,533	19.2%	-0.185	-0.005
	Mean	Standard Deviation	Mean	Standard Deviation		
Mean number of ambulatory encounters (AV)	14.6	14.4	14.7	16.4	-0.059	-0.004
Mean number of emergency room encounters (ED)	0.4	1.1	0.4	1.2	-0.018	-0.015
Mean number of inpatient hospital encounters (IP)	0.2	0.7	0.2	0.7	-0.008	-0.011
Mean number of non-acute institutional encounters (IS)	0.1	0.6	0.1	0.5	0.000	-0.001
Mean number of other ambulatory encounters (OA)	3.1	6.3	3.1	6.5	0.000	0.000
Mean number of unique drug classes	7.9	5.0	7.9	5.1	-0.014	-0.003
Mean number of generics	8.8	5.8	8.8	6.0	-0.048	-0.008
Mean number of filled prescriptions	34.1	28.8	33.6	29.0	0.522	0.018

Table 2. Effect Estimates for New Users of Sitagliptin vs New Users of Pioglitazone with Acute Myocardial Infarction in the Sentinel Distributed Database (SDD) between August 1, 2009 and July 31, 2014, (Replication) by Analysis Type

Medical Product	Number of New Users	Person Years at Risk	Average Person Days at Risk	Average Person Years at Risk	Number of Events	Incidence Rate per 1,000 Person Years	Risk per 1,000 New Users	Incidence Rate Difference per 1,000 Person Years	Difference in Risk per 1,000 New Users	Hazard Ratio (95% Confidence Interval)	Wald P-Value
Unmatched Analysis (Site-adjusted only)											
Sitagliptin	213,303	115,986.60	198.61	0.54	481	4.15	2.26	-0.18	-0.49	1.13 (0.99, 1.30)	0.074
Pioglitazone	200,021	126,884.02	231.70	0.63	549	4.33	2.74				
1:1 Matched Conditional Predefined Analysis; Caliper= 0.01											
Sitagliptin	131,846	30,088.09	83.35	0.23	121	4.02	0.92	-0.43	-0.10	0.90 (0.71, 1.15)	0.416
Pioglitazone	131,846	30,088.09	83.35	0.23	134	4.45	1.02				
1:1 Matched Unconditional Predefined Analysis; Caliper= 0.01											
Sitagliptin	131,846	78,616.00	217.79	0.60	313	3.98	2.37	0.34	0.43	1.11 (0.94, 1.30)	0.233
Pioglitazone	131,846	70,251.33	194.62	0.53	256	3.64	1.94				

Table 3. Effect Estimates for New Users of Sitagliptin vs New Users of Pioglitazone with Acute Myocardial Infarction in the Sentinel Distributed Database (SDD) between August 1, 2009 and July 31, 2014, (Replication) by Analysis Type and Prior Cardiovascular Disease Status

Medical Product	Number of New Users	Person Years at Risk	Average Person Days at Risk	Average Person Years at Risk	Number of Events	Incidence Rate per 1,000 Person Years	Risk per 1,000 New Users	Incidence Rate Difference per 1,000 Person Years	Difference in Risk per 1,000 New Users	Hazard Ratio (95% Confidence Interval)	Wald P-Value
No prior cardiovascular disease covariates											
Unmatched Analysis (Site-adjusted only)											
Sitagliptin	149,477	79,490.25	194.24	0.53	221	2.78	1.48	-0.44	-0.59	0.97 (0.80, 1.17)	0.758
Pioglitazone	147,094	94,418.48	234.45	0.64	304	3.22	2.07				
1:1 Matched Conditional Predefined Analysis; Caliper= 0.01											
Sitagliptin	95,196	21,315.85	81.79	0.22	67	3.14	0.70	-0.33	-0.07	0.91 (0.65, 1.26)	0.556
Pioglitazone	95,196	21,315.85	81.79	0.22	74	3.47	0.78				
1:1 Matched Unconditional Predefined Analysis; Caliper= 0.01											
Sitagliptin	95,196	55,700.65	213.71	0.59	159	2.85	1.67	0.14	0.24	1.06 (0.84, 1.34)	0.61
Pioglitazone	95,196	50,023.51	191.93	0.53	136	2.72	1.43				
Presence of prior cardiovascular disease covariates											
Unmatched Analysis (Site-adjusted only)											
Sitagliptin	63,826	36,496.35	208.85	0.57	260	7.12	4.07	-0.42	-0.56	1.25 (1.03, 1.52)	0.025
Pioglitazone	52,927	32,465.54	224.05	0.61	245	7.55	4.63				
1:1 Matched Conditional Predefined Analysis; Caliper= 0.01											
Sitagliptin	36,571	8,760.24	87.49	0.24	64	7.31	1.75	0.23	0.05	1.03 (0.73, 1.46)	0.859
Pioglitazone	36,571	8,760.24	87.49	0.24	62	7.08	1.70				
1:1 Matched Unconditional Predefined Analysis; Caliper= 0.01											
Sitagliptin	36,571	22,881.19	228.52	0.63	162	7.08	4.43	1.44	1.31	1.29 (1.01, 1.64)	0.039
Pioglitazone	36,571	20,226.26	202.01	0.55	114	5.64	3.12				

Table 4. Effect Estimates for New Users of Sitagliptin vs New Users of Pioglitazone with Acute Myocardial Infarction in the Sentinel Distributed Database (SDD) between August 1, 2009 and July 31, 2014, (Replication) by Analysis Type and Sex

Medical Product	Sex	Number of New Users	Person Years at Risk	Average Person Days at Risk	Average Person Years at Risk	Number of Events	Incidence Rate per 1,000 Person Years	Risk per 1,000 New Users	Incidence Rate Difference per 1,000 Person Years	Difference in Risk per 1,000 New Users	Hazard Ratio (95% Confidence Interval)	Wald P-Value
Unmatched Analysis (Site-adjusted only)												
Sitagliptin	Male	113,868	63,910.37	205.00	0.56	313	4.90	2.75	0.10	-0.51	1.20 (1.02, 1.42)	0.029
Pioglitazone	Male	113,984	77,263.59	247.58	0.68	371	4.80	3.25				
1:1 Matched Conditional Predefined Analysis; Caliper= 0.01												
Sitagliptin	Male	74,251	17,904.93	88.08	0.24	84	4.69	1.13	0.00	0.00	1.00 (0.74, 1.35)	1
Pioglitazone	Male	74,251	17,904.93	88.08	0.24	84	4.69	1.13				
1:1 Matched Unconditional Predefined Analysis; Caliper= 0.01												
Sitagliptin	Male	74,251	45,664.91	224.63	0.62	211	4.62	2.84	0.58	0.54	1.14 (0.93, 1.40)	0.202
Pioglitazone	Male	74,251	42,269.00	207.93	0.57	171	4.05	2.30				
Unmatched Analysis (Site-adjusted only)												
Sitagliptin	Female	99,435	52,076.24	191.29	0.52	168	3.23	1.69	-0.36	-0.38	1.08 (0.85, 1.36)	0.532
Pioglitazone	Female	86,037	49,620.43	210.65	0.58	178	3.59	2.07				
1:1 Matched Conditional Predefined Analysis; Caliper= 0.01												
Sitagliptin	Female	57,455	12,283.56	78.09	0.21	43	3.50	0.75	-0.08	-0.02	0.98 (0.64, 1.49)	0.915
Pioglitazone	Female	57,455	12,283.56	78.09	0.21	44	3.58	0.77				
1:1 Matched Unconditional Predefined Analysis; Caliper= 0.01												
Sitagliptin	Female	57,455	32,865.70	208.93	0.57	97	2.95	1.69	-0.01	0.26	1.02 (0.76, 1.38)	0.87
Pioglitazone	Female	57,455	27,732.86	176.30	0.48	82	2.96	1.43				

Table 5. Effect Estimates for New Users of Sitagliptin vs New Users of Pioglitazone with Acute Myocardial Infarction in the Sentinel Distributed Database (SDD) between August 1, 2009 and July 31, 2014, (Replication) by Analysis Type and Age Group

Medical Product	Age Group (years)	Number of New Users	Person Years at Risk	Average Person Days at Risk	Average Person Years at Risk	Number of Events	Incidence Rate per 1,000 Person Years	Risk per 1,000 New Users	Incidence Rate Difference per 1,000 Person Years	Difference in Risk per 1,000 New Users	Hazard Ratio (95% Confidence Interval)	Wald P-Value
Unmatched Analysis (Site-adjusted only)												
Sitagliptin	18-64	156,238	80,983.53	189.32	0.52	230	2.84	1.47	-0.15	-0.32	1.11 (0.91, 1.35)	0.301
Pioglitazone	18-64	141,827	84,894.69	218.63	0.60	254	2.99	1.79				
1:1 Matched Conditional Predefined Analysis; Caliper= 0.01												
Sitagliptin	18-64	99,197	21,550.26	79.35	0.22	63	2.92	0.64	0.23	0.05	1.09 (0.76, 1.55)	0.65
Pioglitazone	18-64	99,197	21,550.26	79.35	0.22	58	2.69	0.58				
1:1 Matched Unconditional Predefined Analysis; Caliper= 0.01												
Sitagliptin	18-64	99,197	56,368.07	207.55	0.57	164	2.91	1.65	0.51	0.43	1.23 (0.97, 1.56)	0.082
Pioglitazone	18-64	99,197	50,498.27	185.94	0.51	121	2.40	1.22				
Unmatched Analysis (Site-adjusted only)												
Sitagliptin	65+	57,065	35,003.07	224.04	0.61	251	7.17	4.40	0.15	-0.67	1.15 (0.96, 1.39)	0.134
Pioglitazone	65+	58,194	41,989.33	263.54	0.72	295	7.03	5.07				
1:1 Matched Conditional Predefined Analysis; Caliper= 0.01												
Sitagliptin	65+	32,521	8,613.26	96.74	0.26	64	7.43	1.97	0.23	0.06	1.03 (0.73, 1.46)	0.859
Pioglitazone	65+	32,521	8,613.26	96.74	0.26	62	7.20	1.91				
1:1 Matched Unconditional Predefined Analysis; Caliper= 0.01												
Sitagliptin	65+	32,521	22,200.74	249.34	0.68	156	7.03	4.80	0.48	0.89	1.09 (0.86, 1.37)	0.493
Pioglitazone	65+	32,521	19,400.51	217.89	0.60	127	6.55	3.91				

Table 6. Effect Estimates for New Users of Sitagliptin vs New Users of Long-Acting Insulins with Acute Myocardial Infarction in the Sentinel Distributed Database (SDD) between August 1, 2009 and July 31, 2014, (Replication) by Analysis Type

Medical Product	Number of New Users	Person Years at Risk	Average Person Days at Risk	Average Person Years at Risk	Number of Events	Incidence Rate per 1,000 Person Years	Risk per 1,000 New Users	Incidence Rate Difference per 1,000 Person Years	Difference in Risk per 1,000 New Users	Hazard Ratio (95% Confidence Interval)	Wald P-Value
Unmatched Analysis (Site-adjusted only)											
Sitagliptin	262,313	151,413.65	210.83	0.58	643	4.25	2.45	-5.39	-0.43	0.51 (0.46, 0.57)	<0.001
Long-Acting Insulins	354,842	106,217.94	109.33	0.30	1,024	9.64	2.89				
1:1 Matched Conditional Predefined Analysis; Caliper= 0.01											
Sitagliptin	145,741	23,353.88	58.53	0.16	133	5.69	0.91	-2.01	-0.32	0.74 (0.59, 0.92)	0.008
Long-Acting Insulins	145,741	23,353.88	58.53	0.16	180	7.71	1.24				
1:1 Matched Unconditional Predefined Analysis; Caliper= 0.01											
Sitagliptin	145,741	75,118.29	188.26	0.52	371	4.94	2.55	-2.81	0.30	0.67 (0.58, 0.78)	<0.001
Long-Acting Insulins	145,741	42,344.56	106.12	0.29	328	7.75	2.25				

Table 7. Effect Estimates for New Users of Sitagliptin vs New Users of Long-Acting Insulins with Acute Myocardial Infarction in the Sentinel Distributed Database (SDD) between August 1, 2009 and July 31, 2014, (Replication) by Analysis Type and Prior Cardiovascular Disease Status

Medical Product	Number of New Users	Person Years at Risk	Average Person Days at Risk	Average Person Years at Risk	Number of Events	Incidence Rate per 1,000 Person Years	Risk per 1,000 New Users	Incidence Rate Difference per 1,000 Person Years	Difference in Risk per 1,000 New Users	Hazard Ratio (95% Confidence Interval)	Wald P-Value
No prior cardiovascular disease covariates											
Unmatched Analysis (Site-adjusted only)											
Sitagliptin	174,293	99,013.33	207.49	0.57	245	2.47	1.41	-2.39	-0.08	0.56 (0.46, 0.68)	<0.001
Long-Acting Insulins	208,797	63,691.75	111.42	0.31	310	4.87	1.48				
1:1 Matched Conditional Predefined Analysis; Caliper= 0.01											
Sitagliptin	90,813	14,380.31	57.84	0.16	44	3.06	0.48	-1.88	-0.30	0.62 (0.43, 0.90)	0.013
Long-Acting Insulins	90,813	14,380.31	57.84	0.16	71	4.94	0.78				
1:1 Matched Unconditional Predefined Analysis; Caliper= 0.01											
Sitagliptin	90,813	45,968.71	184.89	0.51	127	2.76	1.40	-1.61	0.17	0.68 (0.52, 0.88)	0.004
Long-Acting Insulins	90,813	25,632.76	103.10	0.28	112	4.37	1.23				
Presence of prior cardiovascular disease covariates											
Unmatched Analysis (Site-adjusted only)											
Sitagliptin	88,020	52,400.32	217.44	0.60	398	7.60	4.52	-9.19	-0.37	0.56 (0.49, 0.65)	<0.001
Long-Acting Insulins	146,045	42,526.20	106.36	0.29	714	16.79	4.89				
1:1 Matched Conditional Predefined Analysis; Caliper= 0.01											
Sitagliptin	54,810	9,114.37	60.74	0.17	94	10.31	1.72	-2.41	-0.40	0.81 (0.62, 1.06)	0.13
Long-Acting Insulins	54,810	9,114.37	60.74	0.17	116	12.73	2.12				
1:1 Matched Unconditional Predefined Analysis; Caliper= 0.01											
Sitagliptin	54,810	29,336.07	195.49	0.54	260	8.86	4.74	-3.64	0.99	0.74 (0.62, 0.90)	0.002
Long-Acting Insulins	54,810	16,472.19	109.77	0.30	206	12.51	3.76				

Table 8. Effect Estimates for New Users of Sitagliptin vs New Users of Long-Acting Insulins with Acute Myocardial Infarction in the Sentinel Distributed Database (SDD) between August 1, 2009 and July 31, 2014, (Replication) by Analysis Type and Sex

Medical Product	Sex	Number of New Users	Person Years at Risk	Average Person Days at Risk	Average Person Years at Risk	Number of Events	Incidence Rate per 1,000 Person Years	Risk per 1,000 New Users	Incidence Rate Difference per 1,000 Person Years	Difference in Risk per 1,000 New Users	Hazard Ratio (95% Confidence Interval)	Wald P-Value
Unmatched Analysis (Site-adjusted only)												
Sitagliptin	Male	145,589	87,434.95	219.35	0.60	426	4.87	2.93				
Long-Acting Insulins	Male	194,188	58,731.64	110.47	0.30	642	10.93	3.31	-6.06	-0.38	0.56 (0.48, 0.64)	<0.001
1:1 Matched Conditional Predefined Analysis; Caliper= 0.01												
Sitagliptin	Male	79,696	12,998.99	59.57	0.16	76	5.85	0.95				
Long-Acting Insulins	Male	79,696	12,998.99	59.57	0.16	112	8.62	1.41	-2.77	-0.45	0.68 (0.51, 0.91)	0.009
1:1 Matched Unconditional Predefined Analysis; Caliper= 0.01												
Sitagliptin	Male	79,696	42,817.87	196.24	0.54	245	5.72	3.07				
Long-Acting Insulins	Male	79,696	23,505.90	107.73	0.29	194	8.25	2.43	-2.53	0.64	0.74 (0.61, 0.90)	0.003
Unmatched Analysis (Site-adjusted only)												
Sitagliptin	Female	116,724	63,978.69	200.20	0.55	217	3.39	1.86				
Long-Acting Insulins	Female	160,654	47,486.30	107.96	0.30	382	8.04	2.38	-4.65	-0.52	0.44 (0.37, 0.54)	<0.001
1:1 Matched Conditional Predefined Analysis; Caliper= 0.01												
Sitagliptin	Female	65,971	10,372.51	57.43	0.16	50	4.82	0.76				
Long-Acting Insulins	Female	65,971	10,372.51	57.43	0.16	67	6.46	1.02	-1.64	-0.26	0.75 (0.52, 1.08)	0.117
1:1 Matched Unconditional Predefined Analysis; Caliper= 0.01												
Sitagliptin	Female	65,971	32,158.95	178.05	0.49	123	3.82	1.86				
Long-Acting Insulins	Female	65,971	18,669.68	103.37	0.28	129	6.91	1.96	-3.08	-0.09	0.59 (0.46, 0.76)	<0.001

Table 9. Effect Estimates for New Users of Sitagliptin vs New Users of Long-Acting Insulins with Acute Myocardial Infarction in the Sentinel Distributed Database (SDD) between August 1, 2009 and July 31, 2014, (Replication) by Analysis Type and Age Group

Medical Product	Age Group (years)	Number of New Users	Person Years at Risk	Average Person Days at Risk	Average Person Years at Risk	Number of Events	Incidence Rate per 1,000 Person Years	Risk per 1,000 New Users	Incidence Rate Difference per 1,000 Person Years	Difference in Risk per 1,000 New Users	Hazard Ratio (95% Confidence Interval)	Wald P-Value
Unmatched Analysis (Site-adjusted only)												
Sitagliptin	18-64	183,687	101,276.05	201.38	0.55	266	2.63	1.45				
Long-Acting Insulins	18-64	237,100	67,454.63	103.91	0.28	431	6.39	1.82	-3.76	-0.37	0.50 (0.42, 0.59)	<0.001
1:1 Matched Conditional Predefined Analysis; Caliper= 0.01												
Sitagliptin	18-64	98,563	14,949.40	55.40	0.15	48	3.21	0.49				
Long-Acting Insulins	18-64	98,563	14,949.40	55.40	0.15	81	5.42	0.82	-2.21	-0.33	0.59 (0.41, 0.85)	0.004
1:1 Matched Unconditional Predefined Analysis; Caliper= 0.01												
Sitagliptin	18-64	98,563	48,125.62	178.34	0.49	141	2.93	1.43				
Long-Acting Insulins	18-64	98,563	26,287.91	97.42	0.27	129	4.91	1.31	-1.98	0.12	0.64 (0.50, 0.82)	<0.001
Unmatched Analysis (Site-adjusted only)												
Sitagliptin	65+	78,626	50,137.60	232.91	0.64	377	7.52	4.79				
Long-Acting Insulins	65+	117,742	38,763.32	120.25	0.33	593	15.30	5.04	-7.78	-0.24	0.52 (0.45, 0.60)	<0.001
1:1 Matched Conditional Predefined Analysis; Caliper= 0.01												
Sitagliptin	65+	47,115	8,659.63	67.13	0.18	82	9.47	1.74				
Long-Acting Insulins	65+	47,115	8,659.63	67.13	0.18	111	12.82	2.36	-3.35	-0.62	0.74 (0.56, 0.98)	0.038
1:1 Matched Unconditional Predefined Analysis; Caliper= 0.01												
Sitagliptin	65+	47,115	27,153.07	210.50	0.58	237	8.73	5.03				
Long-Acting Insulins	65+	47,115	15,930.15	123.50	0.34	203	12.74	4.31	-4.01	0.72	0.70 (0.58, 0.85)	<0.001

Table 10. Effect Estimates for New Users of Sitagliptin vs New Users of Second-Generation Sulfonylureas with Acute Myocardial Infarction in the Sentinel Distributed Database (SDD) between August 1, 2009 and July 31, 2014, (Replication) by Analysis Type

Medical Product	Number of New Users	Person Years at Risk	Average Person Days at Risk	Average Person Years at Risk	Number of Events	Incidence Rate per 1,000 Person Years	Risk per 1,000 New Users	Incidence Rate Difference per 1,000 Person Years	Difference in Risk per 1,000 New Users	Hazard Ratio (95% Confidence Interval)	Wald P-Value
Unmatched Analysis (Site-adjusted only)											
Sitagliptin	156,220	83,135.87	194.38	0.53	311	3.74	1.99	-3.16	-2.97	0.63 (0.56, 0.72)	<0.001
Second-Generation Sulfonylureas	560,288	403,035.44	262.74	0.72	2,780	6.90	4.96				
1:1 Matched Conditional Predefined Analysis; Caliper= 0.01											
Sitagliptin	154,012	33,104.14	78.51	0.21	151	4.56	0.98	-1.54	-0.33	0.75 (0.61, 0.92)	0.007
Second-Generation Sulfonylureas	154,012	33,104.14	78.51	0.21	202	6.10	1.31				
1:1 Matched Unconditional Predefined Analysis; Caliper= 0.01											
Sitagliptin	154,012	81,645.37	193.63	0.53	303	3.71	1.97	-1.48	-0.76	0.72 (0.62, 0.83)	<0.001
Second-Generation Sulfonylureas	154,012	80,976.09	192.04	0.53	420	5.19	2.73				

Table 11. Effect Estimates for New Users of Sitagliptin vs New Users of Second-Generation Sulfonylureas with Acute Myocardial Infarction in the Sentinel Distributed Database (SDD) between August 1, 2009 and July 31, 2014, (Replication) by Analysis Type and Prior Cardiovascular Disease Status

Medical Product	Number of New Users	Person Years at Risk	Average Person Days at Risk	Average Person Years at Risk	Number of Events	Incidence Rate per 1,000 Person Years	Risk per 1,000 New Users	Incidence Rate Difference per 1,000 Person Years	Difference in Risk per 1,000 New Users	Hazard Ratio (95% Confidence Interval)	Wald P-Value
No prior cardiovascular disease covariates											
Unmatched Analysis (Site-adjusted only)											
Sitagliptin	105,677	55,136.61	190.57	0.52	120	2.18	1.14	-1.78	-1.74	0.60 (0.49, 0.74)	<0.001
Second-Generation Sulfonylureas	378,305	274,511.75	265.04	0.73	1,086	3.96	2.87				
1:1 Matched Conditional Predefined Analysis; Caliper= 0.01											
Sitagliptin	104,295	21,773.13	76.25	0.21	53	2.43	0.51	-1.52	-0.32	0.62 (0.44, 0.87)	0.006
Second-Generation Sulfonylureas	104,295	21,773.13	76.25	0.21	86	3.95	0.82				
1:1 Matched Unconditional Predefined Analysis; Caliper= 0.01											
Sitagliptin	104,295	54,238.55	189.95	0.52	118	2.18	1.13	-1.07	-0.51	0.68 (0.54, 0.86)	0.001
Second-Generation Sulfonylureas	104,295	52,652.13	184.39	0.50	171	3.25	1.64				
Presence of prior cardiovascular disease covariates											
Unmatched Analysis (Site-adjusted only)											
Sitagliptin	50,543	27,999.26	202.34	0.55	191	6.82	3.78	-6.36	-5.53	0.68 (0.58, 0.80)	<0.001
Second-Generation Sulfonylureas	181,983	128,523.69	257.95	0.71	1,694	13.18	9.31				
1:1 Matched Conditional Predefined Analysis; Caliper= 0.01											
Sitagliptin	49,602	11,266.79	82.96	0.23	97	8.61	1.96	-0.98	-0.22	0.90 (0.68, 1.18)	0.443
Second-Generation Sulfonylureas	49,602	11,266.79	82.96	0.23	108	9.59	2.18				
1:1 Matched Unconditional Predefined Analysis; Caliper= 0.01											
Sitagliptin	49,602	27,389.19	201.68	0.55	184	6.72	3.71	-1.79	-1.15	0.79 (0.65, 0.96)	0.017
Second-Generation Sulfonylureas	49,602	28,323.25	208.56	0.57	241	8.51	4.86				

Table 12. Effect Estimates for New Users of Sitagliptin vs New Users of Second-Generation Sulfonylureas with Acute Myocardial Infarction in the Sentinel Distributed Database (SDD) between August 1, 2009 and July 31, 2014, (Replication) by Analysis Type and Sex

Medical Product	Sex	Number of New Users	Person Years at Risk	Average Person Days at Risk	Average Person Years at Risk	Number of Events	Incidence Rate per 1,000 Person Years	Risk per 1,000 New Users	Incidence Rate Difference per 1,000 Person Years	Difference in Risk per 1,000 New Users	Hazard Ratio (95% Confidence Interval)	Wald P-Value
Unmatched Analysis (Site-adjusted only)												
Sitagliptin	Male	84,315	46,851.39	202.96	0.56	209	4.46	2.48				
Second-Generation Sulfonylureas	Male	308,209	227,485.49	269.59	0.74	1,817	7.99	5.90	-3.53	-3.42	0.67 (0.57, 0.78)	<0.001
1:1 Matched Conditional Predefined Analysis; Caliper= 0.01												
Sitagliptin	Male	82,978	18,788.49	82.70	0.23	108	5.75	1.30				
Second-Generation Sulfonylureas	Male	82,978	18,788.49	82.70	0.23	136	7.24	1.64	-1.49	-0.34	0.79 (0.62, 1.02)	0.074
1:1 Matched Unconditional Predefined Analysis; Caliper= 0.01												
Sitagliptin	Male	82,978	45,914.21	202.10	0.55	205	4.46	2.47				
Second-Generation Sulfonylureas	Male	82,978	45,742.37	201.35	0.55	260	5.68	3.13	-1.22	-0.66	0.79 (0.66, 0.95)	0.013
Unmatched Analysis (Site-adjusted only)												
Sitagliptin	Female	71,905	36,284.47	184.31	0.50	102	2.81	1.42				
Second-Generation Sulfonylureas	Female	252,079	175,549.94	254.36	0.70	963	5.49	3.82	-2.67	-2.40	0.58 (0.47, 0.72)	<0.001
1:1 Matched Conditional Predefined Analysis; Caliper= 0.01												
Sitagliptin	Female	70,916	14,387.35	74.10	0.20	45	3.13	0.63				
Second-Generation Sulfonylureas	Female	70,916	14,387.35	74.10	0.20	77	5.35	1.09	-2.22	-0.45	0.58 (0.40, 0.84)	0.004
1:1 Matched Unconditional Predefined Analysis; Caliper= 0.01												
Sitagliptin	Female	70,916	35,673.66	183.74	0.50	99	2.78	1.40				
Second-Generation Sulfonylureas	Female	70,916	35,385.10	182.25	0.50	142	4.01	2.00	-1.24	-0.61	0.70 (0.54, 0.90)	0.006

Table 13. Effect Estimates for New Users of Sitagliptin vs New Users of Second-Generation Sulfonylureas with Acute Myocardial Infarction in the Sentinel Distributed Database (SDD) between August 1, 2009 and July 31, 2014, (Replication) by Analysis Type and Age Group

Medical Product	Age Group (years)	Number of New Users	Person Years at Risk	Average Person Days at Risk	Average Person Years at Risk	Number of Events	Incidence Rate per 1,000 Person Years	Risk per 1,000 New Users	Incidence Rate Difference per 1,000 Person Years	Difference in Risk per 1,000 New Users	Hazard Ratio (95% Confidence Interval)	Wald P-Value
Unmatched Analysis (Site-adjusted only)												
Sitagliptin	18-64	117,711	59,731.79	185.34	0.51	147	2.46	1.25				
Second-Generation Sulfonylureas	18-64	369,527	227,608.00	224.97	0.62	929	4.08	2.51	-1.62	-1.27	0.63 (0.52, 0.76)	<0.001
1:1 Matched Conditional Predefined Analysis; Caliper= 0.01												
Sitagliptin	18-64	115,852	23,251.12	73.30	0.20	74	3.18	0.64				
Second-Generation Sulfonylureas	18-64	115,852	23,251.12	73.30	0.20	111	4.77	0.96	-1.59	-0.32	0.67 (0.50, 0.89)	0.007
1:1 Matched Unconditional Predefined Analysis; Caliper= 0.01												
Sitagliptin	18-64	115,852	58,530.12	184.53	0.51	143	2.44	1.23				
Second-Generation Sulfonylureas	18-64	115,852	54,332.50	171.30	0.47	202	3.72	1.74	-1.27	-0.51	0.67 (0.54, 0.83)	<0.001
Unmatched Analysis (Site-adjusted only)												
Sitagliptin	65+	38,509	23,404.08	221.98	0.61	164	7.01	4.26				
Second-Generation Sulfonylureas	65+	190,761	175,427.44	335.89	0.92	1,851	10.55	9.70	-3.54	-5.44	0.73 (0.62, 0.87)	<0.001
1:1 Matched Conditional Predefined Analysis; Caliper= 0.01												
Sitagliptin	65+	38,043	10,028.50	96.28	0.26	87	8.68	2.29				
Second-Generation Sulfonylureas	65+	38,043	10,028.50	96.28	0.26	92	9.17	2.42	-0.50	-0.13	0.95 (0.71, 1.27)	0.709
1:1 Matched Unconditional Predefined Analysis; Caliper= 0.01												
Sitagliptin	65+	38,043	23,090.53	221.69	0.61	160	6.93	4.21				
Second-Generation Sulfonylureas	65+	38,043	26,125.36	250.83	0.69	213	8.15	5.60	-1.22	-1.39	0.84 (0.68, 1.03)	0.09

Figure 1a. Propensity Score Distributions for New Users of Sitagliptin and Pioglitazone with Acute Myocardial Infarction in the Sentinel Distributed Database (SDD) between August 1, 2009 and July 31, 2014, (Replication), Unmatched, Aggregated

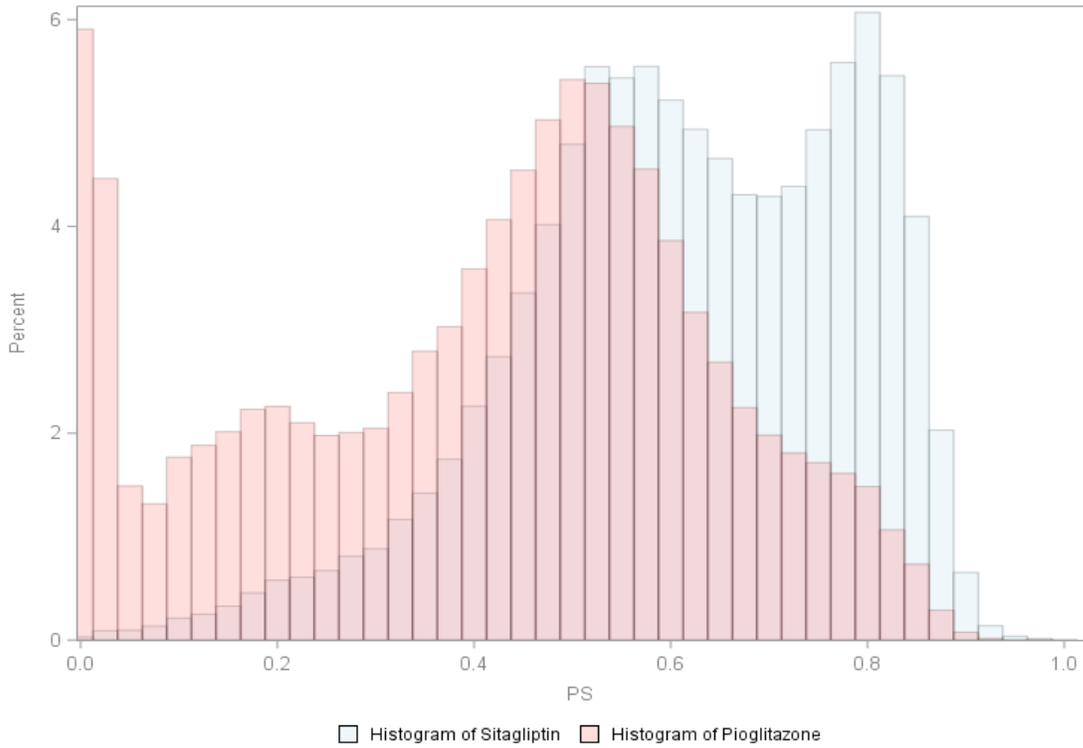


Figure 1b. Propensity Score Distributions for New Users of Sitagliptin and Pioglitazone with Acute Myocardial Infarction in the Sentinel Distributed Database (SDD) between August 1, 2009 and July 31, 2014, (Replication), Matched, Aggregated

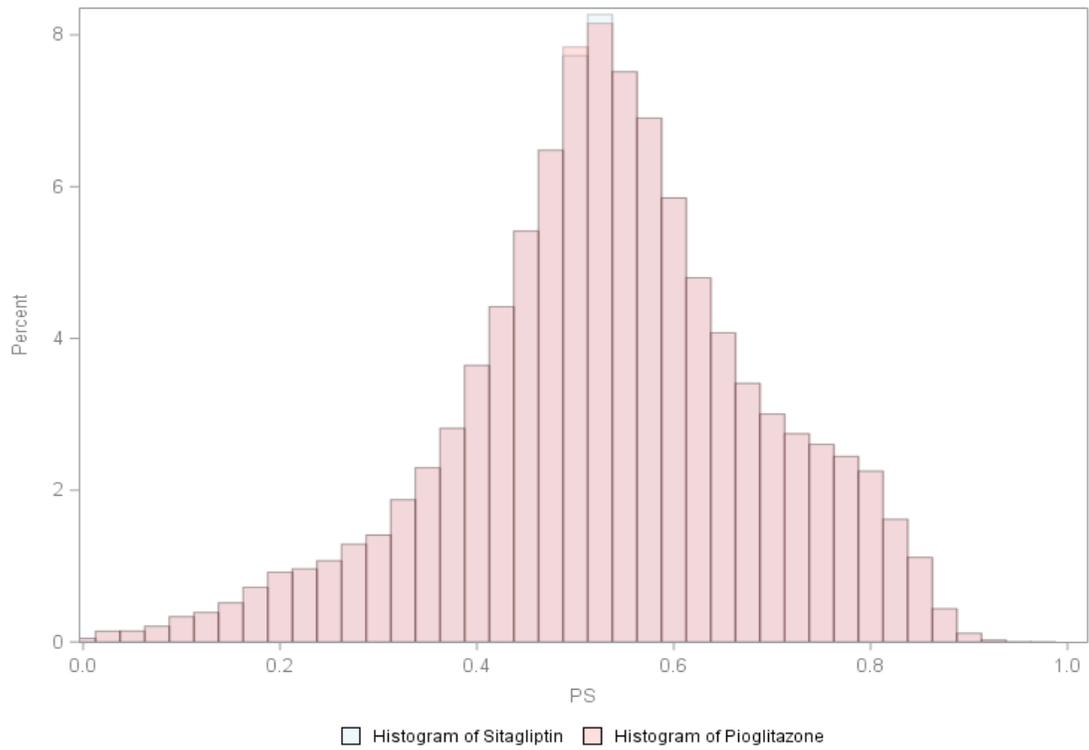


Figure 2a. Propensity Score Distributions for New Users of Sitagliptin and Long-Acting Insulins with Acute Myocardial Infarction in the Sentinel Distributed Database (SDD) between August 1, 2009 and July 31, 2014, (Replication), Unmatched, Aggregated

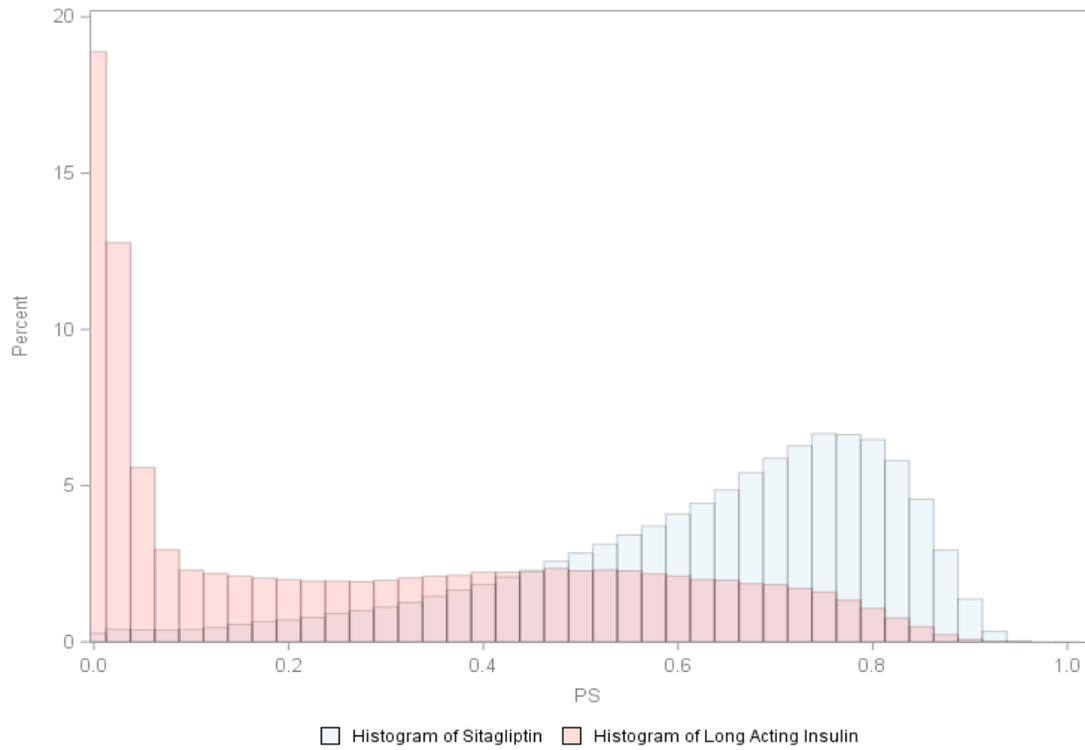


Figure 2b. Propensity Score Distributions for New Users of Sitagliptin and Long-Acting Insulins with Acute Myocardial Infarction in the Sentinel Distributed Database (SDD) between August 1, 2009 and July 31, 2014, (Replication), Matched, Aggregated

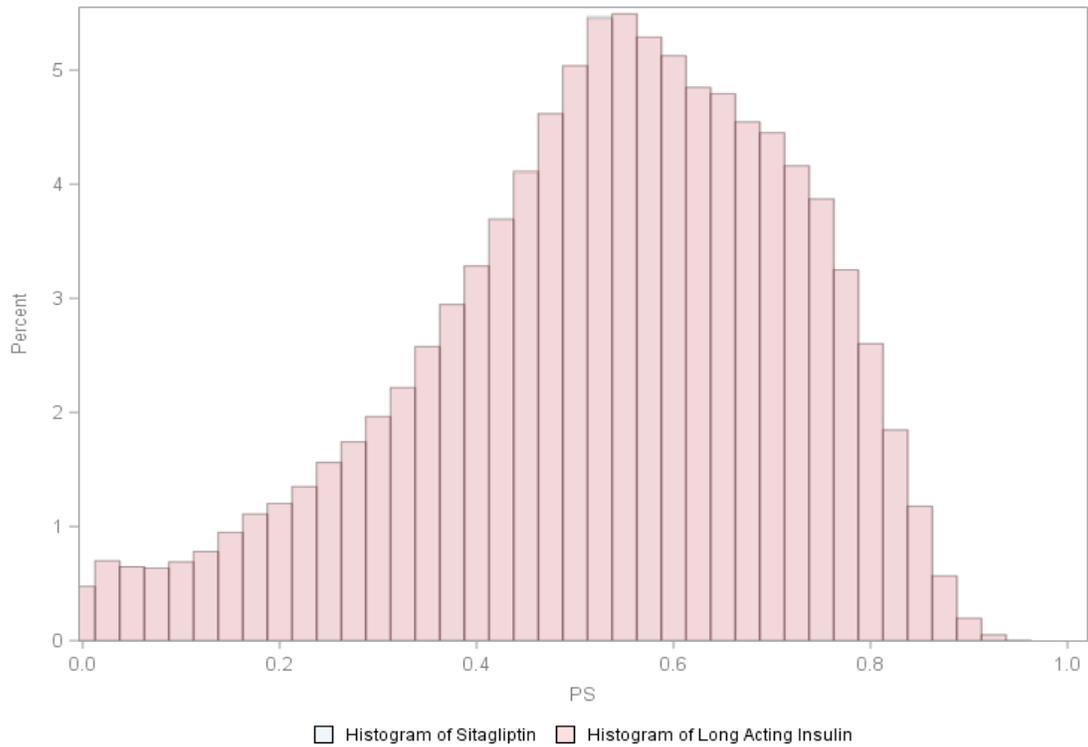


Figure 3a. Propensity Score Distributions for New Users of Sitagliptin and Second-Generation Sulfonylureas with Acute Myocardial Infarction in the Sentinel Distributed Database (SDD) between August 1, 2009 and July 31, 2014, (Replication), Unmatched, Aggregated

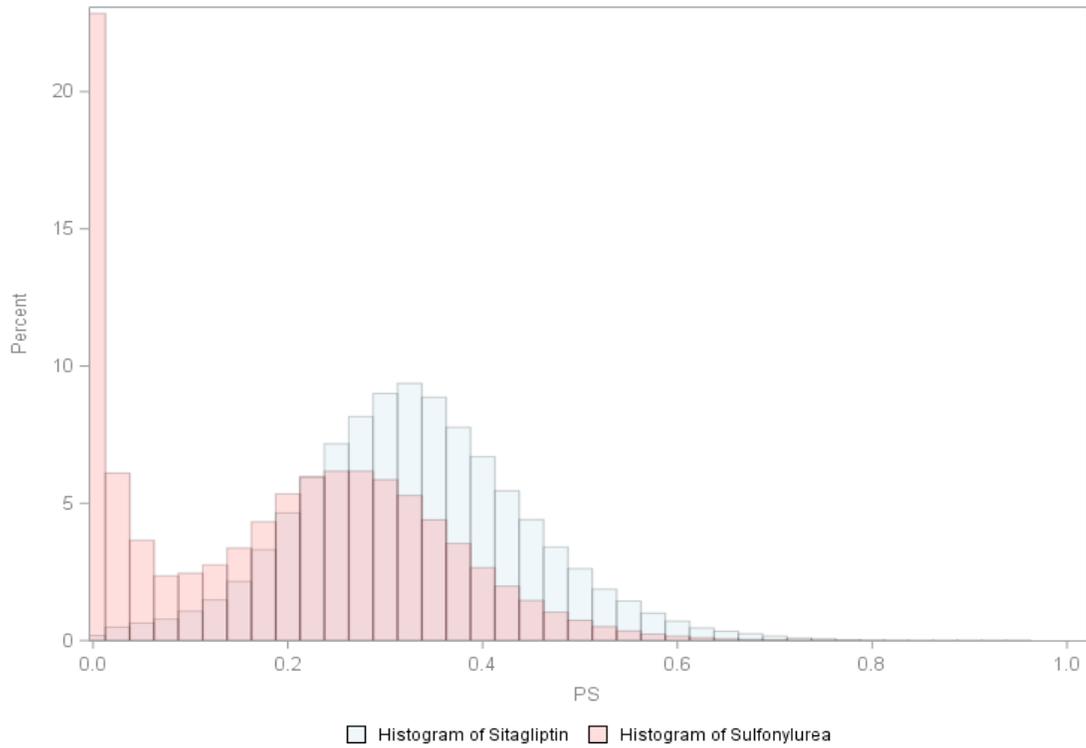


Figure 3b. Propensity Score Distributions for New Users of Sitagliptin and Second-Generation Sulfonylureas with Acute Myocardial Infarction in the Sentinel Distributed Database (SDD) between August 1, 2009 and July 31, 2014, (Replication), Matched, Aggregated

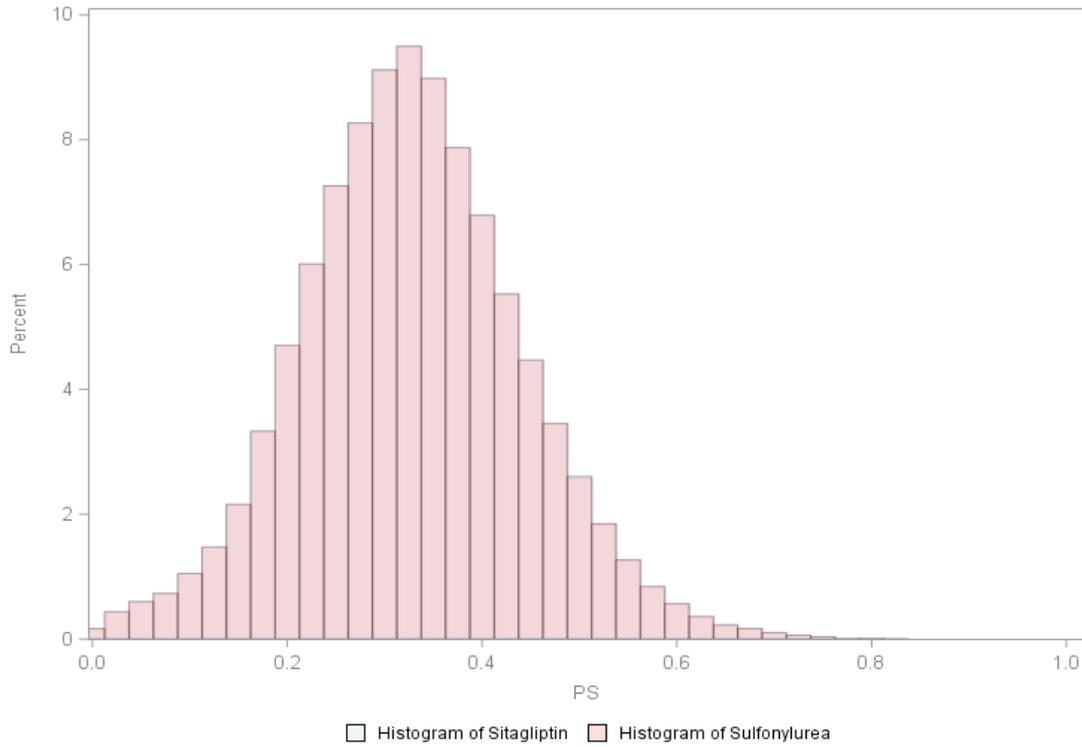


Figure 4. Kaplan Meier Survival Curves for Acute Myocardial Infarction, Among New Users of Sitagliptin vs Pioglitazone in the Sentinel Distributed Database (SDD) between August 1, 2009 and July 31, 2014, (Replication), Unconditional Matched Cohort

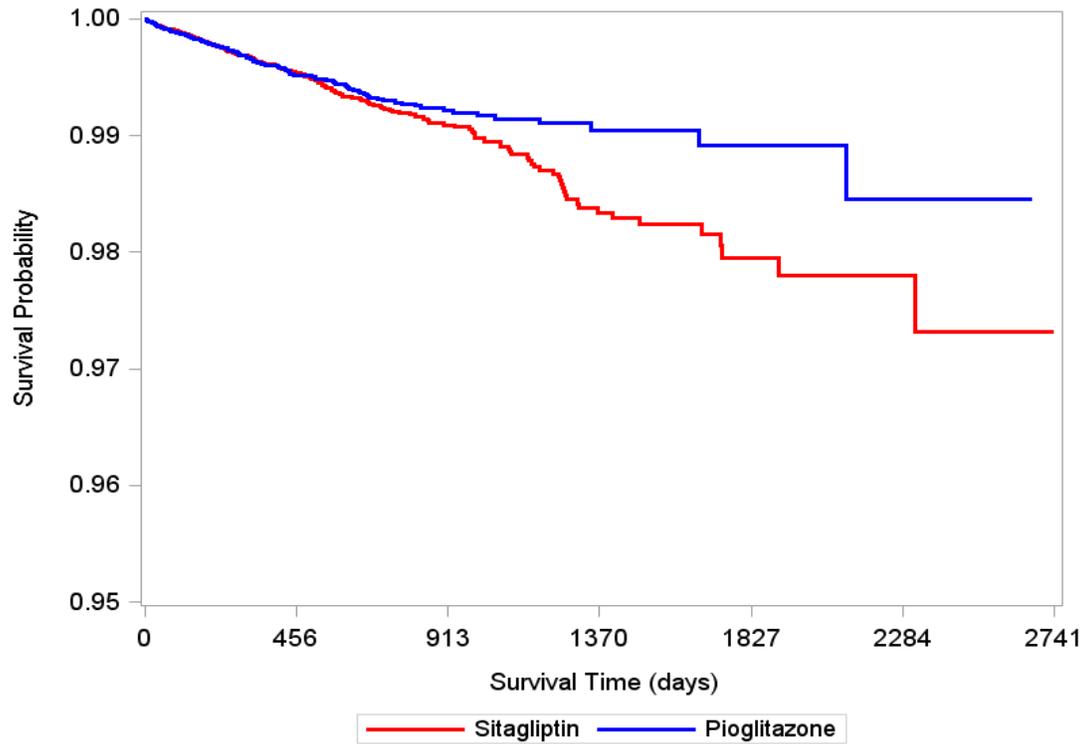


Figure 5. Kaplan Meier Survival Curves for Acute Myocardial Infarction, Among New Users of Sitagliptin vs Long-Acting Insulins in the Sentinel Distributed Database (SDD) between August 1, 2009 and July 31, 2014, (Replication), Unconditional Matched Cohort

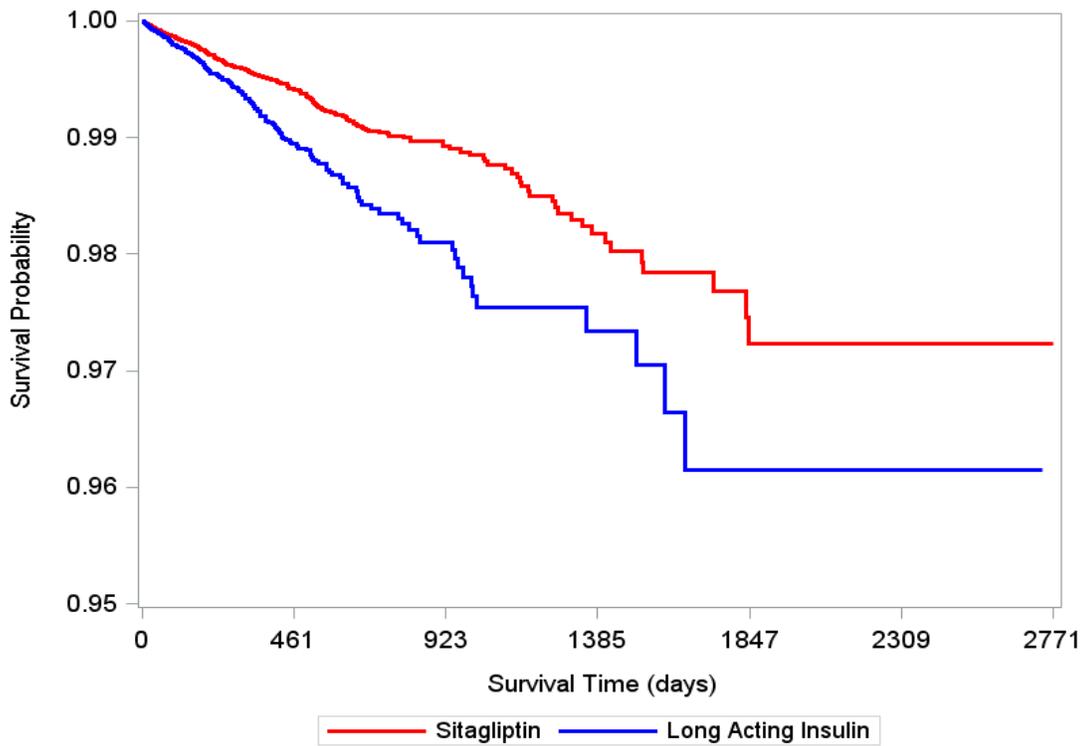
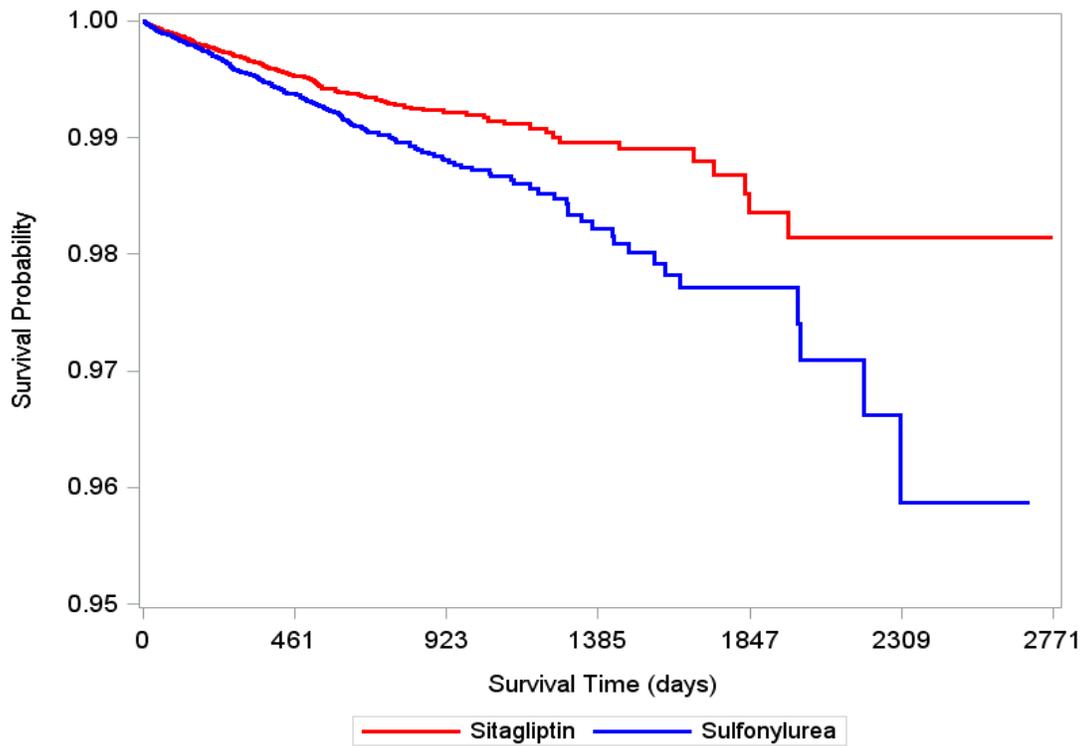


Figure 6. Kaplan Meier Survival Curves for Acute Myocardial Infarction, Among New Users of Sitagliptin vs Second-Generation Sulfonylureas in the Sentinel Distributed Database (SDD) between August 1, 2009 and July 31, 2014, (Replication), Unconditional Matched Cohort



Appendix A. Dates of Available Data for Each Data Partner (DP) as of Request End Date (July 31, 2014)

DP ID ¹	DP Start Date ²	DP End Date ²
DP01	01/01/2000	03/31/2014
DP02	01/01/2004	05/31/2014
DP03	01/01/2000	12/31/2012
DP05	01/01/2006	04/30/2014
DP06	01/01/2000	06/30/2014
DP07	06/01/2007	01/31/2014
DP08	01/01/2000	12/31/2012
DP10	01/01/2000	07/31/2014
DP13	01/01/2008	06/30/2014
DP14	01/01/2000	07/31/2014
DP15	01/01/2008	12/31/2013
DP16	01/01/2000	06/30/2012
DP17	01/01/2000	06/30/2012

¹The Data Partners listed contributed to the "replication" analysis; additional Data Partners contributed to the "updated" analysis. For more information on these analyses, please see the Overview.

²The 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 Names of Medical Products Used to Define Exposure and Incidence Criteria in this Report

Generic Name

Saxagliptin

saxagliptin HCl
saxagliptin HCl/metformin HCl

Sitagliptin

sitagliptin phos/metformin HCl
sitagliptin/simvastatin
sitagliptin phosphate

Long-Acting Insulin

hum insulin nph/reg insulin hm
insulin glargine,hum.rec.anlog
insulin nph human semi-syn
insulin nph s-s/reg insulin s-s
insulin asp prt/insulin aspart
nph, human insulin isophane
insulin detemir
insulin npl/insulin lispro
ins zn,bf (p)/ins zn,pk (p)
insul,pk pure/insul nph,pk-p
insulin isophane nph,bf-pk
insulin protamine zinc,beef
insulin protamine zn,beef (p)
insulin protamine zn,bf-pk
insulin protamine zn,pork (p)
insulin zinc beef
insulin zinc ext,beef (p)
insulin zinc extend human rec
insulin zinc extended,beef
insulin zinc extended,bf-pk
insulin zinc human rec
insulin zinc human semi-syn
insulin zinc prompt,beef
insulin zinc prompt,bf-pk
insulin zinc prompt,pork pure
insulin zinc,beef purified
insulin zinc,beef-pork
insulin zinc,pork purified

Pioglitazone

alogliptin benz/pioglitazone
pioglitazone HCl
pioglitazone HCl/metformin HCl
pioglitazone HCl/glimepiride

Second Generation Sulfonylurea

glipizide/metformin HCl
glyburide/metformin HCl
pioglitazone HCl/glimepiride
glimepiride
glipizide

Appendix B. List of Generic Names of Medical Products Used to Define Exposure and Incidence Criteria in this Report

Generic Name

glyburide

glyburide,micronized

rosiglitazone/glimepiride

Appendix C. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Diagnosis Codes Used to Define Inclusion and Exclusion Criteria in this Report

Code	Description	Code Type	Code Category
Diabetes			
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
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

Appendix C. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Diagnosis Codes Used to Define Inclusion and Exclusion Criteria in this Report

Code	Description	Code Type	Code Category
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
Congestive Heart Failure			
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
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
428	Heart failure	ICD-9-CM	Diagnosis
428.0	Congestive heart failure, unspecified	ICD-9-CM	Diagnosis

Appendix C. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Diagnosis Codes Used to Define Inclusion and Exclusion Criteria in this Report

Code	Description	Code Type	Code Category
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
End of Pregnancy			
630	Hydatidiform mole	ICD-9-CM	Diagnosis
631	Other abnormal product of conception	ICD-9-CM	Diagnosis
631.0	Inappropriate change in quantitative human chorionic gonadotropin (hCG) in early pregnancy	ICD-9-CM	Diagnosis
631.8	Other abnormal products of conception	ICD-9-CM	Diagnosis
632	Missed abortion	ICD-9-CM	Diagnosis
633	Ectopic pregnancy	ICD-9-CM	Diagnosis
633.0	Abdominal pregnancy	ICD-9-CM	Diagnosis
633.00	Abdominal pregnancy without intrauterine pregnancy	ICD-9-CM	Diagnosis
633.01	Abdominal pregnancy with intrauterine pregnancy	ICD-9-CM	Diagnosis
633.1	Tubal pregnancy	ICD-9-CM	Diagnosis
633.10	Tubal pregnancy without intrauterine pregnancy	ICD-9-CM	Diagnosis
633.11	Tubal pregnancy with intrauterine pregnancy	ICD-9-CM	Diagnosis
633.2	Ovarian pregnancy	ICD-9-CM	Diagnosis
633.20	Ovarian pregnancy without intrauterine pregnancy	ICD-9-CM	Diagnosis
633.21	Ovarian pregnancy with intrauterine pregnancy	ICD-9-CM	Diagnosis
633.8	Other ectopic pregnancy	ICD-9-CM	Diagnosis
633.80	Other ectopic pregnancy without intrauterine pregnancy	ICD-9-CM	Diagnosis
633.81	Other ectopic pregnancy with intrauterine pregnancy	ICD-9-CM	Diagnosis
633.9	Unspecified ectopic pregnancy	ICD-9-CM	Diagnosis
633.90	Unspecified ectopic pregnancy without intrauterine pregnancy	ICD-9-CM	Diagnosis
633.91	Unspecified ectopic pregnancy with intrauterine pregnancy	ICD-9-CM	Diagnosis
634	Spontaneous abortion	ICD-9-CM	Diagnosis
634.0	Spontaneous abortion complicated by genital tract and pelvic infection	ICD-9-CM	Diagnosis
634.00	Unspecified spontaneous abortion complicated by genital tract and pelvic infection	ICD-9-CM	Diagnosis
634.01	Incomplete spontaneous abortion complicated by genital tract and pelvic infection	ICD-9-CM	Diagnosis

Appendix C. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Diagnosis Codes Used to Define Inclusion and Exclusion Criteria in this Report

Code	Description	Code Type	Code Category
634.02	Complete spontaneous abortion complicated by genital tract and pelvic infection	ICD-9-CM	Diagnosis
634.1	Spontaneous abortion complicated by delayed or excessive hemorrhage	ICD-9-CM	Diagnosis
634.10	Unspecified spontaneous abortion complicated by delayed or excessive hemorrhage	ICD-9-CM	Diagnosis
634.11	Incomplete spontaneous abortion complicated by delayed or excessive hemorrhage	ICD-9-CM	Diagnosis
634.12	Complete spontaneous abortion complicated by delayed or excessive hemorrhage	ICD-9-CM	Diagnosis
634.2	Spontaneous abortion complicated by damage to pelvic organs or tissues	ICD-9-CM	Diagnosis
634.20	Unspecified spontaneous abortion complicated by damage to pelvic organs or tissues	ICD-9-CM	Diagnosis
634.21	Incomplete spontaneous abortion complicated by damage to pelvic organs or tissues	ICD-9-CM	Diagnosis
634.22	Complete spontaneous abortion complicated by damage to pelvic organs or tissues	ICD-9-CM	Diagnosis
634.3	Spontaneous abortion complicated by renal failure	ICD-9-CM	Diagnosis
634.30	Unspecified spontaneous abortion complicated by renal failure	ICD-9-CM	Diagnosis
634.31	Incomplete spontaneous abortion complicated by renal failure	ICD-9-CM	Diagnosis
634.32	Complete spontaneous abortion complicated by renal failure	ICD-9-CM	Diagnosis
634.4	Spontaneous abortion complicated by metabolic disorder	ICD-9-CM	Diagnosis
634.40	Unspecified spontaneous abortion complicated by metabolic disorder	ICD-9-CM	Diagnosis
634.41	Incomplete spontaneous abortion complicated by metabolic disorder	ICD-9-CM	Diagnosis
634.42	Complete spontaneous abortion complicated by metabolic disorder	ICD-9-CM	Diagnosis
634.5	Spontaneous abortion complicated by shock	ICD-9-CM	Diagnosis
634.50	Unspecified spontaneous abortion complicated by shock	ICD-9-CM	Diagnosis
634.51	Incomplete spontaneous abortion complicated by shock	ICD-9-CM	Diagnosis
634.52	Complete spontaneous abortion complicated by shock	ICD-9-CM	Diagnosis
634.6	Spontaneous abortion complicated by embolism	ICD-9-CM	Diagnosis
634.60	Unspecified spontaneous abortion complicated by embolism	ICD-9-CM	Diagnosis
634.61	Incomplete spontaneous abortion complicated by embolism	ICD-9-CM	Diagnosis
634.62	Complete spontaneous abortion complicated by embolism	ICD-9-CM	Diagnosis
634.7	Spontaneous abortion with other specified complications	ICD-9-CM	Diagnosis
634.70	Unspecified spontaneous abortion with other specified complications	ICD-9-CM	Diagnosis
634.71	Incomplete spontaneous abortion with other specified complications	ICD-9-CM	Diagnosis
634.72	Complete spontaneous abortion with other specified complications	ICD-9-CM	Diagnosis
634.8	Spontaneous abortion with unspecified complication	ICD-9-CM	Diagnosis
634.80	Unspecified spontaneous abortion with unspecified complication	ICD-9-CM	Diagnosis
634.81	Incomplete spontaneous abortion with unspecified complication	ICD-9-CM	Diagnosis
634.82	Complete spontaneous abortion with unspecified complication	ICD-9-CM	Diagnosis
634.9	Spontaneous abortion without mention of complication	ICD-9-CM	Diagnosis
634.90	Unspecified spontaneous abortion without mention of complication	ICD-9-CM	Diagnosis
634.91	Incomplete spontaneous abortion without mention of complication	ICD-9-CM	Diagnosis
634.92	Complete spontaneous abortion without mention of complication	ICD-9-CM	Diagnosis
635	Legally induced abortion	ICD-9-CM	Diagnosis
635.0	Legally induced abortion complicated by genital tract and pelvic infection	ICD-9-CM	Diagnosis
635.00	Unspecified legally induced abortion complicated by genital tract and pelvic infection	ICD-9-CM	Diagnosis

Appendix C. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Diagnosis Codes Used to Define Inclusion and Exclusion Criteria in this Report

Code	Description	Code Type	Code Category
635.01	Incomplete legally induced abortion complicated by genital tract and pelvic infection	ICD-9-CM	Diagnosis
635.02	Complete legally induced abortion complicated by genital tract and pelvic infection	ICD-9-CM	Diagnosis
635.1	Legally induced abortion complicated by delayed or excessive hemorrhage	ICD-9-CM	Diagnosis
635.10	Unspecified legally induced abortion complicated by delayed or excessive hemorrhage	ICD-9-CM	Diagnosis
635.11	Incomplete legally induced abortion complicated by delayed or excessive hemorrhage	ICD-9-CM	Diagnosis
635.12	Complete legally induced abortion complicated by delayed or excessive hemorrhage	ICD-9-CM	Diagnosis
635.2	Legally induced abortion complicated by damage to pelvic organs or tissues	ICD-9-CM	Diagnosis
635.20	Unspecified legally induced abortion complicated by damage to pelvic organs or tissues	ICD-9-CM	Diagnosis
635.21	Legally induced abortion complicated by damage to pelvic organs or tissues, incomplete	ICD-9-CM	Diagnosis
635.22	Complete legally induced abortion complicated by damage to pelvic organs or tissues	ICD-9-CM	Diagnosis
635.3	Legally induced abortion complicated by renal failure	ICD-9-CM	Diagnosis
635.30	Unspecified legally induced abortion complicated by renal failure	ICD-9-CM	Diagnosis
635.31	Incomplete legally induced abortion complicated by renal failure	ICD-9-CM	Diagnosis
635.32	Complete legally induced abortion complicated by renal failure	ICD-9-CM	Diagnosis
635.4	Legally induced abortion complicated by metabolic disorder	ICD-9-CM	Diagnosis
635.40	Unspecified legally induced abortion complicated by metabolic disorder	ICD-9-CM	Diagnosis
635.41	Incomplete legally induced abortion complicated by metabolic disorder	ICD-9-CM	Diagnosis
635.42	Complete legally induced abortion complicated by metabolic disorder	ICD-9-CM	Diagnosis
635.5	Legally induced abortion complicated by shock	ICD-9-CM	Diagnosis
635.50	Unspecified legally induced abortion complicated by shock	ICD-9-CM	Diagnosis
635.51	Legally induced abortion, complicated by shock, incomplete	ICD-9-CM	Diagnosis
635.52	Complete legally induced abortion complicated by shock	ICD-9-CM	Diagnosis
635.6	Legally induced abortion complicated by embolism	ICD-9-CM	Diagnosis
635.60	Unspecified legally induced abortion complicated by embolism	ICD-9-CM	Diagnosis
635.61	Incomplete legally induced abortion complicated by embolism	ICD-9-CM	Diagnosis
635.62	Complete legally induced abortion complicated by embolism	ICD-9-CM	Diagnosis
635.7	Legally induced abortion with other specified complications	ICD-9-CM	Diagnosis
635.70	Unspecified legally induced abortion with other specified complications	ICD-9-CM	Diagnosis
635.71	Incomplete legally induced abortion with other specified complications	ICD-9-CM	Diagnosis
635.72	Complete legally induced abortion with other specified complications	ICD-9-CM	Diagnosis
635.8	Legally induced abortion with unspecified complication	ICD-9-CM	Diagnosis
635.80	Unspecified legally induced abortion with unspecified complication	ICD-9-CM	Diagnosis
635.81	Incomplete legally induced abortion with unspecified complication	ICD-9-CM	Diagnosis
635.82	Complete legally induced abortion with unspecified complication	ICD-9-CM	Diagnosis
635.9	Legally induced abortion without mention of complication	ICD-9-CM	Diagnosis
635.90	Unspecified legally induced abortion without mention of complication	ICD-9-CM	Diagnosis
635.91	Incomplete legally induced abortion without mention of complication	ICD-9-CM	Diagnosis
635.92	Complete legally induced abortion without mention of complication	ICD-9-CM	Diagnosis

Appendix C. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Diagnosis Codes Used to Define Inclusion and Exclusion Criteria in this Report

Code	Description	Code Type	Code Category
636	Illegally induced abortion	ICD-9-CM	Diagnosis
636.0	Illegally induced abortion complicated by genital tract and pelvic infection	ICD-9-CM	Diagnosis
636.00	Unspecified illegally induced abortion complicated by genital tract and pelvic infection	ICD-9-CM	Diagnosis
636.01	Incomplete illegally induced abortion complicated by genital tract and pelvic infection	ICD-9-CM	Diagnosis
636.02	Complete illegally induced abortion complicated by genital tract and pelvic infection	ICD-9-CM	Diagnosis
636.1	Illegally induced abortion complicated by delayed or excessive hemorrhage	ICD-9-CM	Diagnosis
636.10	Unspecified illegally induced abortion complicated by delayed or excessive hemorrhage	ICD-9-CM	Diagnosis
636.11	Incomplete illegally induced abortion complicated by delayed or excessive hemorrhage	ICD-9-CM	Diagnosis
636.12	Complete illegally induced abortion complicated by delayed or excessive hemorrhage	ICD-9-CM	Diagnosis
636.2	Illegally induced abortion complicated by damage to pelvic organs or tissue	ICD-9-CM	Diagnosis
636.20	Unspecified illegally induced abortion complicated by damage to pelvic organs or tissues	ICD-9-CM	Diagnosis
636.21	Incomplete illegally induced abortion complicated by damage to pelvic organs or tissues	ICD-9-CM	Diagnosis
636.22	Complete illegally induced abortion complicated by damage to pelvic organs or tissues	ICD-9-CM	Diagnosis
636.3	Illegally induced abortion complicated by renal failure	ICD-9-CM	Diagnosis
636.30	Unspecified illegally induced abortion complicated by renal failure	ICD-9-CM	Diagnosis
636.31	Incomplete illegally induced abortion complicated by renal failure	ICD-9-CM	Diagnosis
636.32	Complete illegally induced abortion complicated by renal failure	ICD-9-CM	Diagnosis
636.4	Illegally induced abortion complicated by metabolic disorder	ICD-9-CM	Diagnosis
636.40	Unspecified illegally induced abortion complicated by metabolic disorder	ICD-9-CM	Diagnosis
636.41	Incomplete illegally induced abortion complicated by metabolic disorder	ICD-9-CM	Diagnosis
636.42	Complete illegally induced abortion complicated by metabolic disorder	ICD-9-CM	Diagnosis
636.5	Illegally induced abortion complicated by shock	ICD-9-CM	Diagnosis
636.50	Unspecified illegally induced abortion complicated by shock	ICD-9-CM	Diagnosis
636.51	Incomplete illegally induced abortion complicated by shock	ICD-9-CM	Diagnosis
636.52	Complete illegally induced abortion complicated by shock	ICD-9-CM	Diagnosis
636.6	Illegally induced abortion complicated by embolism	ICD-9-CM	Diagnosis
636.60	Unspecified illegally induced abortion complicated by embolism	ICD-9-CM	Diagnosis
636.61	Incomplete illegally induced abortion complicated by embolism	ICD-9-CM	Diagnosis
636.62	Complete illegally induced abortion complicated by embolism	ICD-9-CM	Diagnosis
636.7	Illegally induced abortion with other specified complications	ICD-9-CM	Diagnosis
636.70	Unspecified illegally induced abortion with other specified complications	ICD-9-CM	Diagnosis
636.71	Incomplete illegally induced abortion with other specified complications	ICD-9-CM	Diagnosis
636.72	Complete illegally induced abortion with other specified complications	ICD-9-CM	Diagnosis
636.8	Illegally induced abortion with unspecified complication	ICD-9-CM	Diagnosis
636.80	Unspecified illegally induced abortion with unspecified complication	ICD-9-CM	Diagnosis
636.81	Incomplete illegally induced abortion with unspecified complication	ICD-9-CM	Diagnosis
636.82	Complete illegally induced abortion with unspecified complication	ICD-9-CM	Diagnosis

Appendix C. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Diagnosis Codes Used to Define Inclusion and Exclusion Criteria in this Report

Code	Description	Code Type	Code Category
636.9	Illegally induced abortion without mention of complication	ICD-9-CM	Diagnosis
636.90	Unspecified illegally induced abortion without mention of complication	ICD-9-CM	Diagnosis
636.91	Incomplete illegally induced abortion without mention of complication	ICD-9-CM	Diagnosis
636.92	Complete illegally induced abortion without mention of complication	ICD-9-CM	Diagnosis
637	Abortion, unspecified as to legality	ICD-9-CM	Diagnosis
637.0	Abortion, unspecified as to legality, complicated by genital tract and pelvic infection	ICD-9-CM	Diagnosis
637.00	Abortion, unspecified as to completion or legality, complicated by genital tract and pelvic infection	ICD-9-CM	Diagnosis
637.01	Abortion, unspecified as to legality, incomplete, complicated by genital tract and pelvic infection	ICD-9-CM	Diagnosis
637.02	Abortion, unspecified as to legality, complete, complicated by genital tract and pelvic infection	ICD-9-CM	Diagnosis
637.1	Abortion, unspecified as to legality, complicated by delayed or excessive hemorrhage	ICD-9-CM	Diagnosis
637.10	Abortion, unspecified as to completion or legality, complicated by delayed or excessive hemorrhage	ICD-9-CM	Diagnosis
637.11	Abortion, unspecified as to legality, incomplete, complicated by delayed or excessive hemorrhage	ICD-9-CM	Diagnosis
637.12	Abortion, unspecified as to legality, complete, complicated by delayed or excessive hemorrhage	ICD-9-CM	Diagnosis
637.2	Abortion, unspecified as to legality, complicated by damage to pelvic organs or tissues	ICD-9-CM	Diagnosis
637.20	Abortion, unspecified as to completion or legality, complicated by damage to pelvic organs or tissues	ICD-9-CM	Diagnosis
637.21	Abortion, unspecified as to legality, incomplete, complicated by damage to pelvic organs or tissues	ICD-9-CM	Diagnosis
637.22	Abortion, unspecified as to legality, complete, complicated by damage to pelvic organs or tissues	ICD-9-CM	Diagnosis
637.3	Abortion, unspecified as to legality, complicated by renal failure	ICD-9-CM	Diagnosis
637.30	Abortion, unspecified as to completion or legality, complicated by renal failure	ICD-9-CM	Diagnosis
637.31	Abortion, unspecified as to legality, incomplete, complicated by renal failure	ICD-9-CM	Diagnosis
637.32	Abortion, unspecified as to legality, complete, complicated by renal failure	ICD-9-CM	Diagnosis
637.4	Abortion, unspecified as to legality, complicated by metabolic disorder	ICD-9-CM	Diagnosis
637.40	Abortion, unspecified as to completion or legality, complicated by metabolic disorder	ICD-9-CM	Diagnosis
637.41	Abortion, unspecified as to legality, incomplete, complicated by metabolic disorder	ICD-9-CM	Diagnosis
637.42	Abortion, unspecified as to legality, complete, complicated by metabolic disorder	ICD-9-CM	Diagnosis
637.5	Abortion, unspecified as to legality, complicated by shock	ICD-9-CM	Diagnosis
637.50	Abortion, unspecified as to completion or legality, complicated by shock	ICD-9-CM	Diagnosis
637.51	Abortion, unspecified as to legality, incomplete, complicated by shock	ICD-9-CM	Diagnosis
637.52	Abortion, unspecified as to legality, complete, complicated by shock	ICD-9-CM	Diagnosis
637.6	Abortion, unspecified as to legality, complicated by embolism	ICD-9-CM	Diagnosis
637.60	Abortion, unspecified as to completion or legality, complicated by embolism	ICD-9-CM	Diagnosis
637.61	Abortion, unspecified as to legality, incomplete, complicated by embolism	ICD-9-CM	Diagnosis

Appendix C. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Diagnosis Codes Used to Define Inclusion and Exclusion Criteria in this Report

Code	Description	Code Type	Code Category
637.62	Abortion, unspecified as to legality, complete, complicated by embolism	ICD-9-CM	Diagnosis
637.7	Abortion, unspecified as to legality, with other specified complications	ICD-9-CM	Diagnosis
637.70	Abortion, unspecified as to completion or legality, with other specified complications	ICD-9-CM	Diagnosis
637.71	Abortion, unspecified as to legality, incomplete, with other specified complications	ICD-9-CM	Diagnosis
637.72	Abortion, unspecified as to legality, complete, with other specified complications	ICD-9-CM	Diagnosis
637.8	Abortion, unspecified as to legality, with unspecified complication	ICD-9-CM	Diagnosis
637.80	Abortion, unspecified as to completion or legality, with unspecified complication	ICD-9-CM	Diagnosis
637.81	Abortion, unspecified as to legality, incomplete, with unspecified complication	ICD-9-CM	Diagnosis
637.82	Abortion, unspecified as to legality, complete, with unspecified complication	ICD-9-CM	Diagnosis
637.9	Abortion, unspecified as to legality, without mention of complication	ICD-9-CM	Diagnosis
637.90	Unspecified type of abortion, unspecified as to completion or legality, without mention of complication	ICD-9-CM	Diagnosis
637.91	Abortion, unspecified as to legality, incomplete, without mention of complication	ICD-9-CM	Diagnosis
637.92	Abortion, unspecified as to legality, complete, without mention of complication	ICD-9-CM	Diagnosis
638	Failed attempted abortion	ICD-9-CM	Diagnosis
638.0	Failed attempted abortion complicated by genital tract and pelvic infection	ICD-9-CM	Diagnosis
638.1	Failed attempted abortion complicated by delayed or excessive hemorrhage	ICD-9-CM	Diagnosis
638.2	Failed attempted abortion complicated by damage to pelvic organs or tissues	ICD-9-CM	Diagnosis
638.3	Failed attempted abortion complicated by renal failure	ICD-9-CM	Diagnosis
638.4	Failed attempted abortion complicated by metabolic disorder	ICD-9-CM	Diagnosis
638.5	Failed attempted abortion complicated by shock	ICD-9-CM	Diagnosis
638.6	Failed attempted abortion complicated by embolism	ICD-9-CM	Diagnosis
638.7	Failed attempted abortion with other specified complication	ICD-9-CM	Diagnosis
638.8	Failed attempted abortion with unspecified complication	ICD-9-CM	Diagnosis
638.9	Failed attempted abortion without mention of complication	ICD-9-CM	Diagnosis
639	Complications following abortion or ectopic and molar pregnancies	ICD-9-CM	Diagnosis
639.0	Genital tract and pelvic infection following abortion or ectopic and molar pregnancies	ICD-9-CM	Diagnosis
639.1	Delayed or excessive hemorrhage following abortion or ectopic and molar pregnancies	ICD-9-CM	Diagnosis
639.2	Damage to pelvic organs and tissues following abortion or ectopic and molar pregnancies	ICD-9-CM	Diagnosis
639.3	Complications following abortion and ectopic and molar pregnancies, kidney failure	ICD-9-CM	Diagnosis
639.4	Metabolic disorders following abortion or ectopic and molar pregnancies	ICD-9-CM	Diagnosis
639.5	Shock following abortion or ectopic and molar pregnancies	ICD-9-CM	Diagnosis
639.6	Embolism following abortion or ectopic and molar pregnancies	ICD-9-CM	Diagnosis
639.8	Other specified complication following abortion or ectopic and molar pregnancies	ICD-9-CM	Diagnosis
639.9	Unspecified complication following abortion or ectopic and molar pregnancies	ICD-9-CM	Diagnosis
640	Hemorrhage in early pregnancy	ICD-9-CM	Diagnosis
640.0	Threatened abortion	ICD-9-CM	Diagnosis
640.00	Threatened abortion, unspecified as to episode of care	ICD-9-CM	Diagnosis
640.01	Threatened abortion, delivered	ICD-9-CM	Diagnosis
640.03	Threatened abortion, antepartum	ICD-9-CM	Diagnosis

Appendix C. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Diagnosis Codes Used to Define Inclusion and Exclusion Criteria in this Report

Code	Description	Code Type	Code Category
640.8	Other specified hemorrhage in early pregnancy	ICD-9-CM	Diagnosis
640.80	Other specified hemorrhage in early pregnancy, unspecified as to episode of care	ICD-9-CM	Diagnosis
640.81	Other specified hemorrhage in early pregnancy, delivered	ICD-9-CM	Diagnosis
640.83	Other specified hemorrhage in early pregnancy, antepartum	ICD-9-CM	Diagnosis
640.9	Unspecified hemorrhage in early pregnancy	ICD-9-CM	Diagnosis
640.90	Unspecified hemorrhage in early pregnancy, unspecified as to episode of care	ICD-9-CM	Diagnosis
640.91	Unspecified hemorrhage in early pregnancy, delivered	ICD-9-CM	Diagnosis
640.93	Unspecified hemorrhage in early pregnancy, antepartum	ICD-9-CM	Diagnosis
641	Antepartum hemorrhage, abruptio placentae, and placenta previa	ICD-9-CM	Diagnosis
641.0	Placenta previa without hemorrhage	ICD-9-CM	Diagnosis
641.00	Placenta previa without hemorrhage, unspecified as to episode of care	ICD-9-CM	Diagnosis
641.01	Placenta previa without hemorrhage, with delivery	ICD-9-CM	Diagnosis
641.03	Placenta previa without hemorrhage, antepartum	ICD-9-CM	Diagnosis
641.1	Hemorrhage from placenta previa	ICD-9-CM	Diagnosis
641.10	Hemorrhage from placenta previa, unspecified as to episode of care	ICD-9-CM	Diagnosis
641.11	Hemorrhage from placenta previa, with delivery	ICD-9-CM	Diagnosis
641.13	Hemorrhage from placenta previa, antepartum	ICD-9-CM	Diagnosis
641.2	Premature separation of placenta	ICD-9-CM	Diagnosis
641.20	Premature separation of placenta, unspecified as to episode of care	ICD-9-CM	Diagnosis
641.21	Premature separation of placenta, with delivery	ICD-9-CM	Diagnosis
641.23	Premature separation of placenta, antepartum	ICD-9-CM	Diagnosis
641.3	Antepartum hemorrhage associated with coagulation defects	ICD-9-CM	Diagnosis
641.30	Antepartum hemorrhage associated with coagulation defects, unspecified as to episode of care	ICD-9-CM	Diagnosis
641.31	Antepartum hemorrhage associated with coagulation defects, with delivery	ICD-9-CM	Diagnosis
641.33	Antepartum hemorrhage associated with coagulation defect, antepartum	ICD-9-CM	Diagnosis
641.8	Other antepartum hemorrhage	ICD-9-CM	Diagnosis
641.80	Other antepartum hemorrhage, unspecified as to episode of care	ICD-9-CM	Diagnosis
641.81	Other antepartum hemorrhage, with delivery	ICD-9-CM	Diagnosis
641.83	Other antepartum hemorrhage, antepartum	ICD-9-CM	Diagnosis
641.9	Unspecified antepartum hemorrhage	ICD-9-CM	Diagnosis
641.90	Unspecified antepartum hemorrhage, unspecified as to episode of care	ICD-9-CM	Diagnosis
641.91	Unspecified antepartum hemorrhage, with delivery	ICD-9-CM	Diagnosis
641.93	Unspecified antepartum hemorrhage, antepartum	ICD-9-CM	Diagnosis
642	Hypertension complicating pregnancy, childbirth, and the puerperium	ICD-9-CM	Diagnosis
642.0	Benign essential hypertension complicating pregnancy, childbirth, and the puerperium	ICD-9-CM	Diagnosis
642.00	Benign essential hypertension complicating pregnancy, childbirth, and the puerperium, unspecified as to episode of care	ICD-9-CM	Diagnosis
642.01	Benign essential hypertension with delivery	ICD-9-CM	Diagnosis
642.02	Benign essential hypertension, with delivery, with current postpartum complication	ICD-9-CM	Diagnosis
642.03	Benign essential hypertension antepartum	ICD-9-CM	Diagnosis
642.04	Benign essential hypertension, complicating pregnancy, childbirth, and the puerperium, postpartum condition or complication	ICD-9-CM	Diagnosis

Appendix C. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Diagnosis Codes Used to Define Inclusion and Exclusion Criteria in this Report

Code	Description	Code Type	Code Category
642.1	Hypertension secondary to renal disease, complicating pregnancy, childbirth, and the puerperium	ICD-9-CM	Diagnosis
642.10	Hypertension secondary to renal disease, complicating pregnancy, childbirth, and the puerperium, unspecified as to episode of care	ICD-9-CM	Diagnosis
642.11	Hypertension secondary to renal disease, with delivery	ICD-9-CM	Diagnosis
642.12	Hypertension secondary to renal disease, with delivery, with current postpartum complication	ICD-9-CM	Diagnosis
642.13	Hypertension secondary to renal disease, antepartum	ICD-9-CM	Diagnosis
642.14	Hypertension secondary to renal disease, complicating pregnancy, childbirth, and the puerperium, postpartum condition or complication	ICD-9-CM	Diagnosis
642.2	Other pre-existing hypertension complicating pregnancy, childbirth, and the puerperium	ICD-9-CM	Diagnosis
642.20	Other pre-existing hypertension complicating pregnancy, childbirth, and the puerperium, unspecified as to episode of care	ICD-9-CM	Diagnosis
642.21	Other pre-existing hypertension, with delivery	ICD-9-CM	Diagnosis
642.22	Other pre-existing hypertension, with delivery, with current postpartum complication	ICD-9-CM	Diagnosis
642.23	Other pre-existing hypertension, antepartum	ICD-9-CM	Diagnosis
642.24	Other pre-existing hypertension complicating pregnancy, childbirth, and the puerperium, postpartum condition or complication	ICD-9-CM	Diagnosis
642.3	Transient hypertension of pregnancy	ICD-9-CM	Diagnosis
642.30	Transient hypertension of pregnancy, unspecified as to episode of care	ICD-9-CM	Diagnosis
642.31	Transient hypertension of pregnancy, with delivery	ICD-9-CM	Diagnosis
642.32	Transient hypertension of pregnancy, with delivery, with current postpartum complication	ICD-9-CM	Diagnosis
642.33	Transient hypertension of pregnancy, antepartum	ICD-9-CM	Diagnosis
642.34	Transient hypertension of pregnancy, postpartum condition or complication	ICD-9-CM	Diagnosis
642.4	Mild or unspecified pre-eclampsia	ICD-9-CM	Diagnosis
642.40	Mild or unspecified pre-eclampsia, unspecified as to episode of care	ICD-9-CM	Diagnosis
642.41	Mild or unspecified pre-eclampsia, with delivery	ICD-9-CM	Diagnosis
642.42	Mild or unspecified pre-eclampsia, with delivery, with current postpartum complication	ICD-9-CM	Diagnosis
642.43	Mild or unspecified pre-eclampsia, antepartum	ICD-9-CM	Diagnosis
642.44	Mild or unspecified pre-eclampsia, postpartum condition or complication	ICD-9-CM	Diagnosis
642.5	Severe pre-eclampsia	ICD-9-CM	Diagnosis
642.50	Severe pre-eclampsia, unspecified as to episode of care	ICD-9-CM	Diagnosis
642.51	Severe pre-eclampsia, with delivery	ICD-9-CM	Diagnosis
642.52	Severe pre-eclampsia, with delivery, with current postpartum complication	ICD-9-CM	Diagnosis
642.53	Severe pre-eclampsia, antepartum	ICD-9-CM	Diagnosis
642.54	Severe pre-eclampsia, postpartum condition or complication	ICD-9-CM	Diagnosis
642.6	Eclampsia complicating pregnancy, childbirth or the puerperium	ICD-9-CM	Diagnosis
642.60	Eclampsia complicating pregnancy, childbirth or the puerperium, unspecified as to episode of care	ICD-9-CM	Diagnosis
642.61	Eclampsia, with delivery	ICD-9-CM	Diagnosis
642.62	Eclampsia, with delivery, with current postpartum complication	ICD-9-CM	Diagnosis
642.63	Eclampsia, antepartum	ICD-9-CM	Diagnosis

Appendix C. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Diagnosis Codes Used to Define Inclusion and Exclusion Criteria in this Report

Code	Description	Code Type	Code Category
642.64	Eclampsia, postpartum condition or complication	ICD-9-CM	Diagnosis
642.7	Pre-eclampsia or eclampsia superimposed on pre-existing hypertension	ICD-9-CM	Diagnosis
642.70	Pre-eclampsia or eclampsia superimposed on pre-existing hypertension, complicating pregnancy, childbirth, or the puerperium, unspecified as to episode of care	ICD-9-CM	Diagnosis
642.71	Pre-eclampsia or eclampsia superimposed on pre-existing hypertension, with delivery	ICD-9-CM	Diagnosis
642.72	Pre-eclampsia or eclampsia superimposed on pre-existing hypertension, with delivery, with current postpartum complication	ICD-9-CM	Diagnosis
642.73	Pre-eclampsia or eclampsia superimposed on pre-existing hypertension, antepartum	ICD-9-CM	Diagnosis
642.74	Pre-eclampsia or eclampsia superimposed on pre-existing hypertension, postpartum condition or complication	ICD-9-CM	Diagnosis
642.9	Unspecified hypertension complicating pregnancy, childbirth, or the puerperium	ICD-9-CM	Diagnosis
642.90	Unspecified hypertension complicating pregnancy, childbirth, or the puerperium, unspecified as to episode of care	ICD-9-CM	Diagnosis
642.91	Unspecified hypertension, with delivery	ICD-9-CM	Diagnosis
642.92	Unspecified hypertension, with delivery, with current postpartum complication	ICD-9-CM	Diagnosis
642.93	Unspecified hypertension antepartum	ICD-9-CM	Diagnosis
642.94	Unspecified hypertension complicating pregnancy, childbirth, or the puerperium, postpartum condition or complication	ICD-9-CM	Diagnosis
643	Excessive vomiting in pregnancy	ICD-9-CM	Diagnosis
643.0	Mild hyperemesis gravidarum	ICD-9-CM	Diagnosis
643.00	Mild hyperemesis gravidarum, unspecified as to episode of care	ICD-9-CM	Diagnosis
643.01	Mild hyperemesis gravidarum, delivered	ICD-9-CM	Diagnosis
643.03	Mild hyperemesis gravidarum, antepartum	ICD-9-CM	Diagnosis
643.1	Hyperemesis gravidarum with metabolic disturbance	ICD-9-CM	Diagnosis
643.10	Hyperemesis gravidarum with metabolic disturbance, unspecified as to episode of care	ICD-9-CM	Diagnosis
643.11	Hyperemesis gravidarum with metabolic disturbance, delivered	ICD-9-CM	Diagnosis
643.13	Hyperemesis gravidarum with metabolic disturbance, antepartum	ICD-9-CM	Diagnosis
643.2	Late vomiting of pregnancy	ICD-9-CM	Diagnosis
643.20	Late vomiting of pregnancy, unspecified as to episode of care	ICD-9-CM	Diagnosis
643.21	Late vomiting of pregnancy, delivered	ICD-9-CM	Diagnosis
643.23	Late vomiting of pregnancy, antepartum	ICD-9-CM	Diagnosis
643.8	Other vomiting complicating pregnancy	ICD-9-CM	Diagnosis
643.80	Other vomiting complicating pregnancy, unspecified as to episode of care	ICD-9-CM	Diagnosis
643.81	Other vomiting complicating pregnancy, delivered	ICD-9-CM	Diagnosis
643.83	Other vomiting complicating pregnancy, antepartum	ICD-9-CM	Diagnosis
643.9	Unspecified vomiting of pregnancy	ICD-9-CM	Diagnosis
643.90	Unspecified vomiting of pregnancy, unspecified as to episode of care	ICD-9-CM	Diagnosis
643.91	Unspecified vomiting of pregnancy, delivered	ICD-9-CM	Diagnosis
643.93	Unspecified vomiting of pregnancy, antepartum	ICD-9-CM	Diagnosis
644	Early or threatened labor	ICD-9-CM	Diagnosis
644.0	Threatened premature labor	ICD-9-CM	Diagnosis
644.00	Threatened premature labor, unspecified as to episode of care	ICD-9-CM	Diagnosis

Appendix C. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Diagnosis Codes Used to Define Inclusion and Exclusion Criteria in this Report

Code	Description	Code Type	Code Category
644.03	Threatened premature labor, antepartum	ICD-9-CM	Diagnosis
644.1	Other threatened labor	ICD-9-CM	Diagnosis
644.10	Other threatened labor, unspecified as to episode of care	ICD-9-CM	Diagnosis
644.13	Other threatened labor, antepartum	ICD-9-CM	Diagnosis
644.2	Early onset of delivery	ICD-9-CM	Diagnosis
644.20	Early onset of delivery, unspecified as to episode of care	ICD-9-CM	Diagnosis
644.21	Early onset of delivery, delivered, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
645	Late pregnancy	ICD-9-CM	Diagnosis
645.0	Prolonged pregnancy	ICD-9-CM	Diagnosis
645.00	Prolonged pregnancy, unspecified as to episode of care	ICD-9-CM	Diagnosis
645.01	Prolonged pregnancy, with delivery	ICD-9-CM	Diagnosis
645.03	Prolonged pregnancy, antepartum	ICD-9-CM	Diagnosis
645.1	Post term pregnancy	ICD-9-CM	Diagnosis
645.10	Post term pregnancy, unspecified as to episode of care or not applicable	ICD-9-CM	Diagnosis
645.11	Post term pregnancy, delivered, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
645.13	Post term pregnancy, antepartum condition or complication	ICD-9-CM	Diagnosis
645.2	Prolonged pregnancy	ICD-9-CM	Diagnosis
645.20	Prolonged pregnancy, unspecified as to episode of care or not applicable	ICD-9-CM	Diagnosis
645.21	Prolonged pregnancy, delivered, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
645.23	Prolonged pregnancy, antepartum condition or complication	ICD-9-CM	Diagnosis
646	Other complications of pregnancy, not elsewhere classified	ICD-9-CM	Diagnosis
646.0	Papyraceous fetus	ICD-9-CM	Diagnosis
646.00	Papyraceous fetus, unspecified as to episode of care	ICD-9-CM	Diagnosis
646.01	Papyraceous fetus, delivered, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
646.03	Papyraceous fetus, antepartum	ICD-9-CM	Diagnosis
646.1	Edema or excessive weight gain in pregnancy, without mention of hypertension	ICD-9-CM	Diagnosis
646.10	Edema or excessive weight gain in pregnancy, unspecified as to episode of care	ICD-9-CM	Diagnosis
646.11	Edema or excessive weight gain in pregnancy, with delivery, with or without mention of antepartum complication	ICD-9-CM	Diagnosis
646.12	Edema or excessive weight gain in pregnancy, with delivery, with current postpartum complication	ICD-9-CM	Diagnosis
646.13	Edema or excessive weight gain, antepartum	ICD-9-CM	Diagnosis
646.14	Edema or excessive weight gain in pregnancy, without mention of hypertension, postpartum condition or complication	ICD-9-CM	Diagnosis
646.2	Unspecified renal disease in pregnancy, without mention of hypertension	ICD-9-CM	Diagnosis
646.20	Unspecified renal disease in pregnancy, unspecified as to episode of care	ICD-9-CM	Diagnosis
646.21	Unspecified renal disease in pregnancy, with delivery	ICD-9-CM	Diagnosis
646.22	Unspecified renal disease in pregnancy, with delivery, with current postpartum complication	ICD-9-CM	Diagnosis
646.23	Unspecified antepartum renal disease	ICD-9-CM	Diagnosis
646.24	Unspecified renal disease in pregnancy, without mention of hypertension, postpartum condition or complication	ICD-9-CM	Diagnosis
646.3	Pregnancy complication, recurrent pregnancy loss	ICD-9-CM	Diagnosis

Appendix C. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Diagnosis Codes Used to Define Inclusion and Exclusion Criteria in this Report

Code	Description	Code Type	Code Category
646.30	Pregnancy complication, recurrent pregnancy loss, unspecified as to episode of care	ICD-9-CM	Diagnosis
646.31	Pregnancy complication, recurrent pregnancy loss, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
646.33	Pregnancy complication, recurrent pregnancy loss, antepartum condition or complication	ICD-9-CM	Diagnosis
646.4	Peripheral neuritis in pregnancy	ICD-9-CM	Diagnosis
646.40	Peripheral neuritis in pregnancy, unspecified as to episode of care	ICD-9-CM	Diagnosis
646.41	Peripheral neuritis in pregnancy, with delivery	ICD-9-CM	Diagnosis
646.42	Peripheral neuritis in pregnancy, with delivery, with current postpartum complication	ICD-9-CM	Diagnosis
646.43	Peripheral neuritis antepartum	ICD-9-CM	Diagnosis
646.44	Peripheral neuritis in pregnancy, postpartum condition or complication	ICD-9-CM	Diagnosis
646.5	Asymptomatic bacteriuria in pregnancy	ICD-9-CM	Diagnosis
646.50	Asymptomatic bacteriuria in pregnancy, unspecified as to episode of care	ICD-9-CM	Diagnosis
646.51	Asymptomatic bacteriuria in pregnancy, with delivery	ICD-9-CM	Diagnosis
646.52	Asymptomatic bacteriuria in pregnancy, with delivery, with current postpartum complication	ICD-9-CM	Diagnosis
646.53	Asymptomatic bacteriuria antepartum	ICD-9-CM	Diagnosis
646.54	Asymptomatic bacteriuria in pregnancy, postpartum condition or complication	ICD-9-CM	Diagnosis
646.6	Infections of genitourinary tract in pregnancy	ICD-9-CM	Diagnosis
646.60	Infections of genitourinary tract in pregnancy, unspecified as to episode of care	ICD-9-CM	Diagnosis
646.61	Infections of genitourinary tract in pregnancy, with delivery	ICD-9-CM	Diagnosis
646.62	Infections of genitourinary tract in pregnancy, with delivery, with current postpartum complication	ICD-9-CM	Diagnosis
646.63	Infections of genitourinary tract antepartum	ICD-9-CM	Diagnosis
646.64	Infections of genitourinary tract in pregnancy, postpartum condition or complication	ICD-9-CM	Diagnosis
646.7	Liver and biliary tract disorders in pregnancy	ICD-9-CM	Diagnosis
646.70	Liver and biliary tract disorders in pregnancy, unspecified as to episode of care or not applicable	ICD-9-CM	Diagnosis
646.71	Liver and biliary tract disorders in pregnancy, delivered, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
646.73	Liver and biliary tract disorders in pregnancy, antepartum condition or complication	ICD-9-CM	Diagnosis
646.8	Other specified complications of pregnancy	ICD-9-CM	Diagnosis
646.80	Other specified complication of pregnancy, unspecified as to episode of care	ICD-9-CM	Diagnosis
646.81	Other specified complication of pregnancy, with delivery	ICD-9-CM	Diagnosis
646.82	Other specified complications of pregnancy, with delivery, with current postpartum complication	ICD-9-CM	Diagnosis
646.83	Other specified complication, antepartum	ICD-9-CM	Diagnosis
646.84	Other specified complications of pregnancy, postpartum condition or complication	ICD-9-CM	Diagnosis
646.9	Unspecified complication of pregnancy	ICD-9-CM	Diagnosis
646.90	Unspecified complication of pregnancy, unspecified as to episode of care	ICD-9-CM	Diagnosis
646.91	Unspecified complication of pregnancy, with delivery	ICD-9-CM	Diagnosis

Appendix C. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Diagnosis Codes Used to Define Inclusion and Exclusion Criteria in this Report

Code	Description	Code Type	Code Category
646.93	Unspecified complication of pregnancy, antepartum	ICD-9-CM	Diagnosis
647	Infectious and parasitic conditions in the mother classifiable elsewhere, but complicating pregnancy, childbirth, or the puerperium	ICD-9-CM	Diagnosis
647.0	Maternal syphilis complicating pregnancy, childbirth, or the puerperium	ICD-9-CM	Diagnosis
647.00	Maternal syphilis, complicating pregnancy, childbirth, or the puerperium, unspecified as to episode of care	ICD-9-CM	Diagnosis
647.01	Maternal syphilis, complicating pregnancy, with delivery	ICD-9-CM	Diagnosis
647.02	Maternal syphilis, complicating pregnancy, with delivery, with current postpartum complication	ICD-9-CM	Diagnosis
647.03	Maternal syphilis, antepartum	ICD-9-CM	Diagnosis
647.04	Maternal syphilis complicating pregnancy, childbirth, or the puerperium, postpartum condition or complication	ICD-9-CM	Diagnosis
647.1	Maternal gonorrhea complicating pregnancy, childbirth, or the puerperium	ICD-9-CM	Diagnosis
647.10	Maternal gonorrhea complicating pregnancy, childbirth, or the puerperium, unspecified as to episode of care	ICD-9-CM	Diagnosis
647.11	Maternal gonorrhea with delivery	ICD-9-CM	Diagnosis
647.12	Maternal gonorrhea, with delivery, with current postpartum complication	ICD-9-CM	Diagnosis
647.13	Maternal gonorrhea, antepartum	ICD-9-CM	Diagnosis
647.14	Maternal gonorrhea complicating pregnancy, childbirth, or the puerperium, postpartum condition or complication	ICD-9-CM	Diagnosis
647.2	Other maternal venereal diseases complicating pregnancy, childbirth, or the puerperium	ICD-9-CM	Diagnosis
647.20	Other maternal venereal diseases, complicating pregnancy, childbirth, or the puerperium, unspecified as to episode of care	ICD-9-CM	Diagnosis
647.21	Other maternal venereal diseases with delivery	ICD-9-CM	Diagnosis
647.22	Other maternal venereal diseases with delivery, with current postpartum complication	ICD-9-CM	Diagnosis
647.23	Other maternal venereal diseases, antepartum condition or complication	ICD-9-CM	Diagnosis
647.24	Other venereal diseases complicating pregnancy, childbirth, or the puerperium, postpartum condition or complication	ICD-9-CM	Diagnosis
647.3	Maternal tuberculosis complicating pregnancy, childbirth, or the puerperium	ICD-9-CM	Diagnosis
647.30	Maternal tuberculosis complicating pregnancy, childbirth, or the puerperium, unspecified as to episode of care	ICD-9-CM	Diagnosis
647.31	Maternal tuberculosis with delivery	ICD-9-CM	Diagnosis
647.32	Maternal tuberculosis with delivery, with current postpartum complication	ICD-9-CM	Diagnosis
647.33	Maternal tuberculosis, antepartum	ICD-9-CM	Diagnosis
647.34	Maternal tuberculosis complicating pregnancy, childbirth, or the puerperium, postpartum condition or complication	ICD-9-CM	Diagnosis
647.4	Maternal malaria complicating pregnancy, childbirth, or the puerperium	ICD-9-CM	Diagnosis
647.40	Maternal malaria complicating pregnancy, childbirth or the puerperium, unspecified as to episode of care	ICD-9-CM	Diagnosis
647.41	Maternal malaria with delivery	ICD-9-CM	Diagnosis
647.42	Maternal malaria with delivery, with current postpartum complication	ICD-9-CM	Diagnosis
647.43	Maternal malaria, antepartum	ICD-9-CM	Diagnosis
647.44	Maternal malaria, complicating pregnancy, childbirth, or the puerperium, postpartum condition or complication	ICD-9-CM	Diagnosis

Appendix C. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Diagnosis Codes Used to Define Inclusion and Exclusion Criteria in this Report

Code	Description	Code Type	Code Category
647.5	Maternal rubella complicating pregnancy, childbirth, or the puerperium	ICD-9-CM	Diagnosis
647.50	Maternal rubella complicating pregnancy, childbirth, or the puerperium, unspecified as to episode of care	ICD-9-CM	Diagnosis
647.51	Maternal rubella with delivery	ICD-9-CM	Diagnosis
647.52	Maternal rubella with delivery, with current postpartum complication	ICD-9-CM	Diagnosis
647.53	Maternal rubella, antepartum	ICD-9-CM	Diagnosis
647.54	Maternal rubella complicating pregnancy, childbirth, or the puerperium, postpartum condition or complication	ICD-9-CM	Diagnosis
647.6	Other maternal viral disease complicating pregnancy, childbirth, or the puerperium	ICD-9-CM	Diagnosis
647.60	Other maternal viral disease complicating pregnancy, childbirth, or the puerperium, unspecified as to episode of care	ICD-9-CM	Diagnosis
647.61	Other maternal viral disease with delivery	ICD-9-CM	Diagnosis
647.62	Other maternal viral disease with delivery, with current postpartum complication	ICD-9-CM	Diagnosis
647.63	Other maternal viral disease, antepartum	ICD-9-CM	Diagnosis
647.64	Other maternal viral diseases complicating pregnancy, childbirth, or the puerperium, postpartum condition or complication	ICD-9-CM	Diagnosis
647.8	Other specified maternal infectious and parasitic disease complicating pregnancy, childbirth, or the puerperium	ICD-9-CM	Diagnosis
647.80	Other specified maternal infectious and parasitic disease complicating pregnancy, childbirth, or the puerperium, unspecified as to episode of care	ICD-9-CM	Diagnosis
647.81	Other specified maternal infectious and parasitic disease with delivery	ICD-9-CM	Diagnosis
647.82	Other specified maternal infectious and parasitic disease with delivery, with current postpartum complication	ICD-9-CM	Diagnosis
647.83	Other specified maternal infectious and parasitic disease, antepartum	ICD-9-CM	Diagnosis
647.84	Other specified maternal infectious and parasitic diseases complicating pregnancy, childbirth, or the puerperium, postpartum condition or complication	ICD-9-CM	Diagnosis
647.9	Unspecified maternal infection or infestation complicating pregnancy, childbirth, or the puerperium	ICD-9-CM	Diagnosis
647.90	Unspecified maternal infection or infestation complicating pregnancy, childbirth, or the puerperium, unspecified as to episode of care	ICD-9-CM	Diagnosis
647.91	Unspecified maternal infection or infestation with delivery	ICD-9-CM	Diagnosis
647.92	Unspecified maternal infection or infestation with delivery, with current postpartum complication	ICD-9-CM	Diagnosis
647.93	Unspecified maternal infection or infestation, antepartum	ICD-9-CM	Diagnosis
647.94	Unspecified maternal infection or infestation complicating pregnancy, childbirth, or the puerperium, postpartum condition or complication	ICD-9-CM	Diagnosis
648	Other current conditions in the mother classifiable elsewhere, but complicating pregnancy, childbirth, or the puerperium	ICD-9-CM	Diagnosis
648.0	Maternal diabetes mellitus complicating pregnancy, childbirth, or the puerperium	ICD-9-CM	Diagnosis
648.00	Maternal diabetes mellitus, complicating pregnancy, childbirth, or the puerperium, unspecified as to episode of care	ICD-9-CM	Diagnosis
648.01	Maternal diabetes mellitus with delivery	ICD-9-CM	Diagnosis
648.02	Maternal diabetes mellitus with delivery, with current postpartum complication	ICD-9-CM	Diagnosis
648.03	Maternal diabetes mellitus, antepartum	ICD-9-CM	Diagnosis

Appendix C. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Diagnosis Codes Used to Define Inclusion and Exclusion Criteria in this Report

Code	Description	Code Type	Code Category
648.04	Maternal diabetes mellitus, complicating pregnancy, childbirth, or the puerperium, postpartum condition or complication	ICD-9-CM	Diagnosis
648.1	Thyroid dysfunction complicating pregnancy, childbirth, or the puerperium	ICD-9-CM	Diagnosis
648.10	Maternal thyroid dysfunction complicating pregnancy, childbirth, or the puerperium, unspecified as to episode of care or not applicable	ICD-9-CM	Diagnosis
648.11	Maternal thyroid dysfunction with delivery, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
648.12	Maternal thyroid dysfunction with delivery, with current postpartum complication	ICD-9-CM	Diagnosis
648.13	Maternal thyroid dysfunction, antepartum condition or complication	ICD-9-CM	Diagnosis
648.14	Maternal thyroid dysfunction complicating pregnancy, childbirth, or the puerperium, postpartum condition or complication	ICD-9-CM	Diagnosis
648.2	Maternal anemia complicating pregnancy, childbirth, or the puerperium	ICD-9-CM	Diagnosis
648.20	Maternal anemia of mother, complicating pregnancy, childbirth, or the puerperium, unspecified as to episode of care	ICD-9-CM	Diagnosis
648.21	Maternal anemia, with delivery	ICD-9-CM	Diagnosis
648.22	Maternal anemia with delivery, with current postpartum complication	ICD-9-CM	Diagnosis
648.23	Maternal anemia, antepartum	ICD-9-CM	Diagnosis
648.24	Maternal anemia complicating pregnancy, childbirth, or the puerperium, postpartum condition or complication	ICD-9-CM	Diagnosis
648.3	Maternal drug dependence complicating pregnancy, childbirth, or the puerperium	ICD-9-CM	Diagnosis
648.30	Maternal drug dependence complicating pregnancy, childbirth, or the puerperium, unspecified as to episode of care	ICD-9-CM	Diagnosis
648.31	Maternal drug dependence, with delivery	ICD-9-CM	Diagnosis
648.32	Maternal drug dependence, with delivery, with current postpartum complication	ICD-9-CM	Diagnosis
648.33	Maternal drug dependence, antepartum	ICD-9-CM	Diagnosis
648.34	Maternal drug dependence complicating pregnancy, childbirth, or the puerperium, postpartum condition or complication	ICD-9-CM	Diagnosis
648.4	Maternal mental disorders complicating pregnancy, childbirth, or the puerperium	ICD-9-CM	Diagnosis
648.40	Maternal mental disorders, complicating pregnancy, childbirth, or the puerperium, unspecified as to episode of care	ICD-9-CM	Diagnosis
648.41	Maternal mental disorders, with delivery	ICD-9-CM	Diagnosis
648.42	Maternal mental disorders, with delivery, with current postpartum complication	ICD-9-CM	Diagnosis
648.43	Maternal mental disorders, antepartum	ICD-9-CM	Diagnosis
648.44	Maternal mental disorders complicating pregnancy, childbirth, or the puerperium, postpartum condition or complication	ICD-9-CM	Diagnosis
648.5	Maternal congenital cardiovascular disorders complicating pregnancy, childbirth, or the puerperium	ICD-9-CM	Diagnosis
648.50	Maternal congenital cardiovascular disorders, complicating pregnancy, childbirth, or the puerperium, unspecified as to episode of care	ICD-9-CM	Diagnosis
648.51	Maternal congenital cardiovascular disorders, with delivery	ICD-9-CM	Diagnosis
648.52	Maternal congenital cardiovascular disorders, with delivery, with current postpartum complication	ICD-9-CM	Diagnosis
648.53	Maternal congenital cardiovascular disorders, antepartum	ICD-9-CM	Diagnosis
648.54	Maternal congenital cardiovascular disorders complicating pregnancy, childbirth, or the puerperium, postpartum condition or complication	ICD-9-CM	Diagnosis

Appendix C. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Diagnosis Codes Used to Define Inclusion and Exclusion Criteria in this Report

Code	Description	Code Type	Code Category
648.6	Other maternal cardiovascular diseases complicating pregnancy, childbirth, or the puerperium	ICD-9-CM	Diagnosis
648.60	Other maternal cardiovascular diseases complicating pregnancy, childbirth, or the puerperium, unspecified as to episode of care	ICD-9-CM	Diagnosis
648.61	Other maternal cardiovascular diseases, with delivery	ICD-9-CM	Diagnosis
648.62	Other maternal cardiovascular diseases, with delivery, with current postpartum complication	ICD-9-CM	Diagnosis
648.63	Other maternal cardiovascular diseases, antepartum	ICD-9-CM	Diagnosis
648.64	Other maternal cardiovascular diseases complicating pregnancy, childbirth, or the puerperium, postpartum condition or complication	ICD-9-CM	Diagnosis
648.7	Bone and joint disorders of maternal back, pelvis, and lower limbs, complicating pregnancy, childbirth, or the puerperium	ICD-9-CM	Diagnosis
648.70	Bone and joint disorders of maternal back, pelvis, and lower limbs, complicating pregnancy, childbirth, or the puerperium, unspecified as to episode of care	ICD-9-CM	Diagnosis
648.71	Bone and joint disorders of maternal back, pelvis, and lower limbs, with delivery	ICD-9-CM	Diagnosis
648.72	Bone and joint disorders of maternal back, pelvis, and lower limbs, with delivery, with current postpartum complication	ICD-9-CM	Diagnosis
648.73	Bone and joint disorders of maternal back, pelvis, and lower limbs, antepartum	ICD-9-CM	Diagnosis
648.74	Bone and joint disorders of maternal back, pelvis, and lower limbs complicating pregnancy, childbirth, or the puerperium, postpartum condition or complication	ICD-9-CM	Diagnosis
648.8	Abnormal maternal glucose tolerance, complicating pregnancy, childbirth, or the puerperium	ICD-9-CM	Diagnosis
648.80	Abnormal maternal glucose tolerance, complicating pregnancy, childbirth, or the puerperium, unspecified as to episode of care	ICD-9-CM	Diagnosis
648.81	Abnormal maternal glucose tolerance, with delivery	ICD-9-CM	Diagnosis
648.82	Abnormal maternal glucose tolerance, with delivery, with current postpartum complication	ICD-9-CM	Diagnosis
648.83	Abnormal maternal glucose tolerance, antepartum	ICD-9-CM	Diagnosis
648.84	Abnormal maternal glucose tolerance complicating pregnancy, childbirth, or the puerperium, postpartum condition or complication	ICD-9-CM	Diagnosis
648.9	Other current maternal conditions complicating pregnancy, childbirth, or the puerperium	ICD-9-CM	Diagnosis
648.90	Other current maternal conditions classifiable elsewhere, complicating pregnancy, childbirth, or the puerperium, unspecified as to episode of care	ICD-9-CM	Diagnosis
648.91	Other current maternal conditions classifiable elsewhere, with delivery	ICD-9-CM	Diagnosis
648.92	Other current maternal conditions classifiable elsewhere, with delivery, with current postpartum complication	ICD-9-CM	Diagnosis
648.93	Other current maternal conditions classifiable elsewhere, antepartum	ICD-9-CM	Diagnosis
648.94	Other current maternal conditions classifiable elsewhere complicating pregnancy, childbirth, or the puerperium, postpartum condition or complication	ICD-9-CM	Diagnosis
649	Other conditions or status of the mother complicating pregnancy, childbirth, or puerperium	ICD-9-CM	Diagnosis
649.0	Tobacco use disorder complicating pregnancy, childbirth, or the puerperium	ICD-9-CM	Diagnosis
649.00	Tobacco use disorder complicating pregnancy, childbirth, or the puerperium, unspecified as to episode of care or not applicable	ICD-9-CM	Diagnosis

Appendix C. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Diagnosis Codes Used to Define Inclusion and Exclusion Criteria in this Report

Code	Description	Code Type	Code Category
649.01	Tobacco use disorder complicating pregnancy, childbirth, or the puerperium, delivered, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
649.02	Tobacco use disorder complicating pregnancy, childbirth, or the puerperium, delivered, with mention of postpartum complication	ICD-9-CM	Diagnosis
649.03	Tobacco use disorder complicating pregnancy, childbirth, or the puerperium, antepartum condition or complication	ICD-9-CM	Diagnosis
649.04	Tobacco use disorder complicating pregnancy, childbirth, or the puerperium, postpartum condition or complication	ICD-9-CM	Diagnosis
649.1	Obesity complicating pregnancy, childbirth, or the puerperium	ICD-9-CM	Diagnosis
649.10	Obesity complicating pregnancy, childbirth, or the puerperium, unspecified as to episode of care or not applicable	ICD-9-CM	Diagnosis
649.11	Obesity complicating pregnancy, childbirth, or the puerperium, delivered, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
649.12	Obesity complicating pregnancy, childbirth, or the puerperium, delivered, with mention of postpartum complication	ICD-9-CM	Diagnosis
649.13	Obesity complicating pregnancy, childbirth, or the puerperium, antepartum condition or complication	ICD-9-CM	Diagnosis
649.14	Obesity complicating pregnancy, childbirth, or the puerperium, postpartum condition or complication	ICD-9-CM	Diagnosis
649.2	Bariatric surgery status complicating pregnancy, childbirth, or the puerperium	ICD-9-CM	Diagnosis
649.20	Bariatric surgery status complicating pregnancy, childbirth, or the puerperium, unspecified as to episode of care or not applicable	ICD-9-CM	Diagnosis
649.21	Bariatric surgery status complicating pregnancy, childbirth, or the puerperium, delivered, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
649.22	Bariatric surgery status complicating pregnancy, childbirth, or the puerperium, delivered, with mention of postpartum complication	ICD-9-CM	Diagnosis
649.23	Bariatric surgery status complicating pregnancy, childbirth, or the puerperium, antepartum condition or complication	ICD-9-CM	Diagnosis
649.24	Bariatric surgery status complicating pregnancy, childbirth, or the puerperium, postpartum condition or complication	ICD-9-CM	Diagnosis
649.3	Coagulation defects complicating pregnancy, childbirth, or the puerperium	ICD-9-CM	Diagnosis
649.30	Coagulation defects complicating pregnancy, childbirth, or the puerperium, unspecified as to episode of care or not applicable	ICD-9-CM	Diagnosis
649.31	Coagulation defects complicating pregnancy, childbirth, or the puerperium, delivered, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
649.32	Coagulation defects complicating pregnancy, childbirth, or the puerperium, delivered, with mention of postpartum complication	ICD-9-CM	Diagnosis
649.33	Coagulation defects complicating pregnancy, childbirth, or the puerperium, antepartum condition or complication	ICD-9-CM	Diagnosis
649.34	Coagulation defects complicating pregnancy, childbirth, or the puerperium, postpartum condition or complication	ICD-9-CM	Diagnosis
649.4	Epilepsy complicating pregnancy, childbirth, or the puerperium	ICD-9-CM	Diagnosis
649.40	Epilepsy complicating pregnancy, childbirth, or the puerperium, unspecified as to episode of care or not applicable	ICD-9-CM	Diagnosis
649.41	Epilepsy complicating pregnancy, childbirth, or the puerperium, delivered, with or without mention of antepartum condition	ICD-9-CM	Diagnosis

Appendix C. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Diagnosis Codes Used to Define Inclusion and Exclusion Criteria in this Report

Code	Description	Code Type	Code Category
649.42	Epilepsy complicating pregnancy, childbirth, or the puerperium, delivered, with mention of postpartum complication	ICD-9-CM	Diagnosis
649.43	Epilepsy complicating pregnancy, childbirth, or the puerperium, antepartum condition or complication	ICD-9-CM	Diagnosis
649.44	Epilepsy complicating pregnancy, childbirth, or the puerperium, postpartum condition or complication	ICD-9-CM	Diagnosis
649.5	Spotting complicating pregnancy	ICD-9-CM	Diagnosis
649.50	Spotting complicating pregnancy, unspecified as to episode of care or not applicable	ICD-9-CM	Diagnosis
649.51	Spotting complicating pregnancy, delivered, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
649.53	Spotting complicating pregnancy, antepartum condition or complication	ICD-9-CM	Diagnosis
649.6	Uterine size date discrepancy	ICD-9-CM	Diagnosis
649.60	Uterine size date discrepancy, unspecified as to episode of care or not applicable	ICD-9-CM	Diagnosis
649.61	Uterine size date discrepancy, delivered, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
649.62	Uterine size date discrepancy, delivered, with mention of postpartum complication	ICD-9-CM	Diagnosis
649.63	Uterine size date discrepancy, antepartum condition or complication	ICD-9-CM	Diagnosis
649.64	Uterine size date discrepancy, postpartum condition or complication	ICD-9-CM	Diagnosis
649.7	Cervical shortening	ICD-9-CM	Diagnosis
649.70	Cervical shortening, unspecified as to episode of care or not applicable	ICD-9-CM	Diagnosis
649.71	Cervical shortening, delivered, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
649.73	Cervical shortening, antepartum condition or complication	ICD-9-CM	Diagnosis
649.8	Onset (spontaneous) of labor after 37 completed weeks of gestation but before 39 completed weeks gestation, with delivery by (planned) cesarean section	ICD-9-CM	Diagnosis
649.81	Onset (spontaneous) of labor after 37 completed weeks of gestation but before 39 completed weeks gestation, with delivery by (planned) cesarean section, delivered, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
649.82	Onset (spontaneous) of labor after 37 completed weeks of gestation but before 39 completed weeks gestation, with delivery by (planned) cesarean section, delivered, with mention of postpartum complication	ICD-9-CM	Diagnosis
650	Normal delivery	ICD-9-CM	Diagnosis
651	Multiple gestation	ICD-9-CM	Diagnosis
651.0	Twin pregnancy	ICD-9-CM	Diagnosis
651.00	Twin pregnancy, unspecified as to episode of care	ICD-9-CM	Diagnosis
651.01	Twin pregnancy, delivered	ICD-9-CM	Diagnosis
651.03	Twin pregnancy, antepartum	ICD-9-CM	Diagnosis
651.1	Triplet pregnancy	ICD-9-CM	Diagnosis
651.10	Triplet pregnancy, unspecified as to episode of care	ICD-9-CM	Diagnosis
651.11	Triplet pregnancy, delivered	ICD-9-CM	Diagnosis
651.13	Triplet pregnancy, antepartum	ICD-9-CM	Diagnosis
651.2	Quadruplet pregnancy	ICD-9-CM	Diagnosis
651.20	Quadruplet pregnancy, unspecified as to episode of care	ICD-9-CM	Diagnosis
651.21	Quadruplet pregnancy, delivered	ICD-9-CM	Diagnosis
651.23	Quadruplet pregnancy, antepartum	ICD-9-CM	Diagnosis

Appendix C. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Diagnosis Codes Used to Define Inclusion and Exclusion Criteria in this Report

Code	Description	Code Type	Code Category
651.3	Twin pregnancy with fetal loss and retention of one fetus	ICD-9-CM	Diagnosis
651.30	Twin pregnancy with fetal loss and retention of one fetus, unspecified as to episode of care or not applicable	ICD-9-CM	Diagnosis
651.31	Twin pregnancy with fetal loss and retention of one fetus, delivered	ICD-9-CM	Diagnosis
651.33	Twin pregnancy with fetal loss and retention of one fetus, antepartum	ICD-9-CM	Diagnosis
651.4	Triplet pregnancy with fetal loss and retention of one or more	ICD-9-CM	Diagnosis
651.40	Triplet pregnancy with fetal loss and retention of one or more, unspecified as to episode of care or not applicable	ICD-9-CM	Diagnosis
651.41	Triplet pregnancy with fetal loss and retention of one or more, delivered	ICD-9-CM	Diagnosis
651.43	Triplet pregnancy with fetal loss and retention of one or more, antepartum	ICD-9-CM	Diagnosis
651.5	Quadruplet pregnancy with fetal loss and retention of one or more	ICD-9-CM	Diagnosis
651.50	Quadruplet pregnancy with fetal loss and retention of one or more, unspecified as to episode of care or not applicable	ICD-9-CM	Diagnosis
651.51	Quadruplet pregnancy with fetal loss and retention of one or more, delivered	ICD-9-CM	Diagnosis
651.53	Quadruplet pregnancy with fetal loss and retention of one or more, antepartum	ICD-9-CM	Diagnosis
651.6	Other multiple pregnancy with fetal loss and retention of one or more fetus(es)	ICD-9-CM	Diagnosis
651.60	Other multiple pregnancy with fetal loss and retention of one or more fetus(es), unspecified as to episode of care or not applicable	ICD-9-CM	Diagnosis
651.61	Other multiple pregnancy with fetal loss and retention of one or more fetus(es), delivered	ICD-9-CM	Diagnosis
651.63	Other multiple pregnancy with fetal loss and retention of one or more fetus(es), antepartum	ICD-9-CM	Diagnosis
651.7	Multiple gestation following (elective) fetal reduction	ICD-9-CM	Diagnosis
651.70	Multiple gestation following (elective) fetal reduction, unspecified as to episode of care or not applicable	ICD-9-CM	Diagnosis
651.71	Multiple gestation following (elective) fetal reduction, delivered, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
651.73	Multiple gestation following (elective) fetal reduction, antepartum condition or complication	ICD-9-CM	Diagnosis
651.8	Other specified multiple gestation	ICD-9-CM	Diagnosis
651.80	Other specified multiple gestation, unspecified as to episode of care	ICD-9-CM	Diagnosis
651.81	Other specified multiple gestation, delivered	ICD-9-CM	Diagnosis
651.83	Other specified multiple gestation, antepartum	ICD-9-CM	Diagnosis
651.9	Unspecified multiple gestation	ICD-9-CM	Diagnosis
651.90	Unspecified multiple gestation, unspecified as to episode of care	ICD-9-CM	Diagnosis
651.91	Unspecified multiple gestation, delivered	ICD-9-CM	Diagnosis
651.93	Unspecified multiple gestation, antepartum	ICD-9-CM	Diagnosis
652	Malposition and malpresentation of fetus	ICD-9-CM	Diagnosis
652.0	Unstable lie of fetus	ICD-9-CM	Diagnosis
652.00	Unstable lie of fetus, unspecified as to episode of care	ICD-9-CM	Diagnosis
652.01	Unstable lie of fetus, delivered	ICD-9-CM	Diagnosis
652.03	Unstable lie of fetus, antepartum	ICD-9-CM	Diagnosis
652.1	Breech or other malpresentation successfully converted to cephalic presentation	ICD-9-CM	Diagnosis
652.10	Breech or other malpresentation successfully converted to cephalic presentation, unspecified as to episode of care	ICD-9-CM	Diagnosis

Appendix C. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Diagnosis Codes Used to Define Inclusion and Exclusion Criteria in this Report

Code	Description	Code Type	Code Category
652.11	Breech or other malpresentation successfully converted to cephalic presentation, delivered	ICD-9-CM	Diagnosis
652.13	Breech or other malpresentation successfully converted to cephalic presentation, antepartum	ICD-9-CM	Diagnosis
652.2	Breech presentation without mention of version	ICD-9-CM	Diagnosis
652.20	Breech presentation without mention of version, unspecified as to episode of care	ICD-9-CM	Diagnosis
652.21	Breech presentation without mention of version, delivered	ICD-9-CM	Diagnosis
652.23	Breech presentation without mention of version, antepartum	ICD-9-CM	Diagnosis
652.3	Transverse or oblique presentation of fetus	ICD-9-CM	Diagnosis
652.30	Transverse or oblique fetal presentation, unspecified as to episode of care	ICD-9-CM	Diagnosis
652.31	Transverse or oblique fetal presentation, delivered	ICD-9-CM	Diagnosis
652.33	Transverse or oblique fetal presentation, antepartum	ICD-9-CM	Diagnosis
652.4	Fetal face or brow presentation of fetus	ICD-9-CM	Diagnosis
652.40	Fetal face or brow presentation, unspecified as to episode of care	ICD-9-CM	Diagnosis
652.41	Fetal face or brow presentation, delivered	ICD-9-CM	Diagnosis
652.43	Fetal face or brow presentation, antepartum	ICD-9-CM	Diagnosis
652.5	High fetal head at term	ICD-9-CM	Diagnosis
652.50	High fetal head at term, unspecified as to episode of care	ICD-9-CM	Diagnosis
652.51	High fetal head at term, delivered	ICD-9-CM	Diagnosis
652.53	High fetal head at term, antepartum	ICD-9-CM	Diagnosis
652.6	Multiple gestation with malpresentation of one fetus or more	ICD-9-CM	Diagnosis
652.60	Multiple gestation with malpresentation of one fetus or more, unspecified as to episode of care	ICD-9-CM	Diagnosis
652.61	Multiple gestation with malpresentation of one fetus or more, delivered	ICD-9-CM	Diagnosis
652.63	Multiple gestation with malpresentation of one fetus or more, antepartum	ICD-9-CM	Diagnosis
652.7	Prolapsed arm of fetus	ICD-9-CM	Diagnosis
652.70	Prolapsed arm of fetus, unspecified as to episode of care	ICD-9-CM	Diagnosis
652.71	Prolapsed arm of fetus, delivered	ICD-9-CM	Diagnosis
652.73	Prolapsed arm of fetus, antepartum condition or complication	ICD-9-CM	Diagnosis
652.8	Other specified malposition or malpresentation of fetus	ICD-9-CM	Diagnosis
652.80	Other specified malposition or malpresentation of fetus, unspecified as to episode of care	ICD-9-CM	Diagnosis
652.81	Other specified malposition or malpresentation of fetus, delivered	ICD-9-CM	Diagnosis
652.83	Other specified malposition or malpresentation of fetus, antepartum	ICD-9-CM	Diagnosis
652.9	Unspecified malposition or malpresentation of fetus	ICD-9-CM	Diagnosis
652.90	Unspecified malposition or malpresentation of fetus, unspecified as to episode of care	ICD-9-CM	Diagnosis
652.91	Unspecified malposition or malpresentation of fetus, delivered	ICD-9-CM	Diagnosis
652.93	Unspecified malposition or malpresentation of fetus, antepartum	ICD-9-CM	Diagnosis
653	Disproportion in pregnancy, labor, and delivery	ICD-9-CM	Diagnosis
653.0	Major abnormality of bony pelvis, not further specified, in pregnancy	ICD-9-CM	Diagnosis
653.00	Major abnormality of bony pelvis, not further specified in pregnancy, unspecified as to episode of care	ICD-9-CM	Diagnosis
653.01	Major abnormality of bony pelvis, not further specified, delivered	ICD-9-CM	Diagnosis
653.03	Major abnormality of bony pelvis, not further specified, antepartum	ICD-9-CM	Diagnosis
653.1	Generally contracted pelvis in pregnancy	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
653.10	Generally contracted pelvis in pregnancy, unspecified as to episode of care in pregnancy	ICD-9-CM	Diagnosis
653.11	Generally contracted pelvis in pregnancy, delivered	ICD-9-CM	Diagnosis
653.13	Generally contracted pelvis in pregnancy, antepartum	ICD-9-CM	Diagnosis
653.2	Inlet contraction of pelvis in pregnancy	ICD-9-CM	Diagnosis
653.20	Inlet contraction of pelvis in pregnancy, unspecified as to episode of care in pregnancy	ICD-9-CM	Diagnosis
653.21	Inlet contraction of pelvis in pregnancy, delivered	ICD-9-CM	Diagnosis
653.23	Inlet contraction of pelvis in pregnancy, antepartum	ICD-9-CM	Diagnosis
653.3	Outlet contraction of pelvis in pregnancy	ICD-9-CM	Diagnosis
653.30	Outlet contraction of pelvis in pregnancy, unspecified as to episode of care in pregnancy	ICD-9-CM	Diagnosis
653.31	Outlet contraction of pelvis in pregnancy, delivered	ICD-9-CM	Diagnosis
653.33	Outlet contraction of pelvis in pregnancy, antepartum	ICD-9-CM	Diagnosis
653.4	Fetopelvic disproportion	ICD-9-CM	Diagnosis
653.40	Fetopelvic disproportion, unspecified as to episode of care	ICD-9-CM	Diagnosis
653.41	Fetopelvic disproportion, delivered	ICD-9-CM	Diagnosis
653.43	Fetopelvic disproportion, antepartum	ICD-9-CM	Diagnosis
653.5	Unusually large fetus causing disproportion	ICD-9-CM	Diagnosis
653.50	Unusually large fetus causing disproportion, unspecified as to episode of care	ICD-9-CM	Diagnosis
653.51	Unusually large fetus causing disproportion, delivered	ICD-9-CM	Diagnosis
653.53	Unusually large fetus causing disproportion, antepartum	ICD-9-CM	Diagnosis
653.6	Hydrocephalic fetus causing disproportion	ICD-9-CM	Diagnosis
653.60	Hydrocephalic fetus causing disproportion, unspecified as to episode of care	ICD-9-CM	Diagnosis
653.61	Hydrocephalic fetus causing disproportion, delivered	ICD-9-CM	Diagnosis
653.63	Hydrocephalic fetus causing disproportion, antepartum	ICD-9-CM	Diagnosis
653.7	Other fetal abnormality causing disproportion	ICD-9-CM	Diagnosis
653.70	Other fetal abnormality causing disproportion, unspecified as to episode of care	ICD-9-CM	Diagnosis
653.71	Other fetal abnormality causing disproportion, delivered	ICD-9-CM	Diagnosis
653.73	Other fetal abnormality causing disproportion, antepartum	ICD-9-CM	Diagnosis
653.8	Fetal disproportion of other origin	ICD-9-CM	Diagnosis
653.80	Fetal disproportion of other origin, unspecified as to episode of care	ICD-9-CM	Diagnosis
653.81	Fetal disproportion of other origin, delivered	ICD-9-CM	Diagnosis
653.83	Fetal disproportion of other origin, antepartum	ICD-9-CM	Diagnosis
653.9	Unspecified fetal disproportion	ICD-9-CM	Diagnosis
653.90	Unspecified fetal disproportion, unspecified as to episode of care	ICD-9-CM	Diagnosis
653.91	Unspecified fetal disproportion, delivered	ICD-9-CM	Diagnosis
653.93	Unspecified fetal disproportion, antepartum	ICD-9-CM	Diagnosis
654	Abnormality of organs and soft tissues of pelvis complicating pregnancy, childbirth, or the puerperium	ICD-9-CM	Diagnosis
654.0	Congenital abnormalities of pregnant uterus complicating pregnancy, childbirth, or the puerperium	ICD-9-CM	Diagnosis
654.00	Congenital abnormalities of pregnant uterus, unspecified as to episode of care	ICD-9-CM	Diagnosis
654.01	Congenital abnormalities of pregnant uterus, delivered	ICD-9-CM	Diagnosis
654.02	Congenital abnormalities of pregnant uterus, delivered, with mention of postpartum complication	ICD-9-CM	Diagnosis

Appendix C. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Diagnosis Codes Used to Define Inclusion and Exclusion Criteria in this Report

Code	Description	Code Type	Code Category
654.03	Congenital abnormalities of pregnant uterus, antepartum	ICD-9-CM	Diagnosis
654.04	Congenital abnormalities of uterus, postpartum condition or complication	ICD-9-CM	Diagnosis
654.1	Tumors of body of pregnant uterus	ICD-9-CM	Diagnosis
654.10	Tumors of body of pregnant uterus, unspecified as to episode of care in pregnancy	ICD-9-CM	Diagnosis
654.11	Tumors of body of uterus, delivered	ICD-9-CM	Diagnosis
654.12	Tumors of body of uterus, delivered, with mention of postpartum complication	ICD-9-CM	Diagnosis
654.13	Tumors of body of uterus, antepartum condition or complication	ICD-9-CM	Diagnosis
654.14	Tumors of body of uterus, postpartum condition or complication	ICD-9-CM	Diagnosis
654.2	Previous cesarean section complicating pregnancy, childbirth, or the puerperium	ICD-9-CM	Diagnosis
654.20	Previous cesarean delivery, unspecified as to episode of care or not applicable	ICD-9-CM	Diagnosis
654.21	Previous cesarean delivery, delivered, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
654.23	Previous cesarean delivery, antepartum condition or complication	ICD-9-CM	Diagnosis
654.3	Retroverted and incarcerated gravid uterus	ICD-9-CM	Diagnosis
654.30	Retroverted and incarcerated gravid uterus, unspecified as to episode of care	ICD-9-CM	Diagnosis
654.31	Retroverted and incarcerated gravid uterus, delivered	ICD-9-CM	Diagnosis
654.32	Retroverted and incarcerated gravid uterus, delivered, with mention of postpartum complication	ICD-9-CM	Diagnosis
654.33	Retroverted and incarcerated gravid uterus, antepartum	ICD-9-CM	Diagnosis
654.34	Retroverted and incarcerated gravid uterus, postpartum condition or complication	ICD-9-CM	Diagnosis
654.4	Other abnormalities in shape or position of gravid uterus and of neighboring structures	ICD-9-CM	Diagnosis
654.40	Other abnormalities in shape or position of gravid uterus and of neighboring structures, unspecified as to episode of care	ICD-9-CM	Diagnosis
654.41	Other abnormalities in shape or position of gravid uterus and of neighboring structures, delivered	ICD-9-CM	Diagnosis
654.42	Other abnormalities in shape or position of gravid uterus and of neighboring structures, delivered, with mention of postpartum complication	ICD-9-CM	Diagnosis
654.43	Other abnormalities in shape or position of gravid uterus and of neighboring structures, antepartum	ICD-9-CM	Diagnosis
654.44	Other abnormalities in shape or position of gravid uterus and of neighboring structures, postpartum condition or complication	ICD-9-CM	Diagnosis
654.5	Cervical incompetence complicating pregnancy, childbirth, or the puerperium	ICD-9-CM	Diagnosis
654.50	Cervical incompetence, unspecified as to episode of care in pregnancy	ICD-9-CM	Diagnosis
654.51	Cervical incompetence, delivered	ICD-9-CM	Diagnosis
654.52	Cervical incompetence, delivered, with mention of postpartum complication	ICD-9-CM	Diagnosis
654.53	Cervical incompetence, antepartum condition or complication	ICD-9-CM	Diagnosis
654.54	Cervical incompetence, postpartum condition or complication	ICD-9-CM	Diagnosis
654.6	Other congenital or acquired abnormality of cervix complicating pregnancy, childbirth, or the puerperium	ICD-9-CM	Diagnosis
654.60	Other congenital or acquired abnormality of cervix, unspecified as to episode of care in pregnancy	ICD-9-CM	Diagnosis
654.61	Other congenital or acquired abnormality of cervix, with delivery	ICD-9-CM	Diagnosis

Appendix C. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Diagnosis Codes Used to Define Inclusion and Exclusion Criteria in this Report

Code	Description	Code Type	Code Category
654.62	Other congenital or acquired abnormality of cervix, delivered, with mention of postpartum complication	ICD-9-CM	Diagnosis
654.63	Other congenital or acquired abnormality of cervix, antepartum condition or complication	ICD-9-CM	Diagnosis
654.64	Other congenital or acquired abnormality of cervix, postpartum condition or complication	ICD-9-CM	Diagnosis
654.7	Congenital or acquired abnormality of vagina complicating pregnancy, childbirth, or the puerperium	ICD-9-CM	Diagnosis
654.70	Congenital or acquired abnormality of vagina, unspecified as to episode of care in pregnancy	ICD-9-CM	Diagnosis
654.71	Congenital or acquired abnormality of vagina, with delivery	ICD-9-CM	Diagnosis
654.72	Congenital or acquired abnormality of vagina, delivered, with mention of postpartum complication	ICD-9-CM	Diagnosis
654.73	Congenital or acquired abnormality of vagina, antepartum condition or complication	ICD-9-CM	Diagnosis
654.74	Congenital or acquired abnormality of vagina, postpartum condition or complication	ICD-9-CM	Diagnosis
654.8	Congenital or acquired abnormality of vulva complicating pregnancy, childbirth, or the puerperium	ICD-9-CM	Diagnosis
654.80	Congenital or acquired abnormality of vulva, unspecified as to episode of care in pregnancy	ICD-9-CM	Diagnosis
654.81	Congenital or acquired abnormality of vulva, with delivery	ICD-9-CM	Diagnosis
654.82	Congenital or acquired abnormality of vulva, delivered, with mention of postpartum complication	ICD-9-CM	Diagnosis
654.83	Congenital or acquired abnormality of vulva, antepartum condition or complication	ICD-9-CM	Diagnosis
654.84	Congenital or acquired abnormality of vulva, postpartum condition or complication	ICD-9-CM	Diagnosis
654.9	Other and unspecified abnormality of organs and soft tissues of pelvis complicating pregnancy, childbirth, and the puerperium	ICD-9-CM	Diagnosis
654.90	Other and unspecified abnormality of organs and soft tissues of pelvis, unspecified as to episode of care in pregnancy	ICD-9-CM	Diagnosis
654.91	Other and unspecified abnormality of organs and soft tissues of pelvis, with delivery	ICD-9-CM	Diagnosis
654.92	Other and unspecified abnormality of organs and soft tissues of pelvis, delivered, with mention of postpartum complication	ICD-9-CM	Diagnosis
654.93	Other and unspecified abnormality of organs and soft tissues of pelvis, antepartum condition or complication	ICD-9-CM	Diagnosis
654.94	Other and unspecified abnormality of organs and soft tissues of pelvis, postpartum condition or complication	ICD-9-CM	Diagnosis
655	Known or suspected fetal abnormality affecting management of mother	ICD-9-CM	Diagnosis
655.0	Central nervous system malformation in fetus affecting management of mother	ICD-9-CM	Diagnosis
655.00	Central nervous system malformation in fetus, unspecified as to episode of care in pregnancy	ICD-9-CM	Diagnosis
655.01	Central nervous system malformation in fetus, with delivery	ICD-9-CM	Diagnosis
655.03	Central nervous system malformation in fetus, antepartum	ICD-9-CM	Diagnosis

Appendix C. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Diagnosis Codes Used to Define Inclusion and Exclusion Criteria in this Report

Code	Description	Code Type	Code Category
655.1	Chromosomal abnormality in fetus affecting management of mother	ICD-9-CM	Diagnosis
655.10	Chromosomal abnormality in fetus, affecting management of mother, unspecified as to episode of care in pregnancy	ICD-9-CM	Diagnosis
655.11	Chromosomal abnormality in fetus, affecting management of mother, with delivery	ICD-9-CM	Diagnosis
655.13	Chromosomal abnormality in fetus, affecting management of mother, antepartum	ICD-9-CM	Diagnosis
655.2	Hereditary disease in family possibly affecting fetus, affecting management of mother	ICD-9-CM	Diagnosis
655.20	Hereditary disease in family possibly affecting fetus, affecting management of mother, unspecified as to episode of care in pregnancy	ICD-9-CM	Diagnosis
655.21	Hereditary disease in family possibly affecting fetus, affecting management of mother, with delivery	ICD-9-CM	Diagnosis
655.23	Hereditary disease in family possibly affecting fetus, affecting management of mother, antepartum condition or complication	ICD-9-CM	Diagnosis
655.3	Suspected damage to fetus from viral disease in mother, affecting management of mother	ICD-9-CM	Diagnosis
655.30	Suspected damage to fetus from viral disease in mother, affecting management of mother, unspecified as to episode of care in pregnancy	ICD-9-CM	Diagnosis
655.31	Suspected damage to fetus from viral disease in mother, affecting management of mother, with delivery	ICD-9-CM	Diagnosis
655.33	Suspected damage to fetus from viral disease in mother, affecting management of mother, antepartum condition or complication	ICD-9-CM	Diagnosis
655.4	Suspected damage to fetus from other disease in mother, affecting management of mother	ICD-9-CM	Diagnosis
655.40	Suspected damage to fetus from other disease in mother, affecting management of mother, unspecified as to episode of care in pregnancy	ICD-9-CM	Diagnosis
655.41	Suspected damage to fetus from other disease in mother, affecting management of mother, with delivery	ICD-9-CM	Diagnosis
655.43	Suspected damage to fetus from other disease in mother, affecting management of mother, antepartum condition or complication	ICD-9-CM	Diagnosis
655.5	Suspected damage to fetus from drugs, affecting management of mother	ICD-9-CM	Diagnosis
655.50	Suspected damage to fetus from drugs, affecting management of mother, unspecified as to episode of care	ICD-9-CM	Diagnosis
655.51	Suspected damage to fetus from drugs, affecting management of mother, delivered	ICD-9-CM	Diagnosis
655.53	Suspected damage to fetus from drugs, affecting management of mother, antepartum	ICD-9-CM	Diagnosis
655.6	Suspected damage to fetus from radiation, affecting management of mother	ICD-9-CM	Diagnosis
655.60	Suspected damage to fetus from radiation, affecting management of mother, unspecified as to episode of care	ICD-9-CM	Diagnosis
655.61	Suspected damage to fetus from radiation, affecting management of mother, delivered	ICD-9-CM	Diagnosis
655.63	Suspected damage to fetus from radiation, affecting management of mother, antepartum condition or complication	ICD-9-CM	Diagnosis
655.7	Decreased fetal movements	ICD-9-CM	Diagnosis

Appendix C. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Diagnosis Codes Used to Define Inclusion and Exclusion Criteria in this Report

Code	Description	Code Type	Code Category
655.70	Decreased fetal movements, unspecified as to episode of care	ICD-9-CM	Diagnosis
655.71	Decreased fetal movements, affecting management of mother, delivered	ICD-9-CM	Diagnosis
655.73	Decreased fetal movements, affecting management of mother, antepartum condition or complication	ICD-9-CM	Diagnosis
655.8	Other known or suspected fetal abnormality, not elsewhere classified, affecting management of mother	ICD-9-CM	Diagnosis
655.80	Other known or suspected fetal abnormality, not elsewhere classified, affecting management of mother, unspecified as to episode of care	ICD-9-CM	Diagnosis
655.81	Other known or suspected fetal abnormality, not elsewhere classified, affecting management of mother, delivery	ICD-9-CM	Diagnosis
655.83	Other known or suspected fetal abnormality, not elsewhere classified, affecting management of mother, antepartum condition or complication	ICD-9-CM	Diagnosis
655.9	Unspecified fetal abnormality affecting management of mother	ICD-9-CM	Diagnosis
655.90	Unspecified fetal abnormality affecting management of mother, unspecified as to episode of care	ICD-9-CM	Diagnosis
655.91	Unspecified fetal abnormality affecting management of mother, delivery	ICD-9-CM	Diagnosis
655.93	Unspecified fetal abnormality affecting management of mother, antepartum condition or complication	ICD-9-CM	Diagnosis
656	Other known or suspected fetal and placental problems affecting management of mother	ICD-9-CM	Diagnosis
656.0	Fetal-maternal hemorrhage affecting management of mother	ICD-9-CM	Diagnosis
656.00	Fetal-maternal hemorrhage, unspecified as to episode of care in pregnancy	ICD-9-CM	Diagnosis
656.01	Fetal-maternal hemorrhage, with delivery	ICD-9-CM	Diagnosis
656.03	Fetal-maternal hemorrhage, antepartum condition or complication	ICD-9-CM	Diagnosis
656.1	Rhesus isoimmunization affecting management of mother	ICD-9-CM	Diagnosis
656.10	Rhesus isoimmunization unspecified as to episode of care in pregnancy	ICD-9-CM	Diagnosis
656.11	Rhesus isoimmunization affecting management of mother, delivered	ICD-9-CM	Diagnosis
656.13	Rhesus isoimmunization affecting management of mother, antepartum condition	ICD-9-CM	Diagnosis
656.2	Isoimmunization from other and unspecified blood-group incompatibility affecting management of mother	ICD-9-CM	Diagnosis
656.20	Isoimmunization from other and unspecified blood-group incompatibility, unspecified as to episode of care in pregnancy	ICD-9-CM	Diagnosis
656.21	Isoimmunization from other and unspecified blood-group incompatibility, affecting management of mother, delivered	ICD-9-CM	Diagnosis
656.23	Isoimmunization from other and unspecified blood-group incompatibility, affecting management of mother, antepartum	ICD-9-CM	Diagnosis
656.3	Fetal distress affecting management of mother	ICD-9-CM	Diagnosis
656.30	Fetal distress affecting management of mother, unspecified as to episode of care	ICD-9-CM	Diagnosis
656.31	Fetal distress affecting management of mother, delivered	ICD-9-CM	Diagnosis
656.33	Fetal distress affecting management of mother, antepartum	ICD-9-CM	Diagnosis
656.4	Intrauterine death affecting management of mother	ICD-9-CM	Diagnosis
656.40	Intrauterine death affecting management of mother, unspecified as to episode of care	ICD-9-CM	Diagnosis
656.41	Intrauterine death affecting management of mother, delivered	ICD-9-CM	Diagnosis
656.43	Intrauterine death affecting management of mother, antepartum	ICD-9-CM	Diagnosis
656.5	Poor fetal growth affecting management of mother	ICD-9-CM	Diagnosis

Appendix C. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Diagnosis Codes Used to Define Inclusion and Exclusion Criteria in this Report

Code	Description	Code Type	Code Category
656.50	Poor fetal growth, affecting management of mother, unspecified as to episode of care	ICD-9-CM	Diagnosis
656.51	Poor fetal growth, affecting management of mother, delivered	ICD-9-CM	Diagnosis
656.53	Poor fetal growth, affecting management of mother, antepartum condition or complication	ICD-9-CM	Diagnosis
656.6	Excessive fetal growth affecting management of mother	ICD-9-CM	Diagnosis
656.60	Excessive fetal growth affecting management of mother, unspecified as to episode of care	ICD-9-CM	Diagnosis
656.61	Excessive fetal growth affecting management of mother, delivered	ICD-9-CM	Diagnosis
656.63	Excessive fetal growth affecting management of mother, antepartum	ICD-9-CM	Diagnosis
656.7	Other placental conditions affecting management of mother	ICD-9-CM	Diagnosis
656.70	Other placental conditions affecting management of mother, unspecified as to episode of care	ICD-9-CM	Diagnosis
656.71	Other placental conditions affecting management of mother, delivered	ICD-9-CM	Diagnosis
656.73	Other placental conditions affecting management of mother, antepartum	ICD-9-CM	Diagnosis
656.8	Other specified fetal and placental problems affecting management of mother	ICD-9-CM	Diagnosis
656.80	Other specified fetal and placental problems affecting management of mother, unspecified as to episode of care	ICD-9-CM	Diagnosis
656.81	Other specified fetal and placental problems affecting management of mother, delivered	ICD-9-CM	Diagnosis
656.83	Other specified fetal and placental problems affecting management of mother, antepartum	ICD-9-CM	Diagnosis
656.9	Unspecified fetal and placental problem affecting management of mother	ICD-9-CM	Diagnosis
656.90	Unspecified fetal and placental problem affecting management of mother, unspecified as to episode of care	ICD-9-CM	Diagnosis
656.91	Unspecified fetal and placental problem affecting management of mother, delivered	ICD-9-CM	Diagnosis
656.93	Unspecified fetal and placental problem affecting management of mother, antepartum	ICD-9-CM	Diagnosis
657	Polyhydramnios	ICD-9-CM	Diagnosis
657.0	Polyhydramnios	ICD-9-CM	Diagnosis
657.00	Polyhydramnios, unspecified as to episode of care	ICD-9-CM	Diagnosis
657.01	Polyhydramnios, with delivery	ICD-9-CM	Diagnosis
657.03	Polyhydramnios, antepartum complication	ICD-9-CM	Diagnosis
658	Other problems associated with amniotic cavity and membranes	ICD-9-CM	Diagnosis
658.0	Oligohydramnios	ICD-9-CM	Diagnosis
658.00	Oligohydramnios, unspecified as to episode of care	ICD-9-CM	Diagnosis
658.01	Oligohydramnios, delivered	ICD-9-CM	Diagnosis
658.03	Oligohydramnios, antepartum	ICD-9-CM	Diagnosis
658.1	Premature rupture of membranes in pregnancy	ICD-9-CM	Diagnosis
658.10	Premature rupture of membranes in pregnancy, unspecified as to episode of care	ICD-9-CM	Diagnosis
658.11	Premature rupture of membranes in pregnancy, delivered	ICD-9-CM	Diagnosis
658.13	Premature rupture of membranes in pregnancy, antepartum	ICD-9-CM	Diagnosis
658.2	Delayed delivery after spontaneous or unspecified rupture of membranes	ICD-9-CM	Diagnosis
658.20	Delayed delivery after spontaneous or unspecified rupture of membranes, unspecified as to episode of care	ICD-9-CM	Diagnosis

Appendix C. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Diagnosis Codes Used to Define Inclusion and Exclusion Criteria in this Report

Code	Description	Code Type	Code Category
658.21	Delayed delivery after spontaneous or unspecified rupture of membranes, delivered	ICD-9-CM	Diagnosis
658.23	Delayed delivery after spontaneous or unspecified rupture of membranes, antepartum	ICD-9-CM	Diagnosis
658.3	Delayed delivery after artificial rupture of membranes	ICD-9-CM	Diagnosis
658.30	Delayed delivery after artificial rupture of membranes, unspecified as to episode of care	ICD-9-CM	Diagnosis
658.31	Delayed delivery after artificial rupture of membranes, delivered	ICD-9-CM	Diagnosis
658.33	Delayed delivery after artificial rupture of membranes, antepartum	ICD-9-CM	Diagnosis
658.4	Infection of amniotic cavity	ICD-9-CM	Diagnosis
658.40	Infection of amniotic cavity, unspecified as to episode of care	ICD-9-CM	Diagnosis
658.41	Infection of amniotic cavity, delivered	ICD-9-CM	Diagnosis
658.43	Infection of amniotic cavity, antepartum	ICD-9-CM	Diagnosis
658.8	Other problems associated with amniotic cavity and membranes	ICD-9-CM	Diagnosis
658.80	Other problem associated with amniotic cavity and membranes, unspecified as to episode of care	ICD-9-CM	Diagnosis
658.81	Other problem associated with amniotic cavity and membranes, delivered	ICD-9-CM	Diagnosis
658.83	Other problem associated with amniotic cavity and membranes, antepartum	ICD-9-CM	Diagnosis
658.9	Unspecified problem associated with amniotic cavity and membranes	ICD-9-CM	Diagnosis
658.90	Unspecified problem associated with amniotic cavity and membranes, unspecified as to episode of care	ICD-9-CM	Diagnosis
658.91	Unspecified problem associated with amniotic cavity and membranes, delivered	ICD-9-CM	Diagnosis
658.93	Unspecified problem associated with amniotic cavity and membranes, antepartum	ICD-9-CM	Diagnosis
659	Other indications for care or intervention related to labor and delivery, not elsewhere classified	ICD-9-CM	Diagnosis
659.0	Failed mechanical induction of labor	ICD-9-CM	Diagnosis
659.00	Failed mechanical induction of labor, unspecified as to episode of care	ICD-9-CM	Diagnosis
659.01	Failed mechanical induction of labor, delivered	ICD-9-CM	Diagnosis
659.03	Failed mechanical induction of labor, antepartum	ICD-9-CM	Diagnosis
659.1	Failed medical or unspecified induction of labor	ICD-9-CM	Diagnosis
659.10	Failed medical or unspecified induction of labor, unspecified as to episode of care	ICD-9-CM	Diagnosis
659.11	Failed medical or unspecified induction of labor, delivered	ICD-9-CM	Diagnosis
659.13	Failed medical or unspecified induction of labor, antepartum	ICD-9-CM	Diagnosis
659.2	Maternal pyrexia during labor, unspecified	ICD-9-CM	Diagnosis
659.20	Unspecified maternal pyrexia during labor, unspecified as to episode of care	ICD-9-CM	Diagnosis
659.21	Unspecified maternal pyrexia during labor, delivered	ICD-9-CM	Diagnosis
659.23	Unspecified maternal pyrexia, antepartum	ICD-9-CM	Diagnosis
659.3	Generalized infection during labor	ICD-9-CM	Diagnosis
659.30	Generalized infection during labor, unspecified as to episode of care	ICD-9-CM	Diagnosis
659.31	Generalized infection during labor, delivered	ICD-9-CM	Diagnosis
659.33	Generalized infection during labor, antepartum	ICD-9-CM	Diagnosis
659.4	Grand multiparity, with current pregnancy	ICD-9-CM	Diagnosis
659.40	Grand multiparity with current pregnancy, unspecified as to episode of care	ICD-9-CM	Diagnosis
659.41	Grand multiparity, delivered, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
659.43	Grand multiparity with current pregnancy, antepartum	ICD-9-CM	Diagnosis

Appendix C. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Diagnosis Codes Used to Define Inclusion and Exclusion Criteria in this Report

Code	Description	Code Type	Code Category
659.5	Elderly primigravida	ICD-9-CM	Diagnosis
659.50	Elderly primigravida, unspecified as to episode of care	ICD-9-CM	Diagnosis
659.51	Elderly primigravida, delivered	ICD-9-CM	Diagnosis
659.53	Elderly primigravida, antepartum	ICD-9-CM	Diagnosis
659.6	Elderly multigravida	ICD-9-CM	Diagnosis
659.60	Elderly multigravida, unspecified as to episode of care or not applicable	ICD-9-CM	Diagnosis
659.61	Elderly multigravida, delivered, with mention of antepartum condition	ICD-9-CM	Diagnosis
659.63	Elderly multigravida, with antepartum condition or complication	ICD-9-CM	Diagnosis
659.7	Abnormality in fetal heart rate or rhythm	ICD-9-CM	Diagnosis
659.70	Abnormality in fetal heart rate or rhythm, unspecified as to episode of care or not applicable	ICD-9-CM	Diagnosis
659.71	Abnormality in fetal heart rate or rhythm, delivered, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
659.73	Abnormality in fetal heart rate or rhythm, antepartum condition or complication	ICD-9-CM	Diagnosis
659.8	Other specified indications for care or intervention related to labor and delivery	ICD-9-CM	Diagnosis
659.80	Other specified indication for care or intervention related to labor and delivery, unspecified as to episode of care	ICD-9-CM	Diagnosis
659.81	Other specified indication for care or intervention related to labor and delivery, delivered	ICD-9-CM	Diagnosis
659.83	Other specified indication for care or intervention related to labor and delivery, antepartum	ICD-9-CM	Diagnosis
659.9	Unspecified indication for care or intervention related to labor and delivery	ICD-9-CM	Diagnosis
659.90	Unspecified indication for care or intervention related to labor and delivery, unspecified as to episode of care	ICD-9-CM	Diagnosis
659.91	Unspecified indication for care or intervention related to labor and delivery, delivered	ICD-9-CM	Diagnosis
659.93	Unspecified indication for care or intervention related to labor and delivery, antepartum	ICD-9-CM	Diagnosis
660	Obstructed labor	ICD-9-CM	Diagnosis
660.0	Obstruction caused by malposition of fetus at onset of labor	ICD-9-CM	Diagnosis
660.00	Obstruction caused by malposition of fetus at onset of labor, unspecified as to episode of care	ICD-9-CM	Diagnosis
660.01	Obstruction caused by malposition of fetus at onset of labor, delivered	ICD-9-CM	Diagnosis
660.03	Obstruction caused by malposition of fetus at onset of labor, antepartum	ICD-9-CM	Diagnosis
660.1	Obstruction by bony pelvis during labor and delivery	ICD-9-CM	Diagnosis
660.10	Obstruction by bony pelvis during labor and delivery, unspecified as to episode of care	ICD-9-CM	Diagnosis
660.11	Obstruction by bony pelvis during labor and delivery, delivered	ICD-9-CM	Diagnosis
660.13	Obstruction by bony pelvis during labor and delivery, antepartum	ICD-9-CM	Diagnosis
660.2	Obstruction by abnormal pelvic soft tissues during labor and delivery	ICD-9-CM	Diagnosis
660.20	Obstruction by abnormal pelvic soft tissues during labor and delivery, unspecified as to episode of care	ICD-9-CM	Diagnosis
660.21	Obstruction by abnormal pelvic soft tissues during labor and delivery, delivered	ICD-9-CM	Diagnosis
660.23	Obstruction by abnormal pelvic soft tissues during labor and delivery, antepartum	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
660.3	Deep transverse arrest and persistent occipitoposterior position during labor and delivery	ICD-9-CM	Diagnosis
660.30	Deep transverse arrest and persistent occipitoposterior position during labor and delivery, unspecified as to episode of care	ICD-9-CM	Diagnosis
660.31	Deep transverse arrest and persistent occipitoposterior position during labor and deliver, delivered	ICD-9-CM	Diagnosis
660.33	Deep transverse arrest and persistent occipitoposterior position during labor and delivery, antepartum	ICD-9-CM	Diagnosis
660.4	Shoulder (girdle) dystocia during labor and delivery	ICD-9-CM	Diagnosis
660.40	Shoulder (girdle) dystocia during labor and delivery, unspecified as to episode of care	ICD-9-CM	Diagnosis
660.41	Shoulder (girdle) dystocia during labor and deliver, delivered	ICD-9-CM	Diagnosis
660.43	Shoulder (girdle) dystocia during labor and delivery, antepartum	ICD-9-CM	Diagnosis
660.5	Locked twins	ICD-9-CM	Diagnosis
660.50	Locked twins during labor and delivery, unspecified as to episode of care in pregnancy	ICD-9-CM	Diagnosis
660.51	Locked twins, delivered	ICD-9-CM	Diagnosis
660.53	Locked twins, antepartum	ICD-9-CM	Diagnosis
660.6	Unspecified failed trial of labor	ICD-9-CM	Diagnosis
660.60	Unspecified failed trial of labor, unspecified as to episode	ICD-9-CM	Diagnosis
660.61	Unspecified failed trial of labor, delivered	ICD-9-CM	Diagnosis
660.63	Unspecified failed trial of labor, antepartum	ICD-9-CM	Diagnosis
660.7	Unspecified failed forceps or vacuum extractor	ICD-9-CM	Diagnosis
660.70	Unspecified failed forceps or vacuum extractor, unspecified as to episode of care	ICD-9-CM	Diagnosis
660.71	Unspecified failed forceps or vacuum extractor, delivered	ICD-9-CM	Diagnosis
660.73	Failed forceps or vacuum extractor, unspecified, antepartum	ICD-9-CM	Diagnosis
660.8	Other causes of obstructed labor	ICD-9-CM	Diagnosis
660.80	Other causes of obstructed labor, unspecified as to episode of care	ICD-9-CM	Diagnosis
660.81	Other causes of obstructed labor, delivered	ICD-9-CM	Diagnosis
660.83	Other causes of obstructed labor, antepartum	ICD-9-CM	Diagnosis
660.9	Unspecified obstructed labor	ICD-9-CM	Diagnosis
660.90	Unspecified obstructed labor, unspecified as to episode of care	ICD-9-CM	Diagnosis
660.91	Unspecified obstructed labor, with delivery	ICD-9-CM	Diagnosis
660.93	Unspecified obstructed labor, antepartum	ICD-9-CM	Diagnosis
661	Abnormality of forces of labor	ICD-9-CM	Diagnosis
661.0	Primary uterine inertia	ICD-9-CM	Diagnosis
661.00	Primary uterine inertia, unspecified as to episode of care	ICD-9-CM	Diagnosis
661.01	Primary uterine inertia, with delivery	ICD-9-CM	Diagnosis
661.03	Primary uterine inertia, antepartum	ICD-9-CM	Diagnosis
661.1	Secondary uterine inertia	ICD-9-CM	Diagnosis
661.10	Secondary uterine inertia, unspecified as to episode of care	ICD-9-CM	Diagnosis
661.11	Secondary uterine inertia, with delivery	ICD-9-CM	Diagnosis
661.13	Secondary uterine inertia, antepartum	ICD-9-CM	Diagnosis
661.2	Other and unspecified uterine inertia	ICD-9-CM	Diagnosis
661.20	Other and unspecified uterine inertia, unspecified as to episode of care	ICD-9-CM	Diagnosis
661.21	Other and unspecified uterine inertia, with delivery	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
661.23	Other and unspecified uterine inertia, antepartum	ICD-9-CM	Diagnosis
661.3	Precipitate labor	ICD-9-CM	Diagnosis
661.30	Precipitate labor, unspecified as to episode of care	ICD-9-CM	Diagnosis
661.31	Precipitate labor, with delivery	ICD-9-CM	Diagnosis
661.33	Precipitate labor, antepartum	ICD-9-CM	Diagnosis
661.4	Hypertonic, incoordinate, or prolonged uterine contractions	ICD-9-CM	Diagnosis
661.40	Hypertonic, incoordinate, or prolonged uterine contractions, unspecified as to episode of care	ICD-9-CM	Diagnosis
661.41	Hypertonic, incoordinate, or prolonged uterine contractions, with delivery	ICD-9-CM	Diagnosis
661.43	Hypertonic, incoordinate, or prolonged uterine contractions, antepartum	ICD-9-CM	Diagnosis
661.9	Unspecified abnormality of labor	ICD-9-CM	Diagnosis
661.90	Unspecified abnormality of labor, unspecified as to episode of care	ICD-9-CM	Diagnosis
661.91	Unspecified abnormality of labor, with delivery	ICD-9-CM	Diagnosis
661.93	Unspecified abnormality of labor, antepartum	ICD-9-CM	Diagnosis
662	Long labor	ICD-9-CM	Diagnosis
662.0	Prolonged first stage of labor	ICD-9-CM	Diagnosis
662.00	Prolonged first stage of labor, unspecified as to episode of care	ICD-9-CM	Diagnosis
662.01	Prolonged first stage of labor, delivered	ICD-9-CM	Diagnosis
662.03	Prolonged first stage of labor, antepartum	ICD-9-CM	Diagnosis
662.1	Unspecified prolonged labor	ICD-9-CM	Diagnosis
662.10	Unspecified prolonged labor, unspecified as to episode of care	ICD-9-CM	Diagnosis
662.11	Unspecified prolonged labor, delivered	ICD-9-CM	Diagnosis
662.13	Unspecified prolonged labor, antepartum	ICD-9-CM	Diagnosis
662.2	Prolonged second stage of labor	ICD-9-CM	Diagnosis
662.20	Prolonged second stage of labor, unspecified as to episode of care	ICD-9-CM	Diagnosis
662.21	Prolonged second stage of labor, delivered	ICD-9-CM	Diagnosis
662.23	Prolonged second stage of labor, antepartum	ICD-9-CM	Diagnosis
662.3	Delayed delivery of second twin, triplet, etc.	ICD-9-CM	Diagnosis
662.30	Delayed delivery of second twin, triplet, etc., unspecified as to episode of care	ICD-9-CM	Diagnosis
662.31	Delayed delivery of second twin, triplet, etc., delivered	ICD-9-CM	Diagnosis
662.33	Delayed delivery of second twin, triplet, etc., antepartum	ICD-9-CM	Diagnosis
663	Umbilical cord complications during labor and delivery	ICD-9-CM	Diagnosis
663.0	Prolapse of cord, complicating labor and delivery	ICD-9-CM	Diagnosis
663.00	Prolapse of cord, complicating labor and delivery, unspecified as to episode of care	ICD-9-CM	Diagnosis
663.01	Prolapse of cord, complicating labor and delivery, delivered	ICD-9-CM	Diagnosis
663.03	Prolapse of cord, complicating labor and delivery, antepartum	ICD-9-CM	Diagnosis
663.1	Cord around neck, with compression, complicating labor and delivery	ICD-9-CM	Diagnosis
663.10	Cord around neck, with compression, complicating labor and delivery, unspecified as to episode of care	ICD-9-CM	Diagnosis
663.11	Cord around neck, with compression, complicating labor and delivery, delivered	ICD-9-CM	Diagnosis
663.13	Cord around neck, with compression, complicating labor and delivery, antepartum	ICD-9-CM	Diagnosis
663.2	Other and unspecified cord entanglement, with compression, complicating labor and delivery	ICD-9-CM	Diagnosis

Appendix C. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Diagnosis Codes Used to Define Inclusion and Exclusion Criteria in this Report

Code	Description	Code Type	Code Category
663.20	Other and unspecified cord entanglement, with compression, complicating labor and delivery, unspecified as to episode of care	ICD-9-CM	Diagnosis
663.21	Other and unspecified cord entanglement, with compression, complicating labor and delivery, delivered	ICD-9-CM	Diagnosis
663.23	Other and unspecified cord entanglement, with compression, complicating labor and delivery, antepartum	ICD-9-CM	Diagnosis
663.3	Other and unspecified cord entanglement, without mention of compression, complicating labor and delivery	ICD-9-CM	Diagnosis
663.30	Other and unspecified cord entanglement, without mention of compression, complicating labor and delivery, unspecified as to episode of care	ICD-9-CM	Diagnosis
663.31	Other and unspecified cord entanglement, without mention of compression, complicating labor and delivery, delivered	ICD-9-CM	Diagnosis
663.33	Other and unspecified cord entanglement, without mention of compression, complicating labor and delivery, antepartum	ICD-9-CM	Diagnosis
663.4	Short cord complicating labor and delivery	ICD-9-CM	Diagnosis
663.40	Short cord complicating labor and delivery, unspecified as to episode of care	ICD-9-CM	Diagnosis
663.41	Short cord complicating labor and delivery, delivered	ICD-9-CM	Diagnosis
663.43	Short cord complicating labor and delivery, antepartum	ICD-9-CM	Diagnosis
663.5	Vasa previa complicating labor and delivery	ICD-9-CM	Diagnosis
663.50	Vasa previa complicating labor and delivery, unspecified as to episode of care	ICD-9-CM	Diagnosis
663.51	Vasa previa complicating labor and delivery, delivered	ICD-9-CM	Diagnosis
663.53	Vasa previa complicating labor and delivery, antepartum	ICD-9-CM	Diagnosis
663.6	Vascular lesions of cord complicating labor and delivery	ICD-9-CM	Diagnosis
663.60	Vascular lesions of cord complicating labor and delivery, unspecified as to episode of care	ICD-9-CM	Diagnosis
663.61	Vascular lesions of cord complicating labor and delivery, delivered	ICD-9-CM	Diagnosis
663.63	Vascular lesions of cord complicating labor and delivery, antepartum	ICD-9-CM	Diagnosis
663.8	Other umbilical cord complications during labor and delivery	ICD-9-CM	Diagnosis
663.80	Other umbilical cord complications during labor and delivery, unspecified as to episode of care	ICD-9-CM	Diagnosis
663.81	Other umbilical cord complications during labor and delivery, delivered	ICD-9-CM	Diagnosis
663.83	Other umbilical cord complications during labor and delivery, antepartum	ICD-9-CM	Diagnosis
663.9	Unspecified umbilical cord complication during labor and delivery	ICD-9-CM	Diagnosis
663.90	Unspecified umbilical cord complication during labor and delivery, unspecified as to episode of care	ICD-9-CM	Diagnosis
663.91	Unspecified umbilical cord complication during labor and delivery, delivered	ICD-9-CM	Diagnosis
663.93	Unspecified umbilical cord complication during labor and delivery, antepartum	ICD-9-CM	Diagnosis
664	Trauma to perineum and vulva during delivery	ICD-9-CM	Diagnosis
664.0	First-degree perineal laceration during delivery	ICD-9-CM	Diagnosis
664.00	First-degree perineal laceration, unspecified as to episode of care in pregnancy	ICD-9-CM	Diagnosis
664.01	First-degree perineal laceration, with delivery	ICD-9-CM	Diagnosis
664.04	First-degree perineal laceration, postpartum condition or complication	ICD-9-CM	Diagnosis
664.1	Second-degree perineal laceration during delivery	ICD-9-CM	Diagnosis
664.10	Second-degree perineal laceration, unspecified as to episode of care in pregnancy	ICD-9-CM	Diagnosis
664.11	Second-degree perineal laceration, with delivery	ICD-9-CM	Diagnosis
664.14	Second-degree perineal laceration, postpartum condition or complication	ICD-9-CM	Diagnosis

Appendix C. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Diagnosis Codes Used to Define Inclusion and Exclusion Criteria in this Report

Code	Description	Code Type	Code Category
664.2	Third-degree perineal laceration during delivery	ICD-9-CM	Diagnosis
664.20	Third-degree perineal laceration, unspecified as to episode of care in pregnancy	ICD-9-CM	Diagnosis
664.21	Third-degree perineal laceration, with delivery	ICD-9-CM	Diagnosis
664.24	Third-degree perineal laceration, postpartum condition or complication	ICD-9-CM	Diagnosis
664.3	Fourth-degree perineal laceration during delivery	ICD-9-CM	Diagnosis
664.30	Fourth-degree perineal laceration, unspecified as to episode of care in pregnancy	ICD-9-CM	Diagnosis
664.31	Fourth-degree perineal laceration, with delivery	ICD-9-CM	Diagnosis
664.34	Fourth-degree perineal laceration, postpartum condition or complication	ICD-9-CM	Diagnosis
664.4	Unspecified perineal laceration during delivery	ICD-9-CM	Diagnosis
664.40	Unspecified perineal laceration, unspecified as to episode of care in pregnancy	ICD-9-CM	Diagnosis
664.41	Unspecified perineal laceration, with delivery	ICD-9-CM	Diagnosis
664.44	Unspecified perineal laceration, postpartum condition or complication	ICD-9-CM	Diagnosis
664.5	Vulvar and perineal hematoma during delivery	ICD-9-CM	Diagnosis
664.50	Vulvar and perineal hematoma, unspecified as to episode of care in pregnancy	ICD-9-CM	Diagnosis
664.51	Vulvar and perineal hematoma, with delivery	ICD-9-CM	Diagnosis
664.54	Vulvar and perineal hematoma, postpartum condition or complication	ICD-9-CM	Diagnosis
664.6	Anal sphincter tear complicating delivery, not associated with third-degree perineal laceration	ICD-9-CM	Diagnosis
664.60	Anal sphincter tear complicating delivery, not associated with third-degree perineal laceration, unspecified as to episode of care or not applicable	ICD-9-CM	Diagnosis
664.61	Anal sphincter tear complicating delivery, not associated with third-degree perineal laceration, delivered, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
664.64	Anal sphincter tear complicating delivery, not associated with third-degree perineal laceration, postpartum condition or complication	ICD-9-CM	Diagnosis
664.8	Other specified trauma to perineum and vulva during delivery	ICD-9-CM	Diagnosis
664.80	Other specified trauma to perineum and vulva, unspecified as to episode of care in pregnancy	ICD-9-CM	Diagnosis
664.81	Other specified trauma to perineum and vulva, with delivery	ICD-9-CM	Diagnosis
664.84	Other specified trauma to perineum and vulva, postpartum condition or complication	ICD-9-CM	Diagnosis
664.9	Unspecified trauma to perineum and vulva during delivery	ICD-9-CM	Diagnosis
664.90	Unspecified trauma to perineum and vulva, unspecified as to episode of care in pregnancy	ICD-9-CM	Diagnosis
664.91	Unspecified trauma to perineum and vulva, with delivery	ICD-9-CM	Diagnosis
664.94	Unspecified trauma to perineum and vulva, postpartum condition or complication	ICD-9-CM	Diagnosis
665	Other obstetrical trauma	ICD-9-CM	Diagnosis
665.0	Rupture of uterus before onset of labor	ICD-9-CM	Diagnosis
665.00	Rupture of uterus before onset of labor, unspecified as to episode of care	ICD-9-CM	Diagnosis
665.01	Rupture of uterus before onset of labor, with delivery	ICD-9-CM	Diagnosis
665.03	Rupture of uterus before onset of labor, antepartum	ICD-9-CM	Diagnosis
665.1	Rupture of uterus during and after labor	ICD-9-CM	Diagnosis
665.10	Rupture of uterus during labor, unspecified as to episode	ICD-9-CM	Diagnosis
665.11	Rupture of uterus during labor, with delivery	ICD-9-CM	Diagnosis
665.2	Obstetrical inversion of uterus	ICD-9-CM	Diagnosis
665.20	Inversion of uterus, unspecified as to episode of care in pregnancy	ICD-9-CM	Diagnosis

Appendix C. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Diagnosis Codes Used to Define Inclusion and Exclusion Criteria in this Report

Code	Description	Code Type	Code Category
665.22	Inversion of uterus, delivered with postpartum complication	ICD-9-CM	Diagnosis
665.24	Inversion of uterus, postpartum condition or complication	ICD-9-CM	Diagnosis
665.3	Obstetrical laceration of cervix	ICD-9-CM	Diagnosis
665.30	Laceration of cervix, unspecified as to episode of care in pregnancy	ICD-9-CM	Diagnosis
665.31	Laceration of cervix, with delivery	ICD-9-CM	Diagnosis
665.34	Laceration of cervix, postpartum condition or complication	ICD-9-CM	Diagnosis
665.4	High vaginal laceration during and after labor	ICD-9-CM	Diagnosis
665.40	High vaginal laceration, unspecified as to episode of care in pregnancy	ICD-9-CM	Diagnosis
665.41	High vaginal laceration, with delivery	ICD-9-CM	Diagnosis
665.44	High vaginal laceration, postpartum condition or complication	ICD-9-CM	Diagnosis
665.5	Other obstetrical injury to pelvic organs	ICD-9-CM	Diagnosis
665.50	Other injury to pelvic organs, unspecified as to episode of care in pregnancy	ICD-9-CM	Diagnosis
665.51	Other injury to pelvic organs, with delivery	ICD-9-CM	Diagnosis
665.54	Other injury to pelvic organs, postpartum condition or complication	ICD-9-CM	Diagnosis
665.6	Obstetrical damage to pelvic joints and ligaments	ICD-9-CM	Diagnosis
665.60	Damage to pelvic joints and ligaments, unspecified as to episode of care in pregnancy	ICD-9-CM	Diagnosis
665.61	Damage to pelvic joints and ligaments, with delivery	ICD-9-CM	Diagnosis
665.64	Damage to pelvic joints and ligaments, postpartum condition or complication	ICD-9-CM	Diagnosis
665.7	Obstetrical pelvic hematoma	ICD-9-CM	Diagnosis
665.70	Pelvic hematoma, unspecified as to episode of care	ICD-9-CM	Diagnosis
665.71	Pelvic hematoma, with delivery	ICD-9-CM	Diagnosis
665.72	Pelvic hematoma, delivered with postpartum complication	ICD-9-CM	Diagnosis
665.74	Pelvic hematoma, postpartum condition or complication	ICD-9-CM	Diagnosis
665.8	Other specified obstetrical trauma	ICD-9-CM	Diagnosis
665.80	Other specified obstetrical trauma, unspecified as to episode of care	ICD-9-CM	Diagnosis
665.81	Other specified obstetrical trauma, with delivery	ICD-9-CM	Diagnosis
665.82	Other specified obstetrical trauma, delivered, with postpartum	ICD-9-CM	Diagnosis
665.83	Other specified obstetrical trauma, antepartum	ICD-9-CM	Diagnosis
665.84	Other specified obstetrical trauma, postpartum condition or complication	ICD-9-CM	Diagnosis
665.9	Unspecified obstetrical trauma	ICD-9-CM	Diagnosis
665.90	Unspecified obstetrical trauma, unspecified as to episode of care	ICD-9-CM	Diagnosis
665.91	Unspecified obstetrical trauma, with delivery	ICD-9-CM	Diagnosis
665.92	Unspecified obstetrical trauma, delivered, with postpartum complication	ICD-9-CM	Diagnosis
665.93	Unspecified obstetrical trauma, antepartum	ICD-9-CM	Diagnosis
665.94	Unspecified obstetrical trauma, postpartum condition or complication	ICD-9-CM	Diagnosis
666	Postpartum hemorrhage	ICD-9-CM	Diagnosis
666.0	Third-stage postpartum hemorrhage	ICD-9-CM	Diagnosis
666.00	Third-stage postpartum hemorrhage, unspecified as to episode of care	ICD-9-CM	Diagnosis
666.02	Third-stage postpartum hemorrhage, with delivery	ICD-9-CM	Diagnosis
666.04	Third-stage postpartum hemorrhage, postpartum condition or complication	ICD-9-CM	Diagnosis
666.1	Other immediate postpartum hemorrhage	ICD-9-CM	Diagnosis
666.10	Other immediate postpartum hemorrhage, unspecified as to episode of care	ICD-9-CM	Diagnosis
666.12	Other immediate postpartum hemorrhage, with delivery	ICD-9-CM	Diagnosis
666.14	Other immediate postpartum hemorrhage, postpartum condition or complication	ICD-9-CM	Diagnosis
666.2	Delayed and secondary postpartum hemorrhage	ICD-9-CM	Diagnosis

Appendix C. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Diagnosis Codes Used to Define Inclusion and Exclusion Criteria in this Report

Code	Description	Code Type	Code Category
666.20	Delayed and secondary postpartum hemorrhage, unspecified as to episode of care	ICD-9-CM	Diagnosis
666.22	Delayed and secondary postpartum hemorrhage, with delivery	ICD-9-CM	Diagnosis
666.24	Delayed and secondary postpartum hemorrhage, postpartum condition or complication	ICD-9-CM	Diagnosis
666.3	Postpartum coagulation defects	ICD-9-CM	Diagnosis
666.30	Postpartum coagulation defects, unspecified as to episode of care	ICD-9-CM	Diagnosis
666.32	Postpartum coagulation defects, with delivery	ICD-9-CM	Diagnosis
666.34	Postpartum coagulation defects, postpartum condition or complication	ICD-9-CM	Diagnosis
667	Retained placenta or membranes, without hemorrhage	ICD-9-CM	Diagnosis
667.0	Retained placenta without hemorrhage	ICD-9-CM	Diagnosis
667.00	Retained placenta without hemorrhage, unspecified as to episode of care	ICD-9-CM	Diagnosis
667.02	Retained placenta without hemorrhage, with delivery, with mention of postpartum complication	ICD-9-CM	Diagnosis
667.04	Retained placenta without hemorrhage, postpartum condition or complication	ICD-9-CM	Diagnosis
667.1	Retained portions of placenta or membranes, without hemorrhage	ICD-9-CM	Diagnosis
667.10	Retained portions of placenta or membranes, without hemorrhage, unspecified as to episode of care	ICD-9-CM	Diagnosis
667.12	Retained portions of placenta or membranes, without hemorrhage, delivered, with mention of postpartum complication	ICD-9-CM	Diagnosis
667.14	Retained portions of placenta or membranes, without hemorrhage, postpartum condition or complication	ICD-9-CM	Diagnosis
668	Complications of the administration of anesthetic or other sedation in labor and delivery	ICD-9-CM	Diagnosis
668.0	Pulmonary complications of the administration of anesthesia or other sedation in labor and delivery	ICD-9-CM	Diagnosis
668.00	Pulmonary complications of the administration of anesthesia or other sedation in labor and delivery, unspecified as to episode of care	ICD-9-CM	Diagnosis
668.01	Pulmonary complications of the administration of anesthesia or other sedation in labor and delivery, delivered	ICD-9-CM	Diagnosis
668.02	Pulmonary complications of the administration of anesthesia or other sedation in labor and delivery, delivered, with mention of postpartum complication	ICD-9-CM	Diagnosis
668.03	Pulmonary complications of the administration of anesthesia or other sedation in labor and delivery, antepartum	ICD-9-CM	Diagnosis
668.04	Pulmonary complications of the administration of anesthesia or other sedation in labor and delivery, postpartum condition or complication	ICD-9-CM	Diagnosis
668.1	Cardiac complications of the administration of anesthesia or other sedation in labor and delivery	ICD-9-CM	Diagnosis
668.10	Cardiac complications of the administration of anesthesia or other sedation in labor and delivery, unspecified as to episode of care	ICD-9-CM	Diagnosis
668.11	Cardiac complications of the administration of anesthesia or other sedation in labor and delivery, delivered	ICD-9-CM	Diagnosis
668.12	Cardiac complications of the administration of anesthesia or other sedation in labor and delivery, delivered, with mention of postpartum complication	ICD-9-CM	Diagnosis
668.13	Cardiac complications of the administration of anesthesia or other sedation in labor and delivery, antepartum	ICD-9-CM	Diagnosis

Appendix C. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Diagnosis Codes Used to Define Inclusion and Exclusion Criteria in this Report

Code	Description	Code Type	Code Category
668.14	Cardiac complications of the administration of anesthesia or other sedation in labor and delivery, postpartum condition or complication	ICD-9-CM	Diagnosis
668.2	Central nervous system complications of the administration of anesthesia or other sedation in labor and delivery	ICD-9-CM	Diagnosis
668.20	Central nervous system complications of the administration of anesthesia or other sedation in labor and delivery, unspecified as to episode of care	ICD-9-CM	Diagnosis
668.21	Central nervous system complications of the administration of anesthesia or other sedation in labor and delivery, delivered	ICD-9-CM	Diagnosis
668.22	Central nervous system complications of the administration of anesthesia or other sedation in labor and delivery, delivered, with mention of postpartum complication	ICD-9-CM	Diagnosis
668.23	Central nervous system complications of the administration of anesthesia or other sedation in labor and delivery, antepartum	ICD-9-CM	Diagnosis
668.24	Central nervous system complications of the administration of anesthesia or other sedation in labor and delivery, postpartum condition or complication	ICD-9-CM	Diagnosis
668.8	Other complications of the administration of anesthesia or other sedation in labor and delivery	ICD-9-CM	Diagnosis
668.80	Other complications of the administration of anesthesia or other sedation in labor and delivery, unspecified as to episode of care	ICD-9-CM	Diagnosis
668.81	Other complications of the administration of anesthesia or other sedation in labor and delivery, delivered	ICD-9-CM	Diagnosis
668.82	Other complications of the administration of anesthesia or other sedation in labor and delivery, delivered, with mention of postpartum complication	ICD-9-CM	Diagnosis
668.83	Other complications of the administration of anesthesia or other sedation in labor and delivery, antepartum	ICD-9-CM	Diagnosis
668.84	Other complications of the administration of anesthesia or other sedation in labor and delivery, postpartum condition or complication	ICD-9-CM	Diagnosis
668.9	Unspecified complication of the administration of anesthesia or other sedation in labor and delivery	ICD-9-CM	Diagnosis
668.90	Unspecified complication of the administration of anesthesia or other sedation in labor and delivery, unspecified as to episode of care	ICD-9-CM	Diagnosis
668.91	Unspecified complication of the administration of anesthesia or other sedation in labor and delivery, delivered	ICD-9-CM	Diagnosis
668.92	Unspecified complication of the administration of anesthesia or other sedation in labor and delivery, delivered, with mention of postpartum complication	ICD-9-CM	Diagnosis
668.93	Unspecified complication of the administration of anesthesia or other sedation in labor and delivery, antepartum	ICD-9-CM	Diagnosis
668.94	Unspecified complication of the administration of anesthesia or other sedation in labor and delivery, postpartum condition or complication	ICD-9-CM	Diagnosis
669	Other complications of labor and delivery, not elsewhere classified	ICD-9-CM	Diagnosis
669.0	Maternal distress	ICD-9-CM	Diagnosis
669.00	Maternal distress complicating labor and delivery, unspecified as to episode of care	ICD-9-CM	Diagnosis
669.01	Maternal distress, with delivery, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
669.02	Maternal distress, with delivery, with mention of postpartum complication	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
669.03	Maternal distress complicating labor and delivery, antepartum condition or complication	ICD-9-CM	Diagnosis
669.04	Maternal distress complicating labor and delivery, postpartum condition or complication	ICD-9-CM	Diagnosis
669.1	Shock during or following labor and delivery	ICD-9-CM	Diagnosis
669.10	Shock during or following labor and delivery, unspecified as to episode of care	ICD-9-CM	Diagnosis
669.11	Shock during or following labor and delivery, with delivery, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
669.12	Shock during or following labor and delivery, with delivery, with mention of postpartum complication	ICD-9-CM	Diagnosis
669.13	Shock during or following labor and delivery, antepartum shock	ICD-9-CM	Diagnosis
669.14	Shock during or following labor and delivery, postpartum condition or complication	ICD-9-CM	Diagnosis
669.2	Maternal hypotension syndrome	ICD-9-CM	Diagnosis
669.20	Maternal hypotension syndrome complicating labor and delivery, unspecified as to episode of care	ICD-9-CM	Diagnosis
669.21	Maternal hypotension syndrome, with delivery, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
669.22	Maternal hypotension syndrome, with delivery, with mention of postpartum complication	ICD-9-CM	Diagnosis
669.23	Maternal hypotension syndrome, antepartum	ICD-9-CM	Diagnosis
669.24	Maternal hypotension syndrome, postpartum condition or complication	ICD-9-CM	Diagnosis
669.3	Acute kidney failure following labor and delivery	ICD-9-CM	Diagnosis
669.30	Acute kidney failure following labor and delivery, unspecified as to episode of care or not applicable	ICD-9-CM	Diagnosis
669.32	Acute kidney failure following labor and delivery, delivered, with mention of postpartum complication	ICD-9-CM	Diagnosis
669.34	Acute kidney failure following labor and delivery, postpartum condition or complication	ICD-9-CM	Diagnosis
669.4	Other complications of obstetrical surgery and procedures	ICD-9-CM	Diagnosis
669.40	Other complications of obstetrical surgery and procedures, unspecified as to episode of care	ICD-9-CM	Diagnosis
669.41	Other complications of obstetrical surgery and procedures, with delivery, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
669.42	Other complications of obstetrical surgery and procedures, with delivery, with mention of postpartum complication	ICD-9-CM	Diagnosis
669.43	Other complications of obstetrical surgery and procedures, antepartum condition or complication	ICD-9-CM	Diagnosis
669.44	Other complications of obstetrical surgery and procedures, postpartum condition or complication	ICD-9-CM	Diagnosis
669.5	Forceps or vacuum extractor delivery without mention of indication	ICD-9-CM	Diagnosis
669.50	Forceps or vacuum extractor delivery without mention of indication, unspecified as to episode of care	ICD-9-CM	Diagnosis
669.51	Forceps or vacuum extractor delivery without mention of indication, delivered, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
669.6	Breech extraction, without mention of indication	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
669.60	Breech extraction, without mention of indication, unspecified as to episode of care	ICD-9-CM	Diagnosis
669.61	Breech extraction, without mention of indication, delivered, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
669.7	Cesarean delivery, without mention of indication	ICD-9-CM	Diagnosis
669.70	Cesarean delivery, without mention of indication, unspecified as to episode of care	ICD-9-CM	Diagnosis
669.71	Cesarean delivery, without mention of indication, delivered, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
669.8	Other complications of labor and delivery	ICD-9-CM	Diagnosis
669.80	Other complication of labor and delivery, unspecified as to episode of care	ICD-9-CM	Diagnosis
669.81	Other complication of labor and delivery, delivered, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
669.82	Other complication of labor and delivery, delivered, with mention of postpartum complication	ICD-9-CM	Diagnosis
669.83	Other complication of labor and delivery, antepartum condition or complication	ICD-9-CM	Diagnosis
669.84	Other complication of labor and delivery, postpartum condition or complication	ICD-9-CM	Diagnosis
669.9	Unspecified complication of labor and delivery	ICD-9-CM	Diagnosis
669.90	Unspecified complication of labor and delivery, unspecified as to episode of care	ICD-9-CM	Diagnosis
669.91	Unspecified complication of labor and delivery, with delivery, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
669.92	Unspecified complication of labor and delivery, with delivery, with mention of postpartum complication	ICD-9-CM	Diagnosis
669.93	Unspecified complication of labor and delivery, antepartum condition or complication	ICD-9-CM	Diagnosis
669.94	Unspecified complication of labor and delivery, postpartum condition or complication	ICD-9-CM	Diagnosis
670	Major puerperal infection	ICD-9-CM	Diagnosis
670.0	Major puerperal infection, unspecified	ICD-9-CM	Diagnosis
670.00	Major puerperal infection, unspecified, unspecified as to episode of care or not applicable	ICD-9-CM	Diagnosis
670.02	Major puerperal infection, unspecified, delivered, with mention of postpartum complication	ICD-9-CM	Diagnosis
670.04	Major puerperal infection, unspecified, postpartum condition or complication	ICD-9-CM	Diagnosis
670.1	Puerperal endometritis	ICD-9-CM	Diagnosis
670.10	Puerperal endometritis, unspecified as to episode of care or not applicable	ICD-9-CM	Diagnosis
670.12	Puerperal endometritis, delivered, with mention of postpartum complication	ICD-9-CM	Diagnosis
670.14	Puerperal endometritis, postpartum condition or complication	ICD-9-CM	Diagnosis
670.2	Puerperal sepsis	ICD-9-CM	Diagnosis
670.20	Puerperal sepsis, unspecified as to episode of care or not applicable	ICD-9-CM	Diagnosis
670.22	Puerperal sepsis, delivered, with mention of postpartum complication	ICD-9-CM	Diagnosis
670.24	Puerperal sepsis, postpartum condition or complication	ICD-9-CM	Diagnosis
670.3	Puerperal septic thrombophlebitis	ICD-9-CM	Diagnosis
670.30	Puerperal septic thrombophlebitis, unspecified as to episode of care or not applicable	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
670.32	Puerperal septic thrombophlebitis, delivered, with mention of postpartum complication	ICD-9-CM	Diagnosis
670.34	Puerperal septic thrombophlebitis, postpartum condition or complication	ICD-9-CM	Diagnosis
670.8	Other major puerperal infection	ICD-9-CM	Diagnosis
670.80	Other major puerperal infection, unspecified as to episode of care or not applicable	ICD-9-CM	Diagnosis
670.82	Other major puerperal infection, delivered, with mention of postpartum complication	ICD-9-CM	Diagnosis
670.84	Other major puerperal infection, postpartum condition or complication	ICD-9-CM	Diagnosis
671	Venous complications in pregnancy and the puerperium	ICD-9-CM	Diagnosis
671.0	Varicose veins of legs in pregnancy and the puerperium	ICD-9-CM	Diagnosis
671.00	Varicose veins of legs complicating pregnancy and the puerperium, unspecified as to episode of care	ICD-9-CM	Diagnosis
671.01	Varicose veins of legs, with delivery, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
671.02	Varicose veins of legs, with delivery, with mention of postpartum complication	ICD-9-CM	Diagnosis
671.03	Varicose veins of legs, antepartum	ICD-9-CM	Diagnosis
671.04	Varicose veins of legs, postpartum condition or complication	ICD-9-CM	Diagnosis
671.1	Varicose veins of vulva and perineum in pregnancy and the puerperium	ICD-9-CM	Diagnosis
671.10	Varicose veins of vulva and perineum complicating pregnancy and the puerperium, unspecified as to episode of care	ICD-9-CM	Diagnosis
671.11	Varicose veins of vulva and perineum, with delivery, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
671.12	Varicose veins of vulva and perineum, with delivery, with mention of postpartum complication	ICD-9-CM	Diagnosis
671.13	Varicose veins of vulva and perineum, antepartum	ICD-9-CM	Diagnosis
671.14	Varicose veins of vulva and perineum, postpartum condition or complication	ICD-9-CM	Diagnosis
671.2	Superficial thrombophlebitis in pregnancy and the puerperium	ICD-9-CM	Diagnosis
671.20	Superficial thrombophlebitis complicating pregnancy and the puerperium, unspecified as to episode of care	ICD-9-CM	Diagnosis
671.21	Superficial thrombophlebitis with delivery, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
671.22	Superficial thrombophlebitis with delivery, with mention of postpartum complication	ICD-9-CM	Diagnosis
671.23	Superficial thrombophlebitis, antepartum	ICD-9-CM	Diagnosis
671.24	Superficial thrombophlebitis, postpartum condition or complication	ICD-9-CM	Diagnosis
671.3	Deep phlebothrombosis, antepartum	ICD-9-CM	Diagnosis
671.30	Deep phlebothrombosis, antepartum, unspecified as to episode of care	ICD-9-CM	Diagnosis
671.31	Deep phlebothrombosis, antepartum, with delivery	ICD-9-CM	Diagnosis
671.33	Deep phlebothrombosis, antepartum	ICD-9-CM	Diagnosis
671.4	Deep phlebothrombosis, postpartum	ICD-9-CM	Diagnosis
671.40	Deep phlebothrombosis, postpartum, unspecified as to episode of care	ICD-9-CM	Diagnosis
671.42	Deep phlebothrombosis, postpartum, with delivery	ICD-9-CM	Diagnosis
671.44	Deep phlebothrombosis, postpartum condition or complication	ICD-9-CM	Diagnosis
671.5	Other phlebitis and thrombosis in pregnancy and the puerperium	ICD-9-CM	Diagnosis

Appendix C. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Diagnosis Codes Used to Define Inclusion and Exclusion Criteria in this Report

Code	Description	Code Type	Code Category
671.50	Other phlebitis and thrombosis complicating pregnancy and the puerperium, unspecified as to episode of care	ICD-9-CM	Diagnosis
671.51	Other phlebitis and thrombosis with delivery, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
671.52	Other phlebitis and thrombosis with delivery, with mention of postpartum complication	ICD-9-CM	Diagnosis
671.53	Other antepartum phlebitis and thrombosis	ICD-9-CM	Diagnosis
671.54	Other phlebitis and thrombosis, postpartum condition or complication	ICD-9-CM	Diagnosis
671.8	Other venous complications in pregnancy and the puerperium	ICD-9-CM	Diagnosis
671.80	Other venous complication of pregnancy and the puerperium, unspecified as to episode of care	ICD-9-CM	Diagnosis
671.81	Other venous complication, with delivery, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
671.82	Other venous complication, with delivery, with mention of postpartum complication	ICD-9-CM	Diagnosis
671.83	Other venous complication, antepartum	ICD-9-CM	Diagnosis
671.84	Other venous complications, postpartum condition or complication	ICD-9-CM	Diagnosis
671.9	Unspecified venous complication in pregnancy and the puerperium	ICD-9-CM	Diagnosis
671.90	Unspecified venous complication of pregnancy and the puerperium, unspecified as to episode of care	ICD-9-CM	Diagnosis
671.91	Unspecified venous complication, with delivery, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
671.92	Unspecified venous complication, with delivery, with mention of postpartum complication	ICD-9-CM	Diagnosis
671.93	Unspecified venous complication, antepartum	ICD-9-CM	Diagnosis
671.94	Unspecified venous complication, postpartum condition or complication	ICD-9-CM	Diagnosis
672	Pyrexia of unknown origin during the puerperium	ICD-9-CM	Diagnosis
672.0	Pyrexia of unknown origin during the puerperium	ICD-9-CM	Diagnosis
672.00	Puerperal pyrexia of unknown origin, unspecified as to episode of care	ICD-9-CM	Diagnosis
672.02	Puerperal pyrexia of unknown origin, delivered, with mention of postpartum complication	ICD-9-CM	Diagnosis
672.04	Puerperal pyrexia of unknown origin, postpartum condition or complication	ICD-9-CM	Diagnosis
673	Obstetrical pulmonary embolism	ICD-9-CM	Diagnosis
673.0	Obstetrical air embolism	ICD-9-CM	Diagnosis
673.00	Obstetrical air embolism, unspecified as to episode of care	ICD-9-CM	Diagnosis
673.01	Obstetrical air embolism, with delivery, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
673.02	Obstetrical air embolism, with delivery, with mention of postpartum complication	ICD-9-CM	Diagnosis
673.03	Obstetrical air embolism, antepartum condition or complication	ICD-9-CM	Diagnosis
673.04	Obstetrical air embolism, postpartum condition or complication	ICD-9-CM	Diagnosis
673.1	Amniotic fluid embolism	ICD-9-CM	Diagnosis
673.10	Amniotic fluid embolism, unspecified as to episode of care	ICD-9-CM	Diagnosis
673.11	Amniotic fluid embolism, with delivery, with or without mention of antepartum condition	ICD-9-CM	Diagnosis

Appendix C. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Diagnosis Codes Used to Define Inclusion and Exclusion Criteria in this Report

Code	Description	Code Type	Code Category
673.12	Amniotic fluid embolism, with delivery, with mention of postpartum complication	ICD-9-CM	Diagnosis
673.13	Amniotic fluid embolism, antepartum condition or complication	ICD-9-CM	Diagnosis
673.14	Amniotic fluid embolism, postpartum condition or complication	ICD-9-CM	Diagnosis
673.2	Obstetrical blood-clot embolism	ICD-9-CM	Diagnosis
673.20	Obstetrical blood-clot embolism, unspecified as to episode of care	ICD-9-CM	Diagnosis
673.21	Obstetrical blood-clot embolism, with delivery, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
673.22	Obstetrical blood-clot embolism, with mention of postpartum complication	ICD-9-CM	Diagnosis
673.23	Obstetrical blood-clot embolism, antepartum	ICD-9-CM	Diagnosis
673.24	Obstetrical blood-clot embolism, postpartum condition or complication	ICD-9-CM	Diagnosis
673.3	Obstetrical pyemic and septic embolism	ICD-9-CM	Diagnosis
673.30	Obstetrical pyemic and septic embolism, unspecified as to episode of care	ICD-9-CM	Diagnosis
673.31	Obstetrical pyemic and septic embolism, with delivery, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
673.32	Obstetrical pyemic and septic embolism, with delivery, with mention of postpartum complication	ICD-9-CM	Diagnosis
673.33	Obstetrical pyemic and septic embolism, antepartum	ICD-9-CM	Diagnosis
673.34	Obstetrical pyemic and septic embolism, postpartum condition or complication	ICD-9-CM	Diagnosis
673.8	Other obstetrical pulmonary embolism	ICD-9-CM	Diagnosis
673.80	Other obstetrical pulmonary embolism, unspecified as to episode of care	ICD-9-CM	Diagnosis
673.81	Other obstetrical pulmonary embolism, with delivery, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
673.82	Other obstetrical pulmonary embolism, with delivery, with mention of postpartum complication	ICD-9-CM	Diagnosis
673.83	Other obstetrical pulmonary embolism, antepartum	ICD-9-CM	Diagnosis
673.84	Other obstetrical pulmonary embolism, postpartum condition or complication	ICD-9-CM	Diagnosis
674	Other and unspecified complications of the puerperium, not elsewhere classified	ICD-9-CM	Diagnosis
674.0	Cerebrovascular disorders in the puerperium	ICD-9-CM	Diagnosis
674.00	Cerebrovascular disorder occurring in pregnancy, childbirth, or the puerperium, unspecified as to episode of care	ICD-9-CM	Diagnosis
674.01	Cerebrovascular disorder, with delivery, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
674.02	Cerebrovascular disorder, with delivery, with mention of postpartum complication	ICD-9-CM	Diagnosis
674.03	Cerebrovascular disorder, antepartum	ICD-9-CM	Diagnosis
674.04	Cerebrovascular disorders in the puerperium, postpartum condition or complication	ICD-9-CM	Diagnosis
674.1	Disruption of cesarean wound	ICD-9-CM	Diagnosis
674.10	Disruption of cesarean wound, unspecified as to episode of care	ICD-9-CM	Diagnosis
674.12	Disruption of cesarean wound, with delivery, with mention of postpartum complication	ICD-9-CM	Diagnosis
674.14	Disruption of cesarean wound, postpartum condition or complication	ICD-9-CM	Diagnosis
674.2	Disruption of obstetrical perineal wound	ICD-9-CM	Diagnosis
674.20	Disruption of perineal wound, unspecified as to episode of care in pregnancy	ICD-9-CM	Diagnosis

Appendix C. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Diagnosis Codes Used to Define Inclusion and Exclusion Criteria in this Report

Code	Description	Code Type	Code Category
674.22	Disruption of perineal wound, with delivery, with mention of postpartum complication	ICD-9-CM	Diagnosis
674.24	Disruption of perineal wound, postpartum condition or complication	ICD-9-CM	Diagnosis
674.3	Other complications of obstetrical surgical wounds	ICD-9-CM	Diagnosis
674.30	Other complication of obstetrical surgical wounds, unspecified as to episode of care	ICD-9-CM	Diagnosis
674.32	Other complication of obstetrical surgical wounds, with delivery, with mention of postpartum complication	ICD-9-CM	Diagnosis
674.34	Other complications of obstetrical surgical wounds, postpartum condition or complication	ICD-9-CM	Diagnosis
674.4	Placental polyp	ICD-9-CM	Diagnosis
674.40	Placental polyp, unspecified as to episode of care	ICD-9-CM	Diagnosis
674.42	Placental polyp, with delivery, with mention of postpartum complication	ICD-9-CM	Diagnosis
674.44	Placental polyp, postpartum condition or complication	ICD-9-CM	Diagnosis
674.5	Peripartum cardiomyopathy	ICD-9-CM	Diagnosis
674.50	Peripartum cardiomyopathy, unspecified as to episode of care or not applicable	ICD-9-CM	Diagnosis
674.51	Peripartum cardiomyopathy, delivered, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
674.52	Peripartum cardiomyopathy, delivered, with mention of postpartum condition	ICD-9-CM	Diagnosis
674.53	Peripartum cardiomyopathy, antepartum condition or complication	ICD-9-CM	Diagnosis
674.54	Peripartum cardiomyopathy, postpartum condition or complication	ICD-9-CM	Diagnosis
674.8	Other complications of the puerperium	ICD-9-CM	Diagnosis
674.80	Other complication of puerperium, unspecified as to episode of care	ICD-9-CM	Diagnosis
674.82	Other complication of puerperium, with delivery, with mention of postpartum complication	ICD-9-CM	Diagnosis
674.84	Other complications of puerperium, postpartum condition or complication	ICD-9-CM	Diagnosis
674.9	Unspecified complications of the puerperium	ICD-9-CM	Diagnosis
674.90	Unspecified complications of puerperium, unspecified as to episode of care	ICD-9-CM	Diagnosis
674.92	Unspecified complications of puerperium, with delivery, with mention of postpartum complication	ICD-9-CM	Diagnosis
674.94	Unspecified complications of puerperium, postpartum condition or complication	ICD-9-CM	Diagnosis
675	Infection of the breast and nipple associated with childbirth	ICD-9-CM	Diagnosis
675.0	Infection of nipple associated with childbirth	ICD-9-CM	Diagnosis
675.00	Infection of nipple associated with childbirth, unspecified as to episode of care	ICD-9-CM	Diagnosis
675.01	Infection of nipple associated with childbirth, delivered, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
675.02	Infection of nipple associated with childbirth, delivered with mention of postpartum complication	ICD-9-CM	Diagnosis
675.03	Infection of nipple, antepartum	ICD-9-CM	Diagnosis
675.04	Infection of nipple, postpartum condition or complication	ICD-9-CM	Diagnosis
675.1	Abscess of breast associated with childbirth	ICD-9-CM	Diagnosis
675.10	Abscess of breast associated with childbirth, unspecified as to episode of care	ICD-9-CM	Diagnosis
675.11	Abscess of breast associated with childbirth, delivered, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
675.12	Abscess of breast associated with childbirth, delivered, with mention of postpartum complication	ICD-9-CM	Diagnosis

Appendix C. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Diagnosis Codes Used to Define Inclusion and Exclusion Criteria in this Report

Code	Description	Code Type	Code Category
675.13	Abscess of breast, antepartum	ICD-9-CM	Diagnosis
675.14	Abscess of breast, postpartum condition or complication	ICD-9-CM	Diagnosis
675.2	Nonpurulent mastitis associated with childbirth	ICD-9-CM	Diagnosis
675.20	Nonpurulent mastitis, unspecified as to episode of prenatal or postnatal care	ICD-9-CM	Diagnosis
675.21	Nonpurulent mastitis, delivered, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
675.22	Nonpurulent mastitis, delivered, with mention of postpartum complication	ICD-9-CM	Diagnosis
675.23	Nonpurulent mastitis, antepartum	ICD-9-CM	Diagnosis
675.24	Nonpurulent mastitis, postpartum condition or complication	ICD-9-CM	Diagnosis
675.8	Other specified infection of the breast and nipple associated with childbirth	ICD-9-CM	Diagnosis
675.80	Other specified infection of the breast and nipple associated with childbirth, unspecified as to episode of care	ICD-9-CM	Diagnosis
675.81	Other specified infection of the breast and nipple associated with childbirth, delivered, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
675.82	Other specified infection of the breast and nipple associated with childbirth, delivered, with mention of postpartum complication	ICD-9-CM	Diagnosis
675.83	Other specified infection of the breast and nipple, antepartum	ICD-9-CM	Diagnosis
675.84	Other specified infections of the breast and nipple, postpartum condition or complication	ICD-9-CM	Diagnosis
675.9	Unspecified infection of the breast and nipple associated with childbirth	ICD-9-CM	Diagnosis
675.90	Unspecified infection of the breast and nipple, unspecified as to prenatal or postnatal episode of care	ICD-9-CM	Diagnosis
675.91	Unspecified infection of the breast and nipple, delivered, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
675.92	Unspecified infection of the breast and nipple, delivered, with mention of postpartum complication	ICD-9-CM	Diagnosis
675.93	Unspecified infection of the breast and nipple, antepartum	ICD-9-CM	Diagnosis
675.94	Unspecified infection of the breast and nipple, postpartum condition or complication	ICD-9-CM	Diagnosis
676	Other disorders of the breast associated with childbirth and disorders of lactation	ICD-9-CM	Diagnosis
676.0	Retracted nipple associated with childbirth	ICD-9-CM	Diagnosis
676.00	Retracted nipple, unspecified as to prenatal or postnatal episode of care	ICD-9-CM	Diagnosis
676.01	Retracted nipple, delivered, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
676.02	Retracted nipple, delivered, with mention of postpartum complication	ICD-9-CM	Diagnosis
676.03	Retracted nipple, antepartum condition or complication	ICD-9-CM	Diagnosis
676.04	Retracted nipple, postpartum condition or complication	ICD-9-CM	Diagnosis
676.1	Cracked nipple associated with childbirth	ICD-9-CM	Diagnosis
676.10	Cracked nipple, unspecified as to prenatal or postnatal episode of care	ICD-9-CM	Diagnosis
676.11	Cracked nipple, delivered, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
676.12	Cracked nipple, delivered, with mention of postpartum complication	ICD-9-CM	Diagnosis
676.13	Cracked nipple, antepartum condition or complication	ICD-9-CM	Diagnosis
676.14	Cracked nipple, postpartum condition or complication	ICD-9-CM	Diagnosis
676.2	Engorgement of breasts associated with childbirth	ICD-9-CM	Diagnosis
676.20	Engorgement of breasts, unspecified as to prenatal or postnatal episode of care	ICD-9-CM	Diagnosis
676.21	Engorgement of breasts, delivered, with or without mention of antepartum condition	ICD-9-CM	Diagnosis

Appendix C. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Diagnosis Codes Used to Define Inclusion and Exclusion Criteria in this Report

Code	Description	Code Type	Code Category
676.22	Engorgement of breasts, delivered, with mention of postpartum complication	ICD-9-CM	Diagnosis
676.23	Engorgement of breast, antepartum	ICD-9-CM	Diagnosis
676.24	Engorgement of breasts, postpartum condition or complication	ICD-9-CM	Diagnosis
676.3	Other and unspecified disorder of breast associated with childbirth	ICD-9-CM	Diagnosis
676.30	Other and unspecified disorder of breast associated with childbirth, unspecified as to episode of care	ICD-9-CM	Diagnosis
676.31	Other and unspecified disorder of breast associated with childbirth, delivered, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
676.32	Other and unspecified disorder of breast associated with childbirth, delivered, with mention of postpartum complication	ICD-9-CM	Diagnosis
676.33	Other and unspecified disorder of breast associated with childbirth, antepartum condition or complication	ICD-9-CM	Diagnosis
676.34	Other and unspecified disorder of breast associated with childbirth, postpartum condition or complication	ICD-9-CM	Diagnosis
676.4	Failure of lactation	ICD-9-CM	Diagnosis
676.40	Failure of lactation, unspecified as to episode of care	ICD-9-CM	Diagnosis
676.41	Failure of lactation, with delivery, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
676.42	Failure of lactation, with delivery, with mention of postpartum complication	ICD-9-CM	Diagnosis
676.43	Failure of lactation, antepartum condition or complication	ICD-9-CM	Diagnosis
676.44	Failure of lactation, postpartum condition or complication	ICD-9-CM	Diagnosis
676.5	Suppressed lactation	ICD-9-CM	Diagnosis
676.50	Suppressed lactation, unspecified as to episode of care	ICD-9-CM	Diagnosis
676.51	Suppressed lactation, with delivery, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
676.52	Suppressed lactation, with delivery, with mention of postpartum complication	ICD-9-CM	Diagnosis
676.53	Suppressed lactation, antepartum condition or complication	ICD-9-CM	Diagnosis
676.54	Suppressed lactation, postpartum condition or complication	ICD-9-CM	Diagnosis
676.6	Galactorrhea	ICD-9-CM	Diagnosis
676.60	Galactorrhea associated with childbirth, unspecified as to episode of care	ICD-9-CM	Diagnosis
676.61	Galactorrhea, with delivery, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
676.62	Galactorrhea, with delivery, with mention of postpartum complication	ICD-9-CM	Diagnosis
676.63	Galactorrhea, antepartum condition or complication	ICD-9-CM	Diagnosis
676.64	Galactorrhea, postpartum condition or complication	ICD-9-CM	Diagnosis
676.8	Other disorders of lactation	ICD-9-CM	Diagnosis
676.80	Other disorder of lactation, unspecified as to episode of care	ICD-9-CM	Diagnosis
676.81	Other disorder of lactation, with delivery, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
676.82	Other disorder of lactation, with delivery, with mention of postpartum complication	ICD-9-CM	Diagnosis
676.83	Other disorder of lactation, antepartum condition or complication	ICD-9-CM	Diagnosis
676.84	Other disorders of lactation, postpartum condition or complication	ICD-9-CM	Diagnosis
676.9	Unspecified disorder of lactation	ICD-9-CM	Diagnosis
676.90	Unspecified disorder of lactation, unspecified as to episode of care	ICD-9-CM	Diagnosis
676.91	Unspecified disorder of lactation, with delivery, with or without mention of antepartum condition	ICD-9-CM	Diagnosis

Appendix C. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Diagnosis Codes Used to Define Inclusion and Exclusion Criteria in this Report

Code	Description	Code Type	Code Category
676.92	Unspecified disorder of lactation, with delivery, with mention of postpartum complication	ICD-9-CM	Diagnosis
676.93	Unspecified disorder of lactation, antepartum condition or complication	ICD-9-CM	Diagnosis
676.94	Unspecified disorder of lactation, postpartum condition or complication	ICD-9-CM	Diagnosis
677	Late effect of complication of pregnancy, childbirth, and the puerperium	ICD-9-CM	Diagnosis
678	Other fetal conditions	ICD-9-CM	Diagnosis
678.0	Fetal hematologic conditions	ICD-9-CM	Diagnosis
678.00	Fetal hematologic conditions, unspecified as to episode of care or not applicable	ICD-9-CM	Diagnosis
678.01	Fetal hematologic conditions, delivered, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
678.03	Fetal hematologic conditions, antepartum condition or complication	ICD-9-CM	Diagnosis
678.1	Fetal conjoined twins	ICD-9-CM	Diagnosis
678.10	Fetal conjoined twins, unspecified as to episode of care or not applicable	ICD-9-CM	Diagnosis
678.11	Fetal conjoined twins, delivered, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
678.13	Fetal conjoined twins, antepartum condition or complication	ICD-9-CM	Diagnosis
679	Complications of in utero procedures	ICD-9-CM	Diagnosis
679.0	Maternal complications from in utero procedure	ICD-9-CM	Diagnosis
679.00	Maternal complications from in utero procedure, unspecified as to episode of care or not applicable	ICD-9-CM	Diagnosis
679.01	Maternal complications from in utero procedure, delivered, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
679.02	Maternal complications from in utero procedure, delivered, with mention of postpartum complication	ICD-9-CM	Diagnosis
679.03	Maternal complications from in utero procedure, antepartum condition or complication	ICD-9-CM	Diagnosis
679.04	Maternal complications from in utero procedure, postpartum condition or complication	ICD-9-CM	Diagnosis
679.1	Fetal complications from in utero procedure	ICD-9-CM	Diagnosis
679.10	Fetal complications from in utero procedure, unspecified as to episode of care or not applicable	ICD-9-CM	Diagnosis
679.11	Fetal complications from in utero procedure, delivered, with or without mention of antepartum condition	ICD-9-CM	Diagnosis
679.12	Fetal complications from in utero procedure, delivered, with mention of postpartum complication	ICD-9-CM	Diagnosis
679.13	Fetal complications from in utero procedure, antepartum condition or complication	ICD-9-CM	Diagnosis
679.14	Fetal complications from in utero procedure, postpartum condition or complication	ICD-9-CM	Diagnosis
V22	Normal pregnancy	ICD-9-CM	Diagnosis
V22.0	Supervision of normal first pregnancy	ICD-9-CM	Diagnosis
V22.1	Supervision of other normal pregnancy	ICD-9-CM	Diagnosis
V22.2	Pregnant state, incidental	ICD-9-CM	Diagnosis
V23	Supervision of high-risk pregnancy	ICD-9-CM	Diagnosis
V23.0	Pregnancy with history of infertility	ICD-9-CM	Diagnosis
V23.1	Pregnancy with history of trophoblastic disease	ICD-9-CM	Diagnosis

Appendix C. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Diagnosis Codes Used to Define Inclusion and Exclusion Criteria in this Report

Code	Description	Code Type	Code Category
V23.2	Pregnancy with history of abortion	ICD-9-CM	Diagnosis
V23.3	Pregnancy with grand multiparity	ICD-9-CM	Diagnosis
V23.4	Pregnancy with other poor obstetric history	ICD-9-CM	Diagnosis
V23.41	Supervision of pregnancy with history of pre-term labor	ICD-9-CM	Diagnosis
V23.42	Pregnancy with history of ectopic pregnancy	ICD-9-CM	Diagnosis
V23.49	Supervision of pregnancy with other poor obstetric history	ICD-9-CM	Diagnosis
V23.5	Pregnancy with other poor reproductive history	ICD-9-CM	Diagnosis
V23.7	Insufficient prenatal care	ICD-9-CM	Diagnosis
V23.8	Supervision of other high-risk pregnancy	ICD-9-CM	Diagnosis
V23.81	Supervision of high-risk pregnancy of elderly primigravida	ICD-9-CM	Diagnosis
V23.82	Supervision of high-risk pregnancy of elderly multigravida	ICD-9-CM	Diagnosis
V23.83	Supervision of high-risk pregnancy of young primigravida	ICD-9-CM	Diagnosis
V23.84	Supervision of high-risk pregnancy of young multigravida	ICD-9-CM	Diagnosis
V23.85	Supervision of high risk pregnancy, pregnancy resulting from assisted reproductive technology	ICD-9-CM	Diagnosis
V23.86	Supervision of high risk pregnancy, pregnancy with history of in utero procedure during previous pregnancy	ICD-9-CM	Diagnosis
V23.87	Pregnancy with inconclusive fetal viability	ICD-9-CM	Diagnosis
V23.89	Supervision of other high-risk pregnancy	ICD-9-CM	Diagnosis
V23.9	Unspecified high-risk pregnancy	ICD-9-CM	Diagnosis
V28	Encounter for antenatal screening of mother	ICD-9-CM	Diagnosis
V28.0	Screening for chromosomal anomalies by amniocentesis	ICD-9-CM	Diagnosis
V28.1	Screening for raised alpha-fetoprotein levels in amniotic fluid	ICD-9-CM	Diagnosis
V28.2	Other antenatal screening based on amniocentesis	ICD-9-CM	Diagnosis
V28.3	Encounter for routine screening for malformation using ultrasonics	ICD-9-CM	Diagnosis
V28.4	Antenatal screening for fetal growth retardation using ultrasonics	ICD-9-CM	Diagnosis
V28.5	Antenatal screening for isoimmunization	ICD-9-CM	Diagnosis
V28.6	Screening of Streptococcus B	ICD-9-CM	Diagnosis
V28.8	Encounter for other specified antenatal screening	ICD-9-CM	Diagnosis
V28.81	Encounter for fetal anatomic survey	ICD-9-CM	Diagnosis
V28.82	Encounter for screening for risk of pre-term labor	ICD-9-CM	Diagnosis
V28.89	Other specified antenatal screening	ICD-9-CM	Diagnosis
V28.9	Unspecified antenatal screening	ICD-9-CM	Diagnosis

Appendix D. List of Generic Names of Medical Products Used to Define Inclusion and Exclusion Criteria in this Report

Generic Name

Short-Acting Insulin

insulin regular,human&rel.unt
 reg insulin hm/rlse/chbr/ihlr
 insulin reg human semi-syn
 insulin regular, human
 insulin reg, hum s-s buff
 insulin regular,beef-pork
 insulin regular,human buffered
 insulin,beef
 insulin,pork
 insulin,pork purified
 insulin,pork reg. concentrate
 insulin aspart
 insulin glulisine
 insulin lispro
 insulin isophane,beef
 insulin isophane,beef pure
 insulin isophane,pork pure

Anti-Diabetes Medication (Except Short-Acting Insulins)

Saxagliptin

saxagliptin hcl/metformin hcl
 saxagliptin hcl

Sitagliptin

sitagliptin phos/metformin hcl
 sitagliptin/simvastatin
 sitagliptin phosphate

Long-Acting Insulin

hum insulin nph/reg insulin hm
 insulin glargine,hum.rec.anlog
 insulin nph human semi-syn
 insulin nph s-s/reg insulin s-s
 insulin asp prt/insulin aspart
 nph, human insulin isophane
 insulin detemir
 insulin npl/insulin lispro
 ins zn,bf (p)/ins zn,pk (p)
 insul,pk pure/insul nph,pk-p
 insulin isophane nph,bf-pk
 insulin protamine zinc,beef
 insulin protamine zn,beef (p)
 insulin protamine zn,bf-pk
 insulin protamine zn,pork (p)
 insulin zinc beef
 insulin zinc ext,beef (p)
 insulin zinc extend human rec
 insulin zinc extended,beef
 insulin zinc extended,bf-pk

Appendix D. List of Generic Names of Medical Products Used to Define Inclusion and Exclusion Criteria in this Report

Generic Name

insulin zinc human rec
 insulin zinc human semi-syn
 insulin zinc prompt,beef
 insulin zinc prompt,bf-pk
 insulin zinc prompt,pork pure
 insulin zinc,beef purified
 insulin zinc,beef-pork
 insulin zinc,pork purified

Pioglitazone

alogliptin benz/pioglitazone
 pioglitazone hcl
 pioglitazone hcl/metformin hcl
 pioglitazone hcl/glimepiride

Second Generation Sulfonylurea

glipizide/metformin hcl
 glyburide/metformin hcl
 pioglitazone hcl/glimepiride
 glimepiride
 glipizide
 glyburide
 glyburide,micronized
 rosiglitazone/glimepiride

Alpha-Glucosidase Inhibitor

acarbose
 miglitol

Biguanide

metformin/aa comb.#7/hc#125/ch
 metformin/caff/aa7/hrb125/chol
 metformin hcl
 saxagliptin hcl/metformin hcl
 sitagliptin phos/metformin hcl
 glipizide/metformin hcl
 glyburide/metformin hcl
 alogliptin benz/metformin hcl
 linagliptin/metformin hcl
 repaglinide/metformin hcl
 pioglitazone hcl/metformin hcl
 rosiglitazone/metformin hcl

Other Dipeptidyl Peptidase-4 (DPP-4) Inhibitor

alogliptin benzoate
 linagliptin
 alogliptin benz/metformin hcl
 linagliptin/metformin hcl
 alogliptin benz/pioglitazone

Appendix D. List of Generic Names of Medical Products Used to Define Inclusion and Exclusion Criteria in this Report

Generic Name

Meglitinide

nateglinide
 repaglinide
 repaglinide/metformin hcl

First Generation Sulfonylurea

acetohexamide
 chlorpropamide
 tolazamide
 tolbutamide

Other Thiazolidinedione

rosiglitazone maleate
 troglitazone
 rosiglitazone/metformin hcl
 rosiglitazone/glimepiride

Other Anti-Diabetes Medication (GLP-1 Analogues, Amylin Analog-Types, Canagliflozin)

canagliflozin
 exenatide
 liraglutide
 pramlintide acetate
 exenatide microspheres

Appendix E. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Diagnosis Codes Used to Define Outcome and Outcome Incidence Criteria in this Report

Code	Description	Code Type	Code Category
Acute Myocardial Infarction			
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
410.10	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
410.20	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
410.30	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
410.40	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
410.50	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
410.60	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
410.70	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
410.80	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
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

Appendix F. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), Current Procedural Terminology, Fourth Edition (CPT-4, Category I-III), and Healthcare Common Procedure Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Covariates and Subgroup Criteria in this Report

Code	Description	Code Type	Code Category
Cardiovascular Disease			
Prior Acute Myocardial Infarction (AMI)			
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

Appendix F. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), Current Procedural Terminology, Fourth Edition (CPT-4, Category I-III), and Healthcare Common Procedure Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Covariates and Subgroup Criteria in this Report

Code	Description	Code Type	Code Category
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
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
Other Ischemic Heart Disease			
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
411.81	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
412	Old myocardial infarction	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
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
414.02	Coronary atherosclerosis of autologous vein bypass graft	ICD-9-CM	Diagnosis
414.03	Coronary atherosclerosis of nonautologous biological bypass graft	ICD-9-CM	Diagnosis
414.04	Coronary atherosclerosis of artery bypass graft	ICD-9-CM	Diagnosis
414.05	Coronary atherosclerosis of unspecified type of bypass graft	ICD-9-CM	Diagnosis
414.06	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
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

Appendix F. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), Current Procedural Terminology, Fourth Edition (CPT-4, Category I-III), and Healthcare Common Procedure Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Covariates and Subgroup Criteria in this Report

Code	Description	Code Type	Code Category
414.12	Dissection of coronary artery	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
414.3	Coronary atherosclerosis due to lipid rich plaque	ICD-9-CM	Diagnosis
414.4	Coronary atherosclerosis due to calcified coronary lesion	ICD-9-CM	Diagnosis
414.8	Other specified forms of chronic ischemic heart disease	ICD-9-CM	Diagnosis
414.9	Unspecified chronic ischemic heart disease	ICD-9-CM	Diagnosis
Congestive Heart Failure			
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
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
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
Other Heart Disease			

Appendix F. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), Current Procedural Terminology, Fourth Edition (CPT-4, Category I-III), and Healthcare Common Procedure Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Covariates and Subgroup Criteria in this Report

Code	Description	Code Type	Code Category
402.00	Malignant hypertensive heart disease without heart failure	ICD-9-CM	Diagnosis
402.10	Benign hypertensive heart disease without heart failure	ICD-9-CM	Diagnosis
402.90	Unspecified hypertensive heart disease without heart failure	ICD-9-CM	Diagnosis
404.00	Hypertensive heart and chronic kidney disease, malignant, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified	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
404.10	Hypertensive heart and chronic kidney disease, benign, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified	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
404.90	Hypertensive heart and chronic kidney disease, unspecified, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified	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
420	Acute pericarditis	ICD-9-CM	Diagnosis
420.0	Acute pericarditis in diseases classified elsewhere	ICD-9-CM	Diagnosis
420.9	Other and unspecified acute pericarditis	ICD-9-CM	Diagnosis
420.90	Unspecified acute pericarditis	ICD-9-CM	Diagnosis
420.91	Acute idiopathic pericarditis	ICD-9-CM	Diagnosis
420.99	Other acute pericarditis	ICD-9-CM	Diagnosis
421	Acute and subacute endocarditis	ICD-9-CM	Diagnosis
421.0	Acute and subacute bacterial endocarditis	ICD-9-CM	Diagnosis
421.1	Acute and subacute infective endocarditis in diseases classified elsewhere	ICD-9-CM	Diagnosis
421.9	Unspecified acute endocarditis	ICD-9-CM	Diagnosis
422	Acute myocarditis	ICD-9-CM	Diagnosis
422.0	Acute myocarditis in diseases classified elsewhere	ICD-9-CM	Diagnosis
422.9	Other and unspecified acute myocarditis	ICD-9-CM	Diagnosis
422.90	Unspecified acute myocarditis	ICD-9-CM	Diagnosis
422.91	Idiopathic myocarditis	ICD-9-CM	Diagnosis
422.92	Septic myocarditis	ICD-9-CM	Diagnosis
422.93	Toxic myocarditis	ICD-9-CM	Diagnosis
422.99	Other acute myocarditis	ICD-9-CM	Diagnosis
423	Other diseases of pericardium	ICD-9-CM	Diagnosis
423.0	Hemopericardium	ICD-9-CM	Diagnosis
423.1	Adhesive pericarditis	ICD-9-CM	Diagnosis
423.2	Constrictive pericarditis	ICD-9-CM	Diagnosis
423.3	Cardiac tamponade	ICD-9-CM	Diagnosis
423.8	Other specified diseases of pericardium	ICD-9-CM	Diagnosis
423.9	Unspecified disease of pericardium	ICD-9-CM	Diagnosis
424	Other diseases of endocardium	ICD-9-CM	Diagnosis

Appendix F. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), Current Procedural Terminology, Fourth Edition (CPT-4, Category I-III), and Healthcare Common Procedure Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Covariates and Subgroup Criteria in this Report

Code	Description	Code Type	Code Category
424.0	Mitral valve disorders	ICD-9-CM	Diagnosis
424.1	Aortic valve disorders	ICD-9-CM	Diagnosis
424.2	Tricuspid valve disorders, specified as nonrheumatic	ICD-9-CM	Diagnosis
424.3	Pulmonary valve disorders	ICD-9-CM	Diagnosis
424.9	Endocarditis, valve unspecified	ICD-9-CM	Diagnosis
424.90	Endocarditis, valve unspecified, unspecified cause	ICD-9-CM	Diagnosis
424.91	Endocarditis in diseases classified elsewhere	ICD-9-CM	Diagnosis
424.99	Other endocarditis, valve unspecified	ICD-9-CM	Diagnosis
425	Cardiomyopathy	ICD-9-CM	Diagnosis
425.0	Endomyocardial fibrosis	ICD-9-CM	Diagnosis
425.1	Hypertrophic cardiomyopathy	ICD-9-CM	Diagnosis
425.11	Hypertrophic obstructive cardiomyopathy	ICD-9-CM	Diagnosis
425.18	Other hypertrophic cardiomyopathy	ICD-9-CM	Diagnosis
425.2	Obscure cardiomyopathy of Africa	ICD-9-CM	Diagnosis
425.3	Endocardial fibroelastosis	ICD-9-CM	Diagnosis
425.4	Other primary cardiomyopathies	ICD-9-CM	Diagnosis
425.5	Alcoholic cardiomyopathy	ICD-9-CM	Diagnosis
425.7	Nutritional and metabolic cardiomyopathy	ICD-9-CM	Diagnosis
425.8	Cardiomyopathy in other diseases classified elsewhere	ICD-9-CM	Diagnosis
425.9	Unspecified secondary cardiomyopathy	ICD-9-CM	Diagnosis
426	Conduction disorders	ICD-9-CM	Diagnosis
426.0	Atrioventricular block, complete	ICD-9-CM	Diagnosis
426.1	Atrioventricular block, other and unspecified	ICD-9-CM	Diagnosis
426.10	Unspecified atrioventricular block	ICD-9-CM	Diagnosis
426.11	First degree atrioventricular block	ICD-9-CM	Diagnosis
426.12	Mobitz (type) II atrioventricular block	ICD-9-CM	Diagnosis
426.13	Other second degree atrioventricular block	ICD-9-CM	Diagnosis
426.2	Left bundle branch hemiblock	ICD-9-CM	Diagnosis
426.3	Other left bundle branch block	ICD-9-CM	Diagnosis
426.4	Right bundle branch block	ICD-9-CM	Diagnosis
426.5	Bundle branch block, other and unspecified	ICD-9-CM	Diagnosis
426.50	Unspecified bundle branch block	ICD-9-CM	Diagnosis
426.51	Right bundle branch block and left posterior fascicular block	ICD-9-CM	Diagnosis
426.52	Right bundle branch block and left anterior fascicular block	ICD-9-CM	Diagnosis
426.53	Other bilateral bundle branch block	ICD-9-CM	Diagnosis
426.54	Trifascicular block	ICD-9-CM	Diagnosis
426.6	Other heart block	ICD-9-CM	Diagnosis
426.7	Anomalous atrioventricular excitation	ICD-9-CM	Diagnosis
426.8	Other specified conduction disorders	ICD-9-CM	Diagnosis
426.81	Lown-Ganong-Levine syndrome	ICD-9-CM	Diagnosis
426.82	Long QT syndrome	ICD-9-CM	Diagnosis
426.89	Other specified conduction disorder	ICD-9-CM	Diagnosis
426.9	Unspecified conduction disorder	ICD-9-CM	Diagnosis
427	Cardiac dysrhythmias	ICD-9-CM	Diagnosis
427.0	Paroxysmal supraventricular tachycardia	ICD-9-CM	Diagnosis

Appendix F. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), Current Procedural Terminology, Fourth Edition (CPT-4, Category I-III), and Healthcare Common Procedure Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Covariates and Subgroup Criteria in this Report

Code	Description	Code Type	Code Category
427.1	Paroxysmal ventricular tachycardia	ICD-9-CM	Diagnosis
427.2	Unspecified paroxysmal tachycardia	ICD-9-CM	Diagnosis
427.3	Atrial fibrillation and flutter	ICD-9-CM	Diagnosis
427.31	Atrial fibrillation	ICD-9-CM	Diagnosis
427.32	Atrial flutter	ICD-9-CM	Diagnosis
427.4	Ventricular fibrillation and flutter	ICD-9-CM	Diagnosis
427.41	Ventricular fibrillation	ICD-9-CM	Diagnosis
427.42	Ventricular flutter	ICD-9-CM	Diagnosis
427.5	Cardiac arrest	ICD-9-CM	Diagnosis
427.6	Premature beats	ICD-9-CM	Diagnosis
427.60	Unspecified premature beats	ICD-9-CM	Diagnosis
427.61	Supraventricular premature beats	ICD-9-CM	Diagnosis
427.69	Other premature beats	ICD-9-CM	Diagnosis
427.8	Other specified cardiac dysrhythmias	ICD-9-CM	Diagnosis
427.81	Sinoatrial node dysfunction	ICD-9-CM	Diagnosis
427.89	Other specified cardiac dysrhythmias	ICD-9-CM	Diagnosis
427.9	Unspecified cardiac dysrhythmia	ICD-9-CM	Diagnosis
429	Ill-defined descriptions and complications of heart disease	ICD-9-CM	Diagnosis
429.0	Unspecified myocarditis	ICD-9-CM	Diagnosis
429.1	Myocardial degeneration	ICD-9-CM	Diagnosis
429.2	Unspecified cardiovascular disease	ICD-9-CM	Diagnosis
429.3	Cardiomegaly	ICD-9-CM	Diagnosis
429.4	Functional disturbances following cardiac surgery	ICD-9-CM	Diagnosis
429.5	Rupture of chordae tendineae	ICD-9-CM	Diagnosis
429.6	Rupture of papillary muscle	ICD-9-CM	Diagnosis
429.7	Certain sequelae of myocardial infarction, not elsewhere classified	ICD-9-CM	Diagnosis
429.71	Acquired cardiac septal defect	ICD-9-CM	Diagnosis
429.79	Other certain sequelae of myocardial infarction, not elsewhere classified	ICD-9-CM	Diagnosis
429.8	Other ill-defined heart diseases	ICD-9-CM	Diagnosis
429.81	Other disorders of papillary muscle	ICD-9-CM	Diagnosis
429.82	Hyperkinetic heart disease	ICD-9-CM	Diagnosis
429.83	Takotsubo syndrome	ICD-9-CM	Diagnosis
429.89	Other ill-defined heart disease	ICD-9-CM	Diagnosis
429.9	Unspecified heart disease	ICD-9-CM	Diagnosis
440	Atherosclerosis	ICD-9-CM	Diagnosis
440.0	Atherosclerosis of aorta	ICD-9-CM	Diagnosis
440.1	Atherosclerosis of renal artery	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

Appendix F. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), Current Procedural Terminology, Fourth Edition (CPT-4, Category I-III), and Healthcare Common Procedure Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Covariates and Subgroup Criteria in this Report

Code	Description	Code Type	Code Category
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
440.8	Atherosclerosis of other specified arteries	ICD-9-CM	Diagnosis
440.9	Generalized and unspecified atherosclerosis	ICD-9-CM	Diagnosis
Stroke (Broad Definition)			
430	Subarachnoid hemorrhage	ICD-9-CM	Diagnosis
431	Intracerebral hemorrhage	ICD-9-CM	Diagnosis
432	Other and unspecified intracranial hemorrhage	ICD-9-CM	Diagnosis
432.0	Nontraumatic extradural hemorrhage	ICD-9-CM	Diagnosis
432.1	Subdural 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
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	Occlusion of cerebral arteries	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

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Code	Description	Code Type	Code Category
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
Stroke (Narrow Definition)			
430	Subarachnoid hemorrhage	ICD-9-CM	Diagnosis
431	Intracerebral hemorrhage	ICD-9-CM	Diagnosis
433.01	Occlusion and stenosis of basilar artery with cerebral infarction	ICD-9-CM	Diagnosis
433.11	Occlusion and stenosis of carotid artery with cerebral infarction	ICD-9-CM	Diagnosis
433.21	Occlusion and stenosis of vertebral artery with cerebral infarction	ICD-9-CM	Diagnosis
433.31	Occlusion and stenosis of multiple and bilateral precerebral arteries with cerebral infarction	ICD-9-CM	Diagnosis
433.81	Occlusion and stenosis of other specified precerebral artery with cerebral infarction	ICD-9-CM	Diagnosis
433.91	Occlusion and stenosis of unspecified precerebral artery with cerebral infarction	ICD-9-CM	Diagnosis
434.01	Cerebral thrombosis with cerebral infarction	ICD-9-CM	Diagnosis
434.11	Cerebral embolism with 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
Peripheral Arterial Disease			
443.9	Unspecified peripheral vascular disease	ICD-9-CM	Diagnosis
Coronary Revascularization Procedure			
Coronary Artery Bypass Graft			
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
3351F	Negative screen for depressive symptoms as categorized by using a standardized depression screening/assessment tool (MDD)	CPT-2	Procedure
33520	Coronary Artery Bypass, Nonautogenous Graft (eg, Synthetic Or Cadaver); Single Graft	CPT-4	Procedure

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Code	Description	Code Type	Code Category
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
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
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
996.03	Mechanical complication due to coronary bypass graft	ICD-9-CM	Diagnosis
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

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Code	Description	Code Type	Code Category
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
V45.81	Postprocedural aortocoronary bypass status	ICD-9-CM	Diagnosis
Percutaneous Coronary Intervention			
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
37.22	Left heart cardiac catheterization	ICD-9-CM	Procedure
37.23	Combined right and left heart cardiac catheterization	ICD-9-CM	Procedure
88.50	Angiocardiology, not otherwise specified	ICD-9-CM	Procedure
88.51	Angiocardiology of venae cavae	ICD-9-CM	Procedure
88.52	Angiocardiology of right heart structures	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
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
92973	Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)	CPT-4	Procedure
92974	Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)	CPT-4	Procedure

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Code	Description	Code Type	Code Category
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
92987	Percutaneous balloon valvuloplasty; mitral valve	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
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
V45.82	Postprocedural percutaneous transluminal coronary angioplasty status	ICD-9-CM	Diagnosis
Carotid Revascularization Procedure			
Carotid Endarterectomy, Stenting, Angioplasty or Atherectomy			
00.61	Percutaneous angioplasty of extracranial vessel(s)	ICD-9-CM	Procedure
00.63	Percutaneous insertion of carotid artery stent(s)	ICD-9-CM	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
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
35901	Excision of infected graft; neck	CPT-4	Procedure

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Code	Description	Code Type	Code Category
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
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
38.11	Enderterectomy of intracranial vessels	ICD-9-CM	Procedure
38.12	Enderterectomy of other vessels of head and neck	ICD-9-CM	Procedure
S2211	Transcatheter placement of intravascular stent(s), carotid artery, percutaneous, unilateral (if performed bilaterally, use-50 modifier)	HCPCS	Procedure
Carotid Bypass			
39.28	Extracranial-intracranial (EC-IC) vascular bypass	ICD-9-CM	Procedure
Lower Extremity Revascularization Procedure			
Lower Extremity Enderterectomy, Stenting, Angioplasty or Artherectomy			
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
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

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Code	Description	Code Type	Code Category
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
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
38.10	Endarterectomy, unspecified site	ICD-9-CM	Procedure

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Code	Description	Code Type	Code Category
38.18	Enderterectomy of lower limb arteries	ICD-9-CM	Procedure
Lower Extremity Bypass			
35666	Bypass graft, with other than vein; femoral-anterior tibial, posterior tibial, or peroneal artery	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
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
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; ilioiliac	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
35582	In-situ vein bypass; aortofemoral-popliteal (only femoral-popliteal portion in-situ)	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
35623	Bypass graft, with other than vein; axillary-popliteal or -tibial	CPT-4	Procedure
35637	Bypass graft, with other than vein; aortoiliac	CPT-4	Procedure
35638	Bypass graft, with other than vein; aortobi-iliac	CPT-4	Procedure
35641	Bypass graft, with other than vein; aortoiliac or bi-iliac	CPT-4	Procedure
35646	Bypass graft, with other than vein; aortobifemoral	CPT-4	Procedure
35647	Bypass graft, with other than vein; aortofemoral	CPT-4	Procedure
35651	Bypass graft, with other than vein; aortofemoral-popliteal	CPT-4	Procedure

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Code	Description	Code Type	Code Category
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
35663	Bypass graft, with other than vein; ilioiliac	CPT-4	Procedure
35665	Bypass graft, with other than vein; iliofemoral	CPT-4	Procedure
35671	Bypass graft, with other than vein; popliteal-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
39.25	Aorta-iliac-femoral bypass	ICD-9-CM	Procedure
39.29	Other (peripheral) vascular shunt or bypass	ICD-9-CM	Procedure
Lower Extremity Amputation			
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
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
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
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
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
Comorbidity			

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Code	Description	Code Type	Code Category
Asthma			
493	Asthma	ICD-9-CM	Diagnosis
493.0	Extrinsic asthma	ICD-9-CM	Diagnosis
493.00	Extrinsic asthma, unspecified	ICD-9-CM	Diagnosis
493.01	Extrinsic asthma with status asthmaticus	ICD-9-CM	Diagnosis
493.02	Extrinsic asthma, with (acute) exacerbation	ICD-9-CM	Diagnosis
493.1	Intrinsic asthma	ICD-9-CM	Diagnosis
493.10	Intrinsic asthma, unspecified	ICD-9-CM	Diagnosis
493.11	Intrinsic asthma with status asthmaticus	ICD-9-CM	Diagnosis
493.12	Intrinsic asthma, with (acute) exacerbation	ICD-9-CM	Diagnosis
493.2	Chronic obstructive asthma	ICD-9-CM	Diagnosis
493.20	Chronic obstructive asthma, unspecified	ICD-9-CM	Diagnosis
493.21	Chronic obstructive asthma with status asthmaticus	ICD-9-CM	Diagnosis
493.22	Chronic obstructive asthma, with (acute) exacerbation	ICD-9-CM	Diagnosis
493.8	Other forms of asthma	ICD-9-CM	Diagnosis
493.81	Exercise induced bronchospasm	ICD-9-CM	Diagnosis
493.82	Cough variant asthma	ICD-9-CM	Diagnosis
493.9	Unspecified asthma	ICD-9-CM	Diagnosis
493.90	Asthma, unspecified, unspecified status	ICD-9-CM	Diagnosis
493.91	Asthma, unspecified with status asthmaticus	ICD-9-CM	Diagnosis
493.92	Asthma, unspecified, with (acute) exacerbation	ICD-9-CM	Diagnosis
Cancer (Excluding Non-Melanoma Skin Cancer)			
140	Malignant neoplasm of lip	ICD-9-CM	Diagnosis
140.0	Malignant neoplasm of upper lip, vermilion border	ICD-9-CM	Diagnosis
140.1	Malignant neoplasm of lower lip, vermilion border	ICD-9-CM	Diagnosis
140.3	Malignant neoplasm of upper lip, inner aspect	ICD-9-CM	Diagnosis
140.4	Malignant neoplasm of lower lip, inner aspect	ICD-9-CM	Diagnosis
140.5	Malignant neoplasm of lip, inner aspect, unspecified as to upper or lower	ICD-9-CM	Diagnosis
140.6	Malignant neoplasm of commissure of lip	ICD-9-CM	Diagnosis
140.8	Malignant neoplasm of other sites of lip	ICD-9-CM	Diagnosis
140.9	Malignant neoplasm of lip, vermilion border, unspecified as to upper or lower	ICD-9-CM	Diagnosis
141	Malignant neoplasm of tongue	ICD-9-CM	Diagnosis
141.0	Malignant neoplasm of base of tongue	ICD-9-CM	Diagnosis
141.1	Malignant neoplasm of dorsal surface of tongue	ICD-9-CM	Diagnosis
141.2	Malignant neoplasm of tip and lateral border of tongue	ICD-9-CM	Diagnosis
141.3	Malignant neoplasm of ventral surface of tongue	ICD-9-CM	Diagnosis
141.4	Malignant neoplasm of anterior two-thirds of tongue, part unspecified	ICD-9-CM	Diagnosis
141.5	Malignant neoplasm of junctional zone of tongue	ICD-9-CM	Diagnosis
141.6	Malignant neoplasm of lingual tonsil	ICD-9-CM	Diagnosis
141.8	Malignant neoplasm of other sites of tongue	ICD-9-CM	Diagnosis
141.9	Malignant neoplasm of tongue, unspecified site	ICD-9-CM	Diagnosis
142	Malignant neoplasm of major salivary glands	ICD-9-CM	Diagnosis
142.0	Malignant neoplasm of parotid gland	ICD-9-CM	Diagnosis
142.1	Malignant neoplasm of submandibular gland	ICD-9-CM	Diagnosis

Appendix F. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), Current Procedural Terminology, Fourth Edition (CPT-4, Category I-III), and Healthcare Common Procedure Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Covariates and Subgroup Criteria in this Report

Code	Description	Code Type	Code Category
142.2	Malignant neoplasm of sublingual gland	ICD-9-CM	Diagnosis
142.8	Malignant neoplasm of other major salivary glands	ICD-9-CM	Diagnosis
142.9	Malignant neoplasm of salivary gland, unspecified	ICD-9-CM	Diagnosis
143	Malignant neoplasm of gum	ICD-9-CM	Diagnosis
143.0	Malignant neoplasm of upper gum	ICD-9-CM	Diagnosis
143.1	Malignant neoplasm of lower gum	ICD-9-CM	Diagnosis
143.8	Malignant neoplasm of other sites of gum	ICD-9-CM	Diagnosis
143.9	Malignant neoplasm of gum, unspecified site	ICD-9-CM	Diagnosis
144	Malignant neoplasm of floor of mouth	ICD-9-CM	Diagnosis
144.0	Malignant neoplasm of anterior portion of floor of mouth	ICD-9-CM	Diagnosis
144.1	Malignant neoplasm of lateral portion of floor of mouth	ICD-9-CM	Diagnosis
144.8	Malignant neoplasm of other sites of floor of mouth	ICD-9-CM	Diagnosis
144.9	Malignant neoplasm of floor of mouth, part unspecified	ICD-9-CM	Diagnosis
145	Malignant neoplasm of other and unspecified parts of mouth	ICD-9-CM	Diagnosis
145.0	Malignant neoplasm of cheek mucosa	ICD-9-CM	Diagnosis
145.1	Malignant neoplasm of vestibule of mouth	ICD-9-CM	Diagnosis
145.2	Malignant neoplasm of hard palate	ICD-9-CM	Diagnosis
145.3	Malignant neoplasm of soft palate	ICD-9-CM	Diagnosis
145.4	Malignant neoplasm of uvula	ICD-9-CM	Diagnosis
145.5	Malignant neoplasm of palate, unspecified	ICD-9-CM	Diagnosis
145.6	Malignant neoplasm of retromolar area	ICD-9-CM	Diagnosis
145.8	Malignant neoplasm of other specified parts of mouth	ICD-9-CM	Diagnosis
145.9	Malignant neoplasm of mouth, unspecified site	ICD-9-CM	Diagnosis
146	Malignant neoplasm of oropharynx	ICD-9-CM	Diagnosis
146.0	Malignant neoplasm of tonsil	ICD-9-CM	Diagnosis
146.1	Malignant neoplasm of tonsillar fossa	ICD-9-CM	Diagnosis
146.2	Malignant neoplasm of tonsillar pillars (anterior) (posterior)	ICD-9-CM	Diagnosis
146.3	Malignant neoplasm of vallecula	ICD-9-CM	Diagnosis
146.4	Malignant neoplasm of anterior aspect of epiglottis	ICD-9-CM	Diagnosis
146.5	Malignant neoplasm of junctional region of oropharynx	ICD-9-CM	Diagnosis
146.6	Malignant neoplasm of lateral wall of oropharynx	ICD-9-CM	Diagnosis
146.7	Malignant neoplasm of posterior wall of oropharynx	ICD-9-CM	Diagnosis
146.8	Malignant neoplasm of other specified sites of oropharynx	ICD-9-CM	Diagnosis
146.9	Malignant neoplasm of oropharynx, unspecified site	ICD-9-CM	Diagnosis
147	Malignant neoplasm of nasopharynx	ICD-9-CM	Diagnosis
147.0	Malignant neoplasm of superior wall of nasopharynx	ICD-9-CM	Diagnosis
147.1	Malignant neoplasm of posterior wall of nasopharynx	ICD-9-CM	Diagnosis
147.2	Malignant neoplasm of lateral wall of nasopharynx	ICD-9-CM	Diagnosis
147.3	Malignant neoplasm of anterior wall of nasopharynx	ICD-9-CM	Diagnosis
147.8	Malignant neoplasm of other specified sites of nasopharynx	ICD-9-CM	Diagnosis
147.9	Malignant neoplasm of nasopharynx, unspecified site	ICD-9-CM	Diagnosis
148	Malignant neoplasm of hypopharynx	ICD-9-CM	Diagnosis
148.0	Malignant neoplasm of postcricoid region of hypopharynx	ICD-9-CM	Diagnosis
148.1	Malignant neoplasm of pyriform sinus	ICD-9-CM	Diagnosis
148.2	Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect	ICD-9-CM	Diagnosis

Appendix F. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), Current Procedural Terminology, Fourth Edition (CPT-4, Category I-III), and Healthcare Common Procedure Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Covariates and Subgroup Criteria in this Report

Code	Description	Code Type	Code Category
148.3	Malignant neoplasm of posterior hypopharyngeal wall	ICD-9-CM	Diagnosis
148.8	Malignant neoplasm of other specified sites of hypopharynx	ICD-9-CM	Diagnosis
148.9	Malignant neoplasm of hypopharynx, unspecified site	ICD-9-CM	Diagnosis
149	Malignant neoplasm of other and ill-defined sites within the lip, oral cavity, and pharynx	ICD-9-CM	Diagnosis
149.0	Malignant neoplasm of pharynx, unspecified	ICD-9-CM	Diagnosis
149.1	Malignant neoplasm of Waldeyer's ring	ICD-9-CM	Diagnosis
149.8	Malignant neoplasm of other sites within the lip and oral cavity	ICD-9-CM	Diagnosis
149.9	Malignant neoplasm of ill-defined sites of lip and oral cavity	ICD-9-CM	Diagnosis
150	Malignant neoplasm of esophagus	ICD-9-CM	Diagnosis
150.0	Malignant neoplasm of cervical esophagus	ICD-9-CM	Diagnosis
150.1	Malignant neoplasm of thoracic esophagus	ICD-9-CM	Diagnosis
150.2	Malignant neoplasm of abdominal esophagus	ICD-9-CM	Diagnosis
150.3	Malignant neoplasm of upper third of esophagus	ICD-9-CM	Diagnosis
150.4	Malignant neoplasm of middle third of esophagus	ICD-9-CM	Diagnosis
150.5	Malignant neoplasm of lower third of esophagus	ICD-9-CM	Diagnosis
150.8	Malignant neoplasm of other specified part of esophagus	ICD-9-CM	Diagnosis
150.9	Malignant neoplasm of esophagus, unspecified site	ICD-9-CM	Diagnosis
151	Malignant neoplasm of stomach	ICD-9-CM	Diagnosis
151.0	Malignant neoplasm of cardia	ICD-9-CM	Diagnosis
151.1	Malignant neoplasm of pylorus	ICD-9-CM	Diagnosis
151.2	Malignant neoplasm of pyloric antrum	ICD-9-CM	Diagnosis
151.3	Malignant neoplasm of fundus of stomach	ICD-9-CM	Diagnosis
151.4	Malignant neoplasm of body of stomach	ICD-9-CM	Diagnosis
151.5	Malignant neoplasm of lesser curvature of stomach, unspecified	ICD-9-CM	Diagnosis
151.6	Malignant neoplasm of greater curvature of stomach, unspecified	ICD-9-CM	Diagnosis
151.8	Malignant neoplasm of other specified sites of stomach	ICD-9-CM	Diagnosis
151.9	Malignant neoplasm of stomach, unspecified site	ICD-9-CM	Diagnosis
152	Malignant neoplasm of small intestine, including duodenum	ICD-9-CM	Diagnosis
152.0	Malignant neoplasm of duodenum	ICD-9-CM	Diagnosis
152.1	Malignant neoplasm of jejunum	ICD-9-CM	Diagnosis
152.2	Malignant neoplasm of ileum	ICD-9-CM	Diagnosis
152.3	Malignant neoplasm of Meckel's diverticulum	ICD-9-CM	Diagnosis
152.8	Malignant neoplasm of other specified sites of small intestine	ICD-9-CM	Diagnosis
152.9	Malignant neoplasm of small intestine, unspecified site	ICD-9-CM	Diagnosis
153	Malignant neoplasm of colon	ICD-9-CM	Diagnosis
153.0	Malignant neoplasm of hepatic flexure	ICD-9-CM	Diagnosis
153.1	Malignant neoplasm of transverse colon	ICD-9-CM	Diagnosis
153.2	Malignant neoplasm of descending colon	ICD-9-CM	Diagnosis
153.3	Malignant neoplasm of sigmoid colon	ICD-9-CM	Diagnosis
153.4	Malignant neoplasm of cecum	ICD-9-CM	Diagnosis
153.5	Malignant neoplasm of appendix	ICD-9-CM	Diagnosis
153.6	Malignant neoplasm of ascending colon	ICD-9-CM	Diagnosis
153.7	Malignant neoplasm of splenic flexure	ICD-9-CM	Diagnosis
153.8	Malignant neoplasm of other specified sites of large intestine	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
153.9	Malignant neoplasm of colon, unspecified site	ICD-9-CM	Diagnosis
154	Malignant neoplasm of rectum, rectosigmoid junction, and anus	ICD-9-CM	Diagnosis
154.0	Malignant neoplasm of rectosigmoid junction	ICD-9-CM	Diagnosis
154.1	Malignant neoplasm of rectum	ICD-9-CM	Diagnosis
154.2	Malignant neoplasm of anal canal	ICD-9-CM	Diagnosis
154.3	Malignant neoplasm of anus, unspecified site	ICD-9-CM	Diagnosis
154.8	Malignant neoplasm of other sites of rectum, rectosigmoid junction, and anus	ICD-9-CM	Diagnosis
155	Malignant neoplasm of liver and intrahepatic bile ducts	ICD-9-CM	Diagnosis
155.0	Malignant neoplasm of liver, primary	ICD-9-CM	Diagnosis
155.1	Malignant neoplasm of intrahepatic bile ducts	ICD-9-CM	Diagnosis
155.2	Malignant neoplasm of liver, not specified as primary or secondary	ICD-9-CM	Diagnosis
156	Malignant neoplasm of gallbladder and extrahepatic bile ducts	ICD-9-CM	Diagnosis
156.0	Malignant neoplasm of gallbladder	ICD-9-CM	Diagnosis
156.1	Malignant neoplasm of extrahepatic bile ducts	ICD-9-CM	Diagnosis
156.2	Malignant neoplasm of ampulla of Vater	ICD-9-CM	Diagnosis
156.8	Malignant neoplasm of other specified sites of gallbladder and extrahepatic bile ducts	ICD-9-CM	Diagnosis
156.9	Malignant neoplasm of biliary tract, part unspecified site	ICD-9-CM	Diagnosis
157	Malignant neoplasm of pancreas	ICD-9-CM	Diagnosis
157.0	Malignant neoplasm of head of pancreas	ICD-9-CM	Diagnosis
157.1	Malignant neoplasm of body of pancreas	ICD-9-CM	Diagnosis
157.2	Malignant neoplasm of tail of pancreas	ICD-9-CM	Diagnosis
157.3	Malignant neoplasm of pancreatic duct	ICD-9-CM	Diagnosis
157.4	Malignant neoplasm of islets of Langerhans	ICD-9-CM	Diagnosis
157.8	Malignant neoplasm of other specified sites of pancreas	ICD-9-CM	Diagnosis
157.9	Malignant neoplasm of pancreas, part unspecified	ICD-9-CM	Diagnosis
158	Malignant neoplasm of retroperitoneum and peritoneum	ICD-9-CM	Diagnosis
158.0	Malignant neoplasm of retroperitoneum	ICD-9-CM	Diagnosis
158.8	Malignant neoplasm of specified parts of peritoneum	ICD-9-CM	Diagnosis
158.9	Malignant neoplasm of peritoneum, unspecified	ICD-9-CM	Diagnosis
159	Malignant neoplasm of other and ill-defined sites within the digestive organs and peritoneum	ICD-9-CM	Diagnosis
159.0	Malignant neoplasm of intestinal tract, part unspecified	ICD-9-CM	Diagnosis
159.1	Malignant neoplasm of spleen, not elsewhere classified	ICD-9-CM	Diagnosis
159.8	Malignant neoplasm of other sites of digestive system and intra-abdominal organs	ICD-9-CM	Diagnosis
159.9	Malignant neoplasm of ill-defined sites of digestive organs and peritoneum	ICD-9-CM	Diagnosis
160	Malignant neoplasm of nasal cavities, middle ear, and accessory sinuses	ICD-9-CM	Diagnosis
160.0	Malignant neoplasm of nasal cavities	ICD-9-CM	Diagnosis
160.1	Malignant neoplasm of auditory tube, middle ear, and mastoid air cells	ICD-9-CM	Diagnosis
160.2	Malignant neoplasm of maxillary sinus	ICD-9-CM	Diagnosis
160.3	Malignant neoplasm of ethmoidal sinus	ICD-9-CM	Diagnosis
160.4	Malignant neoplasm of frontal sinus	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
160.5	Malignant neoplasm of sphenoidal sinus	ICD-9-CM	Diagnosis
160.8	Malignant neoplasm of other sites of nasal cavities, middle ear, and accessory sinuses	ICD-9-CM	Diagnosis
160.9	Malignant neoplasm of site of nasal cavities, middle ear, and accessory sinus, unspecified site	ICD-9-CM	Diagnosis
161	Malignant neoplasm of larynx	ICD-9-CM	Diagnosis
161.0	Malignant neoplasm of glottis	ICD-9-CM	Diagnosis
161.1	Malignant neoplasm of supraglottis	ICD-9-CM	Diagnosis
161.2	Malignant neoplasm of subglottis	ICD-9-CM	Diagnosis
161.3	Malignant neoplasm of laryngeal cartilages	ICD-9-CM	Diagnosis
161.8	Malignant neoplasm of other specified sites of larynx	ICD-9-CM	Diagnosis
161.9	Malignant neoplasm of larynx, unspecified site	ICD-9-CM	Diagnosis
162	Malignant neoplasm of trachea, bronchus, and lung	ICD-9-CM	Diagnosis
162.0	Malignant neoplasm of trachea	ICD-9-CM	Diagnosis
162.2	Malignant neoplasm of main bronchus	ICD-9-CM	Diagnosis
162.3	Malignant neoplasm of upper lobe, bronchus, or lung	ICD-9-CM	Diagnosis
162.4	Malignant neoplasm of middle lobe, bronchus, or lung	ICD-9-CM	Diagnosis
162.5	Malignant neoplasm of lower lobe, bronchus, or lung	ICD-9-CM	Diagnosis
162.8	Malignant neoplasm of other parts of bronchus or lung	ICD-9-CM	Diagnosis
162.9	Malignant neoplasm of bronchus and lung, unspecified site	ICD-9-CM	Diagnosis
163	Malignant neoplasm of pleura	ICD-9-CM	Diagnosis
163.0	Malignant neoplasm of parietal pleura	ICD-9-CM	Diagnosis
163.1	Malignant neoplasm of visceral pleura	ICD-9-CM	Diagnosis
163.8	Malignant neoplasm of other specified sites of pleura	ICD-9-CM	Diagnosis
163.9	Malignant neoplasm of pleura, unspecified site	ICD-9-CM	Diagnosis
164	Malignant neoplasm of thymus, heart, and mediastinum	ICD-9-CM	Diagnosis
164.0	Malignant neoplasm of thymus	ICD-9-CM	Diagnosis
164.1	Malignant neoplasm of heart	ICD-9-CM	Diagnosis
164.2	Malignant neoplasm of anterior mediastinum	ICD-9-CM	Diagnosis
164.3	Malignant neoplasm of posterior mediastinum	ICD-9-CM	Diagnosis
164.8	Malignant neoplasm of other parts of mediastinum	ICD-9-CM	Diagnosis
164.9	Malignant neoplasm of mediastinum, part unspecified	ICD-9-CM	Diagnosis
165	Malignant neoplasm of other and ill-defined sites within the respiratory system and intrathoracic organs	ICD-9-CM	Diagnosis
165.0	Malignant neoplasm of upper respiratory tract, part unspecified	ICD-9-CM	Diagnosis
165.8	Malignant neoplasm of other sites within the respiratory system and intrathoracic organs	ICD-9-CM	Diagnosis
165.9	Malignant neoplasm of ill-defined sites within the respiratory system	ICD-9-CM	Diagnosis
170	Malignant neoplasm of bone and articular cartilage	ICD-9-CM	Diagnosis
170.0	Malignant neoplasm of bones of skull and face, except mandible	ICD-9-CM	Diagnosis
170.1	Malignant neoplasm of mandible	ICD-9-CM	Diagnosis
170.2	Malignant neoplasm of vertebral column, excluding sacrum and coccyx	ICD-9-CM	Diagnosis
170.3	Malignant neoplasm of ribs, sternum, and clavicle	ICD-9-CM	Diagnosis
170.4	Malignant neoplasm of scapula and long bones of upper limb	ICD-9-CM	Diagnosis
170.5	Malignant neoplasm of short bones of upper limb	ICD-9-CM	Diagnosis

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

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

Appendix F. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), Current Procedural Terminology, Fourth Edition (CPT-4, Category I-III), and Healthcare Common Procedure Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Covariates and Subgroup Criteria in this Report

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

Appendix F. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), Current Procedural Terminology, Fourth Edition (CPT-4, Category I-III), and Healthcare Common Procedure Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Covariates and Subgroup Criteria in this Report

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

Appendix F. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), Current Procedural Terminology, Fourth Edition (CPT-4, Category I-III), and Healthcare Common Procedure Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Covariates and Subgroup Criteria in this Report

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

Appendix F. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), Current Procedural Terminology, Fourth Edition (CPT-4, Category I-III), and Healthcare Common Procedure Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Covariates and Subgroup Criteria in this Report

Code	Description	Code Type	Code Category
200.18	Lymphosarcoma of lymph nodes of multiple sites	ICD-9-CM	Diagnosis
200.2	Burkitt's tumor or lymphoma	ICD-9-CM	Diagnosis
200.20	Burkitt's tumor or lymphoma, unspecified site, extranodal and solid organ sites	ICD-9-CM	Diagnosis
200.21	Burkitt's tumor or lymphoma of lymph nodes of head, face, and neck	ICD-9-CM	Diagnosis
200.22	Burkitt's tumor or lymphoma of intrathoracic lymph nodes	ICD-9-CM	Diagnosis
200.23	Burkitt's tumor or lymphoma of intra-abdominal lymph nodes	ICD-9-CM	Diagnosis
200.24	Burkitt's tumor or lymphoma of lymph nodes of axilla and upper limb	ICD-9-CM	Diagnosis
200.25	Burkitt's tumor or lymphoma of lymph nodes of inguinal region and lower limb	ICD-9-CM	Diagnosis
200.26	Burkitt's tumor or lymphoma of intrapelvic lymph nodes	ICD-9-CM	Diagnosis
200.27	Burkitt's tumor or lymphoma of spleen	ICD-9-CM	Diagnosis
200.28	Burkitt's tumor or lymphoma of lymph nodes of multiple sites	ICD-9-CM	Diagnosis
200.3	Marginal zone lymphoma	ICD-9-CM	Diagnosis
200.30	Marginal zone lymphoma, unspecified site, extranodal and solid organ sites	ICD-9-CM	Diagnosis
200.31	Marginal zone lymphoma, lymph nodes of head, face, and neck	ICD-9-CM	Diagnosis
200.32	Marginal zone lymphoma, intrathoracic lymph nodes	ICD-9-CM	Diagnosis
200.33	Marginal zone lymphoma, intra-abdominal lymph nodes	ICD-9-CM	Diagnosis
200.34	Marginal zone lymphoma, lymph nodes of axilla and upper limb	ICD-9-CM	Diagnosis
200.35	Marginal zone lymphoma, lymph nodes of inguinal region and lower limb	ICD-9-CM	Diagnosis
200.36	Marginal zone lymphoma, intrapelvic lymph nodes	ICD-9-CM	Diagnosis
200.37	Marginal zone lymphoma, spleen	ICD-9-CM	Diagnosis
200.38	Marginal zone lymphoma, lymph nodes of multiple sites	ICD-9-CM	Diagnosis
200.4	Mantle cell lymphoma	ICD-9-CM	Diagnosis
200.40	Mantle cell lymphoma, unspecified site, extranodal and solid organ sites	ICD-9-CM	Diagnosis
200.41	Mantle cell lymphoma, lymph nodes of head, face, and neck	ICD-9-CM	Diagnosis
200.42	Mantle cell lymphoma, intrathoracic lymph nodes	ICD-9-CM	Diagnosis
200.43	Mantle cell lymphoma, intra-abdominal lymph nodes	ICD-9-CM	Diagnosis
200.44	Mantle cell lymphoma, lymph nodes of axilla and upper limb	ICD-9-CM	Diagnosis
200.45	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb	ICD-9-CM	Diagnosis
200.46	Mantle cell lymphoma, intrapelvic lymph nodes	ICD-9-CM	Diagnosis
200.47	Mantle cell lymphoma, spleen	ICD-9-CM	Diagnosis
200.48	Mantle cell lymphoma, lymph nodes of multiple sites	ICD-9-CM	Diagnosis
200.5	Primary central nervous system lymphoma	ICD-9-CM	Diagnosis
200.50	Primary central nervous system lymphoma, unspecified site, extranodal and solid organ sites	ICD-9-CM	Diagnosis
200.51	Primary central nervous system lymphoma, lymph nodes of head, face, and neck	ICD-9-CM	Diagnosis
200.52	Primary central nervous system lymphoma, intrathoracic lymph nodes	ICD-9-CM	Diagnosis
200.53	Primary central nervous system lymphoma, intra-abdominal lymph nodes	ICD-9-CM	Diagnosis
200.54	Primary central nervous system lymphoma, lymph nodes of axilla and upper limb	ICD-9-CM	Diagnosis

Appendix F. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), Current Procedural Terminology, Fourth Edition (CPT-4, Category I-III), and Healthcare Common Procedure Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Covariates and Subgroup Criteria in this Report

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

Appendix F. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), Current Procedural Terminology, Fourth Edition (CPT-4, Category I-III), and Healthcare Common Procedure Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Covariates and Subgroup Criteria in this Report

Code	Description	Code Type	Code Category
201	Hodgkin's disease	ICD-9-CM	Diagnosis
201.0	Hodgkin's paraganuloma	ICD-9-CM	Diagnosis
201.00	Hodgkin's paraganuloma, unspecified site, extranodal and solid organ sites	ICD-9-CM	Diagnosis
201.01	Hodgkin's paraganuloma of lymph nodes of head, face, and neck	ICD-9-CM	Diagnosis
201.02	Hodgkin's paraganuloma of intrathoracic lymph nodes	ICD-9-CM	Diagnosis
201.03	Hodgkin's paraganuloma of intra-abdominal lymph nodes	ICD-9-CM	Diagnosis
201.04	Hodgkin's paraganuloma of lymph nodes of axilla and upper limb	ICD-9-CM	Diagnosis
201.05	Hodgkin's paraganuloma of lymph nodes of inguinal region and lower limb	ICD-9-CM	Diagnosis
201.06	Hodgkin's paraganuloma of intrapelvic lymph nodes	ICD-9-CM	Diagnosis
201.07	Hodgkin's paraganuloma of spleen	ICD-9-CM	Diagnosis
201.08	Hodgkin's paraganuloma of lymph nodes of multiple sites	ICD-9-CM	Diagnosis
201.1	Hodgkin's granuloma	ICD-9-CM	Diagnosis
201.10	Hodgkin's granuloma, unspecified site, extranodal and solid organ sites	ICD-9-CM	Diagnosis
201.11	Hodgkin's granuloma of lymph nodes of head, face, and neck	ICD-9-CM	Diagnosis
201.12	Hodgkin's granuloma of intrathoracic lymph nodes	ICD-9-CM	Diagnosis
201.13	Hodgkin's granuloma of intra-abdominal lymph nodes	ICD-9-CM	Diagnosis
201.14	Hodgkin's granuloma of lymph nodes of axilla and upper limb	ICD-9-CM	Diagnosis
201.15	Hodgkin's granuloma of lymph nodes of inguinal region and lower limb	ICD-9-CM	Diagnosis
201.16	Hodgkin's granuloma of intrapelvic lymph nodes	ICD-9-CM	Diagnosis
201.17	Hodgkin's granuloma of spleen	ICD-9-CM	Diagnosis
201.18	Hodgkin's granuloma of lymph nodes of multiple sites	ICD-9-CM	Diagnosis
201.2	Hodgkin's sarcoma	ICD-9-CM	Diagnosis
201.20	Hodgkin's sarcoma, unspecified site, extranodal and solid organ sites	ICD-9-CM	Diagnosis
201.21	Hodgkin's sarcoma of lymph nodes of head, face, and neck	ICD-9-CM	Diagnosis
201.22	Hodgkin's sarcoma of intrathoracic lymph nodes	ICD-9-CM	Diagnosis
201.23	Hodgkin's sarcoma of intra-abdominal lymph nodes	ICD-9-CM	Diagnosis
201.24	Hodgkin's sarcoma of lymph nodes of axilla and upper limb	ICD-9-CM	Diagnosis
201.25	Hodgkin's sarcoma of lymph nodes of inguinal region and lower limb	ICD-9-CM	Diagnosis
201.26	Hodgkin's sarcoma of intrapelvic lymph nodes	ICD-9-CM	Diagnosis
201.27	Hodgkin's sarcoma of spleen	ICD-9-CM	Diagnosis
201.28	Hodgkin's sarcoma of lymph nodes of multiple sites	ICD-9-CM	Diagnosis
201.4	Hodgkin's disease, lymphocytic-histiocytic predominance	ICD-9-CM	Diagnosis
201.40	Hodgkin's disease, lymphocytic-histiocytic predominance, unspecified site, extranodal and solid organ sites	ICD-9-CM	Diagnosis
201.41	Hodgkin's disease, lymphocytic-histiocytic predominance of lymph nodes of head, face, and neck	ICD-9-CM	Diagnosis
201.42	Hodgkin's disease, lymphocytic-histiocytic predominance of intrathoracic lymph nodes	ICD-9-CM	Diagnosis
201.43	Hodgkin's disease, lymphocytic-histiocytic predominance of intra-abdominal lymph nodes	ICD-9-CM	Diagnosis
201.44	Hodgkin's disease, lymphocytic-histiocytic predominance of lymph nodes of axilla and upper limb	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
201.45	Hodgkin's disease, lymphocytic-histiocytic predominance of lymph nodes of inguinal region and lower limb	ICD-9-CM	Diagnosis
201.46	Hodgkin's disease, lymphocytic-histiocytic predominance of intrapelvic lymph nodes	ICD-9-CM	Diagnosis
201.47	Hodgkin's disease, lymphocytic-histiocytic predominance of spleen	ICD-9-CM	Diagnosis
201.48	Hodgkin's disease, lymphocytic-histiocytic predominance of lymph nodes of multiple sites	ICD-9-CM	Diagnosis
201.5	Hodgkin's disease, nodular sclerosis	ICD-9-CM	Diagnosis
201.50	Hodgkin's disease, nodular sclerosis, unspecified site, extranodal and solid organ sites	ICD-9-CM	Diagnosis
201.51	Hodgkin's disease, nodular sclerosis, of lymph nodes of head, face, and neck	ICD-9-CM	Diagnosis
201.52	Hodgkin's disease, nodular sclerosis, of intrathoracic lymph nodes	ICD-9-CM	Diagnosis
201.53	Hodgkin's disease, nodular sclerosis, of intra-abdominal lymph nodes	ICD-9-CM	Diagnosis
201.54	Hodgkin's disease, nodular sclerosis, of lymph nodes of axilla and upper limb	ICD-9-CM	Diagnosis
201.55	Hodgkin's disease, nodular sclerosis, of lymph nodes of inguinal region and lower limb	ICD-9-CM	Diagnosis
201.56	Hodgkin's disease, nodular sclerosis, of intrapelvic lymph nodes	ICD-9-CM	Diagnosis
201.57	Hodgkin's disease, nodular sclerosis, of spleen	ICD-9-CM	Diagnosis
201.58	Hodgkin's disease, nodular sclerosis, of lymph nodes of multiple sites	ICD-9-CM	Diagnosis
201.6	Hodgkin's disease, mixed cellularity	ICD-9-CM	Diagnosis
201.60	Hodgkin's disease, mixed cellularity, unspecified site, extranodal and solid organ sites	ICD-9-CM	Diagnosis
201.61	Hodgkin's disease, mixed cellularity, involving lymph nodes of head, face, and neck	ICD-9-CM	Diagnosis
201.62	Hodgkin's disease, mixed cellularity, of intrathoracic lymph nodes	ICD-9-CM	Diagnosis
201.63	Hodgkin's disease, mixed cellularity, of intra-abdominal lymph nodes	ICD-9-CM	Diagnosis
201.64	Hodgkin's disease, mixed cellularity, of lymph nodes of axilla and upper limb	ICD-9-CM	Diagnosis
201.65	Hodgkin's disease, mixed cellularity, of lymph nodes of inguinal region and lower limb	ICD-9-CM	Diagnosis
201.66	Hodgkin's disease, mixed cellularity, of intrapelvic lymph nodes	ICD-9-CM	Diagnosis
201.67	Hodgkin's disease, mixed cellularity, of spleen	ICD-9-CM	Diagnosis
201.68	Hodgkin's disease, mixed cellularity, of lymph nodes of multiple sites	ICD-9-CM	Diagnosis
201.7	Hodgkin's disease, lymphocytic depletion	ICD-9-CM	Diagnosis
201.70	Hodgkin's disease, lymphocytic depletion, unspecified site, extranodal and solid organ sites	ICD-9-CM	Diagnosis
201.71	Hodgkin's disease, lymphocytic depletion, of lymph nodes of head, face, and neck	ICD-9-CM	Diagnosis
201.72	Hodgkin's disease, lymphocytic depletion, of intrathoracic lymph nodes	ICD-9-CM	Diagnosis
201.73	Hodgkin's disease, lymphocytic depletion, of intra-abdominal lymph nodes	ICD-9-CM	Diagnosis
201.74	Hodgkin's disease, lymphocytic depletion, of lymph nodes of axilla and upper limb	ICD-9-CM	Diagnosis

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

Appendix F. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), Current Procedural Terminology, Fourth Edition (CPT-4, Category I-III), and Healthcare Common Procedure Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Covariates and Subgroup Criteria in this Report

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

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Code	Description	Code Type	Code Category
202.65	Malignant mast cell tumors of lymph nodes of inguinal region and lower limb	ICD-9-CM	Diagnosis
202.66	Malignant mast cell tumors of intrapelvic lymph nodes	ICD-9-CM	Diagnosis
202.67	Malignant mast cell tumors of spleen	ICD-9-CM	Diagnosis
202.68	Malignant mast cell tumors of lymph nodes of multiple sites	ICD-9-CM	Diagnosis
202.7	Peripheral T-cell lymphoma	ICD-9-CM	Diagnosis
202.70	Peripheral T-cell lymphoma, unspecified site, extranodal and solid organ sites	ICD-9-CM	Diagnosis
202.71	Peripheral T-cell lymphoma, lymph nodes of head, face, and neck	ICD-9-CM	Diagnosis
202.72	Peripheral T-cell lymphoma, intrathoracic lymph nodes	ICD-9-CM	Diagnosis
202.73	Peripheral T-cell lymphoma, intra-abdominal lymph nodes	ICD-9-CM	Diagnosis
202.74	Peripheral T-cell lymphoma, lymph nodes of axilla and upper limb	ICD-9-CM	Diagnosis
202.75	Peripheral T-cell lymphoma, lymph nodes of inguinal region and lower limb	ICD-9-CM	Diagnosis
202.76	Peripheral T-cell lymphoma, intrapelvic lymph nodes	ICD-9-CM	Diagnosis
202.77	Peripheral T-cell lymphoma, spleen	ICD-9-CM	Diagnosis
202.78	Peripheral T-cell lymphoma, lymph nodes of multiple sites	ICD-9-CM	Diagnosis
202.8	Other malignant lymphomas	ICD-9-CM	Diagnosis
202.80	Other malignant lymphomas, unspecified site, extranodal and solid organ sites	ICD-9-CM	Diagnosis
202.81	Other malignant lymphomas of lymph nodes of head, face, and neck	ICD-9-CM	Diagnosis
202.82	Other malignant lymphomas of intrathoracic lymph nodes	ICD-9-CM	Diagnosis
202.83	Other malignant lymphomas of intra-abdominal lymph nodes	ICD-9-CM	Diagnosis
202.84	Other malignant lymphomas of lymph nodes of axilla and upper limb	ICD-9-CM	Diagnosis
202.85	Other malignant lymphomas of lymph nodes of inguinal region and lower limb	ICD-9-CM	Diagnosis
202.86	Other malignant lymphomas of intrapelvic lymph nodes	ICD-9-CM	Diagnosis
202.87	Other malignant lymphomas of spleen	ICD-9-CM	Diagnosis
202.88	Other malignant lymphomas of lymph nodes of multiple sites	ICD-9-CM	Diagnosis
202.9	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue	ICD-9-CM	Diagnosis
202.90	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue, unspecified site, extranodal and solid organ sites	ICD-9-CM	Diagnosis
202.91	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of lymph nodes of head, face, and neck	ICD-9-CM	Diagnosis
202.92	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of intrathoracic lymph nodes	ICD-9-CM	Diagnosis
202.93	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of intra-abdominal lymph nodes	ICD-9-CM	Diagnosis
202.94	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of lymph nodes of axilla and upper limb	ICD-9-CM	Diagnosis
202.95	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of lymph nodes of inguinal region and lower limb	ICD-9-CM	Diagnosis
202.96	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of intrapelvic lymph nodes	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
202.97	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of spleen	ICD-9-CM	Diagnosis
202.98	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of lymph nodes of multiple sites	ICD-9-CM	Diagnosis
203	Multiple myeloma and immunoproliferative neoplasms	ICD-9-CM	Diagnosis
203.0	Multiple myeloma	ICD-9-CM	Diagnosis
203.00	Multiple myeloma, without mention of having achieved remission	ICD-9-CM	Diagnosis
203.01	Multiple myeloma in remission	ICD-9-CM	Diagnosis
203.02	Multiple myeloma, in relapse	ICD-9-CM	Diagnosis
203.1	Plasma cell leukemia	ICD-9-CM	Diagnosis
203.10	Plasma cell leukemia, without mention of having achieved remission	ICD-9-CM	Diagnosis
203.11	Plasma cell leukemia in remission	ICD-9-CM	Diagnosis
203.12	Plasma cell leukemia, in relapse	ICD-9-CM	Diagnosis
203.8	Other immunoproliferative neoplasms	ICD-9-CM	Diagnosis
203.80	Other immunoproliferative neoplasms, without mention of having achieved remission	ICD-9-CM	Diagnosis
203.81	Other immunoproliferative neoplasms in remission	ICD-9-CM	Diagnosis
203.82	Other immunoproliferative neoplasms, in relapse	ICD-9-CM	Diagnosis
204	Lymphoid leukemia	ICD-9-CM	Diagnosis
204.0	Acute lymphoid leukemia	ICD-9-CM	Diagnosis
204.00	Acute lymphoid leukemia, without mention of having achieved remission	ICD-9-CM	Diagnosis
204.01	Acute lymphoid leukemia in remission	ICD-9-CM	Diagnosis
204.02	Acute lymphoid leukemia, in relapse	ICD-9-CM	Diagnosis
204.1	Chronic lymphoid leukemia	ICD-9-CM	Diagnosis
204.10	Chronic lymphoid leukemia, without mention of having achieved remission	ICD-9-CM	Diagnosis
204.11	Chronic lymphoid leukemia in remission	ICD-9-CM	Diagnosis
204.12	Chronic lymphoid leukemia, in relapse	ICD-9-CM	Diagnosis
204.2	Subacute lymphoid leukemia	ICD-9-CM	Diagnosis
204.20	Subacute lymphoid leukemia, without mention of having achieved remission	ICD-9-CM	Diagnosis
204.21	Subacute lymphoid leukemia in remission	ICD-9-CM	Diagnosis
204.22	Subacute lymphoid leukemia, in relapse	ICD-9-CM	Diagnosis
204.8	Other lymphoid leukemia	ICD-9-CM	Diagnosis
204.80	Other lymphoid leukemia, without mention of having achieved remission	ICD-9-CM	Diagnosis
204.81	Other lymphoid leukemia in remission	ICD-9-CM	Diagnosis
204.82	Other lymphoid leukemia, in relapse	ICD-9-CM	Diagnosis
204.9	Unspecified lymphoid leukemia	ICD-9-CM	Diagnosis
204.90	Unspecified lymphoid leukemia, without mention of having achieved remission	ICD-9-CM	Diagnosis
204.91	Unspecified lymphoid leukemia in remission	ICD-9-CM	Diagnosis
204.92	Unspecified lymphoid leukemia, in relapse	ICD-9-CM	Diagnosis
205	Myeloid leukemia	ICD-9-CM	Diagnosis
205.0	Acute myeloid leukemia	ICD-9-CM	Diagnosis
205.00	Acute myeloid leukemia, without mention of having achieved remission	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
205.01	Acute myeloid leukemia in remission	ICD-9-CM	Diagnosis
205.02	Acute myeloid leukemia, in relapse	ICD-9-CM	Diagnosis
205.1	Chronic myeloid leukemia	ICD-9-CM	Diagnosis
205.10	Chronic myeloid leukemia, without mention of having achieved remission	ICD-9-CM	Diagnosis
205.11	Chronic myeloid leukemia in remission	ICD-9-CM	Diagnosis
205.12	Chronic myeloid leukemia, in relapse	ICD-9-CM	Diagnosis
205.2	Subacute myeloid leukemia	ICD-9-CM	Diagnosis
205.20	Subacute myeloid leukemia, without mention of having achieved remission	ICD-9-CM	Diagnosis
205.21	Subacute myeloid leukemia in remission	ICD-9-CM	Diagnosis
205.22	Subacute myeloid leukemia, in relapse	ICD-9-CM	Diagnosis
205.3	Myeloid sarcoma	ICD-9-CM	Diagnosis
205.30	Myeloid sarcoma, without mention of having achieved remission	ICD-9-CM	Diagnosis
205.31	Myeloid sarcoma in remission	ICD-9-CM	Diagnosis
205.32	Myeloid sarcoma, in relapse	ICD-9-CM	Diagnosis
205.8	Other myeloid leukemia	ICD-9-CM	Diagnosis
205.80	Other myeloid leukemia, without mention of having achieved remission	ICD-9-CM	Diagnosis
205.81	Other myeloid leukemia in remission	ICD-9-CM	Diagnosis
205.82	Other myeloid leukemia, in relapse	ICD-9-CM	Diagnosis
205.9	Unspecified myeloid leukemia	ICD-9-CM	Diagnosis
205.90	Unspecified myeloid leukemia, without mention of having achieved remission	ICD-9-CM	Diagnosis
205.91	Unspecified myeloid leukemia in remission	ICD-9-CM	Diagnosis
205.92	Unspecified myeloid leukemia, in relapse	ICD-9-CM	Diagnosis
206	Monocytic leukemia	ICD-9-CM	Diagnosis
206.0	Acute monocytic leukemia	ICD-9-CM	Diagnosis
206.00	Acute monocytic leukemia, without mention of having achieved remission	ICD-9-CM	Diagnosis
206.01	Acute monocytic leukemia in remission	ICD-9-CM	Diagnosis
206.02	Acute monocytic leukemia, in relapse	ICD-9-CM	Diagnosis
206.1	Chronic monocytic leukemia	ICD-9-CM	Diagnosis
206.10	Chronic monocytic leukemia, without mention of having achieved remission	ICD-9-CM	Diagnosis
206.11	Chronic monocytic leukemia in remission	ICD-9-CM	Diagnosis
206.12	Chronic monocytic leukemia, in relapse	ICD-9-CM	Diagnosis
206.2	Subacute monocytic leukemia	ICD-9-CM	Diagnosis
206.20	Subacute monocytic leukemia, without mention of having achieved remission	ICD-9-CM	Diagnosis
206.21	Subacute monocytic leukemia in remission	ICD-9-CM	Diagnosis
206.22	Subacute monocytic leukemia, in relapse	ICD-9-CM	Diagnosis
206.8	Other monocytic leukemia	ICD-9-CM	Diagnosis
206.80	Other monocytic leukemia, without mention of having achieved remission	ICD-9-CM	Diagnosis
206.81	Other monocytic leukemia in remission	ICD-9-CM	Diagnosis

Appendix F. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), Current Procedural Terminology, Fourth Edition (CPT-4, Category I-III), and Healthcare Common Procedure Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Covariates and Subgroup Criteria in this Report

Code	Description	Code Type	Code Category
206.82	Other monocytic leukemia, in relapse	ICD-9-CM	Diagnosis
206.9	Unspecified monocytic leukemia	ICD-9-CM	Diagnosis
206.90	Unspecified monocytic leukemia, without mention of having achieved remission	ICD-9-CM	Diagnosis
206.91	Unspecified monocytic leukemia in remission	ICD-9-CM	Diagnosis
206.92	Unspecified monocytic leukemia, in relapse	ICD-9-CM	Diagnosis
207	Other specified leukemia	ICD-9-CM	Diagnosis
207.0	Acute erythremia and erythroleukemia	ICD-9-CM	Diagnosis
207.00	Acute erythremia and erythroleukemia, without mention of having achieved remission	ICD-9-CM	Diagnosis
207.01	Acute erythremia and erythroleukemia in remission	ICD-9-CM	Diagnosis
207.02	Acute erythremia and erythroleukemia, in relapse	ICD-9-CM	Diagnosis
207.1	Chronic erythremia	ICD-9-CM	Diagnosis
207.10	Chronic erythremia, without mention of having achieved remission	ICD-9-CM	Diagnosis
207.11	Chronic erythremia in remission	ICD-9-CM	Diagnosis
207.12	Chronic erythremia, in relapse	ICD-9-CM	Diagnosis
207.2	Megakaryocytic leukemia	ICD-9-CM	Diagnosis
207.20	Megakaryocytic leukemia, without mention of having achieved remission	ICD-9-CM	Diagnosis
207.21	Megakaryocytic leukemia in remission	ICD-9-CM	Diagnosis
207.22	Megakaryocytic leukemia, in relapse	ICD-9-CM	Diagnosis
207.8	Other specified leukemia	ICD-9-CM	Diagnosis
207.80	Other specified leukemia, without mention of having achieved remission	ICD-9-CM	Diagnosis
207.81	Other specified leukemia in remission	ICD-9-CM	Diagnosis
207.82	Other specified leukemia, in relapse	ICD-9-CM	Diagnosis
208	Leukemia of unspecified cell type	ICD-9-CM	Diagnosis
208.0	Acute leukemia of unspecified cell type	ICD-9-CM	Diagnosis
208.00	Acute leukemia of unspecified cell type, without mention of having achieved remission	ICD-9-CM	Diagnosis
208.01	Acute leukemia of unspecified cell type in remission	ICD-9-CM	Diagnosis
208.02	Acute leukemia of unspecified cell type, in relapse	ICD-9-CM	Diagnosis
208.1	Chronic leukemia of unspecified cell type	ICD-9-CM	Diagnosis
208.10	Chronic leukemia of unspecified cell type, without mention of having achieved remission	ICD-9-CM	Diagnosis
208.11	Chronic leukemia of unspecified cell type in remission	ICD-9-CM	Diagnosis
208.12	Chronic leukemia of unspecified cell type, in relapse	ICD-9-CM	Diagnosis
208.2	Subacute leukemia of unspecified cell type	ICD-9-CM	Diagnosis
208.20	Subacute leukemia of unspecified cell type, without mention of having achieved remission	ICD-9-CM	Diagnosis
208.21	Subacute leukemia of unspecified cell type in remission	ICD-9-CM	Diagnosis
208.22	Subacute leukemia of unspecified cell type, in relapse	ICD-9-CM	Diagnosis
208.8	Other leukemia of unspecified cell type	ICD-9-CM	Diagnosis
208.80	Other leukemia of unspecified cell type, without mention of having achieved remission	ICD-9-CM	Diagnosis
208.81	Other leukemia of unspecified cell type in remission	ICD-9-CM	Diagnosis
208.82	Other leukemia of unspecified cell type, in relapse	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
208.9	Unspecified leukemia	ICD-9-CM	Diagnosis
208.90	Unspecified leukemia, without mention of having achieved remission	ICD-9-CM	Diagnosis
208.91	Unspecified leukemia in remission	ICD-9-CM	Diagnosis
208.92	Unspecified leukemia, in relapse	ICD-9-CM	Diagnosis
209	Neuroendocrine tumors	ICD-9-CM	Diagnosis
209.0	Malignant carcinoid tumors of the small intestine	ICD-9-CM	Diagnosis
209.00	Malignant carcinoid tumor of the small intestine, unspecified portion	ICD-9-CM	Diagnosis
209.01	Malignant carcinoid tumor of the duodenum	ICD-9-CM	Diagnosis
209.02	Malignant carcinoid tumor of the jejunum	ICD-9-CM	Diagnosis
209.03	Malignant carcinoid tumor of the ileum	ICD-9-CM	Diagnosis
209.1	Malignant carcinoid tumors of the appendix, large intestine, and rectum	ICD-9-CM	Diagnosis
209.10	Malignant carcinoid tumor of the large intestine, unspecified portion	ICD-9-CM	Diagnosis
209.11	Malignant carcinoid tumor of the appendix	ICD-9-CM	Diagnosis
209.12	Malignant carcinoid tumor of the cecum	ICD-9-CM	Diagnosis
209.13	Malignant carcinoid tumor of the ascending colon	ICD-9-CM	Diagnosis
209.14	Malignant carcinoid tumor of the transverse colon	ICD-9-CM	Diagnosis
209.15	Malignant carcinoid tumor of the descending colon	ICD-9-CM	Diagnosis
209.16	Malignant carcinoid tumor of the sigmoid colon	ICD-9-CM	Diagnosis
209.17	Malignant carcinoid tumor of the rectum	ICD-9-CM	Diagnosis
209.2	Malignant carcinoid tumors of other and unspecified sites	ICD-9-CM	Diagnosis
209.20	Malignant carcinoid tumor of unknown primary site	ICD-9-CM	Diagnosis
209.21	Malignant carcinoid tumor of the bronchus and lung	ICD-9-CM	Diagnosis
209.22	Malignant carcinoid tumor of the thymus	ICD-9-CM	Diagnosis
209.23	Malignant carcinoid tumor of the stomach	ICD-9-CM	Diagnosis
209.24	Malignant carcinoid tumor of the kidney	ICD-9-CM	Diagnosis
209.25	Malignant carcinoid tumor of foregut, not otherwise specified	ICD-9-CM	Diagnosis
209.26	Malignant carcinoid tumor of midgut, not otherwise specified	ICD-9-CM	Diagnosis
209.27	Malignant carcinoid tumor of hindgut, not otherwise specified	ICD-9-CM	Diagnosis
209.29	Malignant carcinoid tumor of other sites	ICD-9-CM	Diagnosis
209.3	Malignant poorly differentiated neuroendocrine tumors	ICD-9-CM	Diagnosis
209.30	Malignant poorly differentiated neuroendocrine carcinoma, any site	ICD-9-CM	Diagnosis
209.31	Merkel cell carcinoma of the face	ICD-9-CM	Diagnosis
209.32	Merkel cell carcinoma of the scalp and neck	ICD-9-CM	Diagnosis
209.33	Merkel cell carcinoma of the upper limb	ICD-9-CM	Diagnosis
209.34	Merkel cell carcinoma of the lower limb	ICD-9-CM	Diagnosis
209.35	Merkel cell carcinoma of the trunk	ICD-9-CM	Diagnosis
209.36	Merkel cell carcinoma of other sites	ICD-9-CM	Diagnosis
209.7	Secondary neuroendocrine tumors	ICD-9-CM	Diagnosis
209.70	Secondary neuroendocrine tumor, unspecified site	ICD-9-CM	Diagnosis
209.71	Secondary neuroendocrine tumor of distant lymph nodes	ICD-9-CM	Diagnosis
209.72	Secondary neuroendocrine tumor of liver	ICD-9-CM	Diagnosis
209.73	Secondary neuroendocrine tumor of bone	ICD-9-CM	Diagnosis
209.74	Secondary neuroendocrine tumor of peritoneum	ICD-9-CM	Diagnosis
209.75	Secondary Merkel cell carcinoma	ICD-9-CM	Diagnosis
209.79	Secondary neuroendocrine tumor of other sites	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
Chronic Kidney Disease (Excluding End Stage Renal Disease)			
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
G0420	Face-to-face educational services related to the care of chronic kidney disease; individual, per session, per one hour	HCPCS	Procedure
G0421	Face-to-face educational services related to the care of chronic kidney disease; group, per session, per one hour	HCPCS	Procedure
G8487	I intend to report the chronic kidney disease (CKD) measures group	HCPCS	Procedure
G8771	Documentation of diagnosis of chronic kidney disease	HCPCS	Procedure
Chronic Obstructive Pulmonary Disease			
491	Chronic bronchitis	ICD-9-CM	Diagnosis
491.0	Simple chronic bronchitis	ICD-9-CM	Diagnosis
491.1	Mucopurulent chronic bronchitis	ICD-9-CM	Diagnosis
491.2	Obstructive chronic bronchitis	ICD-9-CM	Diagnosis
491.20	Obstructive chronic bronchitis, without exacerbation	ICD-9-CM	Diagnosis
491.21	Obstructive chronic bronchitis, with (acute) exacerbation	ICD-9-CM	Diagnosis
491.22	Obstructive chronic bronchitis with acute bronchitis	ICD-9-CM	Diagnosis
491.8	Other chronic bronchitis	ICD-9-CM	Diagnosis
491.9	Unspecified chronic bronchitis	ICD-9-CM	Diagnosis
492	Emphysema	ICD-9-CM	Diagnosis
492.0	Emphysematous bleb	ICD-9-CM	Diagnosis
492.8	Other emphysema	ICD-9-CM	Diagnosis
496	Chronic airway obstruction, not elsewhere classified	ICD-9-CM	Diagnosis
Dementia			
290.0	Senile dementia, uncomplicated	ICD-9-CM	Diagnosis
290.1	Presenile dementia	ICD-9-CM	Diagnosis
290.10	Presenile dementia, uncomplicated	ICD-9-CM	Diagnosis
290.11	Presenile dementia with delirium	ICD-9-CM	Diagnosis
290.12	Presenile dementia with delusional features	ICD-9-CM	Diagnosis
290.13	Presenile dementia with depressive features	ICD-9-CM	Diagnosis
290.2	Senile dementia with delusional or depressive features	ICD-9-CM	Diagnosis
290.20	Senile dementia with delusional features	ICD-9-CM	Diagnosis
290.21	Senile dementia with depressive features	ICD-9-CM	Diagnosis
290.3	Senile dementia with delirium	ICD-9-CM	Diagnosis
290.4	Vascular dementia	ICD-9-CM	Diagnosis
290.40	Vascular dementia, uncomplicated	ICD-9-CM	Diagnosis
290.41	Vascular dementia, with delirium	ICD-9-CM	Diagnosis
290.42	Vascular dementia, with delusions	ICD-9-CM	Diagnosis
290.43	Vascular dementia, with depressed mood	ICD-9-CM	Diagnosis
291.2	Alcohol-induced persisting dementia	ICD-9-CM	Diagnosis
292.82	Drug-induced persisting dementia	ICD-9-CM	Diagnosis
294.0	Amnestic disorder in conditions classified elsewhere	ICD-9-CM	Diagnosis
294.1	Dementia in conditions classified elsewhere	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
294.10	Dementia in conditions classified elsewhere without behavioral disturbance	ICD-9-CM	Diagnosis
294.11	Dementia in conditions classified elsewhere with behavioral disturbance	ICD-9-CM	Diagnosis
294.8	Other persistent mental disorders due to conditions classified elsewhere	ICD-9-CM	Diagnosis
331.0	Alzheimer's disease	ICD-9-CM	Diagnosis
331.1	Frontotemporal dementia	ICD-9-CM	Diagnosis
331.11	Pick's disease	ICD-9-CM	Diagnosis
331.19	Other frontotemporal dementia	ICD-9-CM	Diagnosis
331.2	Senile degeneration of brain	ICD-9-CM	Diagnosis
331.7	Cerebral degeneration in diseases classified elsewhere	ICD-9-CM	Diagnosis
331.8	Other cerebral degeneration	ICD-9-CM	Diagnosis
331.81	Reye's syndrome	ICD-9-CM	Diagnosis
331.82	Dementia with Lewy bodies	ICD-9-CM	Diagnosis
331.83	Mild cognitive impairment, so stated	ICD-9-CM	Diagnosis
331.89	Other cerebral degeneration	ICD-9-CM	Diagnosis
331.9	Unspecified cerebral degeneration	ICD-9-CM	Diagnosis
797	Senility without mention of psychosis	ICD-9-CM	Diagnosis
Depression			
296.2	Major depressive disorder, single episode	ICD-9-CM	Diagnosis
296.20	Major depressive disorder, single episode, unspecified	ICD-9-CM	Diagnosis
296.21	Major depressive disorder, single episode, mild	ICD-9-CM	Diagnosis
296.22	Major depressive disorder, single episode, moderate	ICD-9-CM	Diagnosis
296.23	Major depressive disorder, single episode, severe, without mention of psychotic behavior	ICD-9-CM	Diagnosis
296.24	Major depressive disorder, single episode, severe, specified as with psychotic behavior	ICD-9-CM	Diagnosis
296.25	Major depressive disorder, single episode, in partial or unspecified remission	ICD-9-CM	Diagnosis
296.26	Major depressive disorder, single episode in full remission	ICD-9-CM	Diagnosis
296.3	Major depressive disorder, recurrent episode	ICD-9-CM	Diagnosis
296.30	Major depressive disorder, recurrent episode, unspecified	ICD-9-CM	Diagnosis
296.31	Major depressive disorder, recurrent episode, mild	ICD-9-CM	Diagnosis
296.32	Major depressive disorder, recurrent episode, moderate	ICD-9-CM	Diagnosis
296.33	Major depressive disorder, recurrent episode, severe, without mention of psychotic behavior	ICD-9-CM	Diagnosis
296.34	Major depressive disorder, recurrent episode, severe, specified as with psychotic behavior	ICD-9-CM	Diagnosis
296.35	Major depressive disorder, recurrent episode, in partial or unspecified remission	ICD-9-CM	Diagnosis
296.36	Major depressive disorder, recurrent episode, in full remission	ICD-9-CM	Diagnosis
300.4	Dysthymic disorder	ICD-9-CM	Diagnosis
311	Depressive disorder, not elsewhere classified	ICD-9-CM	Diagnosis
End Stage Renal Disease			
36145	Introduction of needle or intracatheter; arteriovenous shunt created for dialysis (cannula, fistula, or graft)	CPT-4	Procedure

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Code	Description	Code Type	Code Category
36800	Insertion of cannula for hemodialysis, other purpose (separate procedure); vein to vein	CPT-4	Procedure
36810	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external (Scribner type)	CPT-4	Procedure
36815	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external revision, or closure	CPT-4	Procedure
36825	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft	CPT-4	Procedure
36830	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)	CPT-4	Procedure
36831	Thrombectomy, open, arteriovenous fistula without revision, autogenous or nonautogenous dialysis graft (separate procedure)	CPT-4	Procedure
36832	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	CPT-4	Procedure
36833	Revision, open, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	CPT-4	Procedure
38.95	Venous catheterization for renal dialysis	ICD-9-CM	Procedure
39.27	Arteriovenostomy for renal dialysis	ICD-9-CM	Procedure
39.42	Revision of arteriovenous shunt for renal dialysis	ICD-9-CM	Procedure
39.43	Removal of arteriovenous shunt for renal dialysis	ICD-9-CM	Procedure
39.53	Repair of arteriovenous fistula	ICD-9-CM	Procedure
39.93	Insertion of vessel-to-vessel cannula	ICD-9-CM	Procedure
39.94	Replacement of vessel-to-vessel cannula	ICD-9-CM	Procedure
39.95	Hemodialysis	ICD-9-CM	Procedure
458.21	Hypotension of hemodialysis	ICD-9-CM	Diagnosis
50323	Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	CPT-4	Procedure
50325	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	CPT-4	Procedure
50327	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each	CPT-4	Procedure
50328	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each	CPT-4	Procedure
50329	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each	CPT-4	Procedure
50340	Recipient nephrectomy (separate procedure)	CPT-4	Procedure
50341	Recipient Nephrectomy (separate Procedure)	CPT-4	Procedure
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	CPT-4	Procedure

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Code	Description	Code Type	Code Category
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	CPT-4	Procedure
50366	Renal Homotransplantation, Implantation Of Graft	CPT-4	Procedure
54.98	Peritoneal dialysis	ICD-9-CM	Procedure
55.6	Transplant of kidney	ICD-9-CM	Procedure
55.61	Renal autotransplantation	ICD-9-CM	Procedure
55.69	Other kidney transplantation	ICD-9-CM	Procedure
585.5	Chronic kidney disease, Stage V	ICD-9-CM	Diagnosis
585.6	End stage renal disease	ICD-9-CM	Diagnosis
90918	End-stage renal disease (ESRD) related services per full month; for patients younger than two years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	CPT-4	Procedure
90919	End-stage renal disease (ESRD) related services per full month; for patients between two and eleven years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	CPT-4	Procedure
90920	End-stage renal disease (ESRD) related services per full month; for patients between twelve and nineteen years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	CPT-4	Procedure
90921	End-stage renal disease (ESRD) related services per full month; for patients twenty years of age and older	CPT-4	Procedure
90922	End-stage renal disease (ESRD) related services (less than full month), per day; for patients younger than two years of age	CPT-4	Procedure
90923	End-stage renal disease (ESRD) related services (less than full month), per day; for patients between two and eleven years of age	CPT-4	Procedure
90924	End-stage renal disease (ESRD) related services (less than full month), per day; for patients between twelve and nineteen years of age	CPT-4	Procedure
90925	End-stage renal disease (ESRD) related services (less than full month), per day; for patients twenty years of age and older	CPT-4	Procedure
90935	Hemodialysis procedure with single evaluation by a physician or other qualified health care professional	CPT-4	Procedure
90937	Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription	CPT-4	Procedure
90939	Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator dilution method, hook-up; transcutaneous measurement and disconnection	CPT-4	Procedure
90940	Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator method	CPT-4	Procedure
90941	Hemodialysis, For Acute Renal Failure And Or Intoxication,	CPT-4	Procedure
90942	Hemodialysis, For Acute Renal Failure And Or Intoxication,	CPT-4	Procedure
90943	Hemodialysis, For Acute Renal Failure And Or Intoxication,	CPT-4	Procedure
90944	Hemodialysis, For Acute Renal Failure And Or Intoxication,	CPT-4	Procedure

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Code	Description	Code Type	Code Category
90945	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional	CPT-4	Procedure
90947	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription	CPT-4	Procedure
90951	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	CPT-4	Procedure
90952	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	CPT-4	Procedure
90953	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month	CPT-4	Procedure
90954	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	CPT-4	Procedure
90955	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	CPT-4	Procedure
90956	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month	CPT-4	Procedure
90957	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	CPT-4	Procedure

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Code	Description	Code Type	Code Category
90958	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	CPT-4	Procedure
90959	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month	CPT-4	Procedure
90960	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	CPT-4	Procedure
90961	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	CPT-4	Procedure
90962	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month	CPT-4	Procedure
90963	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	CPT-4	Procedure
90964	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	CPT-4	Procedure
90965	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	CPT-4	Procedure
90966	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older	CPT-4	Procedure
90967	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age	CPT-4	Procedure
90968	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 2-11 years of age	CPT-4	Procedure
90969	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 12-19 years of age	CPT-4	Procedure
90970	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older	CPT-4	Procedure
90976	Peritoneal Dialysis For End-stage Renal Disease (esrd),	CPT-4	Procedure
90977	Peritoneal Dialysis For End-stage Renal Disease (esrd),	CPT-4	Procedure
90978	Peritoneal Dialysis For End-stage Renal Disease (esrd),	CPT-4	Procedure
90979	Peritoneal Dialysis For End-stage Renal Disease (esrd),	CPT-4	Procedure

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Code	Description	Code Type	Code Category
90982	Peritoneal Dialysis For End-stage Renal Disease (esrd),	CPT-4	Procedure
90983	Peritoneal Dialysis For End-stage Renal Disease (esrd),	CPT-4	Procedure
90984	Peritoneal Dialysis For End-stage Renal Disease (esrd),	CPT-4	Procedure
90985	Peritoneal Dialysis For End-stage Renal Disease (esrd),	CPT-4	Procedure
90989	Dialysis training, patient, including helper where applicable, any mode, completed course	CPT-4	Procedure
90993	Dialysis training, patient, including helper where applicable, any mode, course not completed, per training session	CPT-4	Procedure
90995	End Stage Renal Disease (esrd) Related Services, Per Full Month	CPT-4	Procedure
90996	Continuous Arteriovenous Hemofiltration (cavh) (per Day)	CPT-4	Procedure
90997	Hemoperfusion (eg, with activated charcoal or resin)	CPT-4	Procedure
90998	End Stage Renal Disease (esrd) Related Services (less Than Full Month), Per Day	CPT-4	Procedure
90999	Unlisted dialysis procedure, inpatient or outpatient	CPT-4	Procedure
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	CPT-4	Procedure
99512	Home visit for hemodialysis	CPT-4	Procedure
996.56	Mechanical complications due to peritoneal dialysis catheter	ICD-9-CM	Diagnosis
996.68	Infection and inflammatory reaction due to peritoneal dialysis catheter	ICD-9-CM	Diagnosis
996.73	Other complications due to renal dialysis device, implant, and graft	ICD-9-CM	Diagnosis
A4653	Peritoneal dialysis catheter anchoring device, belt, each	HCPCS	Procedure
A4656	Needle, any size, each	HCPCS	Procedure
A4657	Syringe, with or without needle, each	HCPCS	Procedure
A4670	Automatic blood pressure monitor	HCPCS	Procedure
A4671	Disposable cyclor set used with cyclor dialysis machine, each	HCPCS	Procedure
A4672	Drainage extension line, sterile, for dialysis, each	HCPCS	Procedure
A4673	Extension line with easy lock connectors, used with dialysis	HCPCS	Procedure
A4674	Chemicals/antiseptics solution used to clean/sterilize dialysis equipment, per 8 oz	HCPCS	Procedure
A4680	Activated carbon filter for hemodialysis, each	HCPCS	Procedure
A4706	Bicarbonate concentrate, solution, for hemodialysis, per gallon	HCPCS	Procedure
A4707	Bicarbonate concentrate, powder, for hemodialysis, per packet	HCPCS	Procedure
A4708	Acetate concentrate solution, for hemodialysis, per gallon	HCPCS	Procedure
A4709	Acid concentrate, solution, for hemodialysis, per gallon	HCPCS	Procedure
A4712	Water, sterile, for injection, per 10 ml	HCPCS	Procedure
A4714	Treated water (deionized, distilled, or reverse osmosis) for peritoneal dialysis, per gallon	HCPCS	Procedure
A4719	"Y set" tubing for peritoneal dialysis	HCPCS	Procedure
A4720	Dialysate solution, any concentration of dextrose, fluid volume greater than 249 cc, but less than or equal to 999 cc, for peritoneal dialysis	HCPCS	Procedure
A4721	Dialysate solution, any concentration of dextrose, fluid volume greater than 999 cc but less than or equal to 1999 cc, for peritoneal dialysis	HCPCS	Procedure
A4722	Dialysate solution, any concentration of dextrose, fluid volume greater than 1999 cc but less than or equal to 2999 cc, for peritoneal dialysis	HCPCS	Procedure

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Code	Description	Code Type	Code Category
A4723	Dialysate solution, any concentration of dextrose, fluid volume greater than 2999 cc but less than or equal to 3999 cc, for peritoneal dialysis	HCPCS	Procedure
A4724	Dialysate solution, any concentration of dextrose, fluid volume greater than 3999 cc but less than or equal to 4999 cc, for peritoneal dialysis	HCPCS	Procedure
A4725	Dialysate solution, any concentration of dextrose, fluid volume greater than 4999 cc but less than or equal to 5999 cc, for peritoneal dialysis	HCPCS	Procedure
A4726	Dialysate solution, any concentration of dextrose, fluid volume greater than 5999 cc, for peritoneal dialysis	HCPCS	Procedure
A4728	Dialysate solution, nondextrose containing, 500 ml	HCPCS	Procedure
A4730	Fistula cannulation set for hemodialysis, each	HCPCS	Procedure
A4736	Topical anesthetic, for dialysis, per g	HCPCS	Procedure
A4737	Injectable anesthetic, for dialysis, per 10 ml	HCPCS	Procedure
A4740	Shunt accessory, for hemodialysis, any type, each	HCPCS	Procedure
A4750	Blood tubing, arterial or venous, for hemodialysis, each	HCPCS	Procedure
A4755	Blood tubing, arterial and venous combined, for hemodialysis, each	HCPCS	Procedure
A4760	Dialysate solution test kit, for peritoneal dialysis, any type, each	HCPCS	Procedure
A4765	Dialysate concentrate, powder, additive for peritoneal dialysis, per packet	HCPCS	Procedure
A4766	Dialysate concentrate, solution, additive for peritoneal dialysis, per 10 ml	HCPCS	Procedure
A4770	Blood collection tube, vacuum, for dialysis, per 50	HCPCS	Procedure
A4771	Serum clotting time tube, for dialysis, per 50	HCPCS	Procedure
A4773	Occult blood test strips, for dialysis, per 50	HCPCS	Procedure
A4774	Ammonia test strips, for dialysis, per 50	HCPCS	Procedure
A4802	Protamine sulfate, for hemodialysis, per 50 mg	HCPCS	Procedure
A4860	Disposable catheter tips for peritoneal dialysis, per 10	HCPCS	Procedure
A4870	Plumbing and/or electrical work for home hemodialysis equipment	HCPCS	Procedure
A4890	Contracts, repair and maintenance, for hemodialysis equipment	HCPCS	Procedure
A4911	Drain bag/bottle, for dialysis, each	HCPCS	Procedure
A4913	Miscellaneous dialysis supplies, not otherwise specified	HCPCS	Procedure
A4918	Venous pressure clamp, for hemodialysis, each	HCPCS	Procedure
A4928	Surgical mask, per 20	HCPCS	Procedure
A4929	Tourniquet for dialysis, each	HCPCS	Procedure
C1881	Dialysis access system (implantable)	HCPCS	Procedure
E1500	Centrifuge, for dialysis	HCPCS	Procedure
E1520	Heparin infusion pump for hemodialysis	HCPCS	Procedure
E1530	Air bubble detector for hemodialysis, each, replacement	HCPCS	Procedure
E1540	Pressure alarm for hemodialysis, each, replacement	HCPCS	Procedure
E1550	Bath conductivity meter for hemodialysis, each	HCPCS	Procedure
E1560	Blood leak detector for hemodialysis, each, replacement	HCPCS	Procedure
E1570	Adjustable chair, for ESRD patients	HCPCS	Procedure
E1575	Transducer protectors/fluid barriers, for hemodialysis, any size, per 10	HCPCS	Procedure
E1580	Unipuncture control system for hemodialysis	HCPCS	Procedure
E1600	Delivery and/or installation charges for hemodialysis equipment	HCPCS	Procedure
E1610	Reverse osmosis water purification system, for hemodialysis	HCPCS	Procedure
E1615	Deionizer water purification system, for hemodialysis	HCPCS	Procedure
E1620	Blood pump for hemodialysis, replacement	HCPCS	Procedure

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Code	Description	Code Type	Code Category
E1625	Water softening system, for hemodialysis	HCPCS	Procedure
E1634	Peritoneal dialysis clamps, each	HCPCS	Procedure
E1635	Compact (portable) travel hemodialyzer system	HCPCS	Procedure
E1636	Sorbent cartridges, for hemodialysis, per 10	HCPCS	Procedure
E1637	Hemostats, each	HCPCS	Procedure
E1638	Heating pad, for peritoneal dialysis, any size, each	HCPCS	Procedure
E1639	Scale, each	HCPCS	Procedure
E1699	Dialysis equipment, not otherwise specified	HCPCS	Procedure
G0257	Unscheduled or emergency dialysis treatment for an ESRD patient in a hospital outpatient department that is not certified as an ESRD facility	HCPCS	Procedure
G0308	ESRD related services during the course of treatment, for patients under 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician visits per month.	HCPCS	Procedure
G0309	ESRD related services during the course of treatment, for patients under 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2 or 3 face-to-face physician visits per month.	HCPCS	Procedure
G0310	ESRD related services during the course of treatment, for patients under 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face physician visit per month	HCPCS	Procedure
G0311	ESRD related services during the course of treatment, for patients between 2 and 11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician visits per month	HCPCS	Procedure
G0312	ESRD related services during the course of treatment, for patients between 2 and 11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2 or 3 face-to-face physician visits per month	HCPCS	Procedure
G0313	ESRD related services during the course of treatment, for patients between 2 and 11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face physician visit per month	HCPCS	Procedure
G0314	ESRD related services during the course of treatment, for patients between 12 and 19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician visits per month	HCPCS	Procedure
G0315	End Stage Renal disease (ESRD) related services during the course of treatment, for patients between 12 and 19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with two or three face-to-face physician visits per month	HCPCS	Procedure

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Code	Description	Code Type	Code Category
G0316	End Stage Renal disease (ESRD) related services during the course of treatment, for patients between 12 and 19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with one face-to-face physician visit per month	HCPCS	Procedure
G0317	End Stage Renal disease (ESRD) related services during the course of treatment, for patients 20 years of age and over; with four or more face-to-face physician visits per month	HCPCS	Procedure
G0318	ESRD related services during the course of treatment, for patients 20 years of age and over; with 2 or 3 face-to-face physician visits per month	HCPCS	Procedure
G0319	End Stage Renal disease (ESRD) related services during the course of treatment, for patients 20 years of age and over; with one face-to-face physician visit per month	HCPCS	Procedure
G0320	ESRD related services for home dialysis patients per full month; for patients under 2 years of age to include monitoring for adequacy of nutrition, assessment of growth and development, and counseling of parents	HCPCS	Procedure
G0321	ESRD related services for home dialysis patients per full month; for patients 2 to 11 years of age to include monitoring for adequacy of nutrition, assessment of growth and development, and counseling of parents	HCPCS	Procedure
G0322	End Stage Renal disease (ESRD) related services for home dialysis patients per full month; for patients 12 to 19 years of age to include monitoring for adequacy of nutrition, assessment of growth and development, and counseling of parents	HCPCS	Procedure
G0323	End Stage Renal disease (ESRD) related services for home dialysis patients per full month; for patients 20 years of age and older	HCPCS	Procedure
G0324	ESRD related services for home dialysis (less than full month), per day; for patients under 2 years of age	HCPCS	Procedure
G0325	ESRD related services for home dialysis (less than full month), per day; for patients between 2 and 11 years of age	HCPCS	Procedure
G0326	ESRD related services for home dialysis (less than full month), per day; for patients between twelve and nineteen years of age	HCPCS	Procedure
G0327	ESRD related services for home dialysis (less than full month), per day; for patients twenty years of age and over	HCPCS	Procedure
G8727	Patient receiving hemodialysis, peritoneal dialysis or kidney transplantation	HCPCS	Procedure
G9013	ESRD demo basic bundle Level I	HCPCS	Procedure
G9014	ESRD demo expanded bundle including venous access and related services	HCPCS	Procedure
J0635	Injection, calcitriol, 1 mcg amp.	HCPCS	Procedure
J0636	Injection, calcitriol, 0.1 mcg	HCPCS	Procedure
S2065	Simultaneous pancreas kidney transplantation	HCPCS	Procedure

Appendix F. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), Current Procedural Terminology, Fourth Edition (CPT-4, Category I-III), and Healthcare Common Procedure Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Covariates and Subgroup Criteria in this Report

Code	Description	Code Type	Code Category
S9335	Home therapy, hemodialysis; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately), per diem	HCPCS	Procedure
S9339	Home therapy; peritoneal dialysis, administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HCPCS	Procedure
V42.0	Kidney replaced by transplant	ICD-9-CM	Diagnosis
V45.1	Renal dialysis status	ICD-9-CM	Diagnosis
V45.11	Renal dialysis status	ICD-9-CM	Diagnosis
V45.12	Noncompliance with renal dialysis	ICD-9-CM	Diagnosis
V56	Encounter for dialysis and dialysis catheter care	ICD-9-CM	Diagnosis
V56.0	Encounter for extracorporeal dialysis	ICD-9-CM	Diagnosis
V56.1	Fitting and adjustment of extracorporeal dialysis catheter	ICD-9-CM	Diagnosis
V56.2	Fitting and adjustment of peritoneal dialysis catheter	ICD-9-CM	Diagnosis
V56.3	Encounter for adequacy testing for dialysis	ICD-9-CM	Diagnosis
V56.31	Encounter for adequacy testing for hemodialysis	ICD-9-CM	Diagnosis
V56.32	Encounter for adequacy testing for peritoneal dialysis	ICD-9-CM	Diagnosis
V56.8	Encounter other dialysis	ICD-9-CM	Diagnosis
Fracture			
733.1	Pathologic fracture	ICD-9-CM	Diagnosis
733.10	Pathologic fracture, unspecified site	ICD-9-CM	Diagnosis
733.11	Pathologic fracture of humerus	ICD-9-CM	Diagnosis
733.12	Pathologic fracture of distal radius and ulna	ICD-9-CM	Diagnosis
733.13	Pathologic fracture of vertebrae	ICD-9-CM	Diagnosis
733.14	Pathologic fracture of neck of femur	ICD-9-CM	Diagnosis
733.15	Pathologic fracture of other specified part of femur	ICD-9-CM	Diagnosis
733.16	Pathologic fracture of tibia and fibula	ICD-9-CM	Diagnosis
733.19	Pathologic fracture of other specified site	ICD-9-CM	Diagnosis
733.93	Stress fracture of tibia or fibula	ICD-9-CM	Diagnosis
733.94	Stress fracture of the metatarsals	ICD-9-CM	Diagnosis
733.95	Stress fracture of other bone	ICD-9-CM	Diagnosis
733.96	Stress fracture of femoral neck	ICD-9-CM	Diagnosis
733.97	Stress fracture of shaft of femur	ICD-9-CM	Diagnosis
733.98	Stress fracture of pelvis	ICD-9-CM	Diagnosis
79.01	Closed reduction of fracture of humerus without internal fixation	ICD-9-CM	Procedure
79.02	Closed reduction of fracture of radius and ulna without internal fixation	ICD-9-CM	Procedure
79.03	Closed reduction of fracture of carpals and metacarpals without internal fixation	ICD-9-CM	Procedure
79.05	Closed reduction of fracture of femur without internal fixation	ICD-9-CM	Procedure
79.06	Closed reduction of fracture of tibia and fibula without internal fixation	ICD-9-CM	Procedure
79.07	Closed reduction of fracture of tarsals and metatarsals without internal fixation	ICD-9-CM	Procedure
79.11	Closed reduction of fracture of humerus with internal fixation	ICD-9-CM	Procedure
79.12	Closed reduction of fracture of radius and ulna with internal fixation	ICD-9-CM	Procedure

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Code	Description	Code Type	Code Category
79.13	Closed reduction of fracture of carpals and metacarpals with internal fixation	ICD-9-CM	Procedure
79.15	Closed reduction of fracture of femur with internal fixation	ICD-9-CM	Procedure
79.16	Closed reduction of fracture of tibia and fibula with internal fixation	ICD-9-CM	Procedure
79.17	Closed reduction of fracture of tarsals and metatarsals with internal fixation	ICD-9-CM	Procedure
79.21	Open reduction of fracture of humerus without internal fixation	ICD-9-CM	Procedure
79.22	Open reduction of fracture of radius and ulna without internal fixation	ICD-9-CM	Procedure
79.23	Open reduction of fracture of carpals and metacarpals without internal fixation	ICD-9-CM	Procedure
79.25	Open reduction of fracture of femur without internal fixation	ICD-9-CM	Procedure
79.26	Open reduction of fracture of tibia and fibula without internal fixation	ICD-9-CM	Procedure
79.27	Open reduction of fracture of tarsals and metatarsals without internal fixation	ICD-9-CM	Procedure
79.31	Open reduction of fracture of humerus with internal fixation	ICD-9-CM	Procedure
79.32	Open reduction of fracture of radius and ulna with internal fixation	ICD-9-CM	Procedure
79.33	Open reduction of fracture of carpals and metacarpals with internal fixation	ICD-9-CM	Procedure
79.35	Open reduction of fracture of femur with internal fixation	ICD-9-CM	Procedure
79.36	Open reduction of fracture of tibia and fibula with internal fixation	ICD-9-CM	Procedure
79.37	Open reduction of fracture of tarsals and metatarsals with internal fixation	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
79.65	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
805	Fracture of vertebral column without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.0	Closed fracture of cervical vertebra without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.00	Closed fracture of cervical vertebra, unspecified level without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.01	Closed fracture of first cervical vertebra without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.02	Closed fracture of second cervical vertebra without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.03	Closed fracture of third cervical vertebra without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.04	Closed fracture of fourth cervical vertebra without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.05	Closed fracture of fifth cervical vertebra without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.06	Closed fracture of sixth cervical vertebra without mention of spinal cord injury	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
805.07	Closed fracture of seventh cervical vertebra without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.08	Closed fracture of multiple cervical vertebrae without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.1	Open fracture of cervical vertebra without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.10	Open fracture of cervical vertebra, unspecified level without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.11	Open fracture of first cervical vertebra without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.12	Open fracture of second cervical vertebra without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.13	Open fracture of third cervical vertebra without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.14	Open fracture of fourth cervical vertebra without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.15	Open fracture of fifth cervical vertebra without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.16	Open fracture of sixth cervical vertebra without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.17	Open fracture of seventh cervical vertebra without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.18	Open fracture of multiple cervical vertebrae without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.2	Closed fracture of dorsal (thoracic) vertebra without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.3	Open fracture of dorsal (thoracic) vertebra without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.4	Closed fracture of lumbar vertebra without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.5	Open fracture of lumbar vertebra without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.6	Closed fracture of sacrum and coccyx without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.7	Open fracture of sacrum and coccyx without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.8	Closed fracture of unspecified part of vertebral column without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.9	Open fracture of unspecified part of vertebral column without mention of spinal cord injury	ICD-9-CM	Diagnosis
806	Fracture of vertebral column with spinal cord injury	ICD-9-CM	Diagnosis
806.0	Closed fracture of cervical vertebra with spinal cord injury	ICD-9-CM	Diagnosis
806.00	Closed fracture of C1-C4 level with unspecified spinal cord injury	ICD-9-CM	Diagnosis
806.01	Closed fracture of C1-C4 level with complete lesion of cord	ICD-9-CM	Diagnosis
806.02	Closed fracture of C1-C4 level with anterior cord syndrome	ICD-9-CM	Diagnosis
806.03	Closed fracture of C1-C4 level with central cord syndrome	ICD-9-CM	Diagnosis
806.04	Closed fracture of C1-C4 level with other specified spinal cord injury	ICD-9-CM	Diagnosis
806.05	Closed fracture of C5-C7 level with unspecified spinal cord injury	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
806.06	Closed fracture of C5-C7 level with complete lesion of cord	ICD-9-CM	Diagnosis
806.07	Closed fracture of C5-C7 level with anterior cord syndrome	ICD-9-CM	Diagnosis
806.08	Closed fracture of C5-C7 level with central cord syndrome	ICD-9-CM	Diagnosis
806.09	Closed fracture of C5-C7 level with other specified spinal cord injury	ICD-9-CM	Diagnosis
806.1	Open fracture of cervical vertebra with spinal cord injury	ICD-9-CM	Diagnosis
806.10	Open fracture of C1-C4 level with unspecified spinal cord injury	ICD-9-CM	Diagnosis
806.11	Open fracture of C1-C4 level with complete lesion of cord	ICD-9-CM	Diagnosis
806.12	Open fracture of C1-C4 level with anterior cord syndrome	ICD-9-CM	Diagnosis
806.13	Open fracture of C1-C4 level with central cord syndrome	ICD-9-CM	Diagnosis
806.14	Open fracture of C1-C4 level with other specified spinal cord injury	ICD-9-CM	Diagnosis
806.15	Open fracture of C5-C7 level with unspecified spinal cord injury	ICD-9-CM	Diagnosis
806.16	Open fracture of C5-C7 level with complete lesion of cord	ICD-9-CM	Diagnosis
806.17	Open fracture of C5-C7 level with anterior cord syndrome	ICD-9-CM	Diagnosis
806.18	Open fracture of C5-C7 level with central cord syndrome	ICD-9-CM	Diagnosis
806.19	Open fracture of C5-C7 level with other specified spinal cord injury	ICD-9-CM	Diagnosis
806.2	Closed fracture of dorsal (thoracic) vertebra with spinal cord injury	ICD-9-CM	Diagnosis
806.20	Closed fracture of T1-T6 level with unspecified spinal cord injury	ICD-9-CM	Diagnosis
806.21	Closed fracture of T1-T6 level with complete lesion of cord	ICD-9-CM	Diagnosis
806.22	Closed fracture of T1-T6 level with anterior cord syndrome	ICD-9-CM	Diagnosis
806.23	Closed fracture of T1-T6 level with central cord syndrome	ICD-9-CM	Diagnosis
806.24	Closed fracture of T1-T6 level with other specified spinal cord injury	ICD-9-CM	Diagnosis
806.25	Closed fracture of T7-T12 level with unspecified spinal cord injury	ICD-9-CM	Diagnosis
806.26	Closed fracture of T7-T12 level with complete lesion of cord	ICD-9-CM	Diagnosis
806.27	Closed fracture of T7-T12 level with anterior cord syndrome	ICD-9-CM	Diagnosis
806.28	Closed fracture of T7-T12 level with central cord syndrome	ICD-9-CM	Diagnosis
806.29	Closed fracture of T7-T12 level with other specified spinal cord injury	ICD-9-CM	Diagnosis
806.3	Open fracture of dorsal vertebra with spinal cord injury	ICD-9-CM	Diagnosis
806.30	Open fracture of T1-T6 level with unspecified spinal cord injury	ICD-9-CM	Diagnosis
806.31	Open fracture of T1-T6 level with complete lesion of cord	ICD-9-CM	Diagnosis
806.32	Open fracture of T1-T6 level with anterior cord syndrome	ICD-9-CM	Diagnosis
806.33	Open fracture of T1-T6 level with central cord syndrome	ICD-9-CM	Diagnosis
806.34	Open fracture of T1-T6 level with other specified spinal cord injury	ICD-9-CM	Diagnosis
806.35	Open fracture of T7-T12 level with unspecified spinal cord injury	ICD-9-CM	Diagnosis
806.36	Open fracture of T7-T12 level with complete lesion of cord	ICD-9-CM	Diagnosis
806.37	Open fracture of T7-T12 level with anterior cord syndrome	ICD-9-CM	Diagnosis
806.38	Open fracture of T7-T12 level with central cord syndrome	ICD-9-CM	Diagnosis
806.39	Open fracture of T7-T12 level with other specified spinal cord injury	ICD-9-CM	Diagnosis
806.4	Closed fracture of lumbar spine with spinal cord injury	ICD-9-CM	Diagnosis
806.5	Open fracture of lumbar spine with spinal cord injury	ICD-9-CM	Diagnosis
806.6	Closed fracture of sacrum and coccyx with spinal cord injury	ICD-9-CM	Diagnosis
806.60	Closed fracture of sacrum and coccyx with unspecified spinal cord injury	ICD-9-CM	Diagnosis
806.61	Closed fracture of sacrum and coccyx with complete cauda equina lesion	ICD-9-CM	Diagnosis
806.62	Closed fracture of sacrum and coccyx with other cauda equina injury	ICD-9-CM	Diagnosis
806.69	Closed fracture of sacrum and coccyx with other spinal cord injury	ICD-9-CM	Diagnosis
806.7	Open fracture of sacrum and coccyx with spinal cord injury	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
806.70	Open fracture of sacrum and coccyx with unspecified spinal cord injury	ICD-9-CM	Diagnosis
806.71	Open fracture of sacrum and coccyx with complete cauda equina lesion	ICD-9-CM	Diagnosis
806.72	Open fracture of sacrum and coccyx with other cauda equina injury	ICD-9-CM	Diagnosis
806.79	Open fracture of sacrum and coccyx with other spinal cord injury	ICD-9-CM	Diagnosis
806.8	Closed fracture of unspecified vertebra with spinal cord injury	ICD-9-CM	Diagnosis
806.9	Open fracture of unspecified vertebra with spinal cord injury	ICD-9-CM	Diagnosis
807	Fracture of rib(s), sternum, larynx, and trachea	ICD-9-CM	Diagnosis
807.0	Closed fracture of rib(s)	ICD-9-CM	Diagnosis
807.00	Closed fracture of rib(s), unspecified	ICD-9-CM	Diagnosis
807.01	Closed fracture of one rib	ICD-9-CM	Diagnosis
807.02	Closed fracture of two ribs	ICD-9-CM	Diagnosis
807.03	Closed fracture of three ribs	ICD-9-CM	Diagnosis
807.04	Closed fracture of four ribs	ICD-9-CM	Diagnosis
807.05	Closed fracture of five ribs	ICD-9-CM	Diagnosis
807.06	Closed fracture of six ribs	ICD-9-CM	Diagnosis
807.07	Closed fracture of seven ribs	ICD-9-CM	Diagnosis
807.08	Closed fracture of eight or more ribs	ICD-9-CM	Diagnosis
807.09	Closed fracture of multiple ribs, unspecified	ICD-9-CM	Diagnosis
807.1	Open fracture of rib(s)	ICD-9-CM	Diagnosis
807.10	Open fracture of rib(s), unspecified	ICD-9-CM	Diagnosis
807.11	Open fracture of one rib	ICD-9-CM	Diagnosis
807.12	Open fracture of two ribs	ICD-9-CM	Diagnosis
807.13	Open fracture of three ribs	ICD-9-CM	Diagnosis
807.14	Open fracture of four ribs	ICD-9-CM	Diagnosis
807.15	Open fracture of five ribs	ICD-9-CM	Diagnosis
807.16	Open fracture of six ribs	ICD-9-CM	Diagnosis
807.17	Open fracture of seven ribs	ICD-9-CM	Diagnosis
807.18	Open fracture of eight or more ribs	ICD-9-CM	Diagnosis
807.19	Open fracture of multiple ribs, unspecified	ICD-9-CM	Diagnosis
807.2	Closed fracture of sternum	ICD-9-CM	Diagnosis
807.3	Open fracture of sternum	ICD-9-CM	Diagnosis
807.4	Flail chest	ICD-9-CM	Diagnosis
808	Fracture of pelvis	ICD-9-CM	Diagnosis
808.0	Closed fracture of acetabulum	ICD-9-CM	Diagnosis
808.1	Open fracture of acetabulum	ICD-9-CM	Diagnosis
808.2	Closed fracture of pubis	ICD-9-CM	Diagnosis
808.3	Open fracture of pubis	ICD-9-CM	Diagnosis
808.4	Closed fracture of other specified part of pelvis	ICD-9-CM	Diagnosis
808.41	Closed fracture of ilium	ICD-9-CM	Diagnosis
808.42	Closed fracture of ischium	ICD-9-CM	Diagnosis
808.43	Multiple closed pelvic fractures with disruption of pelvic circle	ICD-9-CM	Diagnosis
808.44	Multiple closed pelvic fractures without disruption of pelvic circle	ICD-9-CM	Diagnosis
808.49	Closed fracture of other specified part of pelvis	ICD-9-CM	Diagnosis
808.5	Open fracture of other specified part of pelvis	ICD-9-CM	Diagnosis
808.51	Open fracture of ilium	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
808.52	Open fracture of ischium	ICD-9-CM	Diagnosis
808.53	Multiple open pelvic fractures with disruption of pelvic circle	ICD-9-CM	Diagnosis
808.54	Multiple open pelvic fractures without disruption of pelvic circle	ICD-9-CM	Diagnosis
808.59	Open fracture of other specified part of pelvis	ICD-9-CM	Diagnosis
808.8	Unspecified closed fracture of pelvis	ICD-9-CM	Diagnosis
808.9	Unspecified open fracture of pelvis	ICD-9-CM	Diagnosis
809	Ill-defined fractures of bones of trunk	ICD-9-CM	Diagnosis
809.0	Fracture of bones of trunk, closed	ICD-9-CM	Diagnosis
809.1	Fracture of bones of trunk, open	ICD-9-CM	Diagnosis
81.65	Percutaneous vertebroplasty	ICD-9-CM	Diagnosis
81.66	Percutaneous vertebral augmentation	ICD-9-CM	Diagnosis
810	Fracture of clavicle	ICD-9-CM	Diagnosis
810.0	Closed fracture of clavicle	ICD-9-CM	Diagnosis
810.00	Unspecified part of closed fracture of clavicle	ICD-9-CM	Diagnosis
810.01	Closed fracture of sternal end of clavicle	ICD-9-CM	Diagnosis
810.02	Closed fracture of shaft of clavicle	ICD-9-CM	Diagnosis
810.03	Closed fracture of acromial end of clavicle	ICD-9-CM	Diagnosis
810.1	Open fracture of clavicle	ICD-9-CM	Diagnosis
810.10	Unspecified part of open fracture of clavicle	ICD-9-CM	Diagnosis
810.11	Open fracture of sternal end of clavicle	ICD-9-CM	Diagnosis
810.12	Open fracture of shaft of clavicle	ICD-9-CM	Diagnosis
810.13	Open fracture of acromial end of clavicle	ICD-9-CM	Diagnosis
811	Fracture of scapula	ICD-9-CM	Diagnosis
811.0	Closed fracture of scapula	ICD-9-CM	Diagnosis
811.00	Closed fracture of unspecified part of scapula	ICD-9-CM	Diagnosis
811.01	Closed fracture of acromial process of scapula	ICD-9-CM	Diagnosis
811.02	Closed fracture of coracoid process of scapula	ICD-9-CM	Diagnosis
811.03	Closed fracture of glenoid cavity and neck of scapula	ICD-9-CM	Diagnosis
811.09	Closed fracture of other part of scapula	ICD-9-CM	Diagnosis
811.1	Open fracture of scapula	ICD-9-CM	Diagnosis
811.10	Open fracture of unspecified part of scapula	ICD-9-CM	Diagnosis
811.11	Open fracture of acromial process of scapula	ICD-9-CM	Diagnosis
811.12	Open fracture of coracoid process	ICD-9-CM	Diagnosis
811.13	Open fracture of glenoid cavity and neck of scapula	ICD-9-CM	Diagnosis
811.19	Open fracture of other part of scapula	ICD-9-CM	Diagnosis
812	Fracture of humerus	ICD-9-CM	Diagnosis
812.0	Closed fracture of upper end of humerus	ICD-9-CM	Diagnosis
812.00	Closed fracture of unspecified part of upper end of humerus	ICD-9-CM	Diagnosis
812.01	Closed fracture of surgical neck of humerus	ICD-9-CM	Diagnosis
812.02	Closed fracture of anatomical neck of humerus	ICD-9-CM	Diagnosis
812.03	Closed fracture of greater tuberosity of humerus	ICD-9-CM	Diagnosis
812.09	Other closed fractures of upper end of humerus	ICD-9-CM	Diagnosis
812.1	Open fracture of upper end of humerus	ICD-9-CM	Diagnosis
812.10	Open fracture of unspecified part of upper end of humerus	ICD-9-CM	Diagnosis
812.11	Open fracture of surgical neck of humerus	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
812.12	Open fracture of anatomical neck of humerus	ICD-9-CM	Diagnosis
812.13	Open fracture of greater tuberosity of humerus	ICD-9-CM	Diagnosis
812.19	Other open fracture of upper end of humerus	ICD-9-CM	Diagnosis
812.2	Closed fracture of shaft or unspecified part of humerus	ICD-9-CM	Diagnosis
812.20	Closed fracture of unspecified part of humerus	ICD-9-CM	Diagnosis
812.21	Closed fracture of shaft of humerus	ICD-9-CM	Diagnosis
812.3	Open fracture of shaft or unspecified part of humerus	ICD-9-CM	Diagnosis
812.30	Open fracture of unspecified part of humerus	ICD-9-CM	Diagnosis
812.31	Open fracture of shaft of humerus	ICD-9-CM	Diagnosis
812.4	Closed fracture of lower end of humerus	ICD-9-CM	Diagnosis
812.40	Closed fracture of unspecified part of lower end of humerus	ICD-9-CM	Diagnosis
812.41	Closed fracture of supracondylar humerus	ICD-9-CM	Diagnosis
812.42	Closed fracture of lateral condyle of humerus	ICD-9-CM	Diagnosis
812.43	Closed fracture of medial condyle of humerus	ICD-9-CM	Diagnosis
812.44	Closed fracture of unspecified condyle(s) of humerus	ICD-9-CM	Diagnosis
812.49	Other closed fracture of lower end of humerus	ICD-9-CM	Diagnosis
812.5	Open fracture of lower end of humerus	ICD-9-CM	Diagnosis
812.50	Open fracture of unspecified part of lower end of humerus	ICD-9-CM	Diagnosis
812.51	Open fracture of supracondylar humerus	ICD-9-CM	Diagnosis
812.52	Open fracture of lateral condyle of humerus	ICD-9-CM	Diagnosis
812.53	Open fracture of medial condyle of humerus	ICD-9-CM	Diagnosis
812.54	Open fracture of unspecified condyle(s) of humerus	ICD-9-CM	Diagnosis
812.59	Other open fracture of lower end of humerus	ICD-9-CM	Diagnosis
813	Fracture of radius and ulna	ICD-9-CM	Diagnosis
813.0	Closed fracture of upper end of radius and ulna	ICD-9-CM	Diagnosis
813.00	Unspecified fracture of radius and ulna, upper end of forearm, closed	ICD-9-CM	Diagnosis
813.01	Closed fracture of olecranon process of ulna	ICD-9-CM	Diagnosis
813.02	Closed fracture of coronoid process of ulna	ICD-9-CM	Diagnosis
813.03	Closed Monteggia's fracture	ICD-9-CM	Diagnosis
813.04	Other and unspecified closed fractures of proximal end of ulna (alone)	ICD-9-CM	Diagnosis
813.05	Closed fracture of head of radius	ICD-9-CM	Diagnosis
813.06	Closed fracture of neck of radius	ICD-9-CM	Diagnosis
813.07	Other and unspecified closed fractures of proximal end of radius (alone)	ICD-9-CM	Diagnosis
813.08	Closed fracture of radius with ulna, upper end (any part)	ICD-9-CM	Diagnosis
813.1	Open fracture of upper end of radius and ulna	ICD-9-CM	Diagnosis
813.10	Unspecified open fracture of upper end of forearm	ICD-9-CM	Diagnosis
813.11	Open fracture of olecranon process of ulna	ICD-9-CM	Diagnosis
813.12	Open fracture of coronoid process of ulna	ICD-9-CM	Diagnosis
813.13	Open Monteggia's fracture	ICD-9-CM	Diagnosis
813.14	Other and unspecified open fractures of proximal end of ulna (alone)	ICD-9-CM	Diagnosis
813.15	Open fracture of head of radius	ICD-9-CM	Diagnosis
813.16	Open fracture of neck of radius	ICD-9-CM	Diagnosis
813.17	Other and unspecified open fractures of proximal end of radius (alone)	ICD-9-CM	Diagnosis
813.18	Open fracture of radius with ulna, upper end (any part)	ICD-9-CM	Diagnosis
813.2	Closed fracture of shaft of radius and ulna	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
813.20	Unspecified closed fracture of shaft of radius or ulna	ICD-9-CM	Diagnosis
813.21	Closed fracture of shaft of radius (alone)	ICD-9-CM	Diagnosis
813.22	Closed fracture of shaft of ulna (alone)	ICD-9-CM	Diagnosis
813.23	Closed fracture of shaft of radius with ulna	ICD-9-CM	Diagnosis
813.3	Open fracture of shaft of radius and ulna	ICD-9-CM	Diagnosis
813.30	Unspecified open fracture of shaft of radius or ulna	ICD-9-CM	Diagnosis
813.31	Open fracture of shaft of radius (alone)	ICD-9-CM	Diagnosis
813.32	Open fracture of shaft of ulna (alone)	ICD-9-CM	Diagnosis
813.33	Open fracture of shaft of radius with ulna	ICD-9-CM	Diagnosis
813.4	Closed fracture of lower end of radius and ulna	ICD-9-CM	Diagnosis
813.40	Unspecified closed fracture of lower end of forearm	ICD-9-CM	Diagnosis
813.41	Closed Colles' fracture	ICD-9-CM	Diagnosis
813.42	Other closed fractures of distal end of radius (alone)	ICD-9-CM	Diagnosis
813.43	Closed fracture of distal end of ulna (alone)	ICD-9-CM	Diagnosis
813.44	Closed fracture of lower end of radius with ulna	ICD-9-CM	Diagnosis
813.45	Torus fracture of radius (alone)	ICD-9-CM	Diagnosis
813.46	Torus fracture of ulna (alone)	ICD-9-CM	Diagnosis
813.47	Torus fracture of radius and ulna	ICD-9-CM	Diagnosis
813.5	Open fracture of lower end of radius and ulna	ICD-9-CM	Diagnosis
813.50	Unspecified open fracture of lower end of forearm	ICD-9-CM	Diagnosis
813.51	Open Colles' fracture	ICD-9-CM	Diagnosis
813.52	Other open fractures of distal end of radius (alone)	ICD-9-CM	Diagnosis
813.53	Open fracture of distal end of ulna (alone)	ICD-9-CM	Diagnosis
813.54	Open fracture of lower end of radius with ulna	ICD-9-CM	Diagnosis
813.8	Closed fracture of unspecified part of radius with ulna	ICD-9-CM	Diagnosis
813.80	Closed fracture of unspecified part of forearm	ICD-9-CM	Diagnosis
813.81	Closed fracture of unspecified part of radius (alone)	ICD-9-CM	Diagnosis
813.82	Closed fracture of unspecified part of ulna (alone)	ICD-9-CM	Diagnosis
813.83	Closed fracture of unspecified part of radius with ulna	ICD-9-CM	Diagnosis
813.9	Open fracture of unspecified part of radius with ulna	ICD-9-CM	Diagnosis
813.90	Open fracture of unspecified part of forearm	ICD-9-CM	Diagnosis
813.91	Open fracture of unspecified part of radius (alone)	ICD-9-CM	Diagnosis
813.92	Open fracture of unspecified part of ulna (alone)	ICD-9-CM	Diagnosis
813.93	Open fracture of unspecified part of radius with ulna	ICD-9-CM	Diagnosis
814	Fracture of carpal bone(s)	ICD-9-CM	Diagnosis
814.0	Closed fractures of carpal bones	ICD-9-CM	Diagnosis
814.00	Unspecified closed fracture of carpal bone	ICD-9-CM	Diagnosis
814.01	Closed fracture of navicular (scaphoid) bone of wrist	ICD-9-CM	Diagnosis
814.02	Closed fracture of lunate (semilunar) bone of wrist	ICD-9-CM	Diagnosis
814.03	Closed fracture of triquetral (cuneiform) bone of wrist	ICD-9-CM	Diagnosis
814.04	Closed fracture of pisiform bone of wrist	ICD-9-CM	Diagnosis
814.05	Closed fracture of trapezium bone (larger multangular) of wrist	ICD-9-CM	Diagnosis
814.06	Closed fracture of trapezoid bone (smaller multangular) of wrist	ICD-9-CM	Diagnosis
814.07	Closed fracture of capitate bone (os magnum) of wrist	ICD-9-CM	Diagnosis
814.08	Closed fracture of hamate (unciform) bone of wrist	ICD-9-CM	Diagnosis

Appendix F. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), Current Procedural Terminology, Fourth Edition (CPT-4, Category I-III), and Healthcare Common Procedure Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Covariates and Subgroup Criteria in this Report

Code	Description	Code Type	Code Category
814.09	Closed fracture of other bone of wrist	ICD-9-CM	Diagnosis
814.1	Open fractures of carpal bones	ICD-9-CM	Diagnosis
814.10	Unspecified open fracture of carpal bone	ICD-9-CM	Diagnosis
814.11	Open fracture of navicular (scaphoid) bone of wrist	ICD-9-CM	Diagnosis
814.12	Open fracture of lunate (semilunar) bone of wrist	ICD-9-CM	Diagnosis
814.13	Open fracture of triquetral (cuneiform) bone of wrist	ICD-9-CM	Diagnosis
814.14	Open fracture of pisiform bone of wrist	ICD-9-CM	Diagnosis
814.15	Open fracture of trapezium bone (larger multangular) of wrist	ICD-9-CM	Diagnosis
814.16	Open fracture of trapezoid bone (smaller multangular) of wrist	ICD-9-CM	Diagnosis
814.17	Open fracture of capitate bone (os magnum) of wrist	ICD-9-CM	Diagnosis
814.18	Open fracture of hamate (unciform) bone of wrist	ICD-9-CM	Diagnosis
814.19	Open fracture of other bone of wrist	ICD-9-CM	Diagnosis
815	Fracture of metacarpal bone(s)	ICD-9-CM	Diagnosis
815.0	Closed fracture of metacarpal bones	ICD-9-CM	Diagnosis
815.00	Closed fracture of metacarpal bone(s), site unspecified	ICD-9-CM	Diagnosis
815.01	Closed fracture of base of thumb (first) metacarpal bone(s)	ICD-9-CM	Diagnosis
815.02	Closed fracture of base of other metacarpal bone(s)	ICD-9-CM	Diagnosis
815.03	Closed fracture of shaft of metacarpal bone(s)	ICD-9-CM	Diagnosis
815.04	Closed fracture of neck of metacarpal bone(s)	ICD-9-CM	Diagnosis
815.09	Closed fracture of multiple sites of metacarpus	ICD-9-CM	Diagnosis
815.1	Open fracture of metacarpal bones	ICD-9-CM	Diagnosis
815.10	Open fracture of metacarpal bone(s), site unspecified	ICD-9-CM	Diagnosis
815.11	Open fracture of base of thumb (first) metacarpal bone(s)	ICD-9-CM	Diagnosis
815.12	Open fracture of base of other metacarpal bone(s)	ICD-9-CM	Diagnosis
815.13	Open fracture of shaft of metacarpal bone(s)	ICD-9-CM	Diagnosis
815.14	Open fracture of neck of metacarpal bone(s)	ICD-9-CM	Diagnosis
815.19	Open fracture of multiple sites of metacarpus	ICD-9-CM	Diagnosis
818	Ill-defined fractures of upper limb	ICD-9-CM	Diagnosis
818.0	Ill-defined closed fractures of upper limb	ICD-9-CM	Diagnosis
818.1	Ill-defined open fractures of upper limb	ICD-9-CM	Diagnosis
819	Multiple fractures involving both upper limbs, and upper limb with rib(s) and sternum	ICD-9-CM	Diagnosis
819.0	Multiple closed fractures involving both upper limbs, and upper limb with rib(s) and sternum	ICD-9-CM	Diagnosis
819.1	Multiple open fractures involving both upper limbs, and upper limb with rib(s) and sternum	ICD-9-CM	Diagnosis
820	Fracture of neck of femur	ICD-9-CM	Diagnosis
820.0	Closed transcervical fracture	ICD-9-CM	Diagnosis
820.00	Closed fracture of unspecified intracapsular section of neck of femur	ICD-9-CM	Diagnosis
820.01	Closed fracture of epiphysis (separation) (upper) of neck of femur	ICD-9-CM	Diagnosis
820.02	Closed fracture of midcervical section of femur	ICD-9-CM	Diagnosis
820.03	Closed fracture of base of neck of femur	ICD-9-CM	Diagnosis
820.09	Other closed transcervical fracture of femur	ICD-9-CM	Diagnosis
820.1	Open transcervical fracture	ICD-9-CM	Diagnosis
820.10	Open fracture of unspecified intracapsular section of neck of femur	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
820.11	Open fracture of epiphysis (separation) (upper) of neck of femur	ICD-9-CM	Diagnosis
820.12	Open fracture of midcervical section of femur	ICD-9-CM	Diagnosis
820.13	Open fracture of base of neck of femur	ICD-9-CM	Diagnosis
820.19	Other open transcervical fracture of femur	ICD-9-CM	Diagnosis
820.2	Closed pertrochanteric fracture of femur	ICD-9-CM	Diagnosis
820.20	Closed fracture of unspecified trochanteric section of femur	ICD-9-CM	Diagnosis
820.21	Closed fracture of intertrochanteric section of femur	ICD-9-CM	Diagnosis
820.22	Closed fracture of subtrochanteric section of femur	ICD-9-CM	Diagnosis
820.3	Open pertrochanteric fracture of femur	ICD-9-CM	Diagnosis
820.30	Open fracture of unspecified trochanteric section of femur	ICD-9-CM	Diagnosis
820.31	Open fracture of intertrochanteric section of femur	ICD-9-CM	Diagnosis
820.32	Open fracture of subtrochanteric section of femur	ICD-9-CM	Diagnosis
820.8	Closed fracture of unspecified part of neck of femur	ICD-9-CM	Diagnosis
820.9	Open fracture of unspecified part of neck of femur	ICD-9-CM	Diagnosis
821	Fracture of other and unspecified parts of femur	ICD-9-CM	Diagnosis
821.0	Closed fracture of shaft or unspecified part of femur	ICD-9-CM	Diagnosis
821.00	Closed fracture of unspecified part of femur	ICD-9-CM	Diagnosis
821.01	Closed fracture of shaft of femur	ICD-9-CM	Diagnosis
821.1	Open fracture of shaft or unspecified part of femur	ICD-9-CM	Diagnosis
821.10	Open fracture of unspecified part of femur	ICD-9-CM	Diagnosis
821.11	Open fracture of shaft of femur	ICD-9-CM	Diagnosis
821.2	Closed fracture of lower end of femur	ICD-9-CM	Diagnosis
821.20	Closed fracture of unspecified part of lower end of femur	ICD-9-CM	Diagnosis
821.21	Closed fracture of femoral condyle	ICD-9-CM	Diagnosis
821.22	Closed fracture of lower epiphysis of femur	ICD-9-CM	Diagnosis
821.23	Closed supracondylar fracture of femur	ICD-9-CM	Diagnosis
821.29	Other closed fracture of lower end of femur	ICD-9-CM	Diagnosis
821.3	Open fracture of lower end of femur	ICD-9-CM	Diagnosis
821.30	Open fracture of unspecified part of lower end of femur	ICD-9-CM	Diagnosis
821.31	Open fracture of femoral condyle	ICD-9-CM	Diagnosis
821.32	Open fracture of lower epiphysis of femur	ICD-9-CM	Diagnosis
821.33	Open supracondylar fracture of femur	ICD-9-CM	Diagnosis
821.39	Other open fracture of lower end of femur	ICD-9-CM	Diagnosis
822	Fracture of patella	ICD-9-CM	Diagnosis
822.0	Closed fracture of patella	ICD-9-CM	Diagnosis
822.1	Open fracture of patella	ICD-9-CM	Diagnosis
823	Fracture of tibia and fibula	ICD-9-CM	Diagnosis
823.0	Closed fracture of upper end of tibia and fibula	ICD-9-CM	Diagnosis
823.00	Closed fracture of upper end of tibia	ICD-9-CM	Diagnosis
823.01	Closed fracture of upper end of fibula	ICD-9-CM	Diagnosis
823.02	Closed fracture of upper end of fibula with tibia	ICD-9-CM	Diagnosis
823.1	Open fracture of upper end of tibia and fibula	ICD-9-CM	Diagnosis
823.10	Open fracture of upper end of tibia	ICD-9-CM	Diagnosis
823.11	Open fracture of upper end of fibula	ICD-9-CM	Diagnosis
823.12	Open fracture of upper end of fibula with tibia	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
823.2	Closed fracture of shaft of tibia and fibula	ICD-9-CM	Diagnosis
823.20	Closed fracture of shaft of tibia	ICD-9-CM	Diagnosis
823.21	Closed fracture of shaft of fibula	ICD-9-CM	Diagnosis
823.22	Closed fracture of shaft of fibula with tibia	ICD-9-CM	Diagnosis
823.3	Open fracture of shaft of tibia and fibula	ICD-9-CM	Diagnosis
823.30	Open fracture of shaft of tibia	ICD-9-CM	Diagnosis
823.31	Open fracture of shaft of fibula	ICD-9-CM	Diagnosis
823.32	Open fracture of shaft of fibula with tibia	ICD-9-CM	Diagnosis
823.4	Torus fracture of tibia and fibula	ICD-9-CM	Diagnosis
823.40	Torus fracture of tibia alone	ICD-9-CM	Diagnosis
823.41	Torus fracture of fibula alone	ICD-9-CM	Diagnosis
823.42	Torus fracture of fibula with tibia	ICD-9-CM	Diagnosis
823.8	Closed fracture of unspecified part of tibia and fibula	ICD-9-CM	Diagnosis
823.80	Closed fracture of unspecified part of tibia	ICD-9-CM	Diagnosis
823.81	Closed fracture of unspecified part of fibula	ICD-9-CM	Diagnosis
823.82	Closed fracture of unspecified part of fibula with tibia	ICD-9-CM	Diagnosis
823.9	Open fracture of unspecified part of tibia and fibula	ICD-9-CM	Diagnosis
823.90	Open fracture of unspecified part of tibia	ICD-9-CM	Diagnosis
823.91	Open fracture of unspecified part of fibula	ICD-9-CM	Diagnosis
823.92	Open fracture of unspecified part of fibula with tibia	ICD-9-CM	Diagnosis
824	Fracture of ankle	ICD-9-CM	Diagnosis
824.0	Closed fracture of medial malleolus	ICD-9-CM	Diagnosis
824.1	Open fracture of medial malleolus	ICD-9-CM	Diagnosis
824.2	Closed fracture of lateral malleolus	ICD-9-CM	Diagnosis
824.3	Open fracture of lateral malleolus	ICD-9-CM	Diagnosis
824.4	Closed bimalleolar fracture	ICD-9-CM	Diagnosis
824.5	Open bimalleolar fracture	ICD-9-CM	Diagnosis
824.6	Closed trimalleolar fracture	ICD-9-CM	Diagnosis
824.7	Open trimalleolar fracture	ICD-9-CM	Diagnosis
824.8	Unspecified closed fracture of ankle	ICD-9-CM	Diagnosis
824.9	Unspecified open fracture of ankle	ICD-9-CM	Diagnosis
825	Fracture of one or more tarsal and metatarsal bones	ICD-9-CM	Diagnosis
825.0	Closed fracture of calcaneus	ICD-9-CM	Diagnosis
825.1	Open fracture of calcaneus	ICD-9-CM	Diagnosis
825.2	Closed fracture of other tarsal and metatarsal bones	ICD-9-CM	Diagnosis
825.20	Closed fracture of unspecified bone(s) of foot (except toes)	ICD-9-CM	Diagnosis
825.21	Closed fracture of astragalus	ICD-9-CM	Diagnosis
825.22	Closed fracture of navicular (scaphoid) bone of foot	ICD-9-CM	Diagnosis
825.23	Closed fracture of cuboid bone	ICD-9-CM	Diagnosis
825.24	Closed fracture of cuneiform bone of foot	ICD-9-CM	Diagnosis
825.25	Closed fracture of metatarsal bone(s)	ICD-9-CM	Diagnosis
825.29	Other closed fracture of tarsal and metatarsal bones	ICD-9-CM	Diagnosis
825.3	Open fracture of other tarsal and metatarsal bones	ICD-9-CM	Diagnosis
825.30	Open fracture of unspecified bone(s) of foot (except toes)	ICD-9-CM	Diagnosis
825.31	Open fracture of astragalus	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
825.32	Open fracture of navicular (scaphoid) bone of foot	ICD-9-CM	Diagnosis
825.33	Open fracture of cuboid bone	ICD-9-CM	Diagnosis
825.34	Open fracture of cuneiform bone of foot,	ICD-9-CM	Diagnosis
825.35	Open fracture of metatarsal bone(s)	ICD-9-CM	Diagnosis
825.39	Other open fractures of tarsal and metatarsal bones	ICD-9-CM	Diagnosis
827	Other, multiple, and ill-defined fractures of lower limb	ICD-9-CM	Diagnosis
827.0	Other, multiple and ill-defined closed fractures of lower limb	ICD-9-CM	Diagnosis
827.1	Other, multiple and ill-defined open fractures of lower limb	ICD-9-CM	Diagnosis
828	Multiple fractures involving both lower limbs, lower with upper limb, and lower limb(s) with rib(s) and sternum	ICD-9-CM	Diagnosis
828.0	Multiple closed fractures involving both lower limbs, lower with upper limb, and lower limb(s) with rib(s) and sternum	ICD-9-CM	Diagnosis
828.1	Multiple fractures involving both lower limbs, lower with upper limb, and lower limb(s) with rib(s) and sternum, open	ICD-9-CM	Diagnosis
V54.13	Aftercare for healing traumatic fracture of hip	ICD-9-CM	Diagnosis
V54.23	Aftercare for healing pathologic fracture of hip	ICD-9-CM	Diagnosis
Human Immunodeficiency Virus or Acquired Immunodeficiency Syndrome			
042	Human immunodeficiency virus [HIV]	ICD-9-CM	Diagnosis
043	HIV infection causing other specified conditions	ICD-9-CM	Diagnosis
043.1	HIV infection causing lymphadenopathy	ICD-9-CM	Diagnosis
043.2	HIV infection causing other disorders involving the immune mechanism	ICD-9-CM	Diagnosis
043.3	HIV infection causing other specified conditions	ICD-9-CM	Diagnosis
043.9	AIDS related complex, unspecified	ICD-9-CM	Diagnosis
044	Other HIV infection	ICD-9-CM	Diagnosis
044.0	Other HIV infection	ICD-9-CM	Diagnosis
044.9	HIV infection, unspecified	ICD-9-CM	Diagnosis
795.71	Nonspecific serologic evidence of human immunodeficiency virus (HIV)	ICD-9-CM	Diagnosis
V08	Asymptomatic human immunodeficiency virus (HIV) infection status	ICD-9-CM	Diagnosis
Hyperlipidemia or Lipid Disorder			
272.0	Pure hypercholesterolemia	ICD-9-CM	Diagnosis
272.1	Pure hyperglyceridemia	ICD-9-CM	Diagnosis
272.2	Mixed hyperlipidemia	ICD-9-CM	Diagnosis
272.4	Other and unspecified hyperlipidemia	ICD-9-CM	Diagnosis
Hypertension			
401	Essential hypertension	ICD-9-CM	Diagnosis
401.0	Essential hypertension, malignant	ICD-9-CM	Diagnosis
401.1	Essential hypertension, benign	ICD-9-CM	Diagnosis
401.9	Unspecified essential hypertension	ICD-9-CM	Diagnosis
402	Hypertensive heart disease	ICD-9-CM	Diagnosis
402.0	Malignant hypertensive heart disease	ICD-9-CM	Diagnosis
402.00	Malignant hypertensive heart disease without heart failure	ICD-9-CM	Diagnosis
402.1	Benign hypertensive heart disease	ICD-9-CM	Diagnosis
402.10	Benign hypertensive heart disease without heart failure	ICD-9-CM	Diagnosis
402.9	Unspecified hypertensive heart disease	ICD-9-CM	Diagnosis
402.90	Unspecified hypertensive heart disease without heart failure	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
403	Hypertensive chronic kidney disease	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
403.1	Hypertensive chronic kidney disease, benign	ICD-9-CM	Diagnosis
403.10	Hypertensive chronic kidney disease, benign, with chronic kidney disease stage I through stage IV, or unspecified	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	Hypertensive heart and chronic kidney disease	ICD-9-CM	Diagnosis
404.0	Hypertensive heart and chronic kidney disease, malignant	ICD-9-CM	Diagnosis
404.00	Hypertensive heart and chronic kidney disease, malignant, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified	ICD-9-CM	Diagnosis
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
404.02	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
404.1	Hypertensive heart and chronic kidney disease, benign	ICD-9-CM	Diagnosis
404.10	Hypertensive heart and chronic kidney disease, benign, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified	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
404.12	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
404.9	Hypertensive heart and chronic kidney disease, unspecified	ICD-9-CM	Diagnosis
404.90	Hypertensive heart and chronic kidney disease, unspecified, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified	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

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Code	Description	Code Type	Code Category
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
405	Secondary hypertension	ICD-9-CM	Diagnosis
405.0	Secondary hypertension, malignant	ICD-9-CM	Diagnosis
405.01	Secondary renovascular hypertension, malignant	ICD-9-CM	Diagnosis
405.09	Other secondary hypertension, malignant	ICD-9-CM	Diagnosis
405.1	Secondary hypertension, benign	ICD-9-CM	Diagnosis
405.11	Secondary renovascular hypertension, benign	ICD-9-CM	Diagnosis
405.19	Other secondary hypertension, benign	ICD-9-CM	Diagnosis
405.9	Unspecified secondary hypertension, unspecified	ICD-9-CM	Diagnosis
405.91	Secondary renovascular hypertension, unspecified	ICD-9-CM	Diagnosis
405.99	Other secondary hypertension, unspecified	ICD-9-CM	Diagnosis
Hypoglycemia			
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
251.0	Hypoglycemic coma	ICD-9-CM	Diagnosis
251.1	Other specified hypoglycemia	ICD-9-CM	Diagnosis
251.2	Hypoglycemia, unspecified	ICD-9-CM	Diagnosis
Obesity (or Weight Gain)			
278.0	Overweight and obesity	ICD-9-CM	Diagnosis
278.00	Obesity, unspecified	ICD-9-CM	Diagnosis
278.01	Morbid obesity	ICD-9-CM	Diagnosis
278.02	Overweight	ICD-9-CM	Diagnosis
278.03	Obesity hypoventilation syndrome	ICD-9-CM	Diagnosis
783.1	Abnormal weight gain	ICD-9-CM	Diagnosis
793.91	Image test inconclusive due to excess body fat	ICD-9-CM	Diagnosis
V85.3	Body Mass Index between 30-39, adult	ICD-9-CM	Diagnosis
V85.30	Body Mass Index 30.0-30.9, adult	ICD-9-CM	Diagnosis
V85.31	Body Mass Index 31.0-31.9, adult	ICD-9-CM	Diagnosis
V85.32	Body Mass Index 32.0-32.9, adult	ICD-9-CM	Diagnosis
V85.33	Body Mass Index 33.0-33.9, adult	ICD-9-CM	Diagnosis
V85.34	Body Mass Index 34.0-34.9, adult	ICD-9-CM	Diagnosis
V85.35	Body Mass Index 35.0-35.9, adult	ICD-9-CM	Diagnosis
V85.36	Body Mass Index 36.0-36.9, adult	ICD-9-CM	Diagnosis
V85.37	Body Mass Index 37.0-37.9, adult	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
V85.38	Body Mass Index 38.0-38.9, adult	ICD-9-CM	Diagnosis
V85.39	Body Mass Index 39.0-39.9, adult	ICD-9-CM	Diagnosis
V85.4	Body Mass Index 40 and over, adult	ICD-9-CM	Diagnosis
V85.41	Body Mass Index 40.0-44.9, adult	ICD-9-CM	Diagnosis
V85.42	Body Mass Index 45.0-49.9, adult	ICD-9-CM	Diagnosis
V85.43	Body Mass Index 50.0-59.9, adult	ICD-9-CM	Diagnosis
V85.44	Body Mass Index 60.0-69.9, adult	ICD-9-CM	Diagnosis
V85.45	Body Mass Index 70 and over, adult	ICD-9-CM	Diagnosis
Osteoporosis			
733.0	Osteoporosis	ICD-9-CM	Diagnosis
733.00	Unspecified osteoporosis	ICD-9-CM	Diagnosis
733.01	Senile osteoporosis	ICD-9-CM	Diagnosis
733.02	Idiopathic osteoporosis	ICD-9-CM	Diagnosis
733.03	Disuse osteoporosis	ICD-9-CM	Diagnosis
733.09	Other osteoporosis	ICD-9-CM	Diagnosis
V17.81	Family history of, Osteoporosis	ICD-9-CM	Diagnosis
V82.81	Special screening for osteoporosis	ICD-9-CM	Diagnosis
Peripheral Neuropathy			
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
337.1	Peripheral autonomic neuropathy in disorders classified elsewhere	ICD-9-CM	Diagnosis
354	Mononeuritis of upper limb and mononeuritis multiplex	ICD-9-CM	Diagnosis
354.0	Carpal tunnel syndrome	ICD-9-CM	Diagnosis
354.1	Other lesion of median nerve	ICD-9-CM	Diagnosis
354.2	Lesion of ulnar nerve	ICD-9-CM	Diagnosis
354.3	Lesion of radial nerve	ICD-9-CM	Diagnosis
354.4	Causalgia of upper limb	ICD-9-CM	Diagnosis
354.5	Mononeuritis multiplex	ICD-9-CM	Diagnosis
354.8	Other mononeuritis of upper limb	ICD-9-CM	Diagnosis
354.9	Unspecified mononeuritis of upper limb	ICD-9-CM	Diagnosis
355	Mononeuritis of lower limb and unspecified site	ICD-9-CM	Diagnosis
355.0	Lesion of sciatic nerve	ICD-9-CM	Diagnosis
355.1	Meralgia paresthetica	ICD-9-CM	Diagnosis
355.2	Other lesion of femoral nerve	ICD-9-CM	Diagnosis
355.3	Lesion of lateral popliteal nerve	ICD-9-CM	Diagnosis
355.4	Lesion of medial popliteal nerve	ICD-9-CM	Diagnosis
355.5	Tarsal tunnel syndrome	ICD-9-CM	Diagnosis
355.6	Lesion of plantar nerve	ICD-9-CM	Diagnosis

Appendix F. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), Current Procedural Terminology, Fourth Edition (CPT-4, Category I-III), and Healthcare Common Procedure Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Covariates and Subgroup Criteria in this Report

Code	Description	Code Type	Code Category
355.7	Other mononeuritis of lower limb	ICD-9-CM	Diagnosis
355.71	Causalgia of lower limb	ICD-9-CM	Diagnosis
355.79	Other mononeuritis of lower limb	ICD-9-CM	Diagnosis
355.8	Unspecified mononeuritis of lower limb	ICD-9-CM	Diagnosis
355.9	Mononeuritis of unspecified site	ICD-9-CM	Diagnosis
357.2	Polyneuropathy in diabetes	ICD-9-CM	Diagnosis
Tobacco Use			
305.1	Nondependent tobacco use disorder	ICD-9-CM	Diagnosis
V15.82	Personal history of tobacco use, presenting hazards to health	ICD-9-CM	Diagnosis

Appendix G. List of Generic Names of Medical Products Used to Define Covariates in this Report

Generic Name

Anti-Diabetic Medication

Saxagliptin

saxagliptin hcl/metformin hcl
saxagliptin hcl

Sitagliptin

sitagliptin phos/metformin hcl
sitagliptin/simvastatin
sitagliptin phosphate

Long-Acting Insulin

hum insulin nph/reg insulin hm
insulin glargine,hum.rec.anlog
insulin nph human semi-syn
insulin nph s-s/reg insulin s-s
insulin asp prt/insulin aspart
nph, human insulin isophane
insulin detemir
insulin npl/insulin lispro
ins zn,bf (p)/ins zn,pk (p)
insul,pk pure/insul nph,pk-p
insulin isophane nph,bf-pk
insulin protamine zinc,beef
insulin protamine zn,beef (p)
insulin protamine zn,bf-pk
insulin protamine zn,pork (p)
insulin zinc beef
insulin zinc ext,beef (p)
insulin zinc extend human rec
insulin zinc extended,beef
insulin zinc extended,bf-pk
insulin zinc human rec
insulin zinc human semi-syn
insulin zinc prompt,beef
insulin zinc prompt,bf-pk
insulin zinc prompt,pork pure
insulin zinc,beef purified
insulin zinc,beef-pork
insulin zinc,pork purified

Pioglitazone

alogliptin benz/pioglitazone
pioglitazone hcl
pioglitazone hcl/metformin hcl
pioglitazone hcl/glimepiride

Appendix G. List of Generic Names of Medical Products Used to Define Covariates in this Report

Generic Name

Second Generation Sulfonylurea

glipizide/metformin hcl
 glyburide/metformin hcl
 pioglitazone hcl/glimepiride
 glimepiride
 glipizide
 glyburide
 glyburide,micronized
 rosiglitazone/glimepiride

Alpha-Glucosidase Inhibitor

acarbose
 miglitol

Biguanide

metformin/aa comb.#7/hc#125/ch
 metformin/caff/aa7/hrb125/chol
 metformin hcl
 saxagliptin hcl/metformin hcl
 sitagliptin phos/metformin hcl
 glipizide/metformin hcl
 glyburide/metformin hcl
 alogliptin benz/metformin hcl
 linagliptin/metformin hcl
 repaglinide/metformin hcl
 pioglitazone hcl/metformin hcl
 rosiglitazone/metformin hcl

Other Dipeptidyl Peptidase-4 (DPP-4) Inhibitor

alogliptin benzoate
 linagliptin
 alogliptin benz/metformin hcl
 linagliptin/metformin hcl
 alogliptin benz/pioglitzone

Meglitinide

nateglinide
 repaglinide
 repaglinide/metformin hcl

First Generation Sulfonylurea

acetohexamide
 chlorpropamide
 tolazamide
 tolbutamide

Appendix G. List of Generic Names of Medical Products Used to Define Covariates in this Report

Generic Name

Short-Acting Insulin

insulin regular,human&rel.unt
 reg insulin hm/rlse/chbr/ihr
 insulin reg human semi-syn
 insulin regular, human
 insulin reg, hum s-s buff
 insulin regular,beef-pork
 insulin regular,human buffered
 insulin,beef
 insulin,pork
 insulin,pork purified
 insulin,pork reg. concentrate
 insulin aspart
 insulin glulisine
 insulin lispro
 insulin isophane,beef
 insulin isophane,beef pure
 insulin isophane,pork pure

Other Thiazolidinedione

rosiglitazone maleate
 troglitazone
 rosiglitazone/metformin hcl
 rosiglitazone/glimepiride

Other Anti-Diabetes Medication (GLP-1 Analogues, Amylin Analog-Types, Canagliflozin)

canagliflozin
 exenatide
 liraglutide
 pramlintide acetate
 exenatide microspheres

Anti-Hypertensive Agent

Angiotensin-Converting Enzyme (ACE) Inhibitor

benazepril hcl
 ramipril
 lisinopril/dietary sup.cmb10
 enalapril maleate
 captopril
 fosinopril sodium
 lisinopril
 moexipril hcl
 perindopril erbumine
 quinapril hcl
 trandolapril
 amlodipine besylate/benazepril
 enalapril maleate/felodipine
 enalapril mal/diltiazem mal
 trandolapril/verapamil hcl
 benazepril/hydrochlorothiazide

Appendix G. List of Generic Names of Medical Products Used to Define Covariates in this Report

Generic Name

captopril/hydrochlorothiazide
 enalapril/hydrochlorothiazide
 fosinopril/hydrochlorothiazide
 lisinopril/hydrochlorothiazide
 moexipril/hydrochlorothiazide
 quinapril/hydrochlorothiazide

Alpha Blocker

prazosin hcl
 terazosin hcl
 doxazosin mesylate
 prazosin hcl/polythiazide

Angiotensin Receptor Blocker (ARB)

valsartan
 azilsartan medoxomil
 candesartan cilexetil
 eprosartan mesylate
 irbesartan
 losartan potassium
 olmesartan medoxomil
 telmisartan
 amlodipine bes/olmesartan med
 amlodipine/valsartan
 telmisartan/amlodipine
 amlodipine/valsartan/hcthiazyd
 olmesartan/amlodipin/hcthiazyd
 azilsartan med/chlorthalidone
 candesartan/hydrochlorothiazid
 eprosartan/hydrochlorothiazide
 irbesartan/hydrochlorothiazide
 losartan/hydrochlorothiazide
 olmesartan/hydrochlorothiazide
 telmisartan/hydrochlorothiazid
 valsartan/hydrochlorothiazide
 aliskiren/valsartan

Beta Blocker

acebutolol hcl
 propranolol hcl
 carvedilol phosphate
 metoprolol/dietary suppl.cmb10
 atenolol
 betaxolol hcl
 bisoprolol fumarate
 carvedilol
 labetalol hcl
 metoprolol tartrate
 nadolol
 penbutolol sulfate

Appendix G. List of Generic Names of Medical Products Used to Define Covariates in this Report

Generic Name

pindolol
 timolol maleate
 metoprolol succinate
 propranolol/hydrochlorothiazid
 atenolol/chlorthalidone
 bisoprolol fumarate/hctz
 metoprolol/hydrochlorothiazide
 nadolol/bendroflumethiazide
 timolol/hydrochlorothiazide
 metoprolol succinate/hctz

Calcium (Ca) Channel Blocker

amlodipine besylate/benazepril
 enalapril maleate/felodipine
 enalapril mal/diltiazem mal
 trandolapril/verapamil hcl
 amlodipine bes/olmesartan med
 amlodipine/valsartan
 telmisartan/amlodipine
 amlodipine/valsartan/hcthiaziid
 olmesartan/amlodipin/hcthiaziid
 isradipine
 nifedipine hcl
 nifedipine
 diltiazem hcl
 verapamil hcl
 amlodipine besylate
 diltiazem malate
 felodipine
 amlodipine/atorvastatin
 aliskiren/amlodipine besylate
 aliskiren/amlodipin/hcthiaziide

Direct Vasodilator

tolazoline hcl
 hydralazine hcl
 minoxidil
 hydralazine/reserpin/hcthiaziid
 hydralazine/hydrochlorothiazid

Loop Diuretic

furosemide
 bumetanide
 ethacrynic acid
 torsemide

Aldosterone Receptor Agonist (ARA)

eplerenone
 spironolactone

Non-ARA Potassium (K) Sparing Diuretic

triamterene

Appendix G. List of Generic Names of Medical Products Used to Define Covariates in this Report

Generic Name

amiloride hcl
 triamterene/hydrochlorothiazid
 amiloride/hydrochlorothiazide
 spironolact/hydrochlorothiazid

Thiazide Diuretic

benazepril/hydrochlorothiazide
 captopril/hydrochlorothiazide
 enalapril/hydrochlorothiazide
 fosinopril/hydrochlorothiazide
 lisinopril/hydrochlorothiazide
 moexipril/hydrochlorothiazide
 quinapril/hydrochlorothiazide
 clonidine hcl/chlorthalidone
 methyldopa/chlorothiazide
 methyldopa/hydrochlorothiazide
 prazosin hcl/polythiazide
 amlodipine/valsartan/hcthiazid
 olmesartan/amlodipin/hcthiazid
 azilsartan med/chlorthalidone
 candesartan/hydrochlorothiazid
 eprosartan/hydrochlorothiazide
 irbesartan/hydrochlorothiazide
 losartan/hydrochlorothiazide
 olmesartan/hydrochlorothiazide
 telmisartan/hydrochlorothiazid
 valsartan/hydrochlorothiazide
 propranolol/hydrochlorothiazid
 atenolol/chlorthalidone
 bisoprolol fumarate/hctz
 metoprolol/hydrochlorothiazide
 nadolol/bendroflumethiazide
 timolol/hydrochlorothiazide
 metoprolol succinate/hctz
 triamterene/hydrochlorothiazid
 amiloride/hydrochlorothiazide
 spironolact/hydrochlorothiazid
 aliskiren/amlodipin/hcthiazide
 aliskiren/hydrochlorothiazide
 deserpidine/hydrochlorothiazid
 deserpidine/methyclothiazide
 rauwolfia serpentina/bfmtz
 reserpine/chlorothiazide
 reserpine/hydrochlorothiazide
 reserpine/hydroflumethiazide
 reserpine/methyclothiazide
 reserpine/polythiazide
 hydrochlorothiazide

Appendix G. List of Generic Names of Medical Products Used to Define Covariates in this Report

Generic Name

chlorothiazide
 bendroflumethiazide
 chlorthalidone
 guanethid/hydrochlorothiazide
 hydroflumethiazide
 indapamide
 methyclothiazide
 metolazone
 polythiazide
 trichlormethiazide
 hydralazine/reserpin/hcthiazid
 hydralazine/hydrochlorothiazid

Central Alpha-2 Receptor Agonist

clonidine hcl
 methyldopa
 clonidine hcl/chlorthalidone
 methyldopa/chlorothiazide
 methyldopa/hydrochlorothiazide

Reserpine and Derivative

rauwolfia serpentina
 reserpine
 deserpidine/hydrochlorothiazid
 deserpidine/methyclothiazide
 rauwolfia serpentina/bfmtz
 reserpine/chlorothiazide
 reserpine/hydrochlorothiazide
 reserpine/hydroflumethiazide
 reserpine/methyclothiazide
 reserpine/polythiazide
 hydralazine/reserpin/hcthiazid

Lipid-Lowering Agent

amlodipine/atorvastatin
 clofibrate
 fenofibrate
 fenofibrate,micronized
 fluvastatin sodium
 icosapent ethyl
 lomitapide mesylate
 niacin
 fenofibric acid (choline)
 colestipol hcl
 cholestyramine (with sugar)
 cholestyramine/aspartame
 colesevelam hcl
 aspirin(calc&mg)/pravastatin
 atorvastatin calcium
 cerivastatin sodium

Appendix G. List of Generic Names of Medical Products Used to Define Covariates in this Report

Generic Name

dextrothyroxine sodium
ezetimibe
fenofibrate nanocrystallized
fenofibric acid
gemfibrozil
lovastatin
pitavastatin calcium
pravastatin sodium
rosuvastatin calcium
simvastatin
ezetimibe/atorvastatin calcium
ezetimibe/simvastatin
niacin/lovastatin
niacin/simvastatin
sitagliptin/simvastatin

Appendix H.1. Specifications for Parameters in this Request, Comparison 1; Saxagliptin vs Sitagliptin, Comparison 2; Saxagliptin vs Pioglitazone

This request utilized the Cohort Identification and Descriptive Analysis (CIDA) module, with Propensity Score Matching (PSM) Analysis, version 7.3.4 to recreate a protocol-based assessment (PBA) of investigation on acute myocardial infarction (AMI) and hospitalized heart failure (hHF) following saxagliptin or sitagliptin use in comparison to long-acting insulin, pioglitazone, and second-generation sulfonylureas using updated data and CIDA features.

Query Period: See specifications for monitoring periods for each comparison

Listed below are Data Partner-specific (DP) end dates for certain monitoring periods when specified below.

	AMI DP-Specific End Date (based on ETL DP Max Date):	hHF DP-Specific End Date (based on ETL DP Max Date):
DP:		
01	3/31/2014	N/A
02	5/31/2014	1/31/2014
03	12/31/2012	12/31/2012
05	4/30/2014	12/31/2013
06	6/30/2014	3/31/2014
07	1/31/2014	10/31/2013
08	12/31/2012	12/31/2012
10	7/31/2014	N/A
13	6/30/2014	8/30/2013
14	7/31/2014	N/A
15	12/31/2013	9/30/2013
16	6/30/2012	6/30/2012
17	6/30/2012	6/30/2012

Coverage Requirement: Medical and Drug Coverage

Pre-exposure enrollment (days): 12 months (365 days)

Enrollment Gap: 45 days

Sex: Female or Male only

Age Groups: 18-29, 30-44, 45-54, 55-64, 65-74, 75-84, 85+ years
18-64, 65+ years (PS matching only)

Patient-level Return: No

Envelope Macro Use: No

Freeze Data: Yes

Appendix H.1. Specifications for Parameters in this Request, Comparison 1; Saxagliptin vs Sitagliptin, Comparison 2; Saxagliptin vs Pioglitazone

		Comparison 1		Comparison 2	
		Exposure of Interest Group	Reference Group	Exposure of Interest Group	Reference Group
Drug/Exposure Definition	Monitoring Period Start	8/1/2009		8/1/2009	
	Monitoring Period End	DP-specific		DP-specific	
	Exposure	Saxagliptin	Sitagliptin	Saxagliptin	Pioglitazone
	Incidence with Respect to	Saxagliptin, sitagliptin	Saxagliptin, sitagliptin	Saxagliptin, pioglitazone	Saxagliptin, pioglitazone
	Washout (days)	365	365	365	365
	Exposure Episode Truncation Criteria	Death, Query end date, End of exposure use, Occurrence of first AMI, Use of sitagliptin	Death, Query end date, End of exposure use, Occurrence of first AMI, Use of saxagliptin	Death, Query end date, End of exposure use, Occurrence of first AMI, Use of Pioglitazone	Death, Query end date, End of exposure use, Occurrence of first AMI, Use of Saxagliptin
	Cohort Definition	Only the first valid treatment episode during the query period (01)	Only the first valid treatment episode during the query period (01)	Only the first valid treatment episode during the query period (01)	Only the first valid treatment episode during the query period (01)
	Exposure Episode Gap	33% previous days' supply	33% previous days' supply	33% previous days' supply	33% previous days' supply
	Exposure Extension Period	12 days	12 days	12 days	12 days
	Minimum Episode Duration	1 day	1 day	1 day	1 day
	Minimum Days Supplied	1 day	1 day	1 day	1 day
Outcome Definition	Event/Outcome	AMI	AMI	AMI	AMI
	Care Setting/Diagnosis Position	Inpatient Primary (IPP)	IPP	IPP	IPP
	Event Incidence with Respect to	AMI	AMI	AMI	AMI
	Event Incidence Criteria Care Setting / Diagnosis Position	IPP	IPP	IPP	IPP
	Event Washout (days)	60	60	60	60
	Blackout Period	0 days	0 days	0 days	0 days

Appendix H.1. Specifications for Parameters in this Request, Comparison 1; Saxagliptin vs Sitagliptin, Comparison 2; Saxagliptin vs Pioglitazone

Inclusion/ Exclusion Criteria	Conditions	Diabetes (diagnosis or medication, not including short-acting insulins)	Diabetes (diagnosis or medication, not including short-acting insulins)	Diabetes (diagnosis or medication, not including short-acting insulins)	Diabetes (diagnosis or medication, not including short-acting insulins)
	Include or Exclude	Inclusion	Inclusion	Inclusion	Inclusion
	Care Setting/Diagnosis Position	Any	Any	Any	Any
	Lookback Period	(-365, -1)	(-365, -1)	(-365, -1)	(-365, -1)
	Number of Code Occurrences	1 instance	1 instance	1 instance	1 instance
Inclusion/ Exclusion Criteria	Conditions	Gestational diabetes	Gestational diabetes	Gestational diabetes	Gestational diabetes
	Include or Exclude	Exclusion	Exclusion	Exclusion	Exclusion
	Care Setting/Diagnosis Position	Any	Any	Any	Any
	Lookback Period	(-365, 0)	(-365, 0)	(-365, 0)	(-365, 0)
	Number of Code Occurrences	1 instance	1 instance	1 instance	1 instance
Inclusion/ Exclusion Criteria	Conditions			Congestive heart failure	Congestive heart failure
	Include or Exclude			Exclusion	Exclusion
	Care Setting/Diagnosis Position			Any	Any
	Lookback Period			(-365, -1)	(-365, -1)
	Number of Code Occurrences			1 instance	1 instance
Stockpiling Algorithm	Same Day Dispensing (Days Supplied)	Sum	Sum	Sum	Sum
	Same Day Dispensing (Amount Supplied)	Sum	Sum	Sum	Sum
	Range of Allowable Days Supplied	Max 120 Days (inclusive)			
	Range of Allowable Amount Supplied	N/A	N/A	N/A	N/A
	Overlap Percentage Processing	Default	Default	Default	Default

Appendix H.1. Specifications for Parameters in this Request, Comparison 1; Saxagliptin vs Sitagliptin, Comparison 2; Saxagliptin vs Pioglitazone

Baseline Covariates/Utilization/Comorbidity Score	Covariates	(See Covariates table)	(See Covariates table)
	Care Setting/Diagnosis Position	inpatient (IP*), outpatient (ambulatory visit (AV*) only) (Stroke (narrow), AMI (narrow), and hHF must have Diagnosis Position of Primary)	inpatient (IP*), outpatient (ambulatory visit (AV*) only) (Stroke (narrow), AMI (narrow), and hHF must have Diagnosis Position of Primary)
	Covariate Evaluation Window (days)	(-365, -1) for Baseline or (0, 0) for Concurrent unless otherwise stated	(-365, -1) for Baseline or (0, 0) for Concurrent unless otherwise stated
	Comorbidity Score Evaluation window (days)	(-365, -1)	(-365, -1)
	Medical Utilization Evaluation Window	(-365, -1)	(-365, -1)
	Medical Utilization Care setting	IP, Inpatient stay (IS), AV, Other ambulatory visit (OA), Emergency department (ED)	IP, IS, AV, OA, ED
	Drug Utilization Evaluation Window	(-365, -1)	(-365, -1)
Propensity Score Analysis/Subgroup Analysis	Analysis type	Propensity score analysis	Propensity score analysis
	Perform HDPS Analysis	No	No
	Matching Ratio	1:1	1:1
	Matching Caliper Settings	0.01	0.01
	Subgroup Analyses	Prior cardiovascular disease (Yes, No) Age groups (00-64, 65+ years) Sex (Male, Female)	Prior cardiovascular disease (Yes, No) Age groups (00-64, 65+ years) Sex (Male, Female)
	Population used for rematching within subgroups	Total population	Total population

Appendix H.2. Specifications for Parameters in this Request, Comparison 3; Saxagliptin vs Long-acting insulins, Comparison 4; Saxagliptin vs Second-generation sulfonylureas

This request utilized the Cohort Identification and Descriptive Analysis (CIDA) module, with Propensity Score Matching (PSM) Analysis, version 7.3.4 to recreate a protocol-based assessment (PBA) of investigation on acute myocardial infarction (AMI) and hospitalized heart failure (hHF) following saxagliptin or sitagliptin use in comparison to long-acting insulin, pioglitazone, and second-generation sulfonylureas using updated data and CIDA features.

Query Period: See specifications for monitoring periods for each comparison

Listed below are Data Partner-specific (DP) end dates for certain monitoring periods when specified below.

	AMI DP-Specific End Date (based on	hHF DP-Specific End Date (based on
DP:	ETL DP Max Date):	ETL DP Max Date):
01	3/31/2014	N/A
02	5/31/2014	1/31/2014
03	12/31/2012	12/31/2012
05	4/30/2014	12/31/2013
06	6/30/2014	3/31/2014
07	1/31/2014	10/31/2013
08	12/31/2012	12/31/2012
10	7/31/2014	N/A
13	6/30/2014	8/30/2013
14	7/31/2014	N/A
15	12/31/2013	9/30/2013
16	6/30/2012	6/30/2012
17	6/30/2012	6/30/2012

Coverage Requirement: Medical and Drug Coverage

Pre-exposure enrollment (days): 12 months (365 days)

Enrollment Gap: 45 days

Sex: Female or Male only

Age Groups: 18-29, 30-44, 45-54, 55-64, 65-74, 75-84, 85+ years
18-64, 65+ years (PS matching only)

Patient-level Return: No

Envelope Macro Use: No

Freeze Data: Yes

Appendix H.2. Specifications for Parameters in this Request, Comparison 3; Saxagliptin vs Long-acting insulins, Comparison 4; Saxagliptin vs Second-generation sulfonylureas

		Comparison 3		Comparison 4	
		Exposure of Interest Group	Reference Group	Exposure of Interest Group	Reference Group
Drug/Exposure Definition	Monitoring Period Start	8/1/2009		8/1/2009	
	Monitoring Period End	DP-specific		DP-specific	
	Exposure	Saxagliptin	Long-acting insulins	Saxagliptin	Second-generation sulfonylureas
	Incidence with Respect to	Saxagliptin, long-acting insulins	Saxagliptin, long-acting insulins	Saxagliptin, second-generation sulfonylureas	Saxagliptin, second-generation sulfonylureas
	Washout (days)	365 days	365 days	365 days	365 days
	Exposure Episode Truncation Criteria	Death, Query end date, End of exposure use, Occurrence of first AMI, Use of long-acting insulins	Death, Query end date, End of exposure use, Occurrence of first AMI, Use of saxagliptin	Death, Query end date, End of exposure use, Occurrence of first AMI, Use of second-generation	Death, Query end date, End of exposure use, Occurrence of first AMI, Use of saxagliptin
	Cohort Definition	Only the first valid treatment episode during the query period (01)	Only the first valid treatment episode during the query period (01)	Only the first valid treatment episode during the query period (01)	Only the first valid treatment episode during the query period (01)
	Exposure Episode Gap	33% previous days' supply	33% previous days' supply	33% previous days' supply	33% previous days' supply
	Exposure Extension Period	12 days	12 days	12 days	12 days
	Minimum Episode Duration	1 day	1 day	1 day	1 day
	Minimum Days Supplied	1 day	1 day	1 day	1 day
	Outcome Definition	Event/Outcome	AMI	AMI	AMI
Care Setting/Diagnosis Position		Inpatient Primary (IPP)	IPP	IPP	IPP
Event Incidence with Respect to		AMI	AMI	AMI	AMI
Event Incidence Criteria Care Setting / Diagnosis Position		IPP	IPP	IPP	IPP
Event Washout (days)		60 days	60 days	60 days	60 days
Blackout Period		0 days	0 days	0 days	0 days

Appendix H.2. Specifications for Parameters in this Request, Comparison 3; Saxagliptin vs Long-acting insulins, Comparison 4; Saxagliptin vs Second-generation sulfonylureas

Inclusion/ Exclusion Criteria	Conditions	Diabetes (diagnosis or medication, not including short-acting insulins)	Diabetes (diagnosis or medication, not including short-acting insulins)	Diabetes (diagnosis or medication, not including short-acting insulins)	Diabetes (diagnosis or medication, not including short-acting insulins)
	Include or Exclude	Inclusion	Inclusion	Inclusion	Inclusion
	Care Setting/Diagnosis Position	Any	Any	Any	Any
	Lookback Period	(-365, -1)	(-365, -1)	(-365, -1)	(-365, -1)
	Number of Code Occurrences	1 instance	1 instance	1 instance	1 instance
Inclusion/ Exclusion Criteria	Conditions	Gestational diabetes	Gestational diabetes	Gestational diabetes	Gestational diabetes
	Include or Exclude	Exclusion	Exclusion	Exclusion	Exclusion
	Care Setting/Diagnosis Position	Any	Any	Any	Any
	Lookback Period	(-365, 0)	(-365, 0)	(-365, 0)	(-365, 0)
	Number of Code Occurrences	1 instance	1 instance	1 instance	1 instance
Inclusion/ Exclusion Criteria	Conditions	Short-acting insulin use only (defined as: Only one diabetes medication class (see Covariates table) AND this class is a short-acting insulin dispensing)	Short-acting insulin use only (defined as: Only one diabetes medication class (see Covariates table) AND this class is a short-acting insulin dispensing)		
	Include or Exclude	Exclusion	Exclusion		
	Care Setting/Diagnosis Position	Any	Any		
	Lookback Period	(-365, -1)	(-365, -1)		
	Number of Code Occurrences	1 instance	1 instance		
Stockpiling Algorithm	Same Day Dispensing (Days Supplied)	Sum	Sum	Sum	Sum
	Same Day Dispensing (Amount Supplied)	Sum	Sum	Sum	Sum
	Range of Allowable Days Supplied	Max 120 Days (inclusive)	Max 120 Days (inclusive)	Max 120 Days (inclusive)	Max 120 Days (inclusive)
	Range of Allowable Amount Supplied	N/A	N/A	N/A	N/A
	Overlap Percentage Processing	Default	Default	Default	Default

Appendix H.2. Specifications for Parameters in this Request, Comparison 3; Saxagliptin vs Long-acting insulins, Comparison 4; Saxagliptin vs Second-generation sulfonylureas

Baseline Covariates/Utilization/Comorbidity Score	Covariates	(See Covariates table)	(See Covariates table)
	Care Setting/Diagnosis Position	inpatient (IP*), outpatient (ambulatory visit (AV*) only) (Stroke (narrow), AMI (narrow), and hHF must have Diagnosis Position of Primary)	inpatient (IP*), outpatient (ambulatory visit (AV*) only) (Stroke (narrow), AMI (narrow), and hHF must have Diagnosis Position of Primary)
	Covariate Evaluation Window (days)	(-365, -1) for Baseline or (0, 0) for Concurrent unless otherwise stated	(-365, -1) for Baseline or (0, 0) for Concurrent unless otherwise stated
	Comorbidity Score Evaluation window (days)	(-365, -1)	(-365, -1)
	Medical Utilization Evaluation Window	(-365, -1)	(-365, -1)
	Medical Utilization Care setting	IP, Inpatient stay (IS), AV, Other ambulatory visit (OA), Emergency department (ED)	IP, IS, AV, OA, ED
	Drug Utilization Evaluation Window	(-365, -1)	(-365, -1)
Propensity Score Analysis/Subgroup Analysis	Analysis type	Propensity score analysis	Propensity score analysis
	Perform HDPS Analysis	No	No
	Matching Ratio	1:1	1:1
	Matching Caliper Settings	0.01	0.01
	Subgroup Analyses	Prior cardiovascular disease (Yes, No) Age groups (00-64, 65+ years) Sex (Male, Female)	Prior cardiovascular disease (Yes, No) Age groups (00-64, 65+ years) Sex (Male, Female)
	Population used for rematching within subgroups	Total population	Total population

Appendix H.3. Specifications for Parameters in this Request, Comparison 5; Sitagliptin vs Pioglitazone, Comparison 6; Sitagliptin vs Long-acting insulins

This request utilized the Cohort Identification and Descriptive Analysis (CIDA) module, with Propensity Score Matching (PSM) Analysis, version 7.3.4 to recreate a protocol-based assessment (PBA) of investigation on acute myocardial infarction (AMI) and hospitalized heart failure (hHF) following saxagliptin or sitagliptin use in comparison to long-acting insulin, pioglitazone, and second-generation sulfonylureas using updated data and CIDA features.

Query Period: See specifications for monitoring periods for each comparison

Listed below are Data Partner-specific (DP) end dates for certain monitoring periods when specified below.

	AMI DP-Specific End Date (based on	hHF DP-Specific End Date (based on
DP:	ETL DP Max Date):	ETL DP Max Date):
01	3/31/2014	N/A
02	5/31/2014	1/31/2014
03	12/31/2012	12/31/2012
05	4/30/2014	12/31/2013
06	6/30/2014	3/31/2014
07	1/31/2014	10/31/2013
08	12/31/2012	12/31/2012
10	7/31/2014	N/A
13	6/30/2014	8/30/2013
14	7/31/2014	N/A
15	12/31/2013	9/30/2013
16	6/30/2012	6/30/2012
17	6/30/2012	6/30/2012

Coverage Requirement: Medical and Drug Coverage

Pre-exposure enrollment (days): 12 months (365 days)

Enrollment Gap: 45 days

Sex: Female or Male only

Age Groups: 18-29, 30-44, 45-54, 55-64, 65-74, 75-84, 85+ years
18-64, 65+ years (PS matching only)

Patient-level Return: No

Envelope Macro Use: No

Freeze Data: Yes

Appendix H.3. Specifications for Parameters in this Request, Comparison 5; Sitagliptin vs Pioglitazone, Comparison 6; Sitagliptin vs Long-acting insulins

		Comparison 5		Comparison 6	
		Exposure of Interest Group	Reference Group	Exposure of Interest Group	Reference Group
Drug/Exposure Definition	Monitoring Period Start	10/1/2006		10/1/2006	
	Monitoring Period End	DP-specific		DP-specific	
	Exposure	Sitagliptin	Pioglitazone	Sitagliptin	Long-acting insulins
	Incidence with Respect to	Sitagliptin, pioglitazone	Sitagliptin, pioglitazone	Sitagliptin, long-acting insulins	Sitagliptin, long-acting insulins
	Washout (days)	365 days	365 days	365 days	365 days
	Exposure Episode Truncation Criteria	Death, Query end date, End of exposure use, Occurrence of first AMI, Use of pioglitazone	Death, Query end date, End of exposure use, Occurrence of first AMI, Use of sitagliptin	Death, Query end date, End of exposure use, Occurrence of first AMI, Use of long-acting insulins	Death, Query end date, End of exposure use, Occurrence of first AMI, Use of sitagliptin
	Cohort Definition	Only the first valid treatment episode during the query period (01)	Only the first valid treatment episode during the query period (01)	Only the first valid treatment episode during the query period (01)	Only the first valid treatment episode during the query period (01)
	Exposure Episode Gap	33% previous days' supply	33% previous days' supply	33% previous days' supply	33% previous days' supply
	Exposure Extension Period	12 days	12 days	12 days	12 days
	Minimum Episode Duration	1 day	1 day	1 day	1 day
	Minimum Days Supplied	1 day	1 day	1 day	1 day
Outcome Definition	Event/Outcome	AMI	AMI	AMI	AMI
	Care Setting/Diagnosis Position	Inpatient Primary (IPP)	IPP	IPP	IPP
	Event Incidence with Respect to	AMI	AMI	AMI	AMI
	Event Incidence Criteria Care Setting / Diagnosis Position	IPP	IPP	IPP	IPP
	Event Washout (days)	60 days	60 days	60 days	60 days
	Blackout Period	0 days	0 days	0 days	0 days

Appendix H.3. Specifications for Parameters in this Request, Comparison 5; Sitagliptin vs Pioglitazone, Comparison 6; Sitagliptin vs Long-acting insulins

Inclusion/ Exclusion Criteria	Conditions	Diabetes (diagnosis or medication, not including short-acting insulins)	Diabetes (diagnosis or medication, not including short-acting insulins)	Diabetes (diagnosis or medication, not including short-acting insulins)	Diabetes (diagnosis or medication, not including short-acting insulins)
	Include or Exclude	Inclusion	Inclusion	Inclusion	Inclusion
	Care Setting/Diagnosis Position	Any	Any	Any	Any
	Lookback Period	(-365, -1)	(-365, -1)	(-365, -1)	(-365, -1)
	Number of Code Occurrences	1 instance	1 instance	1 instance	1 instance
Inclusion/ Exclusion Criteria	Conditions	Gestational diabetes	Gestational diabetes	Gestational diabetes	Gestational diabetes
	Include or Exclude	Exclusion	Exclusion	Exclusion	Exclusion
	Care Setting/Diagnosis Position	Any	Any	Any	Any
	Lookback Period	(-365, 0)	(-365, 0)	(-365, 0)	(-365, 0)
	Number of Code Occurrences	1 instance	1 instance	1 instance	1 instance
Inclusion/ Exclusion Criteria	Conditions	Congestive heart failure	Congestive heart failure	Short-acting insulin use only (defined as: Only one diabetes medication class (see Covariates table) AND this class is a short-acting insulin dispensing)	Short-acting insulin use only (defined as: Only one diabetes medication class (see Covariates table) AND this class is a short-acting insulin dispensing)
	Include or Exclude	Exclusion	Exclusion	Exclusion	Exclusion
	Care Setting/Diagnosis Position	Any	Any	Any	Any
	Lookback Period	(-365, -1)	(-365, -1)	(-365, -1)	(-365, -1)
	Number of Code Occurrences	1 instance	1 instance	1 instance	1 instance
Stockpiling Algorithm	Same Day Dispensing (Days Supplied)	Sum	Sum	Sum	Sum
	Same Day Dispensing (Amount Supplied)	Sum	Sum	Sum	Sum
	Range of Allowable Days Supplied	Max 120 Days (inclusive)	Max 120 Days (inclusive)	Max 120 Days (inclusive)	Max 120 Days (inclusive)
	Range of Allowable Amount Supplied	N/A	N/A	N/A	N/A
	Overlap Percentage Processing	Default	Default	Default	Default

Appendix H.3. Specifications for Parameters in this Request, Comparison 5; Sitagliptin vs Pioglitazone, Comparison 6; Sitagliptin vs Long-acting insulins

Baseline Covariates/Utilization/Comorbidity Score	Covariates	(See Covariates table)	(See Covariates table)
	Care Setting/Diagnosis Position	inpatient (IP*), outpatient (ambulatory visit (AV*) only) (Stroke (narrow), AMI (narrow), and hHF must have Diagnosis Position of Primary)	inpatient (IP*), outpatient (ambulatory visit (AV*) only) (Stroke (narrow), AMI (narrow), and hHF must have Diagnosis Position of Primary)
	Covariate Evaluation Window (days)	(-365, -1) for Baseline or (0, 0) for Concurrent unless otherwise stated	(-365, -1) for Baseline or (0, 0) for Concurrent unless otherwise stated
	Comorbidity Score Evaluation window (days)	(-365, -1)	(-365, -1)
	Medical Utilization Evaluation Window	(-365, -1)	(-365, -1)
	Medical Utilization Care setting	IP, Inpatient stay (IS), AV, Other ambulatory visit (OA), Emergency department (ED)	IP, IS, AV, OA, ED
	Drug Utilization Evaluation Window	(-365, -1)	(-365, -1)
Propensity Score Analysis/Subgroup Analysis	Analysis type	Propensity score analysis	Propensity score analysis
	Perform HDPS Analysis	No	No
	Matching Ratio	1:1	1:1
	Matching Caliper Settings	0.01	0.01
	Subgroup Analyses	Prior cardiovascular disease (Yes, No) Age groups (00-64, 65+ years) Sex (Male, Female)	Prior cardiovascular disease (Yes, No) Age groups (00-64, 65+ years) Sex (Male, Female)
	Population used for rematching within subgroups	Total population	Total population

Appendix H.4. Specifications for Parameters in this Request, Comparison 7; Sitagliptin vs Second-generation sulfonylureas

This request utilized the Cohort Identification and Descriptive Analysis (CIDA) module, with Propensity Score Matching (PSM) Analysis, version 7.3.4 to recreate a protocol-based assessment (PBA) of investigation on acute myocardial infarction (AMI) and hospitalized heart failure (hHF) following saxagliptin or sitagliptin use in comparison to long-acting insulin, pioglitazone, and second-generation sulfonylureas using updated data and CIDA features.

Query Period: See specifications for monitoring periods for each comparison

Listed below are Data Partner-specific (DP) end dates for certain monitoring periods when specified below.

DP:	AMI DP-Specific End Date (based on ETL DP Max Date):	hHF DP-Specific End Date (based on ETL DP Max Date):
01	3/31/2014	N/A
02	5/31/2014	1/31/2014
03	12/31/2012	12/31/2012
05	4/30/2014	12/31/2013
06	6/30/2014	3/31/2014
07	1/31/2014	10/31/2013
08	12/31/2012	12/31/2012
10	7/31/2014	N/A
13	6/30/2014	8/30/2013
14	7/31/2014	N/A
15	12/31/2013	9/30/2013
16	6/30/2012	6/30/2012
17	6/30/2012	6/30/2012

Coverage Requirement: Medical and Drug Coverage

Pre-exposure enrollment (days): 12 months (365 days)

Enrollment Gap: 45 days

Sex: Female or Male only

Age Groups: 18-29, 30-44, 45-54, 55-64, 65-74, 75-84, 85+ years
18-64, 65+ years (PS matching only)

Patient-level Return: No

Envelope Macro Use: No

Freeze Data: Yes

Appendix H.4. Specifications for Parameters in this Request, Comparison 7; Sitagliptin vs Second-generation sulfonylureas

		Comparison 7	
		Exposure of Interest Group	Reference Group
Drug/Exposure Definition	Monitoring Period Start	10/1/2006	
	Monitoring Period End	DP-specific	
	Exposure	Sitagliptin	Second-generation sulfonylureas
	Incidence with Respect to	Sitagliptin, second-generation sulfonylureas	Sitagliptin, second-generation sulfonylureas
	Washout (days)	365	365
	Exposure Episode Truncation Criteria	Death, Query end date, End of exposure use, Occurrence of first AMI, Use of second-generation sulfonylureas	Death, Query end date, End of exposure use, Occurrence of first AMI, Use of sitagliptin
	Cohort Definition	Only the first valid treatment episode during the query period (01)	Only the first valid treatment episode during the query period (01)
	Exposure Episode Gap	33% previous days' supply	33% previous days' supply
	Exposure Extension Period	12 days	12 days
	Minimum Episode Duration	1 day	1 day
	Minimum Days Supplied	1 day	1 day
Outcome Definition	Event/Outcome	AMI	AMI
	Care Setting/Diagnosis Position	Inpatient Primary (IPP)	IPP
	Event Incidence with Respect to	AMI	AMI
	Event Incidence Criteria	IPP	IPP
	Care Setting / Diagnosis Position	IPP	IPP
	Event Washout (days)	60	60
	Blackout Period	0 days	0 days

Appendix H.4. Specifications for Parameters in this Request, Comparison 7; Sitagliptin vs Second-generation sulfonylureas

Inclusion/ Exclusion Criteria	Conditions	Diabetes (diagnosis or medication, not including short-acting insulins)	Diabetes (diagnosis or medication, not including short-acting insulins)
	Include or Exclude	Inclusion	Inclusion
	Care Setting/Diagnosis Position	Any	Any
	Lookback Period	(-365, -1)	(-365, -1)
	Number of Code Occurrences	1 instance	1 instance
Inclusion/ Exclusion Criteria	Conditions	Gestational diabetes	Gestational diabetes
	Include or Exclude	Exclusion	Exclusion
	Care Setting/Diagnosis Position	Any	Any
	Lookback Period	(-365, 0)	(-365, 0)
	Number of Code Occurrences	1 instance	1 instance
Inclusion/ Exclusion Criteria	Conditions		
	Include or Exclude		
	Care Setting/Diagnosis Position		
	Lookback Period		
	Number of Code Occurrences		
Stockpiling Algorithm	Same Day Dispensing (Days Supplied)	Sum	Sum
	Same Day Dispensing (Amount Supplied)	Sum	Sum
	Range of Allowable Days Supplied	Max 120 Days (inclusive)	Max 120 Days (inclusive)
	Range of Allowable Amount Supplied	N/A	N/A
	Overlap Percentage Processing	Default	Default

Appendix H.4. Specifications for Parameters in this Request, Comparison 7; Sitagliptin vs Second-generation sulfonylureas

Baseline Covariates/Utilization/Comorbidity Score	Covariates	(See Covariates table)
	Care Setting/Diagnosis Position	inpatient (IP*), outpatient (ambulatory visit (AV*) only) (Stroke (narrow), AMI (narrow), and hHF must have Diagnosis Position of Primary)
	Covariate Evaluation Window (days)	(-365, -1) for Baseline or (0, 0) for Concurrent unless otherwise stated
	Comorbidity Score Evaluation window (days)	(-365, -1)
	Medical Utilization Evaluation Window	(-365, -1)
	Medical Utilization Care setting	IP, Inpatient stay (IS), AV, Other ambulatory visit (OA), Emergency department (ED)
	Drug Utilization Evaluation Window	(-365, -1)
Propensity Score Analysis/Subgroup Analysis	Analysis type	Propensity score analysis
	Perform HDPS Analysis	No
	Matching Ratio	1:1
	Matching Caliper Settings	0.01
	Subgroup Analyses	Prior cardiovascular disease (Yes, No) Age groups (00-64, 65+ years) Sex (Male, Female)
	Population used for rematching within subgroups	Total population

Appendix H.5. Specifications for Parameters in this Request, Comparison 8; Saxagliptin vs Sitagliptin, Comparison 9; Saxagliptin vs Pioglitazone

This request utilized the Cohort Identification and Descriptive Analysis (CIDA) module, with Propensity Score Matching (PSM) Analysis, version 7.3.4 to recreate a protocol-based assessment (PBA) of investigation of acute myocardial infarction (AMI) and hospitalized heart failure (hHF) following saxagliptin or sitagliptin use in comparison to long-acting insulin, pioglitazone, and second-generation sulfonylureas using updated data and CIDA features.

Query Period: See specifications for monitoring periods for each comparison

Listed below are Data Partner-specific (DP) end dates for certain monitoring periods when specified below.

	AMI DP-Specific End Date (based on	hHF DP-Specific End Date (based on
DP:	ETL DP Max Date):	ETL DP Max Date):
01	3/31/2014	N/A
02	5/31/2014	1/31/2014
03	12/31/2012	12/31/2012
05	4/30/2014	12/31/2013
06	6/30/2014	3/31/2014
07	1/31/2014	10/31/2013
08	12/31/2012	12/31/2012
10	7/31/2014	N/A
13	6/30/2014	8/30/2013
14	7/31/2014	N/A
15	12/31/2013	9/30/2013
16	6/30/2012	6/30/2012
17	6/30/2012	6/30/2012

Coverage Requirement: Medical and Drug Coverage

Pre-exposure enrollment (days): 12 months (365 days)

Enrollment Gap: 45 days

Sex: Female or Male only

Age Groups: 18-29, 30-44, 45-54, 55-64, 65-74, 75-84, 85+ years
18-64, 65+ years (PS matching only)

Patient-level Return: No

Envelope Macro Use: No

Freeze Data: Yes

Appendix H.5. Specifications for Parameters in this Request, Comparison 8; Saxagliptin vs Sitagliptin, Comparison 9; Saxagliptin vs Pioglitazone

	Comparison 8		Comparison 9	
	Exposure of Interest Group	Reference Group	Exposure of Interest Group	Reference Group
Drug/Exposure Definition	Monitoring Period Start	8/1/2009	8/1/2009	
	Monitoring Period End	DP-specific	DP-specific	
	Exposure	Saxagliptin	Sitagliptin	Pioglitazone
	Incidence with Respect to	Saxagliptin, sitagliptin	Saxagliptin, sitagliptin	Saxagliptin, pioglitazone
	Washout (days)	365 days	365 days	365 days
	Exposure Episode Truncation Criteria	Death, Query end date, End of exposure use, Occurrence of first hHF, Use of sitagliptin	Death, Query end date, End of exposure use, Occurrence of first hHF, Use of saxagliptin	Death, Query end date, End of exposure use, Occurrence of first hHF, Use of Pioglitazone
	Cohort Definition	Only the first valid treatment episode during the query period (01)	Only the first valid treatment episode during the query period (01)	Only the first valid treatment episode during the query period (01)
	Exposure Episode Gap	33% previous days' supply	33% previous days' supply	33% previous days' supply
	Exposure Extension Period	12 days	12 days	12 days
	Minimum Episode Duration	1 day	1 day	1 day
Minimum Days Supplied	1 day	1 day	1 day	
Outcome Definition	Event/Outcome	hHF	hHF	hHF
	Care Setting/Diagnosis Position	Inpatient Primary (IPP)	IPP	IPP
	Event Incidence with Respect to	hHF or AMI	hHF or AMI	hHF or AMI
	Event Incidence Criteria Care Setting / Diagnosis Position	IPP	IPP	IPP
	Event Washout (days)	60 days	60 days	60 days
	Blackout Period	0 days	0 days	0 days

Appendix H.5. Specifications for Parameters in this Request, Comparison 8; Saxagliptin vs Sitagliptin, Comparison 9; Saxagliptin vs Pioglitazone

Inclusion/ Exclusion Criteria	Conditions	Diabetes (diagnosis or medication, not including short-acting insulins)	Diabetes (diagnosis or medication, not including short-acting insulins)	Diabetes (diagnosis or medication, not including short-acting insulins)	Diabetes (diagnosis or medication, not including short-acting insulins)
	Include or Exclude	Inclusion	Inclusion	Inclusion	Inclusion
	Care Setting/Diagnosis Position	Any	Any	Any	Any
	Lookback Period	(-365, -1)	(-365, -1)	(-365, -1)	(-365, -1)
	Number of Code Occurrences	1 instance	1 instance	1 instance	1 instance
Inclusion/ Exclusion Criteria	Conditions	Gestational diabetes	Gestational diabetes	Gestational diabetes	Gestational diabetes
	Include or Exclude	Exclusion	Exclusion	Exclusion	Exclusion
	Care Setting/Diagnosis Position	Any	Any	Any	Any
	Lookback Period	(-365, 0)	(-365, 0)	(-365, 0)	(-365, 0)
	Number of Code Occurrences	1 instance	1 instance	1 instance	1 instance
Inclusion/ Exclusion Criteria	Conditions			Congestive heart failure	Congestive heart failure
	Include or Exclude			Exclusion	Exclusion
	Care Setting/Diagnosis Position			Any	Any
	Lookback Period			(-365, -1)	(-365, -1)
	Number of Code Occurrences			1 instance	1 instance
Stockpiling Algorithm	Same Day Dispensing (Days Supplied)	Sum	Sum	Sum	Sum
	Same Day Dispensing (Amount Supplied)	Sum	Sum	Sum	Sum
	Range of Allowable Days Supplied	Max 120 Days (inclusive)			
	Range of Allowable Amount Supplied	N/A	N/A	N/A	N/A
	Overlap Percentage Processing	Default	Default	Default	Default

Appendix H.5. Specifications for Parameters in this Request, Comparison 8; Saxagliptin vs Sitagliptin, Comparison 9; Saxagliptin vs Pioglitazone

Baseline Covariates/Utilization/Comorbidity Score	Covariates	(See Covariates table)	(See Covariates table)
	Care Setting/Diagnosis Position	inpatient (IP*), outpatient (ambulatory visit (AV*) only) (Stroke (narrow), AMI (narrow), and hHF must have Diagnosis Position of Primary)	inpatient (IP*), outpatient (ambulatory visit (AV*) only) (Stroke (narrow), AMI (narrow), and hHF must have Diagnosis Position of Primary)
	Covariate Evaluation Window (days)	(-365, -1) for Baseline or (0, 0) for Concurrent unless otherwise stated	(-365, -1) for Baseline or (0, 0) for Concurrent unless otherwise stated
	Comorbidity Score Evaluation window (days)	(-365, -1)	(-365, -1)
	Medical Utilization Evaluation Window	(-365, -1)	(-365, -1)
	Medical Utilization Care setting	IP, Inpatient stay (IS), AV, Other ambulatory visit (OA), Emergency department (ED)	IP, IS, AV, OA, ED
	Drug Utilization Evaluation Window	(-365, -1)	(-365, -1)
Propensity Score Analysis/Subgroup Analysis	Analysis type	Propensity score analysis	Propensity score analysis
	Perform HDPS Analysis	No	No
	Matching Ratio	1:1	1:1
	Matching Caliper Settings	0.01	0.01
	Subgroup Analyses	Prior cardiovascular disease (Yes, No) Age groups (00-64, 65+ years) Sex (Male, Female)	Prior cardiovascular disease (Yes, No) Age groups (00-64, 65+ years) Sex (Male, Female)
	Population used for rematching within subgroups	Total population	Total population

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Appendix H.6. Specifications for Parameters in this Request, Comparison 10; Saxagliptin vs Long-acting insulins, Comparison 11; Saxagliptin vs Second-generation sulfonylureas

This request utilized the Cohort Identification and Descriptive Analysis (CIDA) module, with Propensity Score Matching (PSM) Analysis, version 7.3.4 to recreate a protocol-based assessment (PBA) of investigation on acute myocardial infarction (AMI) and hospitalized heart failure (hHF) following saxagliptin or sitagliptin use in comparison to long-acting insulin, pioglitazone, and second-generation sulfonylureas using updated data and CIDA features.

Query Period: See specifications for monitoring periods for each comparison

Listed below are Data Partner-specific (DP) end dates for certain monitoring periods when specified below.

	AMI DP-Specific End Date (based on ETL DP Max Date):	hHF DP-Specific End Date (based on ETL DP Max Date):
DP:		
01	3/31/2014	N/A
02	5/31/2014	1/31/2014
03	12/31/2012	12/31/2012
05	4/30/2014	12/31/2013
06	6/30/2014	3/31/2014
07	1/31/2014	10/31/2013
08	12/31/2012	12/31/2012
10	7/31/2014	N/A
13	6/30/2014	8/30/2013
14	7/31/2014	N/A
15	12/31/2013	9/30/2013
16	6/30/2012	6/30/2012
17	6/30/2012	6/30/2012

Coverage Requirement: Medical and Drug Coverage

Pre-exposure enrollment (days): 12 months (365 days)

Enrollment Gap: 45 days

Sex: Female or Male only

Age Groups: 18-29, 30-44, 45-54, 55-64, 65-74, 75-84, 85+ years
18-64, 65+ years (PS matching only)

Patient-level Return: No

Envelope Macro Use: No

Freeze Data: Yes

Appendix H.6. Specifications for Parameters in this Request, Comparison 10; Saxagliptin vs Long-acting insulins, Comparison 11; Saxagliptin vs Second-generation sulfonylureas

		Comparison 10		Comparison 11	
		Exposure of Interest Group	Reference Group	Exposure of Interest Group	Reference Group
Drug/Exposure Definition	Monitoring Period Start	8/1/2009		8/1/2009	
	Monitoring Period End	DP-specific		DP-specific	
	Exposure	Saxagliptin	Long-acting insulins	Saxagliptin	Second-generation sulfonylureas
	Incidence with Respect to	Saxagliptin, long-acting insulins	Saxagliptin, long-acting insulins	Saxagliptin, second-generation sulfonylureas	Saxagliptin, second-generation sulfonylureas
	Washout (days)	365 days	365 days	365 days	365 days
	Exposure Episode Truncation Criteria	Death, Query end date, End of exposure use, Occurrence of first hHF, Use of long-acting insulins	Death, Query end date, End of exposure use, Occurrence of first hHF, Use of saxagliptin	Death, Query end date, End of exposure use, Occurrence of first hHF, Use of second-generation sulfonylureas	Death, Query end date, End of exposure use, Occurrence of first hHF, Use of saxagliptin
	Cohort Definition	Only the first valid treatment episode during the query period (01)	Only the first valid treatment episode during the query period (01)	Only the first valid treatment episode during the query period (01)	Only the first valid treatment episode during the query period (01)
	Exposure Episode Gap	33% previous days' supply	33% previous days' supply	33% previous days' supply	33% previous days' supply
	Exposure Extension Period	12 days	12 days	12 days	12 days
	Minimum Episode Duration	1 day	1 day	1 day	1 day
Minimum Days Supplied	1 day	1 day	1 day	1 day	
Outcome Definition	Event/Outcome	hHF	hHF	hHF	hHF
	Care Setting/Diagnosis Position	Inpatient Primary (IPP)	IPP	IPP	IPP
	Event Incidence with Respect to	hHF or AMI	hHF or AMI	hHF or AMI	hHF or AMI
	Event Incidence Criteria Care Setting / Diagnosis Position	IPP	IPP	IPP	IPP
	Event Washout (days)	60 days	60 days	60 days	60 days
	Blackout Period	0 days	0 days	0 days	0 days

Appendix H.6. Specifications for Parameters in this Request, Comparison 10; Saxagliptin vs Long-acting insulins, Comparison 11; Saxagliptin vs Second-generation sulfonylureas

Inclusion/Exclusion Criteria	Conditions	Diabetes (diagnosis or medication, not including short-acting insulins)	Diabetes (diagnosis or medication, not including short-acting insulins)	Diabetes (diagnosis or medication, not including short-acting insulins)	Diabetes (diagnosis or medication, not including short-acting insulins)
	Include or Exclude	Inclusion	Inclusion	Inclusion	Inclusion
	Care Setting/Diagnosis Position	Any	Any	Any	Any
	Lookback Period	(-365, -1)	(-365, -1)	(-365, -1)	(-365, -1)
	Number of Code Occurrences	1 instance	1 instance	1 instance	1 instance
Inclusion/Exclusion Criteria	Conditions	Gestational diabetes	Gestational diabetes	Gestational diabetes	Gestational diabetes
	Include or Exclude	Exclusion	Exclusion	Exclusion	Exclusion
	Care Setting/Diagnosis Position	Any	Any	Any	Any
	Lookback Period	(-365, 0)	(-365, 0)	(-365, 0)	(-365, 0)
	Number of Code Occurrences	1 instance	1 instance	1 instance	1 instance
Inclusion/Exclusion Criteria	Conditions	Short-acting insulin use only (defined as: Only one diabetes medication class (see Covariates table) AND this class is a short-acting insulin dispensing)	Short-acting insulin use only (defined as: Only one diabetes medication class (see Covariates table) AND this class is a short-acting insulin dispensing)		
	Include or Exclude	Exclusion	Exclusion		
	Care Setting/Diagnosis Position	Any	Any		
	Lookback Period	(-365, -1)	(-365, -1)		
	Number of Code Occurrences	1 instance	1 instance		
Stockpiling Algorithm	Same Day Dispensing (Days Supplied)	Sum	Sum	Sum	Sum
	Same Day Dispensing (Amount Supplied)	Sum	Sum	Sum	Sum
	Range of Allowable Days Supplied	Max 120 Days (inclusive)	Max 120 Days (inclusive)	Max 120 Days (inclusive)	Max 120 Days (inclusive)
	Range of Allowable Amount Supplied	N/A	N/A	N/A	N/A
	Overlap Percentage Processing	Default	Default	Default	Default

Appendix H.6. Specifications for Parameters in this Request, Comparison 10; Saxagliptin vs Long-acting insulins, Comparison 11; Saxagliptin vs Second-generation sulfonylureas

Baseline Covariates/Utilization/Comorbidity Score	Covariates	(See Covariates table)	(See Covariates table)
	Care Setting/Diagnosis Position	inpatient (IP*), outpatient (ambulatory visit (AV*) only) (Stroke (narrow), AMI (narrow), and hHF must have Diagnosis Position of Primary)	inpatient (IP*), outpatient (ambulatory visit (AV*) only) (Stroke (narrow), AMI (narrow), and hHF must have Diagnosis Position of Primary)
	Covariate Evaluation Window (days)	(-365, -1) for Baseline or (0, 0) for Concurrent unless otherwise stated	(-365, -1) for Baseline or (0, 0) for Concurrent unless otherwise stated
	Comorbidity Score Evaluation window (days)	(-365, -1)	(-365, -1)
	Medical Utilization Evaluation Window	(-365, -1)	(-365, -1)
	Medical Utilization Care setting	IP, Inpatient stay (IS), AV, Other ambulatory visit (OA), Emergency department (ED)	IP, IS, AV, OA, ED
	Drug Utilization Evaluation Window	(-365, -1)	(-365, -1)
Propensity Score Analysis/Subgroup Analysis	Analysis type	Propensity score analysis	Propensity score analysis
	Perform HDPS Analysis	No	No
	Matching Ratio	1:1	1:1
	Matching Caliper Settings	0.01	0.01
	Subgroup Analyses	Prior cardiovascular disease (Yes, No) Age groups (00-64, 65+ years) Sex (Male, Female)	Prior cardiovascular disease (Yes, No) Age groups (00-64, 65+ years) Sex (Male, Female)
	Population used for rematching within subgroups	Total population	Total population

Appendix H.7. Specifications for Parameters in this Request, Comparison 12; Sitagliptin vs Pioglitazone, Comparison 13; Sitagliptin vs Long-acting insulins

This request utilized the Cohort Identification and Descriptive Analysis (CIDA) module, with Propensity Score Matching (PSM) Analysis, version 7.3.4 to recreate a protocol-based assessment (PBA) of investigation on acute myocardial infarction (AMI) and hospitalized heart failure (hHF) following saxagliptin or sitagliptin use in comparison to long-acting insulin, pioglitazone, and second-generation sulfonylureas using updated data and CIDA features.

Query Period: See specifications for monitoring periods for each comparison

Listed below are Data Partner-specific (DP) end dates for certain monitoring periods when specified below.

	AMI DP-Specific End Date (based on ETL DP Max Date):	hHF DP-Specific End Date (based on ETL DP Max Date):
01	3/31/2014	N/A
02	5/31/2014	1/31/2014
03	12/31/2012	12/31/2012
05	4/30/2014	12/31/2013
06	6/30/2014	3/31/2014
07	1/31/2014	10/31/2013
08	12/31/2012	12/31/2012
10	7/31/2014	N/A
13	6/30/2014	8/30/2013
14	7/31/2014	N/A
15	12/31/2013	9/30/2013
16	6/30/2012	6/30/2012
17	6/30/2012	6/30/2012

Coverage Requirement: Medical and Drug Coverage

Pre-exposure enrollment (days): 12 months (365 days)

Enrollment Gap: 45 days

Sex: Female or Male only

Age Groups: 18-29, 30-44, 45-54, 55-64, 65-74, 75-84, 85+ years
18-64, 65+ years (PS matching only)

Patient-level Return: No

Envelope Macro Use: No

Freeze Data: Yes

Appendix H.7. Specifications for Parameters in this Request, Comparison 12; Sitagliptin vs Pioglitazone, Comparison 13; Sitagliptin vs Long-acting insulins

		Comparison 12		Comparison 13	
		Exposure of Interest Group	Reference Group	Exposure of Interest Group	Reference Group
Drug/Exposure Definition	Monitoring Period Start	10/1/2006		10/1/2006	
	Monitoring Period End	DP-specific		DP-specific	
	Exposure	Sitagliptin	Pioglitazone	Sitagliptin	Long-acting insulins
	Incidence with Respect to	Sitagliptin, pioglitazone	Sitagliptin, pioglitazone	Sitagliptin, long-acting insulins	Sitagliptin, long-acting insulins
	Washout (days)	365 days	365 days	365 days	365 days
	Exposure Episode Truncation Criteria	Death, Query end date, End of exposure use, Occurrence of first hHF, Use of pioglitazone	Death, Query end date, End of exposure use, Occurrence of first hHF, Use of sitagliptin	Death, Query end date, End of exposure use, Occurrence of first hHF, Use of long-acting insulins	Death, Query end date, End of exposure use, Occurrence of first hHF, Use of sitagliptin
	Cohort Definition	Only the first valid treatment episode during the query period (01)	Only the first valid treatment episode during the query period (01)	Only the first valid treatment episode during the query period (01)	Only the first valid treatment episode during the query period (01)
	Exposure Episode Gap	33% previous days' supply	33% previous days' supply	33% previous days' supply	33% previous days' supply
	Exposure Extension Period	12 days	12 days	12 days	12 days
	Minimum Episode Duration	1 day	1 day	1 day	1 day
Minimum Days Supplied	1 day	1 day	1 day	1 day	
Outcome Definition	Event/Outcome	hHF	hHF	hHF	hHF
	Care Setting/Diagnosis Position	Inpatient Primary (IPP)	IPP	IPP	IPP
	Event Incidence with Respect to	hHF or AMI	hHF or AMI	hHF or AMI	hHF or AMI
	Event Incidence Criteria Care Setting / Diagnosis Position	IPP	IPP	IPP	IPP
	Event Washout (days)	60 days	60 days	60 days	60 days
	Blackout Period	0 days	0 days	0 days	0 days

Appendix H.7. Specifications for Parameters in this Request, Comparison 12; Sitagliptin vs Pioglitazone, Comparison 13; Sitagliptin vs Long-acting insulins

Inclusion/ Exclusion Criteria	Conditions	Diabetes (diagnosis or medication, not including short-acting insulins)	Diabetes (diagnosis or medication, not including short-acting insulins)	Diabetes (diagnosis or medication, not including short-acting insulins)	Diabetes (diagnosis or medication, not including short-acting insulins)
	Include or Exclude	Inclusion	Inclusion	Inclusion	Inclusion
	Care Setting/Diagnosis Position	Any	Any	Any	Any
	Lookback Period	(-365, -1)	(-365, -1)	(-365, -1)	(-365, -1)
	Number of Code Occurrences	1 instance	1 instance	1 instance	1 instance
Inclusion/ Exclusion Criteria	Conditions	Gestational diabetes	Gestational diabetes	Gestational diabetes	Gestational diabetes
	Include or Exclude	Exclusion	Exclusion	Exclusion	Exclusion
	Care Setting/Diagnosis Position	Any	Any	Any	Any
	Lookback Period	(-365, 0)	(-365, 0)	(-365, 0)	(-365, 0)
	Number of Code Occurrences	1 instance	1 instance	1 instance	1 instance
Inclusion/ Exclusion Criteria	Conditions	Congestive heart failure	Congestive heart failure	Short-acting insulin use only (defined as: Only one diabetes medication class (see Covariates table) AND this class is a short-acting insulin dispensing)	Short-acting insulin use only (defined as: Only one diabetes medication class (see Covariates table) AND this class is a short-acting insulin dispensing)
	Include or Exclude	Exclusion	Exclusion	Exclusion	Exclusion
	Care Setting/Diagnosis Position	Any	Any	Any	Any
	Lookback Period	(-365, -1)	(-365, -1)	(-365, -1)	(-365, -1)
	Number of Code Occurrences	1 instance	1 instance	1 instance	1 instance
Stockpiling Algorithm	Same Day Dispensing (Days Supplied)	Sum	Sum	Sum	Sum
	Same Day Dispensing (Amount Supplied)	Sum	Sum	Sum	Sum
	Range of Allowable Days Supplied	Max 120 Days (inclusive)	Max 120 Days (inclusive)	Max 120 Days (inclusive)	Max 120 Days (inclusive)
	Range of Allowable Amount Supplied	N/A	N/A	N/A	N/A
	Overlap Percentage Processing	Default	Default	Default	Default

Appendix H.7. Specifications for Parameters in this Request, Comparison 12; Sitagliptin vs Pioglitazone, Comparison 13; Sitagliptin vs Long-acting insulins

Baseline Covariates/Utilization/Comorbidity Score	Covariates	(See Covariates table)	(See Covariates table)
	Care Setting/Diagnosis Position	inpatient (IP*), outpatient (ambulatory visit (AV*) only) (Stroke (narrow), AMI (narrow), and hHF must have Diagnosis Position of Primary)	inpatient (IP*), outpatient (ambulatory visit (AV*) only) (Stroke (narrow), AMI (narrow), and hHF must have Diagnosis Position of Primary)
	Covariate Evaluation Window (days)	(-365, -1) for Baseline or (0, 0) for Concurrent unless otherwise stated	(-365, -1) for Baseline or (0, 0) for Concurrent unless otherwise stated
	Comorbidity Score Evaluation window (days)	(-365, -1)	(-365, -1)
	Medical Utilization Evaluation Window	(-365, -1)	(-365, -1)
	Medical Utilization Care setting	IP, Inpatient stay (IS), AV, Other ambulatory visit (OA), Emergency department (ED)	IP, IS, AV, OA, ED
	Drug Utilization Evaluation Window	(-365, -1)	(-365, -1)
Propensity Score Analysis/Subgroup Analysis	Analysis type	Propensity score analysis	Propensity score analysis
	Perform HDPS Analysis	No	No
	Matching Ratio	1:1	1:1
	Matching Caliper Settings	0.01	0.01
	Subgroup Analyses	Prior cardiovascular disease (Yes, No) Age groups (00-64, 65+ years) Sex (Male, Female)	Prior cardiovascular disease (Yes, No) Age groups (00-64, 65+ years) Sex (Male, Female)
	Population used for rematching within subgroups	Total population	Total population

Appendix H.8. Specifications for Parameters in this Request, Comparison 14; Sitagliptin vs Second-generation sulfonylureas

This request utilized the Cohort Identification and Descriptive Analysis (CIDA) module, with Propensity Score Matching (PSM) Analysis, version 7.3.4 to recreate a protocol-based assessment (PBA) of investigation on acute myocardial infarction (AMI) and hospitalized heart failure (hHF) following saxagliptin or sitagliptin use in comparison to long-acting insulin, pioglitazone, and second-generation sulfonylureas using updated data and CIDA features.

Query Period: See specifications for monitoring periods for each comparison

Listed below are Data Partner-specific (DP) end dates for certain monitoring periods when specified below.

DP:	AMI DP-Specific End Date (based on ETL DP Max Date):	hHF DP-Specific End Date (based on ETL DP Max Date):
01	3/31/2014	N/A
02	5/31/2014	1/31/2014
03	12/31/2012	12/31/2012
05	4/30/2014	12/31/2013
06	6/30/2014	3/31/2014
07	1/31/2014	10/31/2013
08	12/31/2012	12/31/2012
10	7/31/2014	N/A
13	6/30/2014	8/30/2013
14	7/31/2014	N/A
15	12/31/2013	9/30/2013
16	6/30/2012	6/30/2012
17	6/30/2012	6/30/2012

Coverage Requirement: Medical and Drug Coverage

Pre-exposure enrollment (days): 12 months (365 days)

Enrollment Gap: 45 days

Sex: Female or Male only

Age Groups: 18-29, 30-44, 45-54, 55-64, 65-74, 75-84, 85+ years

18-64, 65+ years (PS matching only)

Patient-level Return: No

Envelope Macro Use: No

Freeze Data: Yes

Appendix H.8. Specifications for Parameters in this Request, Comparison 14; Sitagliptin vs Second-generation sulfonylureas

		Comparison 14	
		Exposure of Interest Group	Reference Group
Drug/Exposure Definition	Monitoring Period Start	10/1/2006	
	Monitoring Period End	DP-specific	
	Exposure	Sitagliptin	Second-generation sulfonylureas
	Incidence with Respect to	Sitagliptin, second-generation sulfonylureas	Sitagliptin, second-generation sulfonylureas
	Washout (days)	365	365
	Exposure Episode Truncation Criteria	Death, Query end date, End of exposure use, Occurrence of first hHF, Use of second-generation sulfonylureas	Death, Query end date, End of exposure use, Occurrence of first hHF, Use of sitagliptin
	Cohort Definition	Only the first valid treatment episode during the query period (01)	Only the first valid treatment episode during the query period (01)
	Exposure Episode Gap	33% previous days' supply	33% previous days' supply
	Exposure Extension Period	12 days	12 days
	Minimum Episode Duration	1 day	1 day
	Minimum Days Supplied	1 day	1 day
Outcome Definition	Event/Outcome	hHF	hHF
	Care Setting/Diagnosis Position	Inpatient Primary (IPP)	IPP
	Event Incidence with Respect to	hHF or AMI	hHF or AMI
	Event Incidence Criteria Care Setting / Diagnosis Position	IPP	IPP
	Event Washout (days)	60	60
	Blackout Period	0 days	0 days

Appendix H.8. Specifications for Parameters in this Request, Comparison 14; Sitagliptin vs Second-generation sulfonylureas

Inclusion/ Exclusion Criteria	Conditions	Diabetes (diagnosis or medication, not including short-acting insulins)	Diabetes (diagnosis or medication, not including short-acting insulins)
	Include or Exclude	Inclusion	Inclusion
	Care Setting/Diagnosis Position	Any	Any
	Lookback Period	(-365, -1)	(-365, -1)
	Number of Code Occurrences	1 instance	1 instance
Inclusion/ Exclusion Criteria	Conditions	Gestational diabetes	Gestational diabetes
	Include or Exclude	Exclusion	Exclusion
	Care Setting/Diagnosis Position	Any	Any
	Lookback Period	(-365, 0)	(-365, 0)
	Number of Code Occurrences	1 instance	1 instance
Inclusion/ Exclusion Criteria	Conditions		
	Include or Exclude		
	Care Setting/Diagnosis Position		
	Lookback Period		
	Number of Code Occurrences		
Stockpiling Algorithm	Same Day Dispensing (Days Supplied)	Sum	Sum
	Same Day Dispensing (Amount Supplied)	Sum	Sum
	Range of Allowable Days Supplied	Max 120 Days (inclusive)	Max 120 Days (inclusive)
	Range of Allowable Amount Supplied	N/A	N/A
	Overlap Percentage Processing	Default	Default

Appendix H.8. Specifications for Parameters in this Request, Comparison 14; Sitagliptin vs Second-generation sulfonylureas

Baseline Covariates/Utilization/Comorbidity Score	Covariates	(See Covariates table)
	Care Setting/Diagnosis Position	inpatient (IP*), outpatient (ambulatory visit (AV*) only) (Stroke (narrow), AMI (narrow), and hHF must have Diagnosis Position of Primary)
	Covariate Evaluation Window (days)	(-365, -1) for Baseline or (0, 0) for Concurrent unless otherwise stated
	Comorbidity Score Evaluation window (days)	(-365, -1)
	Medical Utilization Evaluation Window	(-365, -1)
	Medical Utilization Care setting	IP, Inpatient stay (IS), AV, Other ambulatory visit (OA), Emergency department (ED)
	Drug Utilization Evaluation Window	(-365, -1)
Propensity Score Analysis/Subgroup Analysis	Analysis type	Propensity score analysis
	Perform HDPS Analysis	No
	Matching Ratio	1:1
	Matching Caliper Settings	0.01
	Subgroup Analyses	Prior cardiovascular disease (Yes, No) Age groups (00-64, 65+ years) Sex (Male, Female)
	Population used for rematching within subgroups	Total population

Appendix I. List and Definition of Covariates Appearing in Table 1, Propensity Score Model (PSM), or Subgroup Definition in All Comparisons, All Analyses and Outcomes

Group	Covariate	Code Type	Care Setting	Form	Time (days)	Analysis
Prior Cardiovascular Disease	Prior acute myocardial infarction (AMI) (broad)	Diagnosis (Dx), Procedure (Px)	Inpatient (IP*), Ambulatory visit (AV*)	Categorical	(-365, -61)	No PS model
Prior Cardiovascular Disease	Prior acute myocardial infarction (AMI) (narrow)	Dx, Px	Inpatient primary (IPP)	Categorical	(-365, -61)	PS model
Prior Cardiovascular Disease	All prior acute myocardial infarction (AMI) (broad)	Dx, Px	IP*, AV*	Categorical	(-365, -1)	No PS model
Prior Cardiovascular Disease	Prior hospitalized heart failure (hHF)	Dx, Px	IPP	Categorical	(-365, -61)	hHF outcome only
Prior Cardiovascular Disease	Other ischemic heart disease	Dx, Px	IP*, AV*	Categorical	(-365, -1)	PS model
Prior Cardiovascular Disease	Heart failure	Dx, Px	IP*, AV*	Categorical	(-365, -1)	PS model
Prior Cardiovascular Disease	Other heart disease	Dx, Px	IP*, AV*	Categorical	(-365, -1)	PS model
Prior Cardiovascular Disease	Stroke (broad)	Dx, Px	IP*, AV*	Categorical	(-365, -1)	PS model
Prior Cardiovascular Disease	Stroke (narrow)	Dx, Px	IPP	Categorical	(-365, -1)	PS model
Prior Cardiovascular Disease	Peripheral arterial disease	Dx, Px	IP*, AV*	Categorical	(-365, -1)	PS model
Prior Cardiovascular Disease	All coronary revascularization procedures (see below)	Dx, Px	IP*, AV*	Categorical	(-365, -1)	PS model
Prior Cardiovascular Disease	Coronary artery bypass graft	Dx, Px	IP*, AV*	Categorical	(-365, -1)	No PS model
Prior Cardiovascular Disease	Percutaneous coronary intervention	Dx, Px	IP*, AV*	Categorical	(-365, -1)	No PS model
Prior Cardiovascular Disease	All carotid revascularization procedures (see below)	Dx, Px	IP*, AV*	Categorical	(-365, -1)	PS model
Prior Cardiovascular Disease	Carotid endarterectomy, stenting, angioplasty, or atherectomy	Dx, Px	IP*, AV*	Categorical	(-365, -1)	No PS model
Prior Cardiovascular Disease	Carotid bypass	Dx, Px	IP*, AV*	Categorical	(-365, -1)	No PS model
Prior Cardiovascular Disease	All lower extremity revascularization (see below)	Dx, Px	IP*, AV*	Categorical	(-365, -1)	PS model
Prior Cardiovascular Disease	Lower extremity endarterectomy, stenting, angioplasty, or atherectomy	Dx, Px	IP*, AV*	Categorical	(-365, -1)	No PS model
Prior Cardiovascular Disease	Lower extremity bypass	Dx, Px	IP*, AV*	Categorical	(-365, -1)	No PS model
Prior Cardiovascular Disease	Lower extremity amputation	Dx, Px	IP*, AV*	Categorical	(-365, -1)	No PS model
Prior Cardiovascular Disease	All prior cardiovascular disease covariates	Dx, Px	IP*, AV*	Categorical	(-365, -1)	Subgroup definition
Comorbidities	Asthma	Dx, Px	IP*, AV*	Categorical	(-365, -1)	PS model
Comorbidities	Cancer (excluding non-melanoma skin cancer)	Dx, Px	IP*, AV*	Categorical	(-365, -1)	PS model
Comorbidities	Chronic kidney disease (excluding ESRD)	Dx, Px	IP*, AV*	Categorical	(-365, -1)	PS model
Comorbidities	Chronic obstructive pulmonary disease	Dx, Px	IP*, AV*	Categorical	(-365, -1)	PS model
Comorbidities	Dementia	Dx, Px	IP*, AV*	Categorical	(-365, -1)	PS model
Comorbidities	Depression	Dx, Px	IP*, AV*	Categorical	(-365, -1)	PS model
Comorbidities	End stage renal disease (ESRD)	Dx, Px	IP*, AV*	Categorical	(-365, -1)	PS model

Appendix I. List and Definition of Covariates Appearing in Table 1, Propensity Score Model (PSM), or Subgroup Definition in All Comparisons, All Analyses and Outcomes

Group	Covariate	Code Type	Care Setting	Form	Time (days)	Analysis
Comorbidities	Fracture	Dx, Px	IP*, AV*	Categorical	(-365, -1)	PS model
Comorbidities	HIV/AIDS	Dx, Px	IP*, AV*	Categorical	(-365, -1)	PS model
Comorbidities	Hyperlipidemia or lipid disorder	Dx, Px	IP*, AV*	Categorical	(-365, -1)	PS model
Comorbidities	Hypertension	Dx, Px	IP*, AV*	Categorical	(-365, -1)	PS model
Comorbidities	Hypoglycemia	Dx, Px	IP*, AV*	Categorical	(-365, -1)	PS model
Comorbidities	Obesity (or weight gain)	Dx, Px	IP*, AV*	Categorical	(-365, -1)	PS model
Comorbidities	Osteoporosis	Dx, Px	IP*, AV*	Categorical	(-365, -1)	PS model
Comorbidities	Peripheral neuropathy	Dx, Px	IP*, AV*	Categorical	(-365, -1)	PS model
Comorbidities	Tobacco use	Dx, Px	IP*, AV*	Categorical	(-365, -1)	PS model
Comorbidities	All comorbidity covariates	Dx, Px	IP*, AV*	Categorical	(-365, -1)	No PS model
Anti-Diabetics	Alpha-glucosidase inhibitors	Rx	N/A	Categorical	(-365, -1)	PS model
Anti-Diabetics	Biguanides	Rx	N/A	Categorical	(-365, -1)	PS model
Anti-Diabetics	Other dipeptidyl peptidase 4 (DPP-4) inhibitors	Rx	N/A	Categorical	(-365, -1)	PS model
Anti-Diabetics	Meglitinides	Rx	N/A	Categorical	(-365, -1)	PS model
Anti-Diabetics	Saxagliptin*	Rx	N/A	Categorical	(-365, -1)	PS model
Anti-Diabetics	Sitagliptin*	Rx	N/A	Categorical	(-365, -1)	PS model
Anti-Diabetics	Pioglitazone*	Rx	N/A	Categorical	(-365, -1)	PS model
Anti-Diabetics	First-generation sulfonylureas	Rx	N/A	Categorical	(-365, -1)	PS model
Anti-Diabetics	Second-generation sulfonylureas*	Rx	N/A	Categorical	(-365, -1)	PS model
Anti-Diabetics	Long-acting insulins*	Rx	N/A	Categorical	(-365, -1)	PS model
Anti-Diabetics	Short-acting insulins	Rx	N/A	Categorical	(-365, -1)	PS model
Anti-Diabetics	Other thiazolidinediones	Rx	N/A	Categorical	(-365, -1)	PS model
Anti-Diabetics	Other anti-diabetics (Canagliflozin, GLP-1 analogues, amylin analog-type)	Rx	N/A	Categorical	(-365, -1)	PS model
Anti-Diabetics	All anti-diabetics	Rx	N/A	Categorical	(-365, -1)	No PS model
Anti-Hypertensive Agents	Angiotensin-converting enzyme (ACE) inhibitors	Rx	N/A	Categorical	(-365, -1)	PS model
Anti-Hypertensive Agents	Alpha blockers	Rx	N/A	Categorical	(-365, -1)	PS model
Anti-Hypertensive Agents	Angiotensin receptor blockers	Rx	N/A	Categorical	(-365, -1)	PS model
Anti-Hypertensive Agents	Beta blockers	Rx	N/A	Categorical	(-365, -1)	PS model
Anti-Hypertensive Agents	Calcium channel blockers	Rx	N/A	Categorical	(-365, -1)	PS model
Anti-Hypertensive Agents	Direct vasodilators	Rx	N/A	Categorical	(-365, -1)	PS model
Anti-Hypertensive Agents	Loop diuretics	Rx	N/A	Categorical	(-365, -1)	PS model
Anti-Hypertensive Agents	Aldosterone receptor agonists (ARAs)	Rx	N/A	Categorical	(-365, -1)	PS model

Appendix I. List and Definition of Covariates Appearing in Table 1, Propensity Score Model (PSM), or Subgroup Definition in All Comparisons, All Analyses and Outcomes

Group	Covariate	Code Type	Care Setting	Form	Time (days)	Analysis
Anti-Hypertensive Agents	Non-ARA potassium sparing diuretics	Rx	N/A	Categorical	(-365, -1)	PS model
Anti-Hypertensive Agents	Thiazide diuretics	Rx	N/A	Categorical	(-365, -1)	PS model
Anti-Hypertensive Agents	Renin inhibitors	Rx	N/A	Categorical	(-365, -1)	PS model
Anti-Hypertensive Agents	Central alpha-2 receptor agonists (clonidine, all combinations)	Rx	N/A	Categorical	(-365, -1)	PS model
Anti-Hypertensive Agents	Reserpine and derivatives	Rx	N/A	Categorical	(-365, -1)	PS model
Anti-Hypertensive Agents	All anti-hypertensive agents	Rx	N/A	Categorical	(-365, -1)	No PS model
Lipid-Lowering Agents	Lipid-lowering agents	Rx	N/A	Categorical	(-365, -1)	PS model
Anti-Diabetics Concurrent	Alpha-glucosidase inhibitors	Rx	N/A	Categorical	(0, 0)	PS model
Anti-Diabetics Concurrent	Biguanides	Rx	N/A	Categorical	(0, 0)	PS model
Anti-Diabetics Concurrent	Other DPP-4 inhibitors	Rx	N/A	Categorical	(0, 0)	PS model
Anti-Diabetics Concurrent	Meglitinides	Rx	N/A	Categorical	(0, 0)	PS model
Anti-Diabetics Concurrent	Saxagliptin*	Rx	N/A	Categorical	(0, 0)	PS model
Anti-Diabetics Concurrent	Sitagliptin*	Rx	N/A	Categorical	(0, 0)	PS model
Anti-Diabetics Concurrent	Pioglitazone*	Rx	N/A	Categorical	(0, 0)	PS model
Anti-Diabetics Concurrent	First-generation sulfonylureas	Rx	N/A	Categorical	(0, 0)	PS model
Anti-Diabetics Concurrent	Second-generation sulfonylureas*	Rx	N/A	Categorical	(0, 0)	PS model
Anti-Diabetics Concurrent	Long-acting insulins*	Rx	N/A	Categorical	(0, 0)	PS model
Anti-Diabetics Concurrent	Short-acting insulins	Rx	N/A	Categorical	(0, 0)	PS model
Anti-Diabetics Concurrent	Other thiazolidinediones	Rx	N/A	Categorical	(0, 0)	PS model
Anti-Diabetics Concurrent	Other anti-diabetics (Canagliflozin, GLP-1 analogues, amylin analog-type)	Rx	N/A	Categorical	(0, 0)	PS model
Anti-Diabetes Concurrent	All anti-diabetics	Rx	N/A	Categorical	(0, 0)	No PS model
Anti-Hypertensive Agents Concurrent	Angiotensin-converting enzyme inhibitors	Rx	N/A	Categorical	(0, 0)	PS model
Anti-Hypertensive Agents Concurrent	Alpha blockers	Rx	N/A	Categorical	(0, 0)	PS model
Anti-Hypertensive Agents Concurrent	Angiotensin receptor blockers	Rx	N/A	Categorical	(0, 0)	PS model
Anti-Hypertensive Agents Concurrent	Beta blockers	Rx	N/A	Categorical	(0, 0)	PS model
Anti-Hypertensive Agents Concurrent	Calcium channel blockers	Rx	N/A	Categorical	(0, 0)	PS model
Anti-Hypertensive Agents Concurrent	Direct vasodilators	Rx	N/A	Categorical	(0, 0)	PS model
Anti-Hypertensive Agents Concurrent	Loop diuretics	Rx	N/A	Categorical	(0, 0)	PS model
Anti-Hypertensive Agents Concurrent	Aldosterone receptor agonists (ARAs)	Rx	N/A	Categorical	(0, 0)	PS model
Anti-Hypertensive Agents Concurrent	Non-ARA potassium sparing diuretics	Rx	N/A	Categorical	(0, 0)	PS model
Anti-Hypertensive Agents Concurrent	Thiazide diuretics	Rx	N/A	Categorical	(0, 0)	PS model
Anti-Hypertensive Agents Concurrent	Renin inhibitors	Rx	N/A	Categorical	(0, 0)	PS model

Appendix I. List and Definition of Covariates Appearing in Table 1, Propensity Score Model (PSM), or Subgroup Definition in All Comparisons, All Analyses and Outcomes

Group	Covariate	Code Type	Care Setting	Form	Time (days)	Analysis
Anti-Hypertensive Agents Concurrent	Central alpha-2 receptor agonists (clonidine, all combinations)	Rx	N/A	Categorical	(0, 0)	PS model
Anti-Hypertensive Agents Concurrent	Reserpine and derivatives	Rx	N/A	Categorical	(0, 0)	PS model
Anti-Hypertensive Agents Concurrent	All anti-hypertensive agents	Rx	N/A	Categorical	(0, 0)	No PS model
Lipid-Lowering Agents Concurrent	Lipid-lowering agents	Rx	N/A	Categorical	(0, 0)	PS model
Demographics	Age	N/A	N/A	Continuous	N/A	PS model
Demographics	Sex	N/A	N/A	Categorical	N/A	PS model
Demographics	Calendar year	N/A	N/A	Categorical	N/A	PS model
Utilization	Non-acute institutional stay (IS visit) during prior year	N/A	N/A	Categorical	(-365, -1)	PS model
Utilization	Any hospitalization (IP visit) within prior 30 days	N/A	N/A	Categorical	(-30, -1)	PS model
Utilization	Any hospitalization (IP visit) 31-365 days	N/A	N/A	Categorical	(-365, -31)	PS model
Utilization	Any ED visit within prior 30 days	N/A	N/A	Categorical	(-30, -1)	PS model
Utilization	Any ED visit 31-365 days before	N/A	N/A	Categorical	(-365, -31)	PS model
Utilization	Number of outpatient (AV) visits in prior year	N/A	N/A	Continuous	(-365, -1)	PS model
Utilization	Number of unique medications dispensed in prior year	N/A	N/A	Continuous	(-365, -1)	PS model

All covariates listed will appear in Table 1 output

The notes below applies to both baseline and concurrent covariates.

Red indicates these covariates were grouped into aggregate "other" group for respective group for propensity score (PS) model.

- Other anti-diabetics (Replication): Alpha glucosidase inhibitors, DPP-4, meglitinides, first-generation sulfonylureas, saxagliptin, other anti-diabetics (Canagliflozin, GLP-1 analogues, amylin analog-type). Note that saxagliptin is not included in this aggregate covariate for analyses where saxagliptin is the exposure of interest.

- Other anti-hypertensives: Central alpha-2 receptor agonists, alpha blockers, aldosterone receptor antagonists, potassium sparing diuretics, loop diuretics, direct vasodilators, renin inhibitors, reserpine and derivatives

Final anti-diabetic covariates to be used in "Replication" PS model : Biguanides, short-acting insulins, thiazolidinediones, exposure anti-diabetics*, other anti-diabetics (as defined in the row above)

Final anti-hypertensive covariates to be used in both PS model: ACE-inhibitors, angiotensin receptor blockers, beta blockers, calcium channel blockers, thiazide diuretics, other anti-hypertensives (as defined in the row above)

*Treatment drugs are only included in PS model if **not** part of treatment-comparator pair. For example, saxagliptin-insulin would have sitagliptin, pioglitazone, and sulfonylureas, but not long-acting insulins, within PS model.