

## Disclaimer

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

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

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

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

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## Overview for Request: cder\_mpl1r\_wp171

**Request ID:** cder\_mpl1r\_wp171\_nsdv\_v01

**Request Description:** The purpose of this request was to calculate the number of treated patients and time to treatment among patients exposed to either non-vitamin K antagonist oral anticoagulants (NOACs), warfarin, or allopurinol who had a prior diagnosis of atrial fibrillation in the Sentinel Distributed Database (SDD). The outcomes of interest were cutaneous small-vessel vasculitis (CSVV) followed by a treatment of prednisone or prednisolone or steroid medication within 90 days.

**Sentinel Routine Querying Module:** Cohort Identification and Descriptive Analysis (CIDA) module, version 9.2.0

**Data Source:** We distributed this request to 17 Sentinel Data Partners on February 10, 2020. This report includes data from October 19, 2010 - December 31, 2018. See Appendix A for a list of the dates of available data for each Data Partner.

**Study Design:** Among new users of each exposure of interest, we created separate cohorts to estimate the incidence rate of CSVV. We followed each of the 3 exposure groups for 3 distinct outcomes:

**Outcome #1:** A diagnosis of CSVV in an outpatient setting followed by a dispensing of prednisone, prednisolone, or steroid treatment within 90 days.

**Outcome #2:** A diagnosis of CSVV in an outpatient setting followed by a dispensing of prednisone or prednisolone within 90 days.

**Outcome #3:** A diagnosis of CSVV as the primary diagnosis in an inpatient setting. No subsequent treatment was evaluated.

See Appendix B.1 for a list of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) diagnosis codes used to define CSVV, and Appendix B.2 for a list of the generic and brand names of medical products used to define prednisone, prednisolone, and other steroid medications.

**Exposures of Interest:** The exposures of interest were new use of either warfarin, allopurinol, or any NOAC (dabigatran, apixaban, rivaroxaban, edoxaban). We defined new use by excluding patients with prior use of any study drug in the 183 days prior to their index date. Each exposure episode had an allowable gap and extension of 3 days. Please see Appendix C for a list of the generic and brand names of medical products used to define exposures in this request

**Cohort Eligibility Criteria:** We required members included in the cohort to be enrolled in health plans with both medical and drug coverage for at least 183 days prior to their first qualifying dispensing (index) date, during which gaps in coverage of up to 45 days were allowed. We excluded patients aged less than 21 years old on the index date. Additionally, each of the 9 cohorts shared the following characteristics:

1. Treatment episodes were censored by patient death, disenrollment, query end date, Data Partner end date, or a dispensing for a different study drug of interest.
2. Patients were required to have a diagnosis of atrial fibrillation within the 183 days prior to the index drug exposure.
3. Patients with any of the following within 183 days prior to the index drug exposure were excluded:
  - Select autoimmune diagnoses or medications (prednisone or prednisolone)
  - Kidney transplant or dialysis
  - Hip or knee replacement, deep vein thrombosis, pulmonary embolism
  - Any cancer diagnosis or medication
  - Any steroid medication

### Overview for Request: cder\_mpl1r\_wp171

See Appendices D.1-D.2 for ICD-9-CM and ICD-10-CM diagnosis codes, Healthcare Common Procedure Coding System (HCPSC) and Current Procedural Terminology, 4th Edition (CPT-4) procedure codes, and a list of generic and brand names of medical products used to define Inclusion and Exclusion Criteria.

**Baseline Characteristics:** We assessed the following characteristics on the index date of exposure episodes: age, year, and sex. We assessed the following characteristics in the 183 days prior to and on the index date of exposure episodes: Charlson/Elixhauser combined comorbidity score<sup>1</sup>, health service utilization, autoimmune diseases, hematological blood disorders, viral infections, bacterial infections, as well as the use of anti-infectives, non-steroidal anti-inflammatory drugs (NSAIDs), psychoactive drugs, diuretics and cardiovascular and drugs, beta-adrenergic receptor agonists, and anticonvulsants. Baseline characteristics were defined using ICD-9-CM and ICD-10-CM diagnosis codes. Please see Appendix E.1 for a list of diagnosis and procedure codes and Appendix E.2 for the generic and brand names of medical products used to define baseline characteristics in this request.

**See Appendix F.1-F.3 specifications used to define parameters in this request.**

**Limitations:** Algorithms to define exposures, inclusion and exclusion criteria, and baseline characteristics may not be validated, and members identified in this query are subject to misclassification. Therefore, data should be interpreted with these limitations in mind.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

\*all terms may not be used in this report

**Table 1a. Baseline Characteristics for New Users of Non-Vitamin K Antagonist Oral Anticoagulants (NOACs) with a Primary Cutaneous Small-Vessel Vasculitis (CSVV) Outcome in the Sentinel Distributed Database (SDD) between October 19, 2010 and December 31, 2018**

Characteristic <sup>1</sup>	Number	Percent
Number of unique patients	824,515	
Demographics	Mean	Standard Deviation
Mean Age (years)	74.2	9.7
	Number	Percent
Age (years)		
21-64	126,161	15.3%
65-74	298,039	36.1%
75-84	271,383	32.9%
85+	128,932	15.6%
Sex		
Female	399,417	48.4%
Male	425,078	51.6%
Other	20	0.0%
Race		
Unknown	155,303	18.8%
American Indian or Alaska Native	2,337	0.3%
Asian)	12,772	1.5%
Black or African American	38,642	4.7%
Native Hawaiian or Other Pacific Islander	1,106	0.1%
White	614,355	74.5%
Hispanic Origin	11,770	1.4%
Year		
2010	1,691	0.2%
2011	34,934	4.2%
2012	44,649	5.4%
2013	66,092	8.0%
2014	96,706	11.7%
2015	115,009	13.9%
2016	140,252	17.0%
2017	151,206	18.3%
2018	173,976	21.1%
Recorded History of:	Mean	Standard Deviation
Charlson/Elixhauser Combined Comorbidity Score <sup>2</sup>	2.6	2.4
	Number	Percent
Autoimmune diseases	42,557	5.2%
Hematological blood disorders	157,450	19.1%
Viral infections	6,551	0.8%
Bacterial infections	5,837	0.7%
Anti-infectives treatment	251,451	30.5%
Nonsteroidal anti-inflammatory	51,422	6.2%
Psychoactive treatment	34,814	4.2%
Cardiovascular and diuretics	508,853	61.7%
Beta-adrenergic receptor agonists	42	0.0%
Anticonvulsants	5,046	0.6%

**Table 1a. Baseline Characteristics for New Users of Non-Vitamin K Antagonist Oral Anticoagulants (NOACs) with a Primary Cutaneous Small-Vessel Vasculitis (CSVV) Outcome in the Sentinel Distributed Database (SDD) between October 19, 2010 and December 31, 2018**

<b>Health Service Utilization Intensity:</b>	<b>Mean</b>	<b>Standard Deviation</b>
Mean number of ambulatory encounters	10.2	8
Mean number of emergency room encounters	0.4	0.9
Mean number of inpatient hospital encounters	0.5	0.7
Mean number of non-acute institutional encounters	0.1	0.5
Mean number of other ambulatory encounters	4.5	8.7
Mean number of unique drug classes	8.1	3.9
Mean number of generics	8.6	4.3
Mean number of filled prescriptions	19.1	15.3

<sup>1</sup>All metrics are based on total number of episodes per group, except for sex, race, and Hispanic origin which are based on total number of unique patients

<sup>2</sup>The Charlson/Elixhauser Combined Comorbidity Score is calculated based on comorbidities observed during a requester-defined window around the exposure episode start date (index date).



**Table 1b. Baseline Characteristics for New Users of Warfarin with a Primary Cutaneous Small-Vessel Vasculitis (CSVV) Outcome in the Sentinel Distributed Database (SDD) between October 19, 2010 and December 31, 2018**

Characteristic <sup>1</sup>	Number	Percent
Number of unique patients	679,363	
Demographics	Mean	Standard Deviation
Mean Age (years)	75.6	9.8
	Number	Percent
Age (years)		
21-64	82,884	12.2%
65-74	221,493	32.6%
75-84	250,009	36.8%
85+	124,977	18.4%
Sex		
Female	331,528	48.8%
Male	347,822	51.2%
Other	13	0.0%
Race		
Unknown	95,962	14.1%
American Indian or Alaska Native	2,371	0.3%
Asian	11,234	1.7%
Black or African American	32,723	4.8%
Native Hawaiian or Other Pacific Islander	1,355	0.2%
White	535,718	78.9%
Hispanic Origin	11,252	1.7%
Year		
2010	28,342	4.2%
2011	116,981	17.2%
2012	107,483	15.8%
2013	98,550	14.5%
2014	87,799	12.9%
2015	76,423	11.2%
2016	65,872	9.7%
2017	54,320	8.0%
2018	43,593	6.4%
Recorded History of:	Mean	Standard Deviation
Charlson/Elixhauser Combined Comorbidity Score <sup>2</sup>	2.8	2.5
	Number	Percent
Autoimmune diseases	40,428	6.0%
Hematological blood disorders	166,999	24.6%
Viral infections	4,927	0.7%
Bacterial infections	6,149	0.9%
Anti-infectives treatment	203,598	30.0%
Nonsteroidal anti-inflammatory	32,723	4.8%
Psychoactive treatment	28,081	4.1%
Cardiovascular and diuretics	456,491	67.2%
Beta-adrenergic receptor agonists	46	0.0%
Anticonvulsants	6,271	0.9%

**Table 1b. Baseline Characteristics for New Users of Warfarin with a Primary Cutaneous Small-Vessel Vasculitis (CSVV) Outcome in the Sentinel Distributed Database (SDD) between October 19, 2010 and December 31, 2018**

<b>Health Service Utilization Intensity:</b>	<b>Mean</b>	<b>Standard Deviation</b>
Mean number of ambulatory encounters	11.5	8.7
Mean number of emergency room encounters	0.4	0.9
Mean number of inpatient hospital encounters	0.5	0.8
Mean number of non-acute institutional encounters	0.1	0.5
Mean number of other ambulatory encounters	5.8	10.1
Mean number of unique drug classes	8.3	3.8
Mean number of generics	8.7	4.2
Mean number of filled prescriptions	19.2	14.5

<sup>1</sup>All metrics are based on total number of episodes per group, except for sex, race, and Hispanic origin which are based on total number of unique patients

<sup>2</sup>The Charlson/Elixhauser Combined Comorbidity Score is calculated based on comorbidities observed during a requester-defined window around the exposure episode start date (index date).

**Table 1c. Baseline Characteristics for New Users of Allopurinol with a Primary Cutaneous Small-Vessel Vasculitis (CSVV) Outcome in the Sentinel Distributed Database (SDD) between October 19, 2010 and December 31, 2018**

Characteristic <sup>1</sup>	Number	Percent
Number of unique patients	59,369	
Demographics	Mean	Standard Deviation
Mean Age (years)	75.9	10.6
	Number	Percent
Age (years)		
21-64	8,058	13.6%
65-74	18,876	31.8%
75-84	19,328	32.6%
85+	13,107	22.1%
Sex		
Female	22,120	37.3%
Male	37,248	62.7%
Other	*****	<0.1%
Race		
Unknown	8,622	14.5%
American Indian or Alaska Native	178	0.3%
Asian	1,869	3.1%
Black or African American	6,060	10.2%
Native Hawaiian or Other Pacific Islander	221	0.4%
White	42,419	71.4%
Hispanic Origin	958	1.6%
Year		
2010	1,322	2.2%
2011	7,048	11.9%
2012	6,929	11.7%
2013	7,170	12.1%
2014	7,657	12.9%
2015	7,382	12.4%
2016	7,492	12.6%
2017	7,213	12.1%
2018	7,156	12.1%
Recorded History of:	Mean	Standard Deviation
Charlson/Elixhauser Combined Comorbidity Score <sup>2</sup>	4.1	3
	Number	Percent
Autoimmune diseases	5,269	8.9%
Hematological blood disorders	22,582	38.0%
Viral infections	598	1.0%
Bacterial infections	857	1.4%
Anti-infectives treatment	21,681	36.5%
Nonsteroidal anti-inflammatory	7,566	12.7%
Psychoactive treatment	3,007	5.1%
Cardiovascular and diuretics	42,110	70.9%
Beta-adrenergic receptor agonists	*****	<0.1%
Anticonvulsants	423	0.7%

**Table 1c. Baseline Characteristics for New Users of Allopurinol with a Primary Cutaneous Small-Vessel Vasculitis (CSVV) Outcome in the Sentinel Distributed Database (SDD) between October 19, 2010 and December 31, 2018**

<b>Health Service Utilization Intensity:</b>	<b>Mean</b>	<b>Standard Deviation</b>
Mean number of ambulatory encounters	12.2	9.7
Mean number of emergency room encounters	0.5	1
Mean number of inpatient hospital encounters	0.5	0.9
Mean number of non-acute institutional encounters	0.2	0.7
Mean number of other ambulatory encounters	8	13.9
Mean number of unique drug classes	9.7	4.3
Mean number of generics	10.3	4.9
Mean number of filled prescriptions	24.6	19.4

<sup>1</sup>All metrics are based on total number of episodes per group, except for sex, race, and Hispanic origin which are based on total number of unique patients

<sup>2</sup>The Charlson/Elixhauser Combined Comorbidity Score is calculated based on comorbidities observed during a requester-defined window around the exposure episode start date (index date).

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

**Table 2. Summary of Cutaneous Small-Vessel Vasculitis (CSVV) among New Users of Non-Vitamin K Antagonist Oral Anticoagulants (NOACs), Warfarin, and Allopurinol in the Sentinel Distributed Database (SDD) between October 19, 2010 and December 31, 2018, Overall**

	New Users	Days At Risk	Years at Risk	New Episodes with an Event	New Users with an Event per 10,000 New Users	New Users with an Event per 10,000 Years at Risk
New Users of NOAC with a Primary CSVV Outcome	824,515	114,598,822	313,754.5	127	1.54	4.05
New Users of NOAC with a Secondary CSVV Outcome	824,515	114,612,109	313,790.9	71	0.86	2.26
New Users of NOAC with a Tertiary CSVV Outcome	824,515	114,624,301	313,824.2	*****	*****	*****
New Users of Warfarin with a Primary CSVV Outcome	679,363	89,283,655	244,445.3	79	1.16	3.23
New Users of Warfarin with a Secondary CSVV Outcome	679,363	89,289,207	244,460.5	44	0.65	1.80
New Users of Warfarin with a Tertiary CSVV Outcome	679,363	89,294,279	244,474.4	*****	*****	*****
New Users of Allopurinol with a Primary CSVV Outcome	59,369	7,672,905	21,007.3	11	1.85	5.24
New Users of Allopurinol with a Secondary CSVV Outcome	59,369	7,674,558	21,011.8	*****	*****	*****
New Users of Allopurinol with a Tertiary CSVV Outcome	59,369	7,675,589	21,014.6	*****	*****	*****

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

**Table 3a. Summary of Follow-up Times to Outcome Event and Censoring due to Death, Disenrollment, and Data Partner End Date in the Sentinel Distributed Database (SDD) between October 19, 2010 and December 31, 2018, by Censor Day Category**

Censoring Days Category	Total Number of Members Censored	Censoring Due to Outcome Event <sup>1</sup>	Censoring Due to Disenrollment <sup>1</sup>	Censoring Due to Death <sup>1</sup>	Censoring Due to Data Partner End Date <sup>1</sup>	Censoring Due to Query End Date <sup>1</sup>	Censoring Due to Exposure Episode End <sup>1</sup>	Censoring Due to Other Study Drug Dispensing <sup>1</sup>
<b>New Users of Non-Vitamin K Antagonist Oral Anticoagulants (NOACs) with a Primary Cutaneous Small-Vessel Vasculitis (CSVV) Outcome</b>								
0-14 days	23,268	*****	2,990	1,883	82	5,728	9,014	4,044
15-29 days	30,608	*****	3,475	2,047	89	7,209	14,090	4,270
30-59 days	281,256	18	4,477	2,153	157	9,441	262,405	3,856
60-89 days	90,358	23	3,294	1,332	105	8,760	75,374	2,180
90+ days	399,025	67	15,223	4,592	586	48,858	327,452	5,818
<b>New Users of NOACs with a Secondary CSVV Outcome</b>								
0-14 days	23,266	*****	2,990	1,883	82	5,728	9,014	4,044
15-29 days	30,606	*****	3,475	2,047	89	7,209	14,090	4,270
30-59 days	281,247	*****	4,477	2,153	157	9,441	262,405	3,857
60-89 days	90,350	13	3,294	1,332	105	8,761	75,375	2,180
90+ days	399,046	35	15,225	4,594	586	48,863	327,494	5,819
<b>New Users of NOACs with a Tertiary CSVV Outcome</b>								
0-14 days	23,262	*****	2,990	1,883	82	5,728	9,014	4,044
15-29 days	30,596	*****	3,475	2,047	89	7,209	14,090	4,269
30-59 days	281,246	0	4,477	2,153	157	9,441	262,412	3,857
60-89 days	90,340	0	3,294	1,332	105	8,762	75,377	2,180
90+ days	399,071	*****	15,230	4,594	586	48,877	327,536	5,819
<b>New Users of Warfarin with a Primary CSVV Outcome</b>								
0-14 days	23,566	*****	2,150	1,889	23	1,379	11,558	6,793
15-29 days	27,959	*****	2,495	2,196	27	1,673	15,757	6,072
30-59 days	190,111	*****	3,474	2,625	57	2,554	175,756	6,267
60-89 days	80,358	16	2,647	1,850	30	2,390	70,255	3,529
90+ days	357,369	39	8,459	5,055	178	12,231	323,981	8,594
<b>New Users of Warfarin with a Secondary CSVV Outcome</b>								
0-14 days	23,565	*****	2,150	1,889	23	1,379	11,558	6,793
15-29 days	27,960	*****	2,495	2,196	27	1,673	15,758	6,072
30-59 days	190,106	*****	3,474	2,625	57	2,554	175,756	6,267
60-89 days	80,349	*****	2,647	1,850	30	2,390	70,256	3,529

**Table 3a. Summary of Follow-up Times to Outcome Event and Censoring due to Death, Disenrollment, and Data Partner End Date in the Sentinel Distributed Database (SDD) between October 19, 2010 and December 31, 2018, by Censor Day Category**

Censoring Days Category	Total Number of Members Censored	Censoring Due to Outcome Event <sup>1</sup>	Censoring Due to Disenrollment <sup>1</sup>	Censoring Due to Death <sup>1</sup>	Censoring Due to Data Partner End Date <sup>1</sup>	Censoring Due to Query End Date <sup>1</sup>	Censoring Due to Exposure Episode End <sup>1</sup>	Censoring Due to Other Study Drug Dispensing <sup>1</sup>
90+ days	357,383	20	8,460	5,057	178	12,231	324,008	8,596
<b>New Users of Warfarin with a Tertiary CSVV Outcome</b>								
0-14 days	23,559	*****	2,150	1,889	23	1,379	11,558	6,793
15-29 days	27,955	*****	2,495	2,196	27	1,673	15,758	6,072
30-59 days	190,107	*****	3,474	2,625	57	2,554	175,761	6,266
60-89 days	80,348	0	2,647	1,850	30	2,390	70,260	3,530
90+ days	357,394	*****	8,461	5,057	178	12,233	324,032	8,596
<b>New Users of Allopurinol with a Primary CSVV Outcome</b>								
0-14 days	2,977	*****	214	281	*****	211	797	1,500
15-29 days	2,899	*****	242	384	*****	296	857	1,155
30-59 days	16,494	*****	323	440	*****	384	14,118	1,297
60-89 days	5,611	*****	235	352	*****	410	3,853	800
90+ days	31,388	*****	810	1,017	18	1,750	26,306	1,657
<b>New Users of Allopurinol with a Secondary CSVV Outcome</b>								
0-14 days	2,977	*****	214	281	*****	211	797	1,500
15-29 days	2,899	*****	242	384	*****	296	857	1,155
30-59 days	16,493	*****	323	440	*****	384	14,118	1,297
60-89 days	5,611	*****	235	352	*****	410	3,853	800
90+ days	31,389	*****	810	1,017	18	1,750	26,308	1,658
<b>New Users of Allopurinol with a Tertiary CSVV Outcome</b>								
0-14 days	2,976	0	214	281	*****	211	797	1,500
15-29 days	2,901	*****	242	384	*****	296	857	1,155
30-59 days	16,490	0	323	439	*****	384	14,117	1,297
60-89 days	5,611	*****	235	352	*****	410	3,853	800
90+ days	31,391	0	811	1,017	18	1,750	26,312	1,659

<sup>1</sup>Episodes can be censored for multiple reasons on the same day (disenrollment, death, and/or Data Partner end date) and categories are therefore not mutually exclusive

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

**Table 3b. Summary of Follow-up Times among New Users of Non-Vitamin K Antagonist Oral Anticoagulants (NOACs), Warfarin, and Allopurinol with a Cutaneous Small-Vessel Vasculitis (CSVV) Outcome in the Sentinel Distributed Database between October 19, 2010 and December 31, 2018, in Days, by Episode**

	<b>Total Number of Episodes</b>	<b>Minimum</b>	<b>Q1</b>	<b>Median</b>	<b>Q3</b>	<b>Maximum</b>	<b>Mean</b>	<b>Standard Deviation</b>
New Users of NOAC with a Primary CSVV Outcome	246,612	1	33	77	170	2,878	139	185
New Users of NOAC with a Secondary CSVV Outcome	246,612	1	33	77	170	2,878	139	185
New Users of NOAC with a Tertiary CSVV Outcome	246,612	1	33	77	170	2,878	139	185
New Users of Warfarin with a Primary CSVV Outcome	198,439	1	33	93	147	2,987	131	168
New Users of Warfarin with a Secondary CSVV Outcome	198,439	1	33	93	147	2,987	131	168
New Users of Warfarin with a Tertiary CSVV Outcome	198,439	1	33	93	147	2,987	131	168
New Users of Allopurinol with a Primary CSVV Outcome	15,432	1	33	93	133	2,996	129	176
New Users of Allopurinol with a Secondary CSVV Outcome	15,432	1	33	93	133	2,996	129	176
New Users of Allopurinol with a Tertiary CSVV Outcome	15,432	1	33	93	133	2,996	129	176



**Appendix A. Dates of Available Data for Each Data Partner (DP) as of the Request End Date (December 31, 2018)**

DP ID	DP Start Date*	DP End Date*
DP01	06/01/2007	04/30/2019
DP02	01/01/2000	02/28/2019
DP03	01/01/2000	04/30/2019
DP04	01/01/2008	09/30/2019
DP05	01/01/2006	06/30/2019
DP06	01/01/2000	12/31/2017
DP07	01/01/2010	03/31/2019
DP08	01/01/2005	07/31/2018
DP09	01/01/2000	04/30/2018
DP10	01/01/2000	03/31/2019
DP11	01/01/2000	01/31/2019
DP12	01/01/2000	07/31/2019
DP13	01/01/2004	03/31/2019
DP14	01/01/2008	03/31/2019
DP15	01/01/2000	06/30/2019
DP16	01/01/2012	06/30/2018

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

**Appendix B.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Treatment Outcomes in this Request**

Code	Description	Code Type	Code Category
<b>Cutaneous Small Vessel Vasculitis</b>			
287.0	Allergic purpura	ICD-9-CM	Diagnosis
446.2	Hypersensitivity angiitis	ICD-9-CM	Diagnosis
446.20	Unspecified hypersensitivity angiitis	ICD-9-CM	Diagnosis
446.29	Other specified hypersensitivity angiitis	ICD-9-CM	Diagnosis
709.1	Vascular disorder of skin	ICD-9-CM	Diagnosis
D69.0	Allergic purpura	ICD-10-CM	Diagnosis
L95.0	Livedoid vasculitis	ICD-10-CM	Diagnosis
L95.8	Other vasculitis limited to the skin	ICD-10-CM	Diagnosis
L95.9	Vasculitis limited to the skin, unspecified	ICD-10-CM	Diagnosis
M31.0	Hypersensitivity angiitis	ICD-10-CM	Diagnosis

**Appendix B.2. List of Generic and Brand Names of Medical Products Used to Define Treatment Outcomes in this Request**

Generic Name	Brand Name
<b>Prednisone</b>	
prednisone	Deltasone
prednisone	Prednisone Intensol
prednisone	Rayos
prednisone	Sterapred
prednisone	Prednisone
<b>Prednisolone</b>	
gentamicin sulfate/prednisolone acetate	Pred-G
gentamicin sulfate/prednisolone acetate	Pred-G S.O.P.
methylprednisolone	Medrol
methylprednisolone	Medrol (Pak)
methylprednisolone	Meprolone Unipak
methylprednisolone	Methylpred DP
methylprednisolone	methylprednisolone
methylprednisolone acetate	Depo-Medrol
methylprednisolone acetate	Methylprednisolone acetate
methylprednisolone acetate	P-Care D40
methylprednisolone acetate	P-Care D80
methylprednisolone acetate	ReadySharp Methylprednisolone
methylprednisolone acetate in sodium chloride,iso-osmotic/PF	Methylpred ac(PF)-NaCl,iso-osm
methylprednisolone acetate in sterile water for injection	Methylprednisolone acet-water
methylprednisolone acetate/bupivacaine HCl	Physicians EZ Use M-Pred
methylprednisolone acetate/bupivacaine HCl in sterile water	Methylprednisol ac-bupivac-wat
methylprednisolone acetate/norflurane/HFC 245fa	Medroloan II SUIK
methylprednisolone acetate/norflurane/HFC 245fa	Medroloan SUIK
methylprednisolone acetate/norflurane/HFC 245fa	P-Care D40G
methylprednisolone acetate/norflurane/HFC 245fa	P-Care D80G
methylprednisolone sodium succinate	A-Methapred
methylprednisolone sodium succinate	Methylprednisolone sodium succ
methylprednisolone sodium succinate	Solu-Medrol
methylprednisolone sodium succinate/PF	Solu-Medrol (PF)
neomycin sulfate/polymyxin B sulfate/prednisolone	Poly-Pred
prednisolone	Millipred
prednisolone	Millipred DP
prednisolone	Prednisolone
prednisolone	Prelone
prednisolone acetate	Flo-Pred
prednisolone acetate	Omnipred
prednisolone acetate	Pred Forte
prednisolone acetate	Pred Mild
prednisolone acetate	Prednisolone acetate
prednisolone acetate/bromfenac sodium	Prednisolone acetate-bromfenac
prednisolone acetate/gatifloxacin	Prednisolone acet-gatifloxacin
prednisolone acetate/gatifloxacin/bromfenac sodium	Prednisol ace-gatiflox-bromfen
prednisolone acetate/gatifloxacin/nepafenac	Prednisolone-gatiflox-nepafen

## Appendix B.2. List of Generic and Brand Names of Medical Products Used to Define Treatment Outcomes in this Request

Generic Name	Brand Name
prednisolone acetate/moxifloxacin HCl	Prednisolone-moxifloxacin HCl
prednisolone acetate/moxifloxacin HCl/bromfenac sodium	Prednisolone-moxiflox-bromfen
prednisolone acetate/moxifloxacin HCl/nepafenac	Prednisolone-moxiflo-nepafenac
prednisolone acetate/nepafenac	Prednisolone acetate-nepafenac
prednisolone acetate/PF	Prednisolone acetate (PF)
prednisolone sodium phosphate	Millipred
prednisolone sodium phosphate	Orapred
prednisolone sodium phosphate	Orapred ODT
prednisolone sodium phosphate	Pediapred
prednisolone sodium phosphate	Prednisol
prednisolone sodium phosphate	Prednisolone sodium phosphate
prednisolone sodium phosphate	Veripred 20
prednisolone sodium phosphate/bromfenac sodium	Prednisolone sod ph-bromfenac
prednisolone sodium phosphate/gatifloxacin	Prednisolone sod ph-gatifloxacin
prednisolone sodium phosphate/gatifloxacin/bromfenac sodium	Prednisoln sp-gatiflox-bromfen
prednisolone sodium phosphate/moxifloxacin HCl	Prednisolone sod ph-moxiflox
Prednisolone Sodium Phosphate/Peak Flow Meter	Asmalpred
Prednisolone Sodium Phosphate/Peak Flow Meter	Asmalpred Plus
sulfacetamide sodium/prednisolone acetate	Blephamide
sulfacetamide sodium/prednisolone acetate	Blephamide S.O.P.
sulfacetamide sodium/prednisolone sodium phosphate	Sulfacetamide-prednisolone
<b>Steroid Medications</b>	
triamcinolone acetonide	Triamcinolone acetonide
clotrimazole/betamethasone dipropionate	Clotrimazole-betamethasone
clobetasol propionate	Clobetasol
betamethasone valerate	Betamethasone valerate
dexamethasone	Dexamethasone
clobetasol propionate/emollient base	Temovate E
betamethasone dipropionate/propylene glycol	Betamethasone, augmented
triamcinolone acetonide/dimethicone/silicone, adhesive	NuTriaRx
triamcinolone acetonide	Triderm
betamethasone dipropionate	Betamethasone dipropionate
betamethasone dipropionate/propylene glycol	Diprolene
clotrimazole/betamethasone dipropionate	Lotrisone
calcipotriene/betamethasone dipropionate	Taclonex
dexamethasone/saliva collection device	Cushings Syndrome Diagnostic
betamethasone dipropionate	Betamethasone, augmented
nystatin/triamcinolone acetonide	Nystatin-triamcinolone
triamcinolone acetonide/dimethicone/silicone, adhesive	SanaDermRx
clobetasol propionate/emollient base	Tovet Emollient
clobetasol propionate	Impoysz
triamcinolone acetonide/dimethicone/silicone, adhesive	Tri-Sila
betamethasone dipropionate	Diprosone
triamcinolone acetonide/silicones	Silazone-II
clobetasol propionate	Temovate
dexamethasone	HiDex

## Appendix B.2. List of Generic and Brand Names of Medical Products Used to Define Treatment Outcomes in this Request

Generic Name	Brand Name
dexamethasone	ZonaCort
clobetasol propionate	Olux
clobetasol propionate/emollient base	Clobetasol-emollient
clobetasol propionate	Embeline
clobetasol propionate/niacinamide	Clobetasol-niacinamide
triamcinolone acetonide/dimethicone/silicone, adhesive	Whytederm Trilasil Pak
minoxidil/betamethasone dipropionate	Minoxidil-betamethasone
dexamethasone	TaperDex
triamcinolone acetonide/dimethicone/silicone, adhesive	DermacinRx SilaPak
clobetasol propionate/emollient base	Olux-E
clobetasol propionate	Clobex
clobetasol propionate/emollient combination no.65	Tovet Kit
clotrimazole/betamethasone dipropionate/zinc oxide	DermacinRx Therazole Pak
dexamethasone	LoCort
clobetasol propionate/calcipotriene	Clobetasol-calcipotriene
triamcinolone acetonide/dimethicone/silicone, adhesive	DermaWerx SDS
calcipotriene/betamethasone dipropionate	Taclonex Scalp
betamethasone valerate	Luxiq
triamcinolone acetonide/dimethicone	Ellzia Pak
triamcinolone acetonide/emollient combination no.86	Dermasorb TA Complete Kit
dexamethasone	Dxevo
triamcinolone acetonide/dimethicone/silicone, adhesive	Whytederm TDPak
triamcinolone acetonide/silicones	Dermazone
triamcinolone acetonide/niacinamide	triamcinolone-niacinamide
dexamethasone	DexPak 13 Day
triamcinolone acetonide/dimethicone/silicone, adhesive	DermaSilkRx SDS
triamcinolone acetonide/silicones	SilaLite Pak
betamethasone dipropionate/propylene glycol	Diprolene AF
triamcinolone acetonide/silicones	DermacinRx SilaZone
triamcinolone acetonide/dimethicone/silicone, adhesive	Sure Result Tac Pak
betamethasone dipropionate	Sernivo
calcipotriene/betamethasone dipropionate	Enstilar
calcipotriene/betamethasone dipropionate	Calcipotriene-betamethasone
dexamethasone	Decadron
triamcinolone acetonide	Trianex
clobetasol propionate/coal tar	Clobetasol-coal tar
clobetasol propionate/coal tar	Clobeta+Plus
dexamethasone	DexPak 10 day
dexamethasone	DexPak 6 Day
clobetasol propionate/emollient base	Olux-Olux-E (100/10)
clobetasol propionate/emollient base	Olux-Olux-E (50/50)
clobetasol propionate	Cormax
triamcinolone acetonide/emollient combination no.45	Pediaderm TA
dexamethasone	Zema-Pak
dexamethasone	Baycadron
betamethasone	Celestone

**Appendix B.2. List of Generic and Brand Names of Medical Products Used to Define Treatment Outcomes in this Request**

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<b>Generic Name</b>	<b>Brand Name</b>
dexamethasone	ZoDex
betamethasone valerate	Beta-Val
dexamethasone	Dexamethasone Intensol

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

Generic Name	Brand Name
<b>Non-Vitamin K Oral Anticoagulants</b>	
dabigatran etexilate mesylate	Pradaxa
rivaroxaban	Xarelto
apixaban	Eliquis
edoxaban tosylate	Savaysa
<b>Warfarin</b>	
warfarin sodium	Warfarin
warfarin sodium	Coumadin
warfarin sodium	Jantoven
<b>Allopurinol</b>	
allopurinol	Allopurinol
allopurinol	Zyloprim

**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

Code	Description	Code Type	Code Category
<b>Atrial Fibrillation</b>			
427.31	Atrial fibrillation	ICD-9-CM	Diagnosis
427.32	Atrial flutter	ICD-9-CM	Diagnosis
427.3	Atrial fibrillation and flutter	ICD-9-CM	Diagnosis
I48.0	Paroxysmal atrial fibrillation	ICD-10-CM	Diagnosis
I48.1	Persistent atrial fibrillation	ICD-10-CM	Diagnosis
I48.2	Chronic atrial fibrillation	ICD-10-CM	Diagnosis
I48.3	Typical atrial flutter	ICD-10-CM	Diagnosis
I48.4	Atypical atrial flutter	ICD-10-CM	Diagnosis
I48.91	Unspecified atrial fibrillation	ICD-10-CM	Diagnosis
I48.92	Unspecified atrial flutter	ICD-10-CM	Diagnosis
<b>Cutaneous Small Vessel Vasculitis</b>			
287.0	Allergic purpura	ICD-9-CM	Diagnosis
446.2	Hypersensitivity angiitis	ICD-9-CM	Diagnosis
446.20	Unspecified hypersensitivity angiitis	ICD-9-CM	Diagnosis
446.29	Other specified hypersensitivity angiitis	ICD-9-CM	Diagnosis
709.1	Vascular disorder of skin	ICD-9-CM	Diagnosis
D69.0	Allergic purpura	ICD-10-CM	Diagnosis
L95.0	Livedoid vasculitis	ICD-10-CM	Diagnosis
L95.8	Other vasculitis limited to the skin	ICD-10-CM	Diagnosis
L95.9	Vasculitis limited to the skin, unspecified	ICD-10-CM	Diagnosis
M31.0	Hypersensitivity angiitis	ICD-10-CM	Diagnosis
<b>Select Autoimmune Disorders</b>			
273.2	Other paraproteinemias	ICD-9-CM	Diagnosis
373.34	Discoid lupus erythematosus of eyelid	ICD-9-CM	Diagnosis
555	Regional enteritis	ICD-9-CM	Diagnosis
555.0	Regional enteritis of small intestine	ICD-9-CM	Diagnosis
555.1	Regional enteritis of large intestine	ICD-9-CM	Diagnosis
555.2	Regional enteritis of small intestine with large intestine	ICD-9-CM	Diagnosis
555.9	Regional enteritis of unspecified site	ICD-9-CM	Diagnosis
695.4	Lupus erythematosus	ICD-9-CM	Diagnosis
710.0	Systemic lupus erythematosus	ICD-9-CM	Diagnosis
710.2	Sicca syndrome	ICD-9-CM	Diagnosis
710.3	Dermatomyositis	ICD-9-CM	Diagnosis
710.4	Polymyositis	ICD-9-CM	Diagnosis
714	Rheumatoid arthritis and other inflammatory polyarthropathies	ICD-9-CM	Diagnosis
714.0	Rheumatoid arthritis	ICD-9-CM	Diagnosis
714.2	Other rheumatoid arthritis with visceral or systemic involvement	ICD-9-CM	Diagnosis
714.30	Polyarticular juvenile rheumatoid arthritis, chronic or unspecified	ICD-9-CM	Diagnosis
714.31	Polyarticular juvenile rheumatoid arthritis, acute	ICD-9-CM	Diagnosis
714.32	Pauciarticular juvenile rheumatoid arthritis	ICD-9-CM	Diagnosis



**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

Code	Description	Code Type	Code Category
714.33	Monoarticular juvenile rheumatoid arthritis	ICD-9-CM	Diagnosis
V82.1	Screening for rheumatoid arthritis	ICD-9-CM	Diagnosis
D89.1	Cryoglobulinemia	ICD-10-CM	Diagnosis
H01.121	Discoid lupus erythematosus of right upper eyelid	ICD-10-CM	Diagnosis
H01.122	Discoid lupus erythematosus of right lower eyelid	ICD-10-CM	Diagnosis
H01.123	Discoid lupus erythematosus of right eye, unspecified eyelid	ICD-10-CM	Diagnosis
H01.124	Discoid lupus erythematosus of left upper eyelid	ICD-10-CM	Diagnosis
H01.125	Discoid lupus erythematosus of left lower eyelid	ICD-10-CM	Diagnosis
H01.126	Discoid lupus erythematosus of left eye, unspecified eyelid	ICD-10-CM	Diagnosis
H01.129	Discoid lupus erythematosus of unspecified eye, unspecified eyelid	ICD-10-CM	Diagnosis
K50.00	Crohn's disease of small intestine without complications	ICD-10-CM	Diagnosis
K50.011	Crohn's disease of small intestine with rectal bleeding	ICD-10-CM	Diagnosis
K50.012	Crohn's disease of small intestine with intestinal obstruction	ICD-10-CM	Diagnosis
K50.013	Crohn's disease of small intestine with fistula	ICD-10-CM	Diagnosis
K50.014	Crohn's disease of small intestine with abscess	ICD-10-CM	Diagnosis
K50.018	Crohn's disease of small intestine with other complication	ICD-10-CM	Diagnosis
K50.019	Crohn's disease of small intestine with unspecified complications	ICD-10-CM	Diagnosis
K50.10	Crohn's disease of large intestine without complications	ICD-10-CM	Diagnosis
K50.111	Crohn's disease of large intestine with rectal bleeding	ICD-10-CM	Diagnosis
K50.112	Crohn's disease of large intestine with intestinal obstruction	ICD-10-CM	Diagnosis
K50.113	Crohn's disease of large intestine with fistula	ICD-10-CM	Diagnosis
K50.114	Crohn's disease of large intestine with abscess	ICD-10-CM	Diagnosis
K50.118	Crohn's disease of large intestine with other complication	ICD-10-CM	Diagnosis
K50.119	Crohn's disease of large intestine with unspecified complications	ICD-10-CM	Diagnosis
K50.80	Crohn's disease of both small and large intestine without complications	ICD-10-CM	Diagnosis
K50.811	Crohn's disease of both small and large intestine with rectal bleeding	ICD-10-CM	Diagnosis
K50.812	Crohn's disease of both small and large intestine with intestinal obstruction	ICD-10-CM	Diagnosis
K50.813	Crohn's disease of both small and large intestine with fistula	ICD-10-CM	Diagnosis
K50.814	Crohn's disease of both small and large intestine with abscess	ICD-10-CM	Diagnosis
K50.818	Crohn's disease of both small and large intestine with other complication	ICD-10-CM	Diagnosis
K50.819	Crohn's disease of both small and large intestine with unspecified complications	ICD-10-CM	Diagnosis
K50.90	Crohn's disease, unspecified, without complications	ICD-10-CM	Diagnosis
K50.911	Crohn's disease, unspecified, with rectal bleeding	ICD-10-CM	Diagnosis
K50.912	Crohn's disease, unspecified, with intestinal obstruction	ICD-10-CM	Diagnosis
K50.913	Crohn's disease, unspecified, with fistula	ICD-10-CM	Diagnosis
K50.914	Crohn's disease, unspecified, with abscess	ICD-10-CM	Diagnosis
K50.918	Crohn's disease, unspecified, with other complication	ICD-10-CM	Diagnosis
K50.919	Crohn's disease, unspecified, with unspecified complications	ICD-10-CM	Diagnosis
L93.0	Discoid lupus erythematosus	ICD-10-CM	Diagnosis
L93.1	Subacute cutaneous lupus erythematosus	ICD-10-CM	Diagnosis
L93.2	Other local lupus erythematosus	ICD-10-CM	Diagnosis

**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

Code	Description	Code Type	Code Category
M05.20	Rheumatoid vasculitis with rheumatoid arthritis of unspecified site	ICD-10-CM	Diagnosis
M05.211	Rheumatoid vasculitis with rheumatoid arthritis of right shoulder	ICD-10-CM	Diagnosis
M05.212	Rheumatoid vasculitis with rheumatoid arthritis of left shoulder	ICD-10-CM	Diagnosis
M05.219	Rheumatoid vasculitis with rheumatoid arthritis of unspecified shoulder	ICD-10-CM	Diagnosis
M05.221	Rheumatoid vasculitis with rheumatoid arthritis of right elbow	ICD-10-CM	Diagnosis
M05.222	Rheumatoid vasculitis with rheumatoid arthritis of left elbow	ICD-10-CM	Diagnosis
M05.229	Rheumatoid vasculitis with rheumatoid arthritis of unspecified elbow	ICD-10-CM	Diagnosis
M05.231	Rheumatoid vasculitis with rheumatoid arthritis of right wrist	ICD-10-CM	Diagnosis
M05.232	Rheumatoid vasculitis with rheumatoid arthritis of left wrist	ICD-10-CM	Diagnosis
M05.239	Rheumatoid vasculitis with rheumatoid arthritis of unspecified wrist	ICD-10-CM	Diagnosis
M05.241	Rheumatoid vasculitis with rheumatoid arthritis of right hand	ICD-10-CM	Diagnosis
M05.242	Rheumatoid vasculitis with rheumatoid arthritis of left hand	ICD-10-CM	Diagnosis
M05.249	Rheumatoid vasculitis with rheumatoid arthritis of unspecified hand	ICD-10-CM	Diagnosis
M05.251	Rheumatoid vasculitis with rheumatoid arthritis of right hip	ICD-10-CM	Diagnosis
M05.252	Rheumatoid vasculitis with rheumatoid arthritis of left hip	ICD-10-CM	Diagnosis
M05.259	Rheumatoid vasculitis with rheumatoid arthritis of unspecified hip	ICD-10-CM	Diagnosis
M05.261	Rheumatoid vasculitis with rheumatoid arthritis of right knee	ICD-10-CM	Diagnosis
M05.262	Rheumatoid vasculitis with rheumatoid arthritis of left knee	ICD-10-CM	Diagnosis
M05.269	Rheumatoid vasculitis with rheumatoid arthritis of unspecified knee	ICD-10-CM	Diagnosis
M05.271	Rheumatoid vasculitis with rheumatoid arthritis of right ankle and foot	ICD-10-CM	Diagnosis
M05.272	Rheumatoid vasculitis with rheumatoid arthritis of left ankle and foot	ICD-10-CM	Diagnosis
M05.279	Rheumatoid vasculitis with rheumatoid arthritis of unspecified ankle and foot	ICD-10-CM	Diagnosis
M05.29	Rheumatoid vasculitis with rheumatoid arthritis of multiple sites	ICD-10-CM	Diagnosis
M05.30	Rheumatoid heart disease with rheumatoid arthritis of unspecified site	ICD-10-CM	Diagnosis
M05.311	Rheumatoid heart disease with rheumatoid arthritis of right shoulder	ICD-10-CM	Diagnosis
M05.312	Rheumatoid heart disease with rheumatoid arthritis of left shoulder	ICD-10-CM	Diagnosis
M05.319	Rheumatoid heart disease with rheumatoid arthritis of unspecified shoulder	ICD-10-CM	Diagnosis
M05.321	Rheumatoid heart disease with rheumatoid arthritis of right elbow	ICD-10-CM	Diagnosis
M05.322	Rheumatoid heart disease with rheumatoid arthritis of left elbow	ICD-10-CM	Diagnosis
M05.329	Rheumatoid heart disease with rheumatoid arthritis of unspecified elbow	ICD-10-CM	Diagnosis
M05.331	Rheumatoid heart disease with rheumatoid arthritis of right wrist	ICD-10-CM	Diagnosis
M05.332	Rheumatoid heart disease with rheumatoid arthritis of left wrist	ICD-10-CM	Diagnosis
M05.339	Rheumatoid heart disease with rheumatoid arthritis of unspecified wrist	ICD-10-CM	Diagnosis
M05.341	Rheumatoid heart disease with rheumatoid arthritis of right hand	ICD-10-CM	Diagnosis
M05.342	Rheumatoid heart disease with rheumatoid arthritis of left hand	ICD-10-CM	Diagnosis
M05.349	Rheumatoid heart disease with rheumatoid arthritis of unspecified hand	ICD-10-CM	Diagnosis
M05.351	Rheumatoid heart disease with rheumatoid arthritis of right hip	ICD-10-CM	Diagnosis
M05.352	Rheumatoid heart disease with rheumatoid arthritis of left hip	ICD-10-CM	Diagnosis
M05.359	Rheumatoid heart disease with rheumatoid arthritis of unspecified hip	ICD-10-CM	Diagnosis
M05.361	Rheumatoid heart disease with rheumatoid arthritis of right knee	ICD-10-CM	Diagnosis
M05.362	Rheumatoid heart disease with rheumatoid arthritis of left knee	ICD-10-CM	Diagnosis
M05.369	Rheumatoid heart disease with rheumatoid arthritis of unspecified knee	ICD-10-CM	Diagnosis

**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

Code	Description	Code Type	Code Category
M05.371	Rheumatoid heart disease with rheumatoid arthritis of right ankle and foot	ICD-10-CM	Diagnosis
M05.372	Rheumatoid heart disease with rheumatoid arthritis of left ankle and foot	ICD-10-CM	Diagnosis
M05.379	Rheumatoid heart disease with rheumatoid arthritis of unspecified ankle and foot	ICD-10-CM	Diagnosis
M05.39	Rheumatoid heart disease with rheumatoid arthritis of multiple sites	ICD-10-CM	Diagnosis
M05.40	Rheumatoid myopathy with rheumatoid arthritis of unspecified site	ICD-10-CM	Diagnosis
M05.411	Rheumatoid myopathy with rheumatoid arthritis of right shoulder	ICD-10-CM	Diagnosis
M05.412	Rheumatoid myopathy with rheumatoid arthritis of left shoulder	ICD-10-CM	Diagnosis
M05.419	Rheumatoid myopathy with rheumatoid arthritis of unspecified shoulder	ICD-10-CM	Diagnosis
M05.421	Rheumatoid myopathy with rheumatoid arthritis of right elbow	ICD-10-CM	Diagnosis
M05.422	Rheumatoid myopathy with rheumatoid arthritis of left elbow	ICD-10-CM	Diagnosis
M05.429	Rheumatoid myopathy with rheumatoid arthritis of unspecified elbow	ICD-10-CM	Diagnosis
M05.431	Rheumatoid myopathy with rheumatoid arthritis of right wrist	ICD-10-CM	Diagnosis
M05.432	Rheumatoid myopathy with rheumatoid arthritis of left wrist	ICD-10-CM	Diagnosis
M05.439	Rheumatoid myopathy with rheumatoid arthritis of unspecified wrist	ICD-10-CM	Diagnosis
M05.441	Rheumatoid myopathy with rheumatoid arthritis of right hand	ICD-10-CM	Diagnosis
M05.442	Rheumatoid myopathy with rheumatoid arthritis of left hand	ICD-10-CM	Diagnosis
M05.449	Rheumatoid myopathy with rheumatoid arthritis of unspecified hand	ICD-10-CM	Diagnosis
M05.451	Rheumatoid myopathy with rheumatoid arthritis of right hip	ICD-10-CM	Diagnosis
M05.452	Rheumatoid myopathy with rheumatoid arthritis of left hip	ICD-10-CM	Diagnosis
M05.459	Rheumatoid myopathy with rheumatoid arthritis of unspecified hip	ICD-10-CM	Diagnosis
M05.461	Rheumatoid myopathy with rheumatoid arthritis of right knee	ICD-10-CM	Diagnosis
M05.462	Rheumatoid myopathy with rheumatoid arthritis of left knee	ICD-10-CM	Diagnosis
M05.469	Rheumatoid myopathy with rheumatoid arthritis of unspecified knee	ICD-10-CM	Diagnosis
M05.471	Rheumatoid myopathy with rheumatoid arthritis of right ankle and foot	ICD-10-CM	Diagnosis
M05.472	Rheumatoid myopathy with rheumatoid arthritis of left ankle and foot	ICD-10-CM	Diagnosis
M05.479	Rheumatoid myopathy with rheumatoid arthritis of unspecified ankle and foot	ICD-10-CM	Diagnosis
M05.49	Rheumatoid myopathy with rheumatoid arthritis of multiple sites	ICD-10-CM	Diagnosis
M05.50	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified site	ICD-10-CM	Diagnosis
M05.511	Rheumatoid polyneuropathy with rheumatoid arthritis of right shoulder	ICD-10-CM	Diagnosis
M05.512	Rheumatoid polyneuropathy with rheumatoid arthritis of left shoulder	ICD-10-CM	Diagnosis
M05.519	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified shoulder	ICD-10-CM	Diagnosis
M05.521	Rheumatoid polyneuropathy with rheumatoid arthritis of right elbow	ICD-10-CM	Diagnosis
M05.522	Rheumatoid polyneuropathy with rheumatoid arthritis of left elbow	ICD-10-CM	Diagnosis
M05.529	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified elbow	ICD-10-CM	Diagnosis
M05.531	Rheumatoid polyneuropathy with rheumatoid arthritis of right wrist	ICD-10-CM	Diagnosis
M05.532	Rheumatoid polyneuropathy with rheumatoid arthritis of left wrist	ICD-10-CM	Diagnosis
M05.539	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified wrist	ICD-10-CM	Diagnosis
M05.541	Rheumatoid polyneuropathy with rheumatoid arthritis of right hand	ICD-10-CM	Diagnosis
M05.542	Rheumatoid polyneuropathy with rheumatoid arthritis of left hand	ICD-10-CM	Diagnosis
M05.549	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified hand	ICD-10-CM	Diagnosis
M05.551	Rheumatoid polyneuropathy with rheumatoid arthritis of right hip	ICD-10-CM	Diagnosis
M05.552	Rheumatoid polyneuropathy with rheumatoid arthritis of left hip	ICD-10-CM	Diagnosis

**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

Code	Description	Code Type	Code Category
M05.559	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified hip	ICD-10-CM	Diagnosis
M05.561	Rheumatoid polyneuropathy with rheumatoid arthritis of right knee	ICD-10-CM	Diagnosis
M05.562	Rheumatoid polyneuropathy with rheumatoid arthritis of left knee	ICD-10-CM	Diagnosis
M05.569	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified knee	ICD-10-CM	Diagnosis
M05.571	Rheumatoid polyneuropathy with rheumatoid arthritis of right ankle and foot	ICD-10-CM	Diagnosis
M05.572	Rheumatoid polyneuropathy with rheumatoid arthritis of left ankle and foot	ICD-10-CM	Diagnosis
M05.579	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified ankle and foot	ICD-10-CM	Diagnosis
M05.59	Rheumatoid polyneuropathy with rheumatoid arthritis of multiple sites	ICD-10-CM	Diagnosis
M05.60	Rheumatoid arthritis of unspecified site with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.611	Rheumatoid arthritis of right shoulder with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.612	Rheumatoid arthritis of left shoulder with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.619	Rheumatoid arthritis of unspecified shoulder with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.621	Rheumatoid arthritis of right elbow with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.622	Rheumatoid arthritis of left elbow with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.629	Rheumatoid arthritis of unspecified elbow with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.631	Rheumatoid arthritis of right wrist with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.632	Rheumatoid arthritis of left wrist with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.639	Rheumatoid arthritis of unspecified wrist with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.641	Rheumatoid arthritis of right hand with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.642	Rheumatoid arthritis of left hand with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.649	Rheumatoid arthritis of unspecified hand with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.651	Rheumatoid arthritis of right hip with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.652	Rheumatoid arthritis of left hip with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.659	Rheumatoid arthritis of unspecified hip with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.661	Rheumatoid arthritis of right knee with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.662	Rheumatoid arthritis of left knee with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.669	Rheumatoid arthritis of unspecified knee with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.671	Rheumatoid arthritis of right ankle and foot with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.672	Rheumatoid arthritis of left ankle and foot with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.679	Rheumatoid arthritis of unspecified ankle and foot with involvement of other organs and systems	ICD-10-CM	Diagnosis
M05.69	Rheumatoid arthritis of multiple sites with involvement of other organs and systems	ICD-10-CM	Diagnosis

**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

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

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



**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

Code	Description	Code Type	Code Category
M06.049	Rheumatoid arthritis without rheumatoid factor, unspecified hand	ICD-10-CM	Diagnosis
M06.051	Rheumatoid arthritis without rheumatoid factor, right hip	ICD-10-CM	Diagnosis
M06.052	Rheumatoid arthritis without rheumatoid factor, left hip	ICD-10-CM	Diagnosis
M06.059	Rheumatoid arthritis without rheumatoid factor, unspecified hip	ICD-10-CM	Diagnosis
M06.061	Rheumatoid arthritis without rheumatoid factor, right knee	ICD-10-CM	Diagnosis
M06.062	Rheumatoid arthritis without rheumatoid factor, left knee	ICD-10-CM	Diagnosis
M06.069	Rheumatoid arthritis without rheumatoid factor, unspecified knee	ICD-10-CM	Diagnosis
M06.071	Rheumatoid arthritis without rheumatoid factor, right ankle and foot	ICD-10-CM	Diagnosis
M06.072	Rheumatoid arthritis without rheumatoid factor, left ankle and foot	ICD-10-CM	Diagnosis
M06.079	Rheumatoid arthritis without rheumatoid factor, unspecified ankle and foot	ICD-10-CM	Diagnosis
M06.08	Rheumatoid arthritis without rheumatoid factor, vertebrae	ICD-10-CM	Diagnosis
M06.09	Rheumatoid arthritis without rheumatoid factor, multiple sites	ICD-10-CM	Diagnosis
M06.1	Adult-onset Still's disease	ICD-10-CM	Diagnosis
M06.20	Rheumatoid bursitis, unspecified site	ICD-10-CM	Diagnosis
M06.211	Rheumatoid bursitis, right shoulder	ICD-10-CM	Diagnosis
M06.212	Rheumatoid bursitis, left shoulder	ICD-10-CM	Diagnosis
M06.219	Rheumatoid bursitis, unspecified shoulder	ICD-10-CM	Diagnosis
M06.221	Rheumatoid bursitis, right elbow	ICD-10-CM	Diagnosis
M06.222	Rheumatoid bursitis, left elbow	ICD-10-CM	Diagnosis
M06.229	Rheumatoid bursitis, unspecified elbow	ICD-10-CM	Diagnosis
M06.231	Rheumatoid bursitis, right wrist	ICD-10-CM	Diagnosis
M06.232	Rheumatoid bursitis, left wrist	ICD-10-CM	Diagnosis
M06.239	Rheumatoid bursitis, unspecified wrist	ICD-10-CM	Diagnosis
M06.241	Rheumatoid bursitis, right hand	ICD-10-CM	Diagnosis
M06.242	Rheumatoid bursitis, left hand	ICD-10-CM	Diagnosis
M06.249	Rheumatoid bursitis, unspecified hand	ICD-10-CM	Diagnosis
M06.251	Rheumatoid bursitis, right hip	ICD-10-CM	Diagnosis
M06.252	Rheumatoid bursitis, left hip	ICD-10-CM	Diagnosis
M06.259	Rheumatoid bursitis, unspecified hip	ICD-10-CM	Diagnosis
M06.261	Rheumatoid bursitis, right knee	ICD-10-CM	Diagnosis
M06.262	Rheumatoid bursitis, left knee	ICD-10-CM	Diagnosis
M06.269	Rheumatoid bursitis, unspecified knee	ICD-10-CM	Diagnosis
M06.271	Rheumatoid bursitis, right ankle and foot	ICD-10-CM	Diagnosis
M06.272	Rheumatoid bursitis, left ankle and foot	ICD-10-CM	Diagnosis
M06.279	Rheumatoid bursitis, unspecified ankle and foot	ICD-10-CM	Diagnosis
M06.28	Rheumatoid bursitis, vertebrae	ICD-10-CM	Diagnosis
M06.29	Rheumatoid bursitis, multiple sites	ICD-10-CM	Diagnosis
M06.30	Rheumatoid nodule, unspecified site	ICD-10-CM	Diagnosis
M06.311	Rheumatoid nodule, right shoulder	ICD-10-CM	Diagnosis
M06.312	Rheumatoid nodule, left shoulder	ICD-10-CM	Diagnosis
M06.319	Rheumatoid nodule, unspecified shoulder	ICD-10-CM	Diagnosis
M06.321	Rheumatoid nodule, right elbow	ICD-10-CM	Diagnosis

**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

Code	Description	Code Type	Code Category
M06.322	Rheumatoid nodule, left elbow	ICD-10-CM	Diagnosis
M06.329	Rheumatoid nodule, unspecified elbow	ICD-10-CM	Diagnosis
M06.331	Rheumatoid nodule, right wrist	ICD-10-CM	Diagnosis
M06.332	Rheumatoid nodule, left wrist	ICD-10-CM	Diagnosis
M06.339	Rheumatoid nodule, unspecified wrist	ICD-10-CM	Diagnosis
M06.341	Rheumatoid nodule, right hand	ICD-10-CM	Diagnosis
M06.342	Rheumatoid nodule, left hand	ICD-10-CM	Diagnosis
M06.349	Rheumatoid nodule, unspecified hand	ICD-10-CM	Diagnosis
M06.351	Rheumatoid nodule, right hip	ICD-10-CM	Diagnosis
M06.352	Rheumatoid nodule, left hip	ICD-10-CM	Diagnosis
M06.359	Rheumatoid nodule, unspecified hip	ICD-10-CM	Diagnosis
M06.361	Rheumatoid nodule, right knee	ICD-10-CM	Diagnosis
M06.362	Rheumatoid nodule, left knee	ICD-10-CM	Diagnosis
M06.369	Rheumatoid nodule, unspecified knee	ICD-10-CM	Diagnosis
M06.371	Rheumatoid nodule, right ankle and foot	ICD-10-CM	Diagnosis
M06.372	Rheumatoid nodule, left ankle and foot	ICD-10-CM	Diagnosis
M06.379	Rheumatoid nodule, unspecified ankle and foot	ICD-10-CM	Diagnosis
M06.38	Rheumatoid nodule, vertebrae	ICD-10-CM	Diagnosis
M06.39	Rheumatoid nodule, multiple sites	ICD-10-CM	Diagnosis
M06.80	Other specified rheumatoid arthritis, unspecified site	ICD-10-CM	Diagnosis
M06.811	Other specified rheumatoid arthritis, right shoulder	ICD-10-CM	Diagnosis
M06.812	Other specified rheumatoid arthritis, left shoulder	ICD-10-CM	Diagnosis
M06.819	Other specified rheumatoid arthritis, unspecified shoulder	ICD-10-CM	Diagnosis
M06.821	Other specified rheumatoid arthritis, right elbow	ICD-10-CM	Diagnosis
M06.822	Other specified rheumatoid arthritis, left elbow	ICD-10-CM	Diagnosis
M06.829	Other specified rheumatoid arthritis, unspecified elbow	ICD-10-CM	Diagnosis
M06.831	Other specified rheumatoid arthritis, right wrist	ICD-10-CM	Diagnosis
M06.832	Other specified rheumatoid arthritis, left wrist	ICD-10-CM	Diagnosis
M06.839	Other specified rheumatoid arthritis, unspecified wrist	ICD-10-CM	Diagnosis
M06.841	Other specified rheumatoid arthritis, right hand	ICD-10-CM	Diagnosis
M06.842	Other specified rheumatoid arthritis, left hand	ICD-10-CM	Diagnosis
M06.849	Other specified rheumatoid arthritis, unspecified hand	ICD-10-CM	Diagnosis
M06.851	Other specified rheumatoid arthritis, right hip	ICD-10-CM	Diagnosis
M06.852	Other specified rheumatoid arthritis, left hip	ICD-10-CM	Diagnosis
M06.859	Other specified rheumatoid arthritis, unspecified hip	ICD-10-CM	Diagnosis
M06.861	Other specified rheumatoid arthritis, right knee	ICD-10-CM	Diagnosis
M06.862	Other specified rheumatoid arthritis, left knee	ICD-10-CM	Diagnosis
M06.869	Other specified rheumatoid arthritis, unspecified knee	ICD-10-CM	Diagnosis
M06.871	Other specified rheumatoid arthritis, right ankle and foot	ICD-10-CM	Diagnosis
M06.872	Other specified rheumatoid arthritis, left ankle and foot	ICD-10-CM	Diagnosis
M06.879	Other specified rheumatoid arthritis, unspecified ankle and foot	ICD-10-CM	Diagnosis
M06.88	Other specified rheumatoid arthritis, vertebrae	ICD-10-CM	Diagnosis



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Code	Description	Code Type	Code Category
M06.89	Other specified rheumatoid arthritis, multiple sites	ICD-10-CM	Diagnosis
M06.9	Rheumatoid arthritis, unspecified	ICD-10-CM	Diagnosis
M08.00	Unspecified juvenile rheumatoid arthritis of unspecified site	ICD-10-CM	Diagnosis
M08.011	Unspecified juvenile rheumatoid arthritis, right shoulder	ICD-10-CM	Diagnosis
M08.012	Unspecified juvenile rheumatoid arthritis, left shoulder	ICD-10-CM	Diagnosis
M08.019	Unspecified juvenile rheumatoid arthritis, unspecified shoulder	ICD-10-CM	Diagnosis
M08.021	Unspecified juvenile rheumatoid arthritis, right elbow	ICD-10-CM	Diagnosis
M08.022	Unspecified juvenile rheumatoid arthritis, left elbow	ICD-10-CM	Diagnosis
M08.029	Unspecified juvenile rheumatoid arthritis, unspecified elbow	ICD-10-CM	Diagnosis
M08.031	Unspecified juvenile rheumatoid arthritis, right wrist	ICD-10-CM	Diagnosis
M08.032	Unspecified juvenile rheumatoid arthritis, left wrist	ICD-10-CM	Diagnosis
M08.039	Unspecified juvenile rheumatoid arthritis, unspecified wrist	ICD-10-CM	Diagnosis
M08.041	Unspecified juvenile rheumatoid arthritis, right hand	ICD-10-CM	Diagnosis
M08.042	Unspecified juvenile rheumatoid arthritis, left hand	ICD-10-CM	Diagnosis
M08.049	Unspecified juvenile rheumatoid arthritis, unspecified hand	ICD-10-CM	Diagnosis
M08.051	Unspecified juvenile rheumatoid arthritis, right hip	ICD-10-CM	Diagnosis
M08.052	Unspecified juvenile rheumatoid arthritis, left hip	ICD-10-CM	Diagnosis
M08.059	Unspecified juvenile rheumatoid arthritis, unspecified hip	ICD-10-CM	Diagnosis
M08.061	Unspecified juvenile rheumatoid arthritis, right knee	ICD-10-CM	Diagnosis
M08.062	Unspecified juvenile rheumatoid arthritis, left knee	ICD-10-CM	Diagnosis
M08.069	Unspecified juvenile rheumatoid arthritis, unspecified knee	ICD-10-CM	Diagnosis
M08.071	Unspecified juvenile rheumatoid arthritis, right ankle and foot	ICD-10-CM	Diagnosis
M08.072	Unspecified juvenile rheumatoid arthritis, left ankle and foot	ICD-10-CM	Diagnosis
M08.079	Unspecified juvenile rheumatoid arthritis, unspecified ankle and foot	ICD-10-CM	Diagnosis
M08.08	Unspecified juvenile rheumatoid arthritis, vertebrae	ICD-10-CM	Diagnosis
M08.09	Unspecified juvenile rheumatoid arthritis, multiple sites	ICD-10-CM	Diagnosis
M08.20	Juvenile rheumatoid arthritis with systemic onset, unspecified site	ICD-10-CM	Diagnosis
M08.211	Juvenile rheumatoid arthritis with systemic onset, right shoulder	ICD-10-CM	Diagnosis
M08.212	Juvenile rheumatoid arthritis with systemic onset, left shoulder	ICD-10-CM	Diagnosis
M08.219	Juvenile rheumatoid arthritis with systemic onset, unspecified shoulder	ICD-10-CM	Diagnosis
M08.221	Juvenile rheumatoid arthritis with systemic onset, right elbow	ICD-10-CM	Diagnosis
M08.222	Juvenile rheumatoid arthritis with systemic onset, left elbow	ICD-10-CM	Diagnosis
M08.229	Juvenile rheumatoid arthritis with systemic onset, unspecified elbow	ICD-10-CM	Diagnosis
M08.231	Juvenile rheumatoid arthritis with systemic onset, right wrist	ICD-10-CM	Diagnosis
M08.232	Juvenile rheumatoid arthritis with systemic onset, left wrist	ICD-10-CM	Diagnosis
M08.239	Juvenile rheumatoid arthritis with systemic onset, unspecified wrist	ICD-10-CM	Diagnosis
M08.241	Juvenile rheumatoid arthritis with systemic onset, right hand	ICD-10-CM	Diagnosis
M08.242	Juvenile rheumatoid arthritis with systemic onset, left hand	ICD-10-CM	Diagnosis
M08.249	Juvenile rheumatoid arthritis with systemic onset, unspecified hand	ICD-10-CM	Diagnosis
M08.251	Juvenile rheumatoid arthritis with systemic onset, right hip	ICD-10-CM	Diagnosis
M08.252	Juvenile rheumatoid arthritis with systemic onset, left hip	ICD-10-CM	Diagnosis
M08.259	Juvenile rheumatoid arthritis with systemic onset, unspecified hip	ICD-10-CM	Diagnosis

**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

Code	Description	Code Type	Code Category
M08.261	Juvenile rheumatoid arthritis with systemic onset, right knee	ICD-10-CM	Diagnosis
M08.262	Juvenile rheumatoid arthritis with systemic onset, left knee	ICD-10-CM	Diagnosis
M08.269	Juvenile rheumatoid arthritis with systemic onset, unspecified knee	ICD-10-CM	Diagnosis
M08.271	Juvenile rheumatoid arthritis with systemic onset, right ankle and foot	ICD-10-CM	Diagnosis
M08.272	Juvenile rheumatoid arthritis with systemic onset, left ankle and foot	ICD-10-CM	Diagnosis
M08.279	Juvenile rheumatoid arthritis with systemic onset, unspecified ankle and foot	ICD-10-CM	Diagnosis
M08.28	Juvenile rheumatoid arthritis with systemic onset, vertebrae	ICD-10-CM	Diagnosis
M08.29	Juvenile rheumatoid arthritis with systemic onset, multiple sites	ICD-10-CM	Diagnosis
M08.3	Juvenile rheumatoid polyarthritis (seronegative)	ICD-10-CM	Diagnosis
M08.40	Pauciarticular juvenile rheumatoid arthritis, unspecified site	ICD-10-CM	Diagnosis
M08.411	Pauciarticular juvenile rheumatoid arthritis, right shoulder	ICD-10-CM	Diagnosis
M08.412	Pauciarticular juvenile rheumatoid arthritis, left shoulder	ICD-10-CM	Diagnosis
M08.419	Pauciarticular juvenile rheumatoid arthritis, unspecified shoulder	ICD-10-CM	Diagnosis
M08.421	Pauciarticular juvenile rheumatoid arthritis, right elbow	ICD-10-CM	Diagnosis
M08.422	Pauciarticular juvenile rheumatoid arthritis, left elbow	ICD-10-CM	Diagnosis
M08.429	Pauciarticular juvenile rheumatoid arthritis, unspecified elbow	ICD-10-CM	Diagnosis
M08.431	Pauciarticular juvenile rheumatoid arthritis, right wrist	ICD-10-CM	Diagnosis
M08.432	Pauciarticular juvenile rheumatoid arthritis, left wrist	ICD-10-CM	Diagnosis
M08.439	Pauciarticular juvenile rheumatoid arthritis, unspecified wrist	ICD-10-CM	Diagnosis
M08.441	Pauciarticular juvenile rheumatoid arthritis, right hand	ICD-10-CM	Diagnosis
M08.442	Pauciarticular juvenile rheumatoid arthritis, left hand	ICD-10-CM	Diagnosis
M08.449	Pauciarticular juvenile rheumatoid arthritis, unspecified hand	ICD-10-CM	Diagnosis
M08.451	Pauciarticular juvenile rheumatoid arthritis, right hip	ICD-10-CM	Diagnosis
M08.452	Pauciarticular juvenile rheumatoid arthritis, left hip	ICD-10-CM	Diagnosis
M08.459	Pauciarticular juvenile rheumatoid arthritis, unspecified hip	ICD-10-CM	Diagnosis
M08.461	Pauciarticular juvenile rheumatoid arthritis, right knee	ICD-10-CM	Diagnosis
M08.462	Pauciarticular juvenile rheumatoid arthritis, left knee	ICD-10-CM	Diagnosis
M08.469	Pauciarticular juvenile rheumatoid arthritis, unspecified knee	ICD-10-CM	Diagnosis
M08.471	Pauciarticular juvenile rheumatoid arthritis, right ankle and foot	ICD-10-CM	Diagnosis
M08.472	Pauciarticular juvenile rheumatoid arthritis, left ankle and foot	ICD-10-CM	Diagnosis
M08.479	Pauciarticular juvenile rheumatoid arthritis, unspecified ankle and foot	ICD-10-CM	Diagnosis
M08.48	Pauciarticular juvenile rheumatoid arthritis, vertebrae	ICD-10-CM	Diagnosis
M08.80	Other juvenile arthritis, unspecified site	ICD-10-CM	Diagnosis
M08.811	Other juvenile arthritis, right shoulder	ICD-10-CM	Diagnosis
M08.812	Other juvenile arthritis, left shoulder	ICD-10-CM	Diagnosis
M08.819	Other juvenile arthritis, unspecified shoulder	ICD-10-CM	Diagnosis
M08.821	Other juvenile arthritis, right elbow	ICD-10-CM	Diagnosis
M08.822	Other juvenile arthritis, left elbow	ICD-10-CM	Diagnosis
M08.829	Other juvenile arthritis, unspecified elbow	ICD-10-CM	Diagnosis
M08.831	Other juvenile arthritis, right wrist	ICD-10-CM	Diagnosis
M08.832	Other juvenile arthritis, left wrist	ICD-10-CM	Diagnosis
M08.839	Other juvenile arthritis, unspecified wrist	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
M08.841	Other juvenile arthritis, right hand	ICD-10-CM	Diagnosis
M08.842	Other juvenile arthritis, left hand	ICD-10-CM	Diagnosis
M08.849	Other juvenile arthritis, unspecified hand	ICD-10-CM	Diagnosis
M08.851	Other juvenile arthritis, right hip	ICD-10-CM	Diagnosis
M08.852	Other juvenile arthritis, left hip	ICD-10-CM	Diagnosis
M08.859	Other juvenile arthritis, unspecified hip	ICD-10-CM	Diagnosis
M08.861	Other juvenile arthritis, right knee	ICD-10-CM	Diagnosis
M08.862	Other juvenile arthritis, left knee	ICD-10-CM	Diagnosis
M08.869	Other juvenile arthritis, unspecified knee	ICD-10-CM	Diagnosis
M08.871	Other juvenile arthritis, right ankle and foot	ICD-10-CM	Diagnosis
M08.872	Other juvenile arthritis, left ankle and foot	ICD-10-CM	Diagnosis
M08.879	Other juvenile arthritis, unspecified ankle and foot	ICD-10-CM	Diagnosis
M08.88	Other juvenile arthritis, other specified site	ICD-10-CM	Diagnosis
M08.89	Other juvenile arthritis, multiple sites	ICD-10-CM	Diagnosis
M08.90	Juvenile arthritis, unspecified, unspecified site	ICD-10-CM	Diagnosis
M08.911	Juvenile arthritis, unspecified, right shoulder	ICD-10-CM	Diagnosis
M08.912	Juvenile arthritis, unspecified, left shoulder	ICD-10-CM	Diagnosis
M08.919	Juvenile arthritis, unspecified, unspecified shoulder	ICD-10-CM	Diagnosis
M08.921	Juvenile arthritis, unspecified, right elbow	ICD-10-CM	Diagnosis
M08.922	Juvenile arthritis, unspecified, left elbow	ICD-10-CM	Diagnosis
M08.929	Juvenile arthritis, unspecified, unspecified elbow	ICD-10-CM	Diagnosis
M08.931	Juvenile arthritis, unspecified, right wrist	ICD-10-CM	Diagnosis
M08.932	Juvenile arthritis, unspecified, left wrist	ICD-10-CM	Diagnosis
M08.939	Juvenile arthritis, unspecified, unspecified wrist	ICD-10-CM	Diagnosis
M08.941	Juvenile arthritis, unspecified, right hand	ICD-10-CM	Diagnosis
M08.942	Juvenile arthritis, unspecified, left hand	ICD-10-CM	Diagnosis
M08.949	Juvenile arthritis, unspecified, unspecified hand	ICD-10-CM	Diagnosis
M08.951	Juvenile arthritis, unspecified, right hip	ICD-10-CM	Diagnosis
M08.952	Juvenile arthritis, unspecified, left hip	ICD-10-CM	Diagnosis
M08.959	Juvenile arthritis, unspecified, unspecified hip	ICD-10-CM	Diagnosis
M08.961	Juvenile arthritis, unspecified, right knee	ICD-10-CM	Diagnosis
M08.962	Juvenile arthritis, unspecified, left knee	ICD-10-CM	Diagnosis
M08.969	Juvenile arthritis, unspecified, unspecified knee	ICD-10-CM	Diagnosis
M08.971	Juvenile arthritis, unspecified, right ankle and foot	ICD-10-CM	Diagnosis
M08.972	Juvenile arthritis, unspecified, left ankle and foot	ICD-10-CM	Diagnosis
M08.979	Juvenile arthritis, unspecified, unspecified ankle and foot	ICD-10-CM	Diagnosis
M08.98	Juvenile arthritis, unspecified, vertebrae	ICD-10-CM	Diagnosis
M08.99	Juvenile arthritis, unspecified, multiple sites	ICD-10-CM	Diagnosis
M32.0	Drug-induced systemic lupus erythematosus	ICD-10-CM	Diagnosis
M32.10	Systemic lupus erythematosus, organ or system involvement unspecified	ICD-10-CM	Diagnosis
M32.11	Endocarditis in systemic lupus erythematosus	ICD-10-CM	Diagnosis
M32.12	Pericarditis in systemic lupus erythematosus	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
M32.13	Lung involvement in systemic lupus erythematosus	ICD-10-CM	Diagnosis
M32.14	Glomerular disease in systemic lupus erythematosus	ICD-10-CM	Diagnosis
M32.15	Tubulo-interstitial nephropathy in systemic lupus erythematosus	ICD-10-CM	Diagnosis
M32.19	Other organ or system involvement in systemic lupus erythematosus	ICD-10-CM	Diagnosis
M32.8	Other forms of systemic lupus erythematosus	ICD-10-CM	Diagnosis
M32.9	Systemic lupus erythematosus, unspecified	ICD-10-CM	Diagnosis
M33.00	Juvenile dermatomyositis, organ involvement unspecified	ICD-10-CM	Diagnosis
M33.01	Juvenile dermatomyositis with respiratory involvement	ICD-10-CM	Diagnosis
M33.02	Juvenile dermatomyositis with myopathy	ICD-10-CM	Diagnosis
M33.03	Juvenile dermatomyositis without myopathy	ICD-10-CM	Diagnosis
M33.09	Juvenile dermatomyositis with other organ involvement	ICD-10-CM	Diagnosis
M33.10	Other dermatomyositis, organ involvement unspecified	ICD-10-CM	Diagnosis
M33.11	Other dermatomyositis with respiratory involvement	ICD-10-CM	Diagnosis
M33.12	Other dermatomyositis with myopathy	ICD-10-CM	Diagnosis
M33.13	Other dermatomyositis without myopathy	ICD-10-CM	Diagnosis
M33.19	Other dermatomyositis with other organ involvement	ICD-10-CM	Diagnosis
M33.20	Polymyositis, organ involvement unspecified	ICD-10-CM	Diagnosis
M33.21	Polymyositis with respiratory involvement	ICD-10-CM	Diagnosis
M33.22	Polymyositis with myopathy	ICD-10-CM	Diagnosis
M33.29	Polymyositis with other organ involvement	ICD-10-CM	Diagnosis
M33.90	Dermatopolymyositis, unspecified, organ involvement unspecified	ICD-10-CM	Diagnosis
M33.91	Dermatopolymyositis, unspecified with respiratory involvement	ICD-10-CM	Diagnosis
M33.92	Dermatopolymyositis, unspecified with myopathy	ICD-10-CM	Diagnosis
M33.93	Dermatopolymyositis, unspecified without myopathy	ICD-10-CM	Diagnosis
M33.99	Dermatopolymyositis, unspecified with other organ involvement	ICD-10-CM	Diagnosis
M35.00	Sicca syndrome, unspecified	ICD-10-CM	Diagnosis
M35.01	Sicca syndrome with keratoconjunctivitis	ICD-10-CM	Diagnosis
M35.02	Sicca syndrome with lung involvement	ICD-10-CM	Diagnosis
M35.03	Sicca syndrome with myopathy	ICD-10-CM	Diagnosis
M35.04	Sicca syndrome with tubulo-interstitial nephropathy	ICD-10-CM	Diagnosis
M35.09	Sicca syndrome with other organ involvement	ICD-10-CM	Diagnosis
M36.0	Dermato(poly)myositis in neoplastic disease	ICD-10-CM	Diagnosis
Z13.828	Encounter for screening for other musculoskeletal disorder	ICD-10-CM	Diagnosis
<b>Kidney Transplant</b>			
556	Transplant of kidney	ICD-9-PCS	Procedure
5561	Renal autotransplantation	ICD-9-PCS	Procedure
5569	Other kidney transplantation	ICD-9-PCS	Procedure
OTS00ZZ	Complications of transplanted kidney	ICD-10-PCS	Procedure
OTS10ZZ	Kidney replaced by transplant	ICD-10-PCS	Procedure
OTY00Z0	Unspecified complication of kidney transplant	ICD-10-PCS	Procedure
OTY00Z1	Kidney transplant rejection	ICD-10-PCS	Procedure
OTY00Z2	Kidney transplant failure	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
0TY10Z0	Kidney transplant infection	ICD-10-PCS	Procedure
0TY10Z1	Other complication of kidney transplant	ICD-10-PCS	Procedure
0TY10Z2	Encounter for aftercare following kidney transplant	ICD-10-PCS	Procedure
99681	Kidney transplant status	ICD-9-CM	Diagnosis
V420	Reposition Right Kidney, Open Approach	ICD-9-CM	Diagnosis
T86.10	Reposition Left Kidney, Open Approach	ICD-10-CM	Diagnosis
T86.11	Transplantation of Right Kidney, Allogeneic, Open Approach	ICD-10-CM	Diagnosis
T86.12	Transplantation of Right Kidney, Syngeneic, Open Approach	ICD-10-CM	Diagnosis
T86.13	Transplantation of Right Kidney, Zooplasic, Open Approach	ICD-10-CM	Diagnosis
T86.19	Transplantation of Left Kidney, Allogeneic, Open Approach	ICD-10-CM	Diagnosis
Z48.22	Transplantation of Left Kidney, Syngeneic, Open Approach	ICD-10-CM	Diagnosis
Z94.0	Transplantation of Left Kidney, Zooplasic, Open Approach	ICD-10-CM	Diagnosis
<b>Dialysis</b>			
792.5	Cloudy (hemodialysis) (peritoneal) dialysis affluent	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
V56.0	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
R88.0	Cloudy (hemodialysis) (peritoneal) dialysis effluent	ICD-10-CM	Diagnosis
Z49.01	Encounter for fitting and adjustment of extracorporeal dialysis catheter	ICD-10-CM	Diagnosis
Z49.02	Encounter for fitting and adjustment of peritoneal dialysis catheter	ICD-10-CM	Diagnosis
Z49.31	Encounter for adequacy testing for hemodialysis	ICD-10-CM	Diagnosis
Z49.32	Encounter for adequacy testing for peritoneal dialysis	ICD-10-CM	Diagnosis
Z91.15	Patient's noncompliance with renal dialysis	ICD-10-CM	Diagnosis
Z99.2	Dependence on renal dialysis	ICD-10-CM	Diagnosis
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

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Code	Description	Code Type	Code Category
90943	Hemodialysis, For Acute Renal Failure And Or Intoxication,	CPT-4	Procedure
90944	Hemodialysis, For Acute Renal Failure And Or Intoxication,	CPT-4	Procedure
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
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



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Code	Description	Code Type	Code Category
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
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

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Code	Description	Code Type	Code Category
90988	Supervision Of Hemodialysis In Hospital Or Other Facility (excluding Home Dialysis), On Monthly Basis	CPT-4	Procedure
90989	Dialysis training, patient, including helper where applicable, any mode, completed course	CPT-4	Procedure
90990	Hemodialysis Training And/or Counseling	CPT-4	Procedure
90991	Home Hemodialysis Care, Outpatient, For Those Services Either Provided By The Physician Primarily Responsible	CPT-4	Procedure
90992	Peritoneal Dialysis Training And/or Counseling	CPT-4	Procedure
90993	Dialysis training, patient, including helper where applicable, any mode, course not completed, per training session	CPT-4	Procedure
90994	Supervision Of Chronic Ambulatory Peritoneal Dialysis (capd), Home Or Out-patient (monthly)	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
<b>Anticoagulant Alternative Indication</b>			
4534	Acute venous embolism and thrombosis of deep vessels of lower extremity	ICD-9-CM	Diagnosis
45340	Acute venous embolism and thrombosis of unspecified deep vessels of lower extremity	ICD-9-CM	Diagnosis
45341	Acute venous embolism and thrombosis of deep vessels of proximal lower extremity	ICD-9-CM	Diagnosis
45342	Acute venous embolism and thrombosis of deep vessels of distal lower extremity	ICD-9-CM	Diagnosis
4511	Phlebitis and thrombophlebitis of deep veins of lower extremities	ICD-9-CM	Diagnosis
45111	Phlebitis and thrombophlebitis of femoral vein (deep) (superficial)	ICD-9-CM	Diagnosis
45119	Phlebitis and thrombophlebitis of deep veins of lower extremities, other	ICD-9-CM	Diagnosis
4512	Phlebitis and thrombophlebitis of lower extremities, unspecified	ICD-9-CM	Diagnosis
45181	Phlebitis and thrombophlebitis of iliac vein	ICD-9-CM	Diagnosis
45183	Phlebitis and thrombophlebitis of deep veins of upper extremities	ICD-9-CM	Diagnosis
45384	Phlebitis and thrombophlebitis of upper extremities, unspecified	ICD-9-CM	Diagnosis
I80.10	Phlebitis and thrombophlebitis of unspecified femoral vein	ICD-10-CM	Diagnosis
I80.11	Phlebitis and thrombophlebitis of right femoral vein	ICD-10-CM	Diagnosis
I80.12	Phlebitis and thrombophlebitis of left femoral vein	ICD-10-CM	Diagnosis
I80.13	Phlebitis and thrombophlebitis of femoral vein, bilateral	ICD-10-CM	Diagnosis
I80.201	Phlebitis and thrombophlebitis of unspecified deep vessels of right lower extremity	ICD-10-CM	Diagnosis
I80.202	Phlebitis and thrombophlebitis of unspecified deep vessels of left lower extremity	ICD-10-CM	Diagnosis
I80.203	Phlebitis and thrombophlebitis of unspecified deep vessels of lower extremities, bilateral	ICD-10-CM	Diagnosis
I80.209	Phlebitis and thrombophlebitis of unspecified deep vessels of unspecified lower extremity	ICD-10-CM	Diagnosis
I80.211	Phlebitis and thrombophlebitis of right iliac vein	ICD-10-CM	Diagnosis
I80.212	Phlebitis and thrombophlebitis of left iliac vein	ICD-10-CM	Diagnosis



**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

Code	Description	Code Type	Code Category
I80.213	Phlebitis and thrombophlebitis of iliac vein, bilateral	ICD-10-CM	Diagnosis
I80.219	Phlebitis and thrombophlebitis of unspecified iliac vein	ICD-10-CM	Diagnosis
I80.221	Phlebitis and thrombophlebitis of right popliteal vein	ICD-10-CM	Diagnosis
I80.222	Phlebitis and thrombophlebitis of left popliteal vein	ICD-10-CM	Diagnosis
I80.223	Phlebitis and thrombophlebitis of popliteal vein, bilateral	ICD-10-CM	Diagnosis
I80.229	Phlebitis and thrombophlebitis of unspecified popliteal vein	ICD-10-CM	Diagnosis
I80.231	Phlebitis and thrombophlebitis of right tibial vein	ICD-10-CM	Diagnosis
I80.232	Phlebitis and thrombophlebitis of left tibial vein	ICD-10-CM	Diagnosis
I80.233	Phlebitis and thrombophlebitis of tibial vein, bilateral	ICD-10-CM	Diagnosis
I80.239	Phlebitis and thrombophlebitis of unspecified tibial vein	ICD-10-CM	Diagnosis
I80.291	Phlebitis and thrombophlebitis of other deep vessels of right lower extremity	ICD-10-CM	Diagnosis
I80.292	Phlebitis and thrombophlebitis of other deep vessels of left lower extremity	ICD-10-CM	Diagnosis
I80.293	Phlebitis and thrombophlebitis of other deep vessels of lower extremity, bilateral	ICD-10-CM	Diagnosis
I80.299	Phlebitis and thrombophlebitis of other deep vessels of unspecified lower extremity	ICD-10-CM	Diagnosis
I80.3	Phlebitis and thrombophlebitis of lower extremities, unspecified	ICD-10-CM	Diagnosis
I80.8	Phlebitis and thrombophlebitis of other sites	ICD-10-CM	Diagnosis
I82.401	Acute embolism and thrombosis of unspecified deep veins of right lower extremity	ICD-10-CM	Diagnosis
I82.402	Acute embolism and thrombosis of unspecified deep veins of left lower extremity	ICD-10-CM	Diagnosis
I82.403	Acute embolism and thrombosis of unspecified deep veins of lower extremity, bilateral	ICD-10-CM	Diagnosis
I82.409	Acute embolism and thrombosis of unspecified deep veins of unspecified lower extremity	ICD-10-CM	Diagnosis
I82.411	Acute embolism and thrombosis of right femoral vein	ICD-10-CM	Diagnosis
I82.412	Acute embolism and thrombosis of left femoral vein	ICD-10-CM	Diagnosis
I82.413	Acute embolism and thrombosis of femoral vein, bilateral	ICD-10-CM	Diagnosis
I82.419	Acute embolism and thrombosis of unspecified femoral vein	ICD-10-CM	Diagnosis
I82.421	Acute embolism and thrombosis of right iliac vein	ICD-10-CM	Diagnosis
I82.422	Acute embolism and thrombosis of left iliac vein	ICD-10-CM	Diagnosis
I82.423	Acute embolism and thrombosis of iliac vein, bilateral	ICD-10-CM	Diagnosis
I82.429	Acute embolism and thrombosis of unspecified iliac vein	ICD-10-CM	Diagnosis
I82.431	Acute embolism and thrombosis of right popliteal vein	ICD-10-CM	Diagnosis
I82.432	Acute embolism and thrombosis of left popliteal vein	ICD-10-CM	Diagnosis
I82.433	Acute embolism and thrombosis of popliteal vein, bilateral	ICD-10-CM	Diagnosis
I82.439	Acute embolism and thrombosis of unspecified popliteal vein	ICD-10-CM	Diagnosis
I82.441	Acute embolism and thrombosis of right tibial vein	ICD-10-CM	Diagnosis
I82.442	Acute embolism and thrombosis of left tibial vein	ICD-10-CM	Diagnosis
I82.443	Acute embolism and thrombosis of tibial vein, bilateral	ICD-10-CM	Diagnosis
I82.449	Acute embolism and thrombosis of unspecified tibial vein	ICD-10-CM	Diagnosis
I82.491	Acute embolism and thrombosis of other specified deep vein of right lower extremity	ICD-10-CM	Diagnosis
I82.492	Acute embolism and thrombosis of other specified deep vein of left lower extremity	ICD-10-CM	Diagnosis

**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

Code	Description	Code Type	Code Category
I82.493	Acute embolism and thrombosis of other specified deep vein of lower extremity, bilateral	ICD-10-CM	Diagnosis
I82.499	Acute embolism and thrombosis of other specified deep vein of unspecified lower extremity	ICD-10-CM	Diagnosis
I82.4Y1	Acute embolism and thrombosis of unspecified deep veins of right proximal lower extremity	ICD-10-CM	Diagnosis
I82.4Y2	Acute embolism and thrombosis of unspecified deep veins of left proximal lower extremity	ICD-10-CM	Diagnosis
I82.4Y3	Acute embolism and thrombosis of unspecified deep veins of proximal lower extremity, bilateral	ICD-10-CM	Diagnosis
I82.4Y9	Acute embolism and thrombosis of unspecified deep veins of unspecified proximal lower extremity	ICD-10-CM	Diagnosis
I82.4Z1	Acute embolism and thrombosis of unspecified deep veins of right distal lower extremity	ICD-10-CM	Diagnosis
I82.4Z2	Acute embolism and thrombosis of unspecified deep veins of left distal lower extremity	ICD-10-CM	Diagnosis
I82.4Z3	Acute embolism and thrombosis of unspecified deep veins of distal lower extremity, bilateral	ICD-10-CM	Diagnosis
I82.4Z9	Acute embolism and thrombosis of unspecified deep veins of unspecified distal lower extremity	ICD-10-CM	Diagnosis
I82.A11	Acute embolism and thrombosis of right axillary vein	ICD-10-CM	Diagnosis
I82.A12	Acute embolism and thrombosis of left axillary vein	ICD-10-CM	Diagnosis
I82.A13	Acute embolism and thrombosis of axillary vein, bilateral	ICD-10-CM	Diagnosis
I82.A19	Acute embolism and thrombosis of unspecified axillary vein	ICD-10-CM	Diagnosis
4151	Pulmonary embolism and infarction	ICD-9-CM	Diagnosis
41511	Iatrogenic pulmonary embolism and infarction	ICD-9-CM	Diagnosis
41512	Septic pulmonary embolism	ICD-9-CM	Diagnosis
41519	Other pulmonary embolism and infarction	ICD-9-CM	Diagnosis
I26.01	Septic pulmonary embolism with acute cor pulmonale	ICD-10-CM	Diagnosis
I26.09	Other pulmonary embolism with acute cor pulmonale	ICD-10-CM	Diagnosis
I26.90	Septic pulmonary embolism without acute cor pulmonale	ICD-10-CM	Diagnosis
I26.99	Other pulmonary embolism without acute cor pulmonale	ICD-10-CM	Diagnosis
T80.0XXA	Air embolism following infusion, transfusion and therapeutic injection, initial encounter	ICD-10-CM	Diagnosis
T81.718A	Complication of other artery following a procedure, not elsewhere classified, initial encounter	ICD-10-CM	Diagnosis
T81.72XA	Complication of vein following a procedure, not elsewhere classified, initial encounter	ICD-10-CM	Diagnosis
T82.817A	Embolism due to cardiac prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
T82.818A	Embolism due to vascular prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
V436	Joint replaced by other means	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
V4360	Unspecified joint replacement	ICD-9-CM	Diagnosis
V4361	Shoulder joint replacement	ICD-9-CM	Diagnosis
V4362	Elbow joint replacement	ICD-9-CM	Diagnosis
V4363	Wrist joint replacement	ICD-9-CM	Diagnosis
V4364	Hip joint replacement	ICD-9-CM	Diagnosis
V4365	Knee joint replacement	ICD-9-CM	Diagnosis
V4366	Ankle joint replacement	ICD-9-CM	Diagnosis
V4369	Other joint replacement	ICD-9-CM	Diagnosis
815	JOINT REPLACEMENT LOWER EXTREMITY	ICD-9-PCS	Procedure
8151	TOTAL HIP REPLACEMENT	ICD-9-PCS	Procedure
8152	PARTIAL HIP REPLACEMENT	ICD-9-PCS	Procedure
8153	REVISION OF HIP REPLACEMENT NOS	ICD-9-PCS	Procedure
8154	TOTAL KNEE REPLACEMENT	ICD-9-PCS	Procedure
8155	REVISION OF KNEE REPLACEMENT NOS	ICD-9-PCS	Procedure
8156	TOTAL ANKLE REPLACEMENT	ICD-9-PCS	Procedure
8157	REPLACEMENT OF JOINT OF FOOT&TOE	ICD-9-PCS	Procedure
8159	REV JOINT REPLCMT LOWER EXTREM NEC	ICD-9-PCS	Procedure
818	ARTHROPLASTY&REPAIR SHOULDER&ELBOW	ICD-9-PCS	Procedure
8180	OTHER TOTAL SHOULDER REPLACEMENT	ICD-9-PCS	Procedure
8181	PARTIAL SHOULDER REPLACEMENT	ICD-9-PCS	Procedure
8182	REPAIR RECURRENT DISLOC SHOULDER	ICD-9-PCS	Procedure
8183	OTHER REPAIR OF SHOULDER	ICD-9-PCS	Procedure
8184	TOTAL ELBOW REPLACEMENT	ICD-9-PCS	Procedure
8185	OTHER REPAIR OF ELBOW	ICD-9-PCS	Procedure
24363	REPLACE ELBOW JOINT	CPT-4	Procedure
27130	TOTAL HIP ARTHROPLASTY	CPT-4	Procedure
27132	TOTAL HIP ARTHROPLASTY	CPT-4	Procedure
27134	REVISE HIP JOINT REPLACEMENT	CPT-4	Procedure
27137	REVISE HIP JOINT REPLACEMENT	CPT-4	Procedure
27138	REVISE HIP JOINT REPLACEMENT	CPT-4	Procedure
27447	TOTAL KNEE ARTHROPLASTY	CPT-4	Procedure
Z96.60	Presence of unspecified orthopedic joint implant	ICD-10-CM	Diagnosis
Z96.611	Presence of right artificial shoulder joint	ICD-10-CM	Diagnosis
Z96.612	Presence of left artificial shoulder joint	ICD-10-CM	Diagnosis
Z96.619	Presence of unspecified artificial shoulder joint	ICD-10-CM	Diagnosis
Z96.621	Presence of right artificial elbow joint	ICD-10-CM	Diagnosis
Z96.622	Presence of left artificial elbow joint	ICD-10-CM	Diagnosis
Z96.629	Presence of unspecified artificial elbow joint	ICD-10-CM	Diagnosis
Z96.631	Presence of right artificial wrist joint	ICD-10-CM	Diagnosis
Z96.632	Presence of left artificial wrist joint	ICD-10-CM	Diagnosis
Z96.639	Presence of unspecified artificial wrist joint	ICD-10-CM	Diagnosis
Z96.641	Presence of right artificial hip joint	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
Z96.642	Presence of left artificial hip joint	ICD-10-CM	Diagnosis
Z96.643	Presence of artificial hip joint, bilateral	ICD-10-CM	Diagnosis
Z96.649	Presence of unspecified artificial hip joint	ICD-10-CM	Diagnosis
Z96.651	Presence of right artificial knee joint	ICD-10-CM	Diagnosis
Z96.652	Presence of left artificial knee joint	ICD-10-CM	Diagnosis
Z96.653	Presence of artificial knee joint, bilateral	ICD-10-CM	Diagnosis
Z96.659	Presence of unspecified artificial knee joint	ICD-10-CM	Diagnosis
Z96.661	Presence of right artificial ankle joint	ICD-10-CM	Diagnosis
Z96.662	Presence of left artificial ankle joint	ICD-10-CM	Diagnosis
Z96.669	Presence of unspecified artificial ankle joint	ICD-10-CM	Diagnosis
Z96.691	Finger-joint replacement of right hand	ICD-10-CM	Diagnosis
Z96.692	Finger-joint replacement of left hand	ICD-10-CM	Diagnosis
Z96.693	Finger-joint replacement, bilateral	ICD-10-CM	Diagnosis
Z96.698	Presence of other orthopedic joint implants	ICD-10-CM	Diagnosis
Z96.7	Presence of other bone and tendon implants	ICD-10-CM	Diagnosis
ORQE0ZZ	Repair Right Sternoclavicular Joint, Open Approach	ICD-10-PCS	Procedure
ORQE3ZZ	Repair Right Sternoclavicular Joint, Percutaneous Approach	ICD-10-PCS	Procedure
ORQE4ZZ	Repair Right Sternoclavicular Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORQEXZZ	Repair Right Sternoclavicular Joint, External Approach	ICD-10-PCS	Procedure
ORQF0ZZ	Repair Left Sternoclavicular Joint, Open Approach	ICD-10-PCS	Procedure
ORQF3ZZ	Repair Left Sternoclavicular Joint, Percutaneous Approach	ICD-10-PCS	Procedure
ORQF4ZZ	Repair Left Sternoclavicular Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORQFXZZ	Repair Left Sternoclavicular Joint, External Approach	ICD-10-PCS	Procedure
ORQG0ZZ	Repair Right Acromioclavicular Joint, Open Approach	ICD-10-PCS	Procedure
ORQG3ZZ	Repair Right Acromioclavicular Joint, Percutaneous Approach	ICD-10-PCS	Procedure
ORQG4ZZ	Repair Right Acromioclavicular Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORQGXZZ	Repair Right Acromioclavicular Joint, External Approach	ICD-10-PCS	Procedure
ORQH0ZZ	Repair Left Acromioclavicular Joint, Open Approach	ICD-10-PCS	Procedure
ORQH3ZZ	Repair Left Acromioclavicular Joint, Percutaneous Approach	ICD-10-PCS	Procedure
ORQH4ZZ	Repair Left Acromioclavicular Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORQHXZZ	Repair Left Acromioclavicular Joint, External Approach	ICD-10-PCS	Procedure
ORQJ0ZZ	Repair Right Shoulder Joint, Open Approach	ICD-10-PCS	Procedure
ORQJ3ZZ	Repair Right Shoulder Joint, Percutaneous Approach	ICD-10-PCS	Procedure
ORQJ4ZZ	Repair Right Shoulder Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORQJXZZ	Repair Right Shoulder Joint, External Approach	ICD-10-PCS	Procedure
ORQK0ZZ	Repair Left Shoulder Joint, Open Approach	ICD-10-PCS	Procedure
ORQK3ZZ	Repair Left Shoulder Joint, Percutaneous Approach	ICD-10-PCS	Procedure
ORQK4ZZ	Repair Left Shoulder Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORQKXZZ	Repair Left Shoulder Joint, External Approach	ICD-10-PCS	Procedure
ORQL0ZZ	Repair Right Elbow Joint, Open Approach	ICD-10-PCS	Procedure
ORQL3ZZ	Repair Right Elbow Joint, Percutaneous Approach	ICD-10-PCS	Procedure
ORQL4ZZ	Repair Right Elbow Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
ORQLXZZ	Repair Right Elbow Joint, External Approach	ICD-10-PCS	Procedure
ORQM0ZZ	Repair Left Elbow Joint, Open Approach	ICD-10-PCS	Procedure
ORQM3ZZ	Repair Left Elbow Joint, Percutaneous Approach	ICD-10-PCS	Procedure
ORQM4ZZ	Repair Left Elbow Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORQMXZZ	Repair Left Elbow Joint, External Approach	ICD-10-PCS	Procedure
ORRE07Z	Replacement of Right Sternoclavicular Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORRE0JZ	Replacement of Right Sternoclavicular Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
ORRE0KZ	Replacement of Right Sternoclavicular Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORRF07Z	Replacement of Left Sternoclavicular Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORRF0JZ	Replacement of Left Sternoclavicular Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
ORRF0KZ	Replacement of Left Sternoclavicular Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORRG07Z	Replacement of Right Acromioclavicular Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORRG0JZ	Replacement of Right Acromioclavicular Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
ORRG0KZ	Replacement of Right Acromioclavicular Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORRH07Z	Replacement of Left Acromioclavicular Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORRH0JZ	Replacement of Left Acromioclavicular Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
ORRH0KZ	Replacement of Left Acromioclavicular Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORRJ07Z	Replacement of Right Shoulder Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORRJ0J6	Replacement of Right Shoulder Joint with Synthetic Substitute, Humeral Surface, Open Approach	ICD-10-PCS	Procedure
ORRJ0J7	Replacement of Right Shoulder Joint with Synthetic Substitute, Glenoid Surface, Open Approach	ICD-10-PCS	Procedure
ORRJ0JZ	Replacement of Right Shoulder Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
ORRJ0KZ	Replacement of Right Shoulder Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORRK07Z	Replacement of Left Shoulder Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORRK0J6	Replacement of Left Shoulder Joint with Synthetic Substitute, Humeral Surface, Open Approach	ICD-10-PCS	Procedure

**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
ORRK0J7	Replacement of Left Shoulder Joint with Synthetic Substitute, Glenoid Surface, Open Approach	ICD-10-PCS	Procedure
ORRK0JZ	Replacement of Left Shoulder Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
ORRK0KZ	Replacement of Left Shoulder Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORRL07Z	Replacement of Right Elbow Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORRL0JZ	Replacement of Right Elbow Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
ORRL0KZ	Replacement of Right Elbow Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORRM07Z	Replacement of Left Elbow Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORRM0JZ	Replacement of Left Elbow Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
ORRM0KZ	Replacement of Left Elbow Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORSE04Z	Reposition Right Sternoclavicular Joint with Internal Fixation Device, Open Approach	ICD-10-PCS	Procedure
ORSE0ZZ	Reposition Right Sternoclavicular Joint, Open Approach	ICD-10-PCS	Procedure
ORSF04Z	Reposition Left Sternoclavicular Joint with Internal Fixation Device, Open Approach	ICD-10-PCS	Procedure
ORSF0ZZ	Reposition Left Sternoclavicular Joint, Open Approach	ICD-10-PCS	Procedure
ORSG04Z	Reposition Right Acromioclavicular Joint with Internal Fixation Device, Open Approach	ICD-10-PCS	Procedure
ORSG0ZZ	Reposition Right Acromioclavicular Joint, Open Approach	ICD-10-PCS	Procedure
ORSH04Z	Reposition Left Acromioclavicular Joint with Internal Fixation Device, Open Approach	ICD-10-PCS	Procedure
ORSH0ZZ	Reposition Left Acromioclavicular Joint, Open Approach	ICD-10-PCS	Procedure
ORSJ04Z	Reposition Right Shoulder Joint with Internal Fixation Device, Open Approach	ICD-10-PCS	Procedure
ORSJ0ZZ	Reposition Right Shoulder Joint, Open Approach	ICD-10-PCS	Procedure
ORSK04Z	Reposition Left Shoulder Joint with Internal Fixation Device, Open Approach	ICD-10-PCS	Procedure
ORSK0ZZ	Reposition Left Shoulder Joint, Open Approach	ICD-10-PCS	Procedure
ORUE07Z	Supplement Right Sternoclavicular Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORUE0JZ	Supplement Right Sternoclavicular Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
ORUE0KZ	Supplement Right Sternoclavicular Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORUE37Z	Supplement Right Sternoclavicular Joint with Autologous Tissue Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUE3JZ	Supplement Right Sternoclavicular Joint with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUE3KZ	Supplement Right Sternoclavicular Joint with Nonautologous Tissue Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUE47Z	Supplement Right Sternoclavicular Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORUE4JZ	Supplement Right Sternoclavicular Joint with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure



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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
ORUE4KZ	Supplement Right Sternoclavicular Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORUF07Z	Supplement Left Sternoclavicular Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORUF0JZ	Supplement Left Sternoclavicular Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
ORUF0KZ	Supplement Left Sternoclavicular Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORUF37Z	Supplement Left Sternoclavicular Joint with Autologous Tissue Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUF3JZ	Supplement Left Sternoclavicular Joint with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUF3KZ	Supplement Left Sternoclavicular Joint with Nonautologous Tissue Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUF47Z	Supplement Left Sternoclavicular Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORUF4JZ	Supplement Left Sternoclavicular Joint with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORUF4KZ	Supplement Left Sternoclavicular Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORUG07Z	Supplement Right Acromioclavicular Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORUG0JZ	Supplement Right Acromioclavicular Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
ORUG0KZ	Supplement Right Acromioclavicular Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORUG37Z	Supplement Right Acromioclavicular Joint with Autologous Tissue Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUG3JZ	Supplement Right Acromioclavicular Joint with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUG3KZ	Supplement Right Acromioclavicular Joint with Nonautologous Tissue Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUG47Z	Supplement Right Acromioclavicular Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORUG4JZ	Supplement Right Acromioclavicular Joint with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORUG4KZ	Supplement Right Acromioclavicular Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORUH07Z	Supplement Left Acromioclavicular Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORUH0JZ	Supplement Left Acromioclavicular Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
ORUH0KZ	Supplement Left Acromioclavicular Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
ORUH37Z	Supplement Left Acromioclavicular Joint with Autologous Tissue Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUH3JZ	Supplement Left Acromioclavicular Joint with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUH3KZ	Supplement Left Acromioclavicular Joint with Nonautologous Tissue Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUH47Z	Supplement Left Acromioclavicular Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORUH4JZ	Supplement Left Acromioclavicular Joint with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORUH4KZ	Supplement Left Acromioclavicular Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORUJ07Z	Supplement Right Shoulder Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORUJ0JZ	Supplement Right Shoulder Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
ORUJ0KZ	Supplement Right Shoulder Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORUJ37Z	Supplement Right Shoulder Joint with Autologous Tissue Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUJ3JZ	Supplement Right Shoulder Joint with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUJ3KZ	Supplement Right Shoulder Joint with Nonautologous Tissue Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUJ47Z	Supplement Right Shoulder Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORUJ4JZ	Supplement Right Shoulder Joint with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORUJ4KZ	Supplement Right Shoulder Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORUK07Z	Supplement Left Shoulder Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORUK0JZ	Supplement Left Shoulder Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
ORUK0KZ	Supplement Left Shoulder Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORUK37Z	Supplement Left Shoulder Joint with Autologous Tissue Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUK3JZ	Supplement Left Shoulder Joint with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUK3KZ	Supplement Left Shoulder Joint with Nonautologous Tissue Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUK47Z	Supplement Left Shoulder Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORUK4JZ	Supplement Left Shoulder Joint with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure



**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
ORUK4KZ	Supplement Left Shoulder Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORUL07Z	Supplement Right Elbow Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORUL0JZ	Supplement Right Elbow Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
ORULOKZ	Supplement Right Elbow Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORUL37Z	Supplement Right Elbow Joint with Autologous Tissue Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUL3JZ	Supplement Right Elbow Joint with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUL3KZ	Supplement Right Elbow Joint with Nonautologous Tissue Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUL47Z	Supplement Right Elbow Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORUL4JZ	Supplement Right Elbow Joint with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORUL4KZ	Supplement Right Elbow Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORUM07Z	Supplement Left Elbow Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORUM0JZ	Supplement Left Elbow Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
ORUM0KZ	Supplement Left Elbow Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORUM37Z	Supplement Left Elbow Joint with Autologous Tissue Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUM3JZ	Supplement Left Elbow Joint with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUM3KZ	Supplement Left Elbow Joint with Nonautologous Tissue Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUM47Z	Supplement Left Elbow Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORUM4JZ	Supplement Left Elbow Joint with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORUM4KZ	Supplement Left Elbow Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSR9019	Replacement of Right Hip Joint with Metal Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSR901A	Replacement of Right Hip Joint with Metal Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSR901Z	Replacement of Right Hip Joint with Metal Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSR9029	Replacement of Right Hip Joint with Metal on Polyethylene Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSR902A	Replacement of Right Hip Joint with Metal on Polyethylene Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure

**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
0SR902Z	Replacement of Right Hip Joint with Metal on Polyethylene Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
0SR9039	Replacement of Right Hip Joint with Ceramic Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
0SR903A	Replacement of Right Hip Joint with Ceramic Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
0SR903Z	Replacement of Right Hip Joint with Ceramic Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
0SR9049	Replacement of Right Hip Joint with Ceramic on Polyethylene Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
0SR904A	Replacement of Right Hip Joint with Ceramic on Polyethylene Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
0SR904Z	Replacement of Right Hip Joint with Ceramic on Polyethylene Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
0SR907Z	Replacement of Right Hip Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
0SR90J9	Replacement of Right Hip Joint with Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
0SR90JA	Replacement of Right Hip Joint with Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
0SR90JZ	Replacement of Right Hip Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
0SR90KZ	Replacement of Right Hip Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
0SRA009	Replacement of Right Hip Joint, Acetabular Surface with Polyethylene Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
0SRA00A	Replacement of Right Hip Joint, Acetabular Surface with Polyethylene Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
0SRA00Z	Replacement of Right Hip Joint, Acetabular Surface with Polyethylene Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
0SRA019	Replacement of Right Hip Joint, Acetabular Surface with Metal Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
0SRA01A	Replacement of Right Hip Joint, Acetabular Surface with Metal Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
0SRA01Z	Replacement of Right Hip Joint, Acetabular Surface with Metal Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
0SRA039	Replacement of Right Hip Joint, Acetabular Surface with Ceramic Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
0SRA03A	Replacement of Right Hip Joint, Acetabular Surface with Ceramic Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
0SRA03Z	Replacement of Right Hip Joint, Acetabular Surface with Ceramic Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
0SRA07Z	Replacement of Right Hip Joint, Acetabular Surface with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure

**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
0SRA0J9	Replacement of Right Hip Joint, Acetabular Surface with Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
0SRA0JA	Replacement of Right Hip Joint, Acetabular Surface with Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
0SRA0JZ	Replacement of Right Hip Joint, Acetabular Surface with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
0SRA0KZ	Replacement of Right Hip Joint, Acetabular Surface with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
0SRB019	Replacement of Left Hip Joint with Metal Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
0SRB01A	Replacement of Left Hip Joint with Metal Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
0SRB01Z	Replacement of Left Hip Joint with Metal Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
0SRB029	Replacement of Left Hip Joint with Metal on Polyethylene Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
0SRB02A	Replacement of Left Hip Joint with Metal on Polyethylene Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
0SRB02Z	Replacement of Left Hip Joint with Metal on Polyethylene Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
0SRB039	Replacement of Left Hip Joint with Ceramic Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
0SRB03A	Replacement of Left Hip Joint with Ceramic Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
0SRB03Z	Replacement of Left Hip Joint with Ceramic Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
0SRB049	Replacement of Left Hip Joint with Ceramic on Polyethylene Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
0SRB04A	Replacement of Left Hip Joint with Ceramic on Polyethylene Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
0SRB04Z	Replacement of Left Hip Joint with Ceramic on Polyethylene Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
0SRB07Z	Replacement of Left Hip Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
0SRB0J9	Replacement of Left Hip Joint with Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
0SRB0JA	Replacement of Left Hip Joint with Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
0SRB0JZ	Replacement of Left Hip Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
0SRB0KZ	Replacement of Left Hip Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
0SRC07Z	Replacement of Right Knee Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
0SRC0J9	Replacement of Right Knee Joint with Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
0SRC0JA	Replacement of Right Knee Joint with Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure

**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
OSRC0JZ	Replacement of Right Knee Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRC0KZ	Replacement of Right Knee Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRC0L9	Replacement of Right Knee Joint with Unicondylar Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSRC0LA	Replacement of Right Knee Joint with Unicondylar Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRC0LZ	Replacement of Right Knee Joint with Unicondylar Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRD07Z	Replacement of Left Knee Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRD0J9	Replacement of Left Knee Joint with Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSRD0JA	Replacement of Left Knee Joint with Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRD0JZ	Replacement of Left Knee Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRD0KZ	Replacement of Left Knee Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRD0L9	Replacement of Left Knee Joint with Unicondylar Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSRD0LA	Replacement of Left Knee Joint with Unicondylar Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRD0LZ	Replacement of Left Knee Joint with Unicondylar Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRE009	Replacement of Left Hip Joint, Acetabular Surface with Polyethylene Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSRE00A	Replacement of Left Hip Joint, Acetabular Surface with Polyethylene Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRE00Z	Replacement of Left Hip Joint, Acetabular Surface with Polyethylene Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRE019	Replacement of Left Hip Joint, Acetabular Surface with Metal Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSRE01A	Replacement of Left Hip Joint, Acetabular Surface with Metal Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRE01Z	Replacement of Left Hip Joint, Acetabular Surface with Metal Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRE039	Replacement of Left Hip Joint, Acetabular Surface with Ceramic Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSRE03A	Replacement of Left Hip Joint, Acetabular Surface with Ceramic Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRE03Z	Replacement of Left Hip Joint, Acetabular Surface with Ceramic Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure

**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
OSRE07Z	Replacement of Left Hip Joint, Acetabular Surface with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRE0J9	Replacement of Left Hip Joint, Acetabular Surface with Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSRE0JA	Replacement of Left Hip Joint, Acetabular Surface with Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRE0JZ	Replacement of Left Hip Joint, Acetabular Surface with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRE0KZ	Replacement of Left Hip Joint, Acetabular Surface with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRF07Z	Replacement of Right Ankle Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRF0J9	Replacement of Right Ankle Joint with Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSRF0JA	Replacement of Right Ankle Joint with Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRF0JZ	Replacement of Right Ankle Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRF0KZ	Replacement of Right Ankle Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRG07Z	Replacement of Left Ankle Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRG0J9	Replacement of Left Ankle Joint with Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSRG0JA	Replacement of Left Ankle Joint with Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRG0JZ	Replacement of Left Ankle Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRG0KZ	Replacement of Left Ankle Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRH07Z	Replacement of Right Tarsal Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRH0JZ	Replacement of Right Tarsal Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRH0KZ	Replacement of Right Tarsal Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRJ07Z	Replacement of Left Tarsal Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRJ0JZ	Replacement of Left Tarsal Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRJ0KZ	Replacement of Left Tarsal Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRK07Z	Replacement of Right Metatarsal-Tarsal Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRK0JZ	Replacement of Right Metatarsal-Tarsal Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRK0KZ	Replacement of Right Metatarsal-Tarsal Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure

**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
OSRL07Z	Replacement of Left Metatarsal-Tarsal Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRL0JZ	Replacement of Left Metatarsal-Tarsal Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRL0KZ	Replacement of Left Metatarsal-Tarsal Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRM07Z	Replacement of Right Metatarsal-Phalangeal Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRM0JZ	Replacement of Right Metatarsal-Phalangeal Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRM0KZ	Replacement of Right Metatarsal-Phalangeal Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRN07Z	Replacement of Left Metatarsal-Phalangeal Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRN0JZ	Replacement of Left Metatarsal-Phalangeal Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRN0KZ	Replacement of Left Metatarsal-Phalangeal Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRP07Z	Replacement of Right Toe Phalangeal Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRP0JZ	Replacement of Right Toe Phalangeal Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRP0KZ	Replacement of Right Toe Phalangeal Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRQ07Z	Replacement of Left Toe Phalangeal Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRQ0JZ	Replacement of Left Toe Phalangeal Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRQ0KZ	Replacement of Left Toe Phalangeal Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRR019	Replacement of Right Hip Joint, Femoral Surface with Metal Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSRR01A	Replacement of Right Hip Joint, Femoral Surface with Metal Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRR01Z	Replacement of Right Hip Joint, Femoral Surface with Metal Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRR039	Replacement of Right Hip Joint, Femoral Surface with Ceramic Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSRR03A	Replacement of Right Hip Joint, Femoral Surface with Ceramic Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRR03Z	Replacement of Right Hip Joint, Femoral Surface with Ceramic Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure

**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
OSRR07Z	Replacement of Right Hip Joint, Femoral Surface with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRR0J9	Replacement of Right Hip Joint, Femoral Surface with Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSRR0JA	Replacement of Right Hip Joint, Femoral Surface with Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRR0JZ	Replacement of Right Hip Joint, Femoral Surface with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRR0KZ	Replacement of Right Hip Joint, Femoral Surface with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRS019	Replacement of Left Hip Joint, Femoral Surface with Metal Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSRS01A	Replacement of Left Hip Joint, Femoral Surface with Metal Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRS01Z	Replacement of Left Hip Joint, Femoral Surface with Metal Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRS039	Replacement of Left Hip Joint, Femoral Surface with Ceramic Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSRS03A	Replacement of Left Hip Joint, Femoral Surface with Ceramic Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRS03Z	Replacement of Left Hip Joint, Femoral Surface with Ceramic Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRS07Z	Replacement of Left Hip Joint, Femoral Surface with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRS0J9	Replacement of Left Hip Joint, Femoral Surface with Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSRS0JA	Replacement of Left Hip Joint, Femoral Surface with Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRS0JZ	Replacement of Left Hip Joint, Femoral Surface with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRS0KZ	Replacement of Left Hip Joint, Femoral Surface with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRT07Z	Replacement of Right Knee Joint, Femoral Surface with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRT0J9	Replacement of Right Knee Joint, Femoral Surface with Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSRT0JA	Replacement of Right Knee Joint, Femoral Surface with Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRT0JZ	Replacement of Right Knee Joint, Femoral Surface with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure



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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
OSRTOKZ	Replacement of Right Knee Joint, Femoral Surface with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRU07Z	Replacement of Left Knee Joint, Femoral Surface with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRU0J9	Replacement of Left Knee Joint, Femoral Surface with Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSRU0JA	Replacement of Left Knee Joint, Femoral Surface with Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRU0JZ	Replacement of Left Knee Joint, Femoral Surface with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRU0KZ	Replacement of Left Knee Joint, Femoral Surface with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRV07Z	Replacement of Right Knee Joint, Tibial Surface with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRV0J9	Replacement of Right Knee Joint, Tibial Surface with Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSRV0JA	Replacement of Right Knee Joint, Tibial Surface with Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRV0JZ	Replacement of Right Knee Joint, Tibial Surface with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRV0KZ	Replacement of Right Knee Joint, Tibial Surface with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRW07Z	Replacement of Left Knee Joint, Tibial Surface with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRW0J9	Replacement of Left Knee Joint, Tibial Surface with Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSRW0JA	Replacement of Left Knee Joint, Tibial Surface with Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRW0JZ	Replacement of Left Knee Joint, Tibial Surface with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRW0KZ	Replacement of Left Knee Joint, Tibial Surface with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSW90JZ	Revision of Synthetic Substitute in Right Hip Joint, Open Approach	ICD-10-PCS	Procedure
OSW93JZ	Revision of Synthetic Substitute in Right Hip Joint, Percutaneous Approach	ICD-10-PCS	Procedure
OSW94JZ	Revision of Synthetic Substitute in Right Hip Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSWA0JZ	Revision of Synthetic Substitute in Right Hip Joint, Acetabular Surface, Open Approach	ICD-10-PCS	Procedure
OSWA3JZ	Revision of Synthetic Substitute in Right Hip Joint, Acetabular Surface, Percutaneous Approach	ICD-10-PCS	Procedure



**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
OSWA4JZ	Revision of Synthetic Substitute in Right Hip Joint, Acetabular Surface, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSWB0JZ	Revision of Synthetic Substitute in Left Hip Joint, Open Approach	ICD-10-PCS	Procedure
OSWB3JZ	Revision of Synthetic Substitute in Left Hip Joint, Percutaneous Approach	ICD-10-PCS	Procedure
OSWB4JZ	Revision of Synthetic Substitute in Left Hip Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSWC0JC	Revision of Synthetic Substitute in Right Knee Joint, Patellar Surface, Open Approach	ICD-10-PCS	Procedure
OSWC0JZ	Revision of Synthetic Substitute in Right Knee Joint, Open Approach	ICD-10-PCS	Procedure
OSWC3JC	Revision of Synthetic Substitute in Right Knee Joint, Patellar Surface, Percutaneous Approach	ICD-10-PCS	Procedure
OSWC3JZ	Revision of Synthetic Substitute in Right Knee Joint, Percutaneous Approach	ICD-10-PCS	Procedure
OSWC4JC	Revision of Synthetic Substitute in Right Knee Joint, Patellar Surface, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSWC4JZ	Revision of Synthetic Substitute in Right Knee Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSWD0JC	Revision of Synthetic Substitute in Left Knee Joint, Patellar Surface, Open Approach	ICD-10-PCS	Procedure
OSWD0JZ	Revision of Synthetic Substitute in Left Knee Joint, Open Approach	ICD-10-PCS	Procedure
OSWD3JC	Revision of Synthetic Substitute in Left Knee Joint, Patellar Surface, Percutaneous Approach	ICD-10-PCS	Procedure
OSWD3JZ	Revision of Synthetic Substitute in Left Knee Joint, Percutaneous Approach	ICD-10-PCS	Procedure
OSWD4JC	Revision of Synthetic Substitute in Left Knee Joint, Patellar Surface, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSWD4JZ	Revision of Synthetic Substitute in Left Knee Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSWE0JZ	Revision of Synthetic Substitute in Left Hip Joint, Acetabular Surface, Open Approach	ICD-10-PCS	Procedure
OSWE3JZ	Revision of Synthetic Substitute in Left Hip Joint, Acetabular Surface, Percutaneous Approach	ICD-10-PCS	Procedure
OSWE4JZ	Revision of Synthetic Substitute in Left Hip Joint, Acetabular Surface, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSWF0JZ	Revision of Synthetic Substitute in Right Ankle Joint, Open Approach	ICD-10-PCS	Procedure
OSWF3JZ	Revision of Synthetic Substitute in Right Ankle Joint, Percutaneous Approach	ICD-10-PCS	Procedure
OSWF4JZ	Revision of Synthetic Substitute in Right Ankle Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSWG0JZ	Revision of Synthetic Substitute in Left Ankle Joint, Open Approach	ICD-10-PCS	Procedure
OSWG3JZ	Revision of Synthetic Substitute in Left Ankle Joint, Percutaneous Approach	ICD-10-PCS	Procedure
OSWG4JZ	Revision of Synthetic Substitute in Left Ankle Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSWH0JZ	Revision of Synthetic Substitute in Right Tarsal Joint, Open Approach	ICD-10-PCS	Procedure
OSWH3JZ	Revision of Synthetic Substitute in Right Tarsal Joint, Percutaneous Approach	ICD-10-PCS	Procedure
OSWH4JZ	Revision of Synthetic Substitute in Right Tarsal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSWJ0JZ	Revision of Synthetic Substitute in Left Tarsal Joint, Open Approach	ICD-10-PCS	Procedure

**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

Code	Description	Code Type	Code Category
OSWJ3JZ	Revision of Synthetic Substitute in Left Tarsal Joint, Percutaneous Approach	ICD-10-PCS	Procedure
OSWJ4JZ	Revision of Synthetic Substitute in Left Tarsal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSWK0JZ	Revision of Synthetic Substitute in Right Metatarsal-Tarsal Joint, Open Approach	ICD-10-PCS	Procedure
OSWK3JZ	Revision of Synthetic Substitute in Right Metatarsal-Tarsal Joint, Percutaneous Approach	ICD-10-PCS	Procedure
OSWK4JZ	Revision of Synthetic Substitute in Right Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSWL0JZ	Revision of Synthetic Substitute in Left Metatarsal-Tarsal Joint, Open Approach	ICD-10-PCS	Procedure
OSWL3JZ	Revision of Synthetic Substitute in Left Metatarsal-Tarsal Joint, Percutaneous Approach	ICD-10-PCS	Procedure
OSWL4JZ	Revision of Synthetic Substitute in Left Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSWM0JZ	Revision of Synthetic Substitute in Right Metatarsal-Phalangeal Joint, Open Approach	ICD-10-PCS	Procedure
OSWM3JZ	Revision of Synthetic Substitute in Right Metatarsal-Phalangeal Joint, Percutaneous Approach	ICD-10-PCS	Procedure
OSWM4JZ	Revision of Synthetic Substitute in Right Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSWN0JZ	Revision of Synthetic Substitute in Left Metatarsal-Phalangeal Joint, Open Approach	ICD-10-PCS	Procedure
OSWN3JZ	Revision of Synthetic Substitute in Left Metatarsal-Phalangeal Joint, Percutaneous Approach	ICD-10-PCS	Procedure
OSWN4JZ	Revision of Synthetic Substitute in Left Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSWP0JZ	Revision of Synthetic Substitute in Right Toe Phalangeal Joint, Open Approach	ICD-10-PCS	Procedure
OSWP3JZ	Revision of Synthetic Substitute in Right Toe Phalangeal Joint, Percutaneous Approach	ICD-10-PCS	Procedure
OSWP4JZ	Revision of Synthetic Substitute in Right Toe Phalangeal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSWQ0JZ	Revision of Synthetic Substitute in Left Toe Phalangeal Joint, Open Approach	ICD-10-PCS	Procedure
OSWQ3JZ	Revision of Synthetic Substitute in Left Toe Phalangeal Joint, Percutaneous Approach	ICD-10-PCS	Procedure
OSWQ4JZ	Revision of Synthetic Substitute in Left Toe Phalangeal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSWR0JZ	Revision of Synthetic Substitute in Right Hip Joint, Femoral Surface, Open Approach	ICD-10-PCS	Procedure
OSWR3JZ	Revision of Synthetic Substitute in Right Hip Joint, Femoral Surface, Percutaneous Approach	ICD-10-PCS	Procedure
OSWR4JZ	Revision of Synthetic Substitute in Right Hip Joint, Femoral Surface, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSWS0JZ	Revision of Synthetic Substitute in Left Hip Joint, Femoral Surface, Open Approach	ICD-10-PCS	Procedure
OSWS3JZ	Revision of Synthetic Substitute in Left Hip Joint, Femoral Surface, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

Code	Description	Code Type	Code Category
OSWS4JZ	Revision of Synthetic Substitute in Left Hip Joint, Femoral Surface, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSWT0JZ	Revision of Synthetic Substitute in Right Knee Joint, Femoral Surface, Open Approach	ICD-10-PCS	Procedure
OSWT3JZ	Revision of Synthetic Substitute in Right Knee Joint, Femoral Surface, Percutaneous Approach	ICD-10-PCS	Procedure
OSWT4JZ	Revision of Synthetic Substitute in Right Knee Joint, Femoral Surface, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSWU0JZ	Revision of Synthetic Substitute in Left Knee Joint, Femoral Surface, Open Approach	ICD-10-PCS	Procedure
OSWU3JZ	Revision of Synthetic Substitute in Left Knee Joint, Femoral Surface, Percutaneous Approach	ICD-10-PCS	Procedure
OSWU4JZ	Revision of Synthetic Substitute in Left Knee Joint, Femoral Surface, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSWV0JZ	Revision of Synthetic Substitute in Right Knee Joint, Tibial Surface, Open Approach	ICD-10-PCS	Procedure
OSWV3JZ	Revision of Synthetic Substitute in Right Knee Joint, Tibial Surface, Percutaneous Approach	ICD-10-PCS	Procedure
OSWV4JZ	Revision of Synthetic Substitute in Right Knee Joint, Tibial Surface, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSWW0JZ	Revision of Synthetic Substitute in Left Knee Joint, Tibial Surface, Open Approach	ICD-10-PCS	Procedure
OSWW3JZ	Revision of Synthetic Substitute in Left Knee Joint, Tibial Surface, Percutaneous Approach	ICD-10-PCS	Procedure
OSWW4JZ	Revision of Synthetic Substitute in Left Knee Joint, Tibial Surface, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
<b>Cancer Diagnosis</b>			
173.12	Squamous cell carcinoma of eyelid, including canthus	ICD-10-CM	Diagnosis
173.22	Squamous cell carcinoma of skin of ear and external auditory canal	ICD-10-CM	Diagnosis
173.32	Squamous cell carcinoma of skin of other and unspecified parts of face	ICD-10-CM	Diagnosis
173.42	Squamous cell carcinoma of scalp and skin of neck	ICD-10-CM	Diagnosis
173.52	Squamous cell carcinoma of skin of trunk, except scrotum	ICD-10-CM	Diagnosis
173.62	Squamous cell carcinoma of skin of upper limb, including shoulder	ICD-10-CM	Diagnosis
173.72	Squamous cell carcinoma of skin of lower limb, including hip	ICD-10-CM	Diagnosis
173.82	Squamous cell carcinoma of other specified sites of skin	ICD-10-CM	Diagnosis
173.92	Squamous cell carcinoma of skin, site unspecified	ICD-10-CM	Diagnosis
C44.121	Squamous cell carcinoma of skin of unspecified eyelid, including canthus	ICD-10-CM	Diagnosis
C44.122	Squamous cell carcinoma of skin of right eyelid, including canthus	ICD-10-CM	Diagnosis
C44.129	Squamous cell carcinoma of skin of left eyelid, including canthus	ICD-10-CM	Diagnosis
C44.221	Squamous cell carcinoma of skin of unspecified ear and external auricular canal	ICD-10-CM	Diagnosis
C44.222	Squamous cell carcinoma of skin of right ear and external auricular canal	ICD-10-CM	Diagnosis
C44.229	Squamous cell carcinoma of skin of left ear and external auricular canal	ICD-10-CM	Diagnosis
C44.320	Squamous cell carcinoma of skin of unspecified parts of face	ICD-10-CM	Diagnosis
C44.321	Squamous cell carcinoma of skin of nose	ICD-10-CM	Diagnosis
C44.329	Squamous cell carcinoma of skin of other parts of face	ICD-10-CM	Diagnosis
C44.42	Squamous cell carcinoma of skin of scalp and neck	ICD-10-CM	Diagnosis

**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

Code	Description	Code Type	Code Category
C44.520	Squamous cell carcinoma of anal skin	ICD-10-CM	Diagnosis
C44.521	Squamous cell carcinoma of skin of breast	ICD-10-CM	Diagnosis
C44.529	Squamous cell carcinoma of skin of other part of trunk	ICD-10-CM	Diagnosis
C44.621	Squamous cell carcinoma of skin of unspecified upper limb, including shoulder	ICD-10-CM	Diagnosis
C44.622	Squamous cell carcinoma of skin of right upper limb, including shoulder	ICD-10-CM	Diagnosis
C44.629	Squamous cell carcinoma of skin of left upper limb, including shoulder	ICD-10-CM	Diagnosis
C44.721	Squamous cell carcinoma of skin of unspecified lower limb, including hip	ICD-10-CM	Diagnosis
C44.722	Squamous cell carcinoma of skin of right lower limb, including hip	ICD-10-CM	Diagnosis
C44.729	Squamous cell carcinoma of skin of left lower limb, including hip	ICD-10-CM	Diagnosis
C44.82	Squamous cell carcinoma of overlapping sites of skin	ICD-10-CM	Diagnosis
C44.92	Squamous cell carcinoma of skin, unspecified	ICD-10-CM	Diagnosis
173.11	Basal cell carcinoma of eyelid, including canthus	ICD-10-CM	Diagnosis
173.21	Basal cell carcinoma of skin of ear and external auditory canal	ICD-10-CM	Diagnosis
173.31	Basal cell carcinoma of skin of other and unspecified parts of face	ICD-10-CM	Diagnosis
173.41	Basal cell carcinoma of scalp and skin of neck	ICD-10-CM	Diagnosis
173.51	Basal cell carcinoma of skin of trunk, except scrotum	ICD-10-CM	Diagnosis
173.61	Basal cell carcinoma of skin of upper limb, including shoulder	ICD-10-CM	Diagnosis
173.71	Basal cell carcinoma of skin of lower limb, including hip	ICD-10-CM	Diagnosis
173.81	Basal cell carcinoma of other specified sites of skin	ICD-10-CM	Diagnosis
173.91	Basal cell carcinoma of skin, site unspecified	ICD-10-CM	Diagnosis
C44.111	Basal cell carcinoma of skin of unspecified eyelid, including canthus	ICD-10-CM	Diagnosis
C44.112	Basal cell carcinoma of skin of right eyelid, including canthus	ICD-10-CM	Diagnosis
C44.119	Basal cell carcinoma of skin of left eyelid, including canthus	ICD-10-CM	Diagnosis
C44.211	Basal cell carcinoma of skin of unspecified ear and external auricular canal	ICD-10-CM	Diagnosis
C44.212	Basal cell carcinoma of skin of right ear and external auricular canal	ICD-10-CM	Diagnosis
C44.219	Basal cell carcinoma of skin of left ear and external auricular canal	ICD-10-CM	Diagnosis
C44.310	Basal cell carcinoma of skin of unspecified parts of face	ICD-10-CM	Diagnosis
C44.311	Basal cell carcinoma of skin of nose	ICD-10-CM	Diagnosis
C44.319	Basal cell carcinoma of skin of other parts of face	ICD-10-CM	Diagnosis
C44.41	Basal cell carcinoma of skin of scalp and neck	ICD-10-CM	Diagnosis
C44.510	Basal cell carcinoma of anal skin	ICD-10-CM	Diagnosis
C44.511	Basal cell carcinoma of skin of breast	ICD-10-CM	Diagnosis
C44.519	Basal cell carcinoma of skin of other part of trunk	ICD-10-CM	Diagnosis
C44.611	Basal cell carcinoma of skin of unspecified upper limb, including shoulder	ICD-10-CM	Diagnosis
C44.612	Basal cell carcinoma of skin of right upper limb, including shoulder	ICD-10-CM	Diagnosis
C44.619	Basal cell carcinoma of skin of left upper limb, including shoulder	ICD-10-CM	Diagnosis
C44.711	Basal cell carcinoma of skin of unspecified lower limb, including hip	ICD-10-CM	Diagnosis
C44.712	Basal cell carcinoma of skin of right lower limb, including hip	ICD-10-CM	Diagnosis
C44.719	Basal cell carcinoma of skin of left lower limb, including hip	ICD-10-CM	Diagnosis
C44.81	Basal cell carcinoma of overlapping sites of skin	ICD-10-CM	Diagnosis
C44.91	Basal cell carcinoma of skin, unspecified	ICD-10-CM	Diagnosis
140	Malignant neoplasm of lip	ICD-10-CM	Diagnosis

**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

Code	Description	Code Type	Code Category
140.0	Malignant neoplasm of upper lip, vermilion border	ICD-10-CM	Diagnosis
140.1	Malignant neoplasm of lower lip, vermilion border	ICD-10-CM	Diagnosis
140.3	Malignant neoplasm of upper lip, inner aspect	ICD-10-CM	Diagnosis
140.4	Malignant neoplasm of lower lip, inner aspect	ICD-10-CM	Diagnosis
140.5	Malignant neoplasm of lip, inner aspect, unspecified as to upper or lower	ICD-10-CM	Diagnosis
140.6	Malignant neoplasm of commissure of lip	ICD-10-CM	Diagnosis
140.8	Malignant neoplasm of other sites of lip	ICD-10-CM	Diagnosis
140.9	Malignant neoplasm of lip, vermilion border, unspecified as to upper or lower	ICD-10-CM	Diagnosis
141	Malignant neoplasm of tongue	ICD-10-CM	Diagnosis
141.0	Malignant neoplasm of base of tongue	ICD-10-CM	Diagnosis
141.1	Malignant neoplasm of dorsal surface of tongue	ICD-10-CM	Diagnosis
141.2	Malignant neoplasm of tip and lateral border of tongue	ICD-10-CM	Diagnosis
141.3	Malignant neoplasm of ventral surface of tongue	ICD-10-CM	Diagnosis
141.4	Malignant neoplasm of anterior two-thirds of tongue, part unspecified	ICD-10-CM	Diagnosis
141.5	Malignant neoplasm of junctional zone of tongue	ICD-10-CM	Diagnosis
141.6	Malignant neoplasm of lingual tonsil	ICD-10-CM	Diagnosis
141.8	Malignant neoplasm of other sites of tongue	ICD-10-CM	Diagnosis
141.9	Malignant neoplasm of tongue, unspecified site	ICD-10-CM	Diagnosis
142	Malignant neoplasm of major salivary glands	ICD-10-CM	Diagnosis
142.0	Malignant neoplasm of parotid gland	ICD-10-CM	Diagnosis
142.1	Malignant neoplasm of submandibular gland	ICD-10-CM	Diagnosis
142.2	Malignant neoplasm of sublingual gland	ICD-10-CM	Diagnosis
142.8	Malignant neoplasm of other major salivary glands	ICD-10-CM	Diagnosis
142.9	Malignant neoplasm of salivary gland, unspecified	ICD-10-CM	Diagnosis
143	Malignant neoplasm of gum	ICD-10-CM	Diagnosis
143.0	Malignant neoplasm of upper gum	ICD-10-CM	Diagnosis
143.1	Malignant neoplasm of lower gum	ICD-10-CM	Diagnosis
143.8	Malignant neoplasm of other sites of gum	ICD-10-CM	Diagnosis
143.9	Malignant neoplasm of gum, unspecified site	ICD-10-CM	Diagnosis
144	Malignant neoplasm of floor of mouth	ICD-10-CM	Diagnosis
144.0	Malignant neoplasm of anterior portion of floor of mouth	ICD-10-CM	Diagnosis
144.1	Malignant neoplasm of lateral portion of floor of mouth	ICD-10-CM	Diagnosis
144.8	Malignant neoplasm of other sites of floor of mouth	ICD-10-CM	Diagnosis
144.9	Malignant neoplasm of floor of mouth, part unspecified	ICD-10-CM	Diagnosis
145	Malignant neoplasm of other and unspecified parts of mouth	ICD-10-CM	Diagnosis
145.0	Malignant neoplasm of cheek mucosa	ICD-10-CM	Diagnosis
145.1	Malignant neoplasm of vestibule of mouth	ICD-10-CM	Diagnosis
145.2	Malignant neoplasm of hard palate	ICD-10-CM	Diagnosis
145.3	Malignant neoplasm of soft palate	ICD-10-CM	Diagnosis
145.4	Malignant neoplasm of uvula	ICD-10-CM	Diagnosis
145.5	Malignant neoplasm of palate, unspecified	ICD-10-CM	Diagnosis
145.6	Malignant neoplasm of retromolar area	ICD-10-CM	Diagnosis

**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

Code	Description	Code Type	Code Category
145.8	Malignant neoplasm of other specified parts of mouth	ICD-10-CM	Diagnosis
145.9	Malignant neoplasm of mouth, unspecified site	ICD-10-CM	Diagnosis
146	Malignant neoplasm of oropharynx	ICD-10-CM	Diagnosis
146.0	Malignant neoplasm of tonsil	ICD-10-CM	Diagnosis
146.1	Malignant neoplasm of tonsillar fossa	ICD-10-CM	Diagnosis
146.2	Malignant neoplasm of tonsillar pillars (anterior) (posterior)	ICD-10-CM	Diagnosis
146.3	Malignant neoplasm of vallecula	ICD-10-CM	Diagnosis
146.4	Malignant neoplasm of anterior aspect of epiglottis	ICD-10-CM	Diagnosis
146.5	Malignant neoplasm of junctional region of oropharynx	ICD-10-CM	Diagnosis
146.6	Malignant neoplasm of lateral wall of oropharynx	ICD-10-CM	Diagnosis
146.7	Malignant neoplasm of posterior wall of oropharynx	ICD-10-CM	Diagnosis
146.8	Malignant neoplasm of other specified sites of oropharynx	ICD-10-CM	Diagnosis
146.9	Malignant neoplasm of oropharynx, unspecified site	ICD-10-CM	Diagnosis
147	Malignant neoplasm of nasopharynx	ICD-10-CM	Diagnosis
147.0	Malignant neoplasm of superior wall of nasopharynx	ICD-10-CM	Diagnosis
147.1	Malignant neoplasm of posterior wall of nasopharynx	ICD-10-CM	Diagnosis
147.2	Malignant neoplasm of lateral wall of nasopharynx	ICD-10-CM	Diagnosis
147.3	Malignant neoplasm of anterior wall of nasopharynx	ICD-10-CM	Diagnosis
147.8	Malignant neoplasm of other specified sites of nasopharynx	ICD-10-CM	Diagnosis
147.9	Malignant neoplasm of nasopharynx, unspecified site	ICD-10-CM	Diagnosis
148	Malignant neoplasm of hypopharynx	ICD-10-CM	Diagnosis
148.0	Malignant neoplasm of postcricoid region of hypopharynx	ICD-10-CM	Diagnosis
148.1	Malignant neoplasm of pyriform sinus	ICD-10-CM	Diagnosis
148.2	Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect	ICD-10-CM	Diagnosis
148.3	Malignant neoplasm of posterior hypopharyngeal wall	ICD-10-CM	Diagnosis
148.8	Malignant neoplasm of other specified sites of hypopharynx	ICD-10-CM	Diagnosis
148.9	Malignant neoplasm of hypopharynx, unspecified site	ICD-10-CM	Diagnosis
149	Malignant neoplasm of other and ill-defined sites within the lip, oral cavity, and pharynx	ICD-10-CM	Diagnosis
149.0	Malignant neoplasm of pharynx, unspecified	ICD-10-CM	Diagnosis
149.1	Malignant neoplasm of Waldeyer's ring	ICD-10-CM	Diagnosis
149.8	Malignant neoplasm of other sites within the lip and oral cavity	ICD-10-CM	Diagnosis
149.9	Malignant neoplasm of ill-defined sites of lip and oral cavity	ICD-10-CM	Diagnosis
150	Malignant neoplasm of esophagus	ICD-10-CM	Diagnosis
150.0	Malignant neoplasm of cervical esophagus	ICD-10-CM	Diagnosis
150.1	Malignant neoplasm of thoracic esophagus	ICD-10-CM	Diagnosis
150.2	Malignant neoplasm of abdominal esophagus	ICD-10-CM	Diagnosis
150.3	Malignant neoplasm of upper third of esophagus	ICD-10-CM	Diagnosis
150.4	Malignant neoplasm of middle third of esophagus	ICD-10-CM	Diagnosis
150.5	Malignant neoplasm of lower third of esophagus	ICD-10-CM	Diagnosis
150.8	Malignant neoplasm of other specified part of esophagus	ICD-10-CM	Diagnosis
150.9	Malignant neoplasm of esophagus, unspecified site	ICD-10-CM	Diagnosis



**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

Code	Description	Code Type	Code Category
151	Malignant neoplasm of stomach	ICD-10-CM	Diagnosis
151.0	Malignant neoplasm of cardia	ICD-10-CM	Diagnosis
151.1	Malignant neoplasm of pylorus	ICD-10-CM	Diagnosis
151.2	Malignant neoplasm of pyloric antrum	ICD-10-CM	Diagnosis
151.3	Malignant neoplasm of fundus of stomach	ICD-10-CM	Diagnosis
151.4	Malignant neoplasm of body of stomach	ICD-10-CM	Diagnosis
151.5	Malignant neoplasm of lesser curvature of stomach, unspecified	ICD-10-CM	Diagnosis
151.6	Malignant neoplasm of greater curvature of stomach, unspecified	ICD-10-CM	Diagnosis
151.8	Malignant neoplasm of other specified sites of stomach	ICD-10-CM	Diagnosis
151.9	Malignant neoplasm of stomach, unspecified site	ICD-10-CM	Diagnosis
152	Malignant neoplasm of small intestine, including duodenum	ICD-10-CM	Diagnosis
152.0	Malignant neoplasm of duodenum	ICD-10-CM	Diagnosis
152.1	Malignant neoplasm of jejunum	ICD-10-CM	Diagnosis
152.2	Malignant neoplasm of ileum	ICD-10-CM	Diagnosis
152.3	Malignant neoplasm of Meckel's diverticulum	ICD-10-CM	Diagnosis
152.8	Malignant neoplasm of other specified sites of small intestine	ICD-10-CM	Diagnosis
152.9	Malignant neoplasm of small intestine, unspecified site	ICD-10-CM	Diagnosis
153	Malignant neoplasm of colon	ICD-10-CM	Diagnosis
153.0	Malignant neoplasm of hepatic flexure	ICD-10-CM	Diagnosis
153.1	Malignant neoplasm of transverse colon	ICD-10-CM	Diagnosis
153.2	Malignant neoplasm of descending colon	ICD-10-CM	Diagnosis
153.3	Malignant neoplasm of sigmoid colon	ICD-10-CM	Diagnosis
153.4	Malignant neoplasm of cecum	ICD-10-CM	Diagnosis
153.5	Malignant neoplasm of appendix	ICD-10-CM	Diagnosis
153.6	Malignant neoplasm of ascending colon	ICD-10-CM	Diagnosis
153.7	Malignant neoplasm of splenic flexure	ICD-10-CM	Diagnosis
153.8	Malignant neoplasm of other specified sites of large intestine	ICD-10-CM	Diagnosis
153.9	Malignant neoplasm of colon, unspecified site	ICD-10-CM	Diagnosis
154	Malignant neoplasm of rectum, rectosigmoid junction, and anus	ICD-10-CM	Diagnosis
154.0	Malignant neoplasm of rectosigmoid junction	ICD-10-CM	Diagnosis
154.1	Malignant neoplasm of rectum	ICD-10-CM	Diagnosis
154.2	Malignant neoplasm of anal canal	ICD-10-CM	Diagnosis
154.3	Malignant neoplasm of anus, unspecified site	ICD-10-CM	Diagnosis
154.8	Malignant neoplasm of other sites of rectum, rectosigmoid junction, and anus	ICD-10-CM	Diagnosis
155	Malignant neoplasm of liver and intrahepatic bile ducts	ICD-10-CM	Diagnosis
155.0	Malignant neoplasm of liver, primary	ICD-10-CM	Diagnosis
155.1	Malignant neoplasm of intrahepatic bile ducts	ICD-10-CM	Diagnosis
155.2	Malignant neoplasm of liver, not specified as primary or secondary	ICD-10-CM	Diagnosis
156	Malignant neoplasm of gallbladder and extrahepatic bile ducts	ICD-10-CM	Diagnosis
156.0	Malignant neoplasm of gallbladder	ICD-10-CM	Diagnosis
156.1	Malignant neoplasm of extrahepatic bile ducts	ICD-10-CM	Diagnosis
156.2	Malignant neoplasm of ampulla of Vater	ICD-10-CM	Diagnosis

**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
156.8	Malignant neoplasm of other specified sites of gallbladder and extrahepatic bile ducts	ICD-10-CM	Diagnosis
156.9	Malignant neoplasm of biliary tract, part unspecified site	ICD-10-CM	Diagnosis
157	Malignant neoplasm of pancreas	ICD-10-CM	Diagnosis
157.0	Malignant neoplasm of head of pancreas	ICD-10-CM	Diagnosis
157.1	Malignant neoplasm of body of pancreas	ICD-10-CM	Diagnosis
157.2	Malignant neoplasm of tail of pancreas	ICD-10-CM	Diagnosis
157.3	Malignant neoplasm of pancreatic duct	ICD-10-CM	Diagnosis
157.4	Malignant neoplasm of islets of Langerhans	ICD-10-CM	Diagnosis
157.8	Malignant neoplasm of other specified sites of pancreas	ICD-10-CM	Diagnosis
157.9	Malignant neoplasm of pancreas, part unspecified	ICD-10-CM	Diagnosis
158	Malignant neoplasm of retroperitoneum and peritoneum	ICD-10-CM	Diagnosis
158.0	Malignant neoplasm of retroperitoneum	ICD-10-CM	Diagnosis
158.8	Malignant neoplasm of specified parts of peritoneum	ICD-10-CM	Diagnosis
158.9	Malignant neoplasm of peritoneum, unspecified	ICD-10-CM	Diagnosis
159	Malignant neoplasm of other and ill-defined sites within the digestive organs and peritoneum	ICD-10-CM	Diagnosis
159.0	Malignant neoplasm of intestinal tract, part unspecified	ICD-10-CM	Diagnosis
159.1	Malignant neoplasm of spleen, not elsewhere classified	ICD-10-CM	Diagnosis
159.8	Malignant neoplasm of other sites of digestive system and intra-abdominal organs	ICD-10-CM	Diagnosis
159.9	Malignant neoplasm of ill-defined sites of digestive organs and peritoneum	ICD-10-CM	Diagnosis
160	Malignant neoplasm of nasal cavities, middle ear, and accessory sinuses	ICD-10-CM	Diagnosis
160.0	Malignant neoplasm of nasal cavities	ICD-10-CM	Diagnosis
160.1	Malignant neoplasm of auditory tube, middle ear, and mastoid air cells	ICD-10-CM	Diagnosis
160.2	Malignant neoplasm of maxillary sinus	ICD-10-CM	Diagnosis
160.3	Malignant neoplasm of ethmoidal sinus	ICD-10-CM	Diagnosis
160.4	Malignant neoplasm of frontal sinus	ICD-10-CM	Diagnosis
160.5	Malignant neoplasm of sphenoidal sinus	ICD-10-CM	Diagnosis
160.8	Malignant neoplasm of other sites of nasal cavities, middle ear, and accessory sinuses	ICD-10-CM	Diagnosis
160.9	Malignant neoplasm of site of nasal cavities, middle ear, and accessory sinus, unspecified site	ICD-10-CM	Diagnosis
161	Malignant neoplasm of larynx	ICD-10-CM	Diagnosis
161.0	Malignant neoplasm of glottis	ICD-10-CM	Diagnosis
161.1	Malignant neoplasm of supraglottis	ICD-10-CM	Diagnosis
161.2	Malignant neoplasm of subglottis	ICD-10-CM	Diagnosis
161.3	Malignant neoplasm of laryngeal cartilages	ICD-10-CM	Diagnosis
161.8	Malignant neoplasm of other specified sites of larynx	ICD-10-CM	Diagnosis
161.9	Malignant neoplasm of larynx, unspecified site	ICD-10-CM	Diagnosis
162	Malignant neoplasm of trachea, bronchus, and lung	ICD-10-CM	Diagnosis
162.0	Malignant neoplasm of trachea	ICD-10-CM	Diagnosis
162.2	Malignant neoplasm of main bronchus	ICD-10-CM	Diagnosis



**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

Code	Description	Code Type	Code Category
162.3	Malignant neoplasm of upper lobe, bronchus, or lung	ICD-10-CM	Diagnosis
162.4	Malignant neoplasm of middle lobe, bronchus, or lung	ICD-10-CM	Diagnosis
162.5	Malignant neoplasm of lower lobe, bronchus, or lung	ICD-10-CM	Diagnosis
162.8	Malignant neoplasm of other parts of bronchus or lung	ICD-10-CM	Diagnosis
162.9	Malignant neoplasm of bronchus and lung, unspecified site	ICD-10-CM	Diagnosis
163	Malignant neoplasm of pleura	ICD-10-CM	Diagnosis
163.0	Malignant neoplasm of parietal pleura	ICD-10-CM	Diagnosis
163.1	Malignant neoplasm of visceral pleura	ICD-10-CM	Diagnosis
163.8	Malignant neoplasm of other specified sites of pleura	ICD-10-CM	Diagnosis
163.9	Malignant neoplasm of pleura, unspecified site	ICD-10-CM	Diagnosis
164	Malignant neoplasm of thymus, heart, and mediastinum	ICD-10-CM	Diagnosis
164.0	Malignant neoplasm of thymus	ICD-10-CM	Diagnosis
164.1	Malignant neoplasm of heart	ICD-10-CM	Diagnosis
164.2	Malignant neoplasm of anterior mediastinum	ICD-10-CM	Diagnosis
164.3	Malignant neoplasm of posterior mediastinum	ICD-10-CM	Diagnosis
164.8	Malignant neoplasm of other parts of mediastinum	ICD-10-CM	Diagnosis
164.9	Malignant neoplasm of mediastinum, part unspecified	ICD-10-CM	Diagnosis
165	Malignant neoplasm of other and ill-defined sites within the respiratory system and intrathoracic organs	ICD-10-CM	Diagnosis
165.0	Malignant neoplasm of upper respiratory tract, part unspecified	ICD-10-CM	Diagnosis
165.8	Malignant neoplasm of other sites within the respiratory system and intrathoracic organs	ICD-10-CM	Diagnosis
165.9	Malignant neoplasm of ill-defined sites within the respiratory system	ICD-10-CM	Diagnosis
170	Malignant neoplasm of bone and articular cartilage	ICD-10-CM	Diagnosis
170.0	Malignant neoplasm of bones of skull and face, except mandible	ICD-10-CM	Diagnosis
170.1	Malignant neoplasm of mandible	ICD-10-CM	Diagnosis
170.2	Malignant neoplasm of vertebral column, excluding sacrum and coccyx	ICD-10-CM	Diagnosis
170.3	Malignant neoplasm of ribs, sternum, and clavicle	ICD-10-CM	Diagnosis
170.4	Malignant neoplasm of scapula and long bones of upper limb	ICD-10-CM	Diagnosis
170.5	Malignant neoplasm of short bones of upper limb	ICD-10-CM	Diagnosis
170.6	Malignant neoplasm of pelvic bones, sacrum, and coccyx	ICD-10-CM	Diagnosis
170.7	Malignant neoplasm of long bones of lower limb	ICD-10-CM	Diagnosis
170.8	Malignant neoplasm of short bones of lower limb	ICD-10-CM	Diagnosis
170.9	Malignant neoplasm of bone and articular cartilage, site unspecified	ICD-10-CM	Diagnosis
171	Malignant neoplasm of connective and other soft tissue	ICD-10-CM	Diagnosis
171.0	Malignant neoplasm of connective and other soft tissue of head, face, and neck	ICD-10-CM	Diagnosis
171.2	Malignant neoplasm of connective and other soft tissue of upper limb, including shoulder	ICD-10-CM	Diagnosis
171.3	Malignant neoplasm of connective and other soft tissue of lower limb, including hip	ICD-10-CM	Diagnosis
171.4	Malignant neoplasm of connective and other soft tissue of thorax	ICD-10-CM	Diagnosis
171.5	Malignant neoplasm of connective and other soft tissue of abdomen	ICD-10-CM	Diagnosis
171.6	Malignant neoplasm of connective and other soft tissue of pelvis	ICD-10-CM	Diagnosis

**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

Code	Description	Code Type	Code Category
171.7	Malignant neoplasm of connective and other soft tissue of trunk, unspecified site	ICD-10-CM	Diagnosis
171.8	Malignant neoplasm of other specified sites of connective and other soft tissue	ICD-10-CM	Diagnosis
171.9	Malignant neoplasm of connective and other soft tissue, site unspecified	ICD-10-CM	Diagnosis
172	Malignant melanoma of skin	ICD-10-CM	Diagnosis
172.0	Malignant melanoma of skin of lip	ICD-10-CM	Diagnosis
172.1	Malignant melanoma of skin of eyelid, including canthus	ICD-10-CM	Diagnosis
172.2	Malignant melanoma of skin of ear and external auditory canal	ICD-10-CM	Diagnosis
172.3	Malignant melanoma of skin of other and unspecified parts of face	ICD-10-CM	Diagnosis
172.4	Malignant melanoma of skin of scalp and neck	ICD-10-CM	Diagnosis
172.5	Malignant melanoma of skin of trunk, except scrotum	ICD-10-CM	Diagnosis
172.6	Malignant melanoma of skin of upper limb, including shoulder	ICD-10-CM	Diagnosis
172.7	Malignant melanoma of skin of lower limb, including hip	ICD-10-CM	Diagnosis
172.8	Malignant melanoma of other specified sites of skin	ICD-10-CM	Diagnosis
172.9	Melanoma of skin, site unspecified	ICD-10-CM	Diagnosis
173	Other and unspecified malignant neoplasm of skin	ICD-10-CM	Diagnosis
173.0	Other and unspecified malignant neoplasm of skin of lip	ICD-10-CM	Diagnosis
173.00	Unspecified malignant neoplasm of skin of lip	ICD-10-CM	Diagnosis
173.01	Basal cell carcinoma of skin of lip	ICD-10-CM	Diagnosis
173.02	Squamous cell carcinoma of skin of lip	ICD-10-CM	Diagnosis
173.09	Other specified malignant neoplasm of skin of lip	ICD-10-CM	Diagnosis
173.1	Other and unspecified malignant neoplasm of eyelid, including canthus	ICD-10-CM	Diagnosis
173.10	Unspecified malignant neoplasm of eyelid, including canthus	ICD-10-CM	Diagnosis
173.19	Other specified malignant neoplasm of eyelid, including canthus	ICD-10-CM	Diagnosis
173.2	Other and unspecified malignant neoplasm of skin of ear and external auditory canal	ICD-10-CM	Diagnosis
173.20	Unspecified malignant neoplasm of skin of ear and external auditory canal	ICD-10-CM	Diagnosis
173.29	Other specified malignant neoplasm of skin of ear and external auditory canal	ICD-10-CM	Diagnosis
173.3	Other and unspecified malignant neoplasm of skin of other and unspecified parts of face	ICD-10-CM	Diagnosis
173.30	Unspecified malignant neoplasm of skin of other and unspecified parts of face	ICD-10-CM	Diagnosis
173.39	Other specified malignant neoplasm of skin of other and unspecified parts of face	ICD-10-CM	Diagnosis
173.4	Other and unspecified malignant neoplasm of scalp and skin of neck	ICD-10-CM	Diagnosis
173.40	Unspecified malignant neoplasm of scalp and skin of neck	ICD-10-CM	Diagnosis
173.49	Other specified malignant neoplasm of scalp and skin of neck	ICD-10-CM	Diagnosis
173.5	Other and unspecified malignant neoplasm of skin of trunk, except scrotum	ICD-10-CM	Diagnosis
173.50	Unspecified malignant neoplasm of skin of trunk, except scrotum	ICD-10-CM	Diagnosis
173.59	Other specified malignant neoplasm of skin of trunk, except scrotum	ICD-10-CM	Diagnosis
173.6	Other and unspecified malignant neoplasm of skin of upper limb, including shoulder	ICD-10-CM	Diagnosis
173.60	Unspecified malignant neoplasm of skin of upper limb, including shoulder	ICD-10-CM	Diagnosis
173.69	Other specified malignant neoplasm of skin of upper limb, including shoulder	ICD-10-CM	Diagnosis
173.7	Other and unspecified malignant neoplasm of skin of lower limb, including hip	ICD-10-CM	Diagnosis
173.70	Unspecified malignant neoplasm of skin of lower limb, including hip	ICD-10-CM	Diagnosis

**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

Code	Description	Code Type	Code Category
173.79	Other specified malignant neoplasm of skin of lower limb, including hip	ICD-10-CM	Diagnosis
173.8	Other and unspecified malignant neoplasm of other specified sites of skin	ICD-10-CM	Diagnosis
173.80	Unspecified malignant neoplasm of other specified sites of skin	ICD-10-CM	Diagnosis
173.89	Other specified malignant neoplasm of other specified sites of skin	ICD-10-CM	Diagnosis
173.9	Other and unspecified malignant neoplasm of skin, site unspecified	ICD-10-CM	Diagnosis
173.90	Unspecified malignant neoplasm of skin, site unspecified	ICD-10-CM	Diagnosis
173.99	Other specified malignant neoplasm of skin, site unspecified	ICD-10-CM	Diagnosis
174	Malignant neoplasm of female breast	ICD-10-CM	Diagnosis
174.0	Malignant neoplasm of nipple and areola of female breast	ICD-10-CM	Diagnosis
174.1	Malignant neoplasm of central portion of female breast	ICD-10-CM	Diagnosis
174.2	Malignant neoplasm of upper-inner quadrant of female breast	ICD-10-CM	Diagnosis
174.3	Malignant neoplasm of lower-inner quadrant of female breast	ICD-10-CM	Diagnosis
174.4	Malignant neoplasm of upper-outer quadrant of female breast	ICD-10-CM	Diagnosis
174.5	Malignant neoplasm of lower-outer quadrant of female breast	ICD-10-CM	Diagnosis
174.6	Malignant neoplasm of axillary tail of female breast	ICD-10-CM	Diagnosis
174.8	Malignant neoplasm of other specified sites of female breast	ICD-10-CM	Diagnosis
174.9	Malignant neoplasm of breast (female), unspecified site	ICD-10-CM	Diagnosis
175	Malignant neoplasm of male breast	ICD-10-CM	Diagnosis
175.0	Malignant neoplasm of nipple and areola of male breast	ICD-10-CM	Diagnosis
175.9	Malignant neoplasm of other and unspecified sites of male breast	ICD-10-CM	Diagnosis
176	Kaposi's sarcoma	ICD-10-CM	Diagnosis
176.0	Kaposi's sarcoma of skin	ICD-10-CM	Diagnosis
176.1	Kaposi's sarcoma of soft tissue	ICD-10-CM	Diagnosis
176.2	Kaposi's sarcoma of palate	ICD-10-CM	Diagnosis
176.3	Kaposi's sarcoma of gastrointestinal sites	ICD-10-CM	Diagnosis
176.4	Kaposi's sarcoma of lung	ICD-10-CM	Diagnosis
176.5	Kaposi's sarcoma of lymph nodes	ICD-10-CM	Diagnosis
176.8	Kaposi's sarcoma of other specified sites	ICD-10-CM	Diagnosis
176.9	Kaposi's sarcoma of unspecified site	ICD-10-CM	Diagnosis
179	Malignant neoplasm of uterus, part unspecified	ICD-10-CM	Diagnosis
180	Malignant neoplasm of cervix uteri	ICD-10-CM	Diagnosis
180.0	Malignant neoplasm of endocervix	ICD-10-CM	Diagnosis
180.1	Malignant neoplasm of exocervix	ICD-10-CM	Diagnosis
180.8	Malignant neoplasm of other specified sites of cervix	ICD-10-CM	Diagnosis
180.9	Malignant neoplasm of cervix uteri, unspecified site	ICD-10-CM	Diagnosis
181	Malignant neoplasm of placenta	ICD-10-CM	Diagnosis
182	Malignant neoplasm of body of uterus	ICD-10-CM	Diagnosis
182.0	Malignant neoplasm of corpus uteri, except isthmus	ICD-10-CM	Diagnosis
182.1	Malignant neoplasm of isthmus	ICD-10-CM	Diagnosis
182.8	Malignant neoplasm of other specified sites of body of uterus	ICD-10-CM	Diagnosis
183	Malignant neoplasm of ovary and other uterine adnexa	ICD-10-CM	Diagnosis
183.0	Malignant neoplasm of ovary	ICD-10-CM	Diagnosis

**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

Code	Description	Code Type	Code Category
183.2	Malignant neoplasm of fallopian tube	ICD-10-CM	Diagnosis
183.3	Malignant neoplasm of broad ligament of uterus	ICD-10-CM	Diagnosis
183.4	Malignant neoplasm of parametrium of uterus	ICD-10-CM	Diagnosis
183.5	Malignant neoplasm of round ligament of uterus	ICD-10-CM	Diagnosis
183.8	Malignant neoplasm of other specified sites of uterine adnexa	ICD-10-CM	Diagnosis
183.9	Malignant neoplasm of uterine adnexa, unspecified site	ICD-10-CM	Diagnosis
184	Malignant neoplasm of other and unspecified female genital organs	ICD-10-CM	Diagnosis
184.0	Malignant neoplasm of vagina	ICD-10-CM	Diagnosis
184.1	Malignant neoplasm of labia majora	ICD-10-CM	Diagnosis
184.2	Malignant neoplasm of labia minora	ICD-10-CM	Diagnosis
184.3	Malignant neoplasm of clitoris	ICD-10-CM	Diagnosis
184.4	Malignant neoplasm of vulva, unspecified site	ICD-10-CM	Diagnosis
184.8	Malignant neoplasm of other specified sites of female genital organs	ICD-10-CM	Diagnosis
184.9	Malignant neoplasm of female genital organ, site unspecified	ICD-10-CM	Diagnosis
185	Malignant neoplasm of prostate	ICD-10-CM	Diagnosis
186	Malignant neoplasm of testis	ICD-10-CM	Diagnosis
186.0	Malignant neoplasm of undescended testis	ICD-10-CM	Diagnosis
186.9	Malignant neoplasm of other and unspecified testis	ICD-10-CM	Diagnosis
187	Malignant neoplasm of penis and other male genital organs	ICD-10-CM	Diagnosis
187.1	Malignant neoplasm of prepuce	ICD-10-CM	Diagnosis
187.2	Malignant neoplasm of glans penis	ICD-10-CM	Diagnosis
187.3	Malignant neoplasm of body of penis	ICD-10-CM	Diagnosis
187.4	Malignant neoplasm of penis, part unspecified	ICD-10-CM	Diagnosis
187.5	Malignant neoplasm of epididymis	ICD-10-CM	Diagnosis
187.6	Malignant neoplasm of spermatic cord	ICD-10-CM	Diagnosis
187.7	Malignant neoplasm of scrotum	ICD-10-CM	Diagnosis
187.8	Malignant neoplasm of other specified sites of male genital organs	ICD-10-CM	Diagnosis
187.9	Malignant neoplasm of male genital organ, site unspecified	ICD-10-CM	Diagnosis
188	Malignant neoplasm of bladder	ICD-10-CM	Diagnosis
188.0	Malignant neoplasm of trigone of urinary bladder	ICD-10-CM	Diagnosis
188.1	Malignant neoplasm of dome of urinary bladder	ICD-10-CM	Diagnosis
188.2	Malignant neoplasm of lateral wall of urinary bladder	ICD-10-CM	Diagnosis
188.3	Malignant neoplasm of anterior wall of urinary bladder	ICD-10-CM	Diagnosis
188.4	Malignant neoplasm of posterior wall of urinary bladder	ICD-10-CM	Diagnosis
188.5	Malignant neoplasm of bladder neck	ICD-10-CM	Diagnosis
188.6	Malignant neoplasm of ureteric orifice	ICD-10-CM	Diagnosis
188.7	Malignant neoplasm of urachus	ICD-10-CM	Diagnosis
188.8	Malignant neoplasm of other specified sites of bladder	ICD-10-CM	Diagnosis
188.9	Malignant neoplasm of bladder, part unspecified	ICD-10-CM	Diagnosis
189	Malignant neoplasm of kidney and other and unspecified urinary organs	ICD-10-CM	Diagnosis
189.0	Malignant neoplasm of kidney, except pelvis	ICD-10-CM	Diagnosis
189.1	Malignant neoplasm of renal pelvis	ICD-10-CM	Diagnosis

**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
189.2	Malignant neoplasm of ureter	ICD-10-CM	Diagnosis
189.3	Malignant neoplasm of urethra	ICD-10-CM	Diagnosis
189.4	Malignant neoplasm of paraurethral glands	ICD-10-CM	Diagnosis
189.8	Malignant neoplasm of other specified sites of urinary organs	ICD-10-CM	Diagnosis
189.9	Malignant neoplasm of urinary organ, site unspecified	ICD-10-CM	Diagnosis
190	Malignant neoplasm of eye	ICD-10-CM	Diagnosis
190.0	Malignant neoplasm of eyeball, except conjunctiva, cornea, retina, and choroid	ICD-10-CM	Diagnosis
190.1	Malignant neoplasm of orbit	ICD-10-CM	Diagnosis
190.2	Malignant neoplasm of lacrimal gland	ICD-10-CM	Diagnosis
190.3	Malignant neoplasm of conjunctiva	ICD-10-CM	Diagnosis
190.4	Malignant neoplasm of cornea	ICD-10-CM	Diagnosis
190.5	Malignant neoplasm of retina	ICD-10-CM	Diagnosis
190.6	Malignant neoplasm of choroid	ICD-10-CM	Diagnosis
190.7	Malignant neoplasm of lacrimal duct	ICD-10-CM	Diagnosis
190.8	Malignant neoplasm of other specified sites of eye	ICD-10-CM	Diagnosis
190.9	Malignant neoplasm of eye, part unspecified	ICD-10-CM	Diagnosis
191	Malignant neoplasm of brain	ICD-10-CM	Diagnosis
191.0	Malignant neoplasm of cerebrum, except lobes and ventricles	ICD-10-CM	Diagnosis
191.1	Malignant neoplasm of frontal lobe of brain	ICD-10-CM	Diagnosis
191.2	Malignant neoplasm of temporal lobe of brain	ICD-10-CM	Diagnosis
191.3	Malignant neoplasm of parietal lobe of brain	ICD-10-CM	Diagnosis
191.4	Malignant neoplasm of occipital lobe of brain	ICD-10-CM	Diagnosis
191.5	Malignant neoplasm of ventricles of brain	ICD-10-CM	Diagnosis
191.6	Malignant neoplasm of cerebellum NOS	ICD-10-CM	Diagnosis
191.7	Malignant neoplasm of brain stem	ICD-10-CM	Diagnosis
191.8	Malignant neoplasm of other parts of brain	ICD-10-CM	Diagnosis
191.9	Malignant neoplasm of brain, unspecified site	ICD-10-CM	Diagnosis
192	Malignant neoplasm of other and unspecified parts of nervous system	ICD-10-CM	Diagnosis
192.0	Malignant neoplasm of cranial nerves	ICD-10-CM	Diagnosis
192.1	Malignant neoplasm of cerebral meninges	ICD-10-CM	Diagnosis
192.2	Malignant neoplasm of spinal cord	ICD-10-CM	Diagnosis
192.3	Malignant neoplasm of spinal meninges	ICD-10-CM	Diagnosis
192.8	Malignant neoplasm of other specified sites of nervous system	ICD-10-CM	Diagnosis
192.9	Malignant neoplasm of nervous system, part unspecified	ICD-10-CM	Diagnosis
193	Malignant neoplasm of thyroid gland	ICD-10-CM	Diagnosis
194	Malignant neoplasm of other endocrine glands and related structures	ICD-10-CM	Diagnosis
194.0	Malignant neoplasm of adrenal gland	ICD-10-CM	Diagnosis
194.1	Malignant neoplasm of parathyroid gland	ICD-10-CM	Diagnosis
194.3	Malignant neoplasm of pituitary gland and craniopharyngeal duct	ICD-10-CM	Diagnosis
194.4	Malignant neoplasm of pineal gland	ICD-10-CM	Diagnosis
194.5	Malignant neoplasm of carotid body	ICD-10-CM	Diagnosis
194.6	Malignant neoplasm of aortic body and other paraganglia	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
194.8	Malignant neoplasm of other endocrine glands and related structures	ICD-10-CM	Diagnosis
194.9	Malignant neoplasm of endocrine gland, site unspecified	ICD-10-CM	Diagnosis
195	Malignant neoplasm of other and ill-defined sites	ICD-10-CM	Diagnosis
195.0	Malignant neoplasm of head, face, and neck	ICD-10-CM	Diagnosis
195.1	Malignant neoplasm of thorax	ICD-10-CM	Diagnosis
195.2	Malignant neoplasm of abdomen	ICD-10-CM	Diagnosis
195.3	Malignant neoplasm of pelvis	ICD-10-CM	Diagnosis
195.4	Malignant neoplasm of upper limb	ICD-10-CM	Diagnosis
195.5	Malignant neoplasm of lower limb	ICD-10-CM	Diagnosis
195.8	Malignant neoplasm of other specified sites	ICD-10-CM	Diagnosis
196	Secondary and unspecified malignant neoplasm of lymph nodes	ICD-10-CM	Diagnosis
196.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
196.1	Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes	ICD-10-CM	Diagnosis
196.2	Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
196.3	Secondary and unspecified malignant neoplasm of lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
196.5	Secondary and unspecified malignant neoplasm of lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
196.6	Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes	ICD-10-CM	Diagnosis
196.8	Secondary and unspecified malignant neoplasm of lymph nodes of multiple sites	ICD-10-CM	Diagnosis
196.9	Secondary and unspecified malignant neoplasm of lymph nodes, site unspecified	ICD-10-CM	Diagnosis
197	Secondary malignant neoplasm of respiratory and digestive systems	ICD-10-CM	Diagnosis
197.0	Secondary malignant neoplasm of lung	ICD-10-CM	Diagnosis
197.1	Secondary malignant neoplasm of mediastinum	ICD-10-CM	Diagnosis
197.2	Secondary malignant neoplasm of pleura	ICD-10-CM	Diagnosis
197.3	Secondary malignant neoplasm of other respiratory organs	ICD-10-CM	Diagnosis
197.4	Secondary malignant neoplasm of small intestine including duodenum	ICD-10-CM	Diagnosis
197.5	Secondary malignant neoplasm of large intestine and rectum	ICD-10-CM	Diagnosis
197.6	Secondary malignant neoplasm of retroperitoneum and peritoneum	ICD-10-CM	Diagnosis
197.7	Secondary malignant neoplasm of liver	ICD-10-CM	Diagnosis
197.8	Secondary malignant neoplasm of other digestive organs and spleen	ICD-10-CM	Diagnosis
198	Secondary malignant neoplasm of other specified sites	ICD-10-CM	Diagnosis
198.0	Secondary malignant neoplasm of kidney	ICD-10-CM	Diagnosis
198.1	Secondary malignant neoplasm of other urinary organs	ICD-10-CM	Diagnosis
198.2	Secondary malignant neoplasm of skin	ICD-10-CM	Diagnosis
198.3	Secondary malignant neoplasm of brain and spinal cord	ICD-10-CM	Diagnosis
198.4	Secondary malignant neoplasm of other parts of nervous system	ICD-10-CM	Diagnosis
198.5	Secondary malignant neoplasm of bone and bone marrow	ICD-10-CM	Diagnosis
198.6	Secondary malignant neoplasm of ovary	ICD-10-CM	Diagnosis
198.7	Secondary malignant neoplasm of adrenal gland	ICD-10-CM	Diagnosis



**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

Code	Description	Code Type	Code Category
198.8	Secondary malignant neoplasm of other specified sites	ICD-10-CM	Diagnosis
198.81	Secondary malignant neoplasm of breast	ICD-10-CM	Diagnosis
198.82	Secondary malignant neoplasm of genital organs	ICD-10-CM	Diagnosis
198.89	Secondary malignant neoplasm of other specified sites	ICD-10-CM	Diagnosis
199	Malignant neoplasm without specification of site	ICD-10-CM	Diagnosis
199.0	Disseminated malignant neoplasm	ICD-10-CM	Diagnosis
199.1	Other malignant neoplasm of unspecified site	ICD-10-CM	Diagnosis
199.2	Malignant neoplasm associated with transplanted organ	ICD-10-CM	Diagnosis
200	Lymphosarcoma and reticulosarcoma and other specified malignant tumors of lymphatic tissue	ICD-10-CM	Diagnosis
200.0	Reticulosarcoma	ICD-10-CM	Diagnosis
200.00	Reticulosarcoma, unspecified site, extranodal and solid organ sites	ICD-10-CM	Diagnosis
200.01	Reticulosarcoma of lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
200.02	Reticulosarcoma of intrathoracic lymph nodes	ICD-10-CM	Diagnosis
200.03	Reticulosarcoma of intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
200.04	Reticulosarcoma of lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
200.05	Reticulosarcoma of lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
200.06	Reticulosarcoma of intrapelvic lymph nodes	ICD-10-CM	Diagnosis
200.07	Reticulosarcoma of spleen	ICD-10-CM	Diagnosis
200.08	Reticulosarcoma of lymph nodes of multiple sites	ICD-10-CM	Diagnosis
200.1	Lymphosarcoma	ICD-10-CM	Diagnosis
200.10	Lymphosarcoma, unspecified site, extranodal and solid organ sites	ICD-10-CM	Diagnosis
200.11	Lymphosarcoma of lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
200.12	Lymphosarcoma of intrathoracic lymph nodes	ICD-10-CM	Diagnosis
200.13	Lymphosarcoma of intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
200.14	Lymphosarcoma of lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
200.15	Lymphosarcoma of lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
200.16	Lymphosarcoma of intrapelvic lymph nodes	ICD-10-CM	Diagnosis
200.17	Lymphosarcoma of spleen	ICD-10-CM	Diagnosis
200.18	Lymphosarcoma of lymph nodes of multiple sites	ICD-10-CM	Diagnosis
200.2	Burkitt's tumor or lymphoma	ICD-10-CM	Diagnosis
200.20	Burkitt's tumor or lymphoma, unspecified site, extranodal and solid organ sites	ICD-10-CM	Diagnosis
200.21	Burkitt's tumor or lymphoma of lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
200.22	Burkitt's tumor or lymphoma of intrathoracic lymph nodes	ICD-10-CM	Diagnosis
200.23	Burkitt's tumor or lymphoma of intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
200.24	Burkitt's tumor or lymphoma of lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
200.25	Burkitt's tumor or lymphoma of lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
200.26	Burkitt's tumor or lymphoma of intrapelvic lymph nodes	ICD-10-CM	Diagnosis
200.27	Burkitt's tumor or lymphoma of spleen	ICD-10-CM	Diagnosis
200.28	Burkitt's tumor or lymphoma of lymph nodes of multiple sites	ICD-10-CM	Diagnosis
200.3	Marginal zone lymphoma	ICD-10-CM	Diagnosis
200.30	Marginal zone lymphoma, unspecified site, extranodal and solid organ sites	ICD-10-CM	Diagnosis

**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

Code	Description	Code Type	Code Category
200.31	Marginal zone lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
200.32	Marginal zone lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
200.33	Marginal zone lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
200.34	Marginal zone lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
200.35	Marginal zone lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
200.36	Marginal zone lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
200.37	Marginal zone lymphoma, spleen	ICD-10-CM	Diagnosis
200.38	Marginal zone lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
200.4	Mantle cell lymphoma	ICD-10-CM	Diagnosis
200.40	Mantle cell lymphoma, unspecified site, extranodal and solid organ sites	ICD-10-CM	Diagnosis
200.41	Mantle cell lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
200.42	Mantle cell lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
200.43	Mantle cell lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
200.44	Mantle cell lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
200.45	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
200.46	Mantle cell lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
200.47	Mantle cell lymphoma, spleen	ICD-10-CM	Diagnosis
200.48	Mantle cell lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
200.5	Primary central nervous system lymphoma	ICD-10-CM	Diagnosis
200.50	Primary central nervous system lymphoma, unspecified site, extranodal and solid organ sites	ICD-10-CM	Diagnosis
200.51	Primary central nervous system lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
200.52	Primary central nervous system lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
200.53	Primary central nervous system lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
200.54	Primary central nervous system lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
200.55	Primary central nervous system lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
200.56	Primary central nervous system lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
200.57	Primary central nervous system lymphoma, spleen	ICD-10-CM	Diagnosis
200.58	Primary central nervous system lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
200.6	Anaplastic large cell lymphoma	ICD-10-CM	Diagnosis
200.60	Anaplastic large cell lymphoma, unspecified site, extranodal and solid organ sites	ICD-10-CM	Diagnosis
200.61	Anaplastic large cell lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
200.62	Anaplastic large cell lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
200.63	Anaplastic large cell lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
200.64	Anaplastic large cell lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
200.65	Anaplastic large cell lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
200.66	Anaplastic large cell lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
200.67	Anaplastic large cell lymphoma, spleen	ICD-10-CM	Diagnosis
200.68	Anaplastic large cell lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
200.7	Large cell lymphoma	ICD-10-CM	Diagnosis
200.70	Large cell lymphoma, unspecified site, extranodal and solid organ sites	ICD-10-CM	Diagnosis



**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

Code	Description	Code Type	Code Category
200.71	Large cell lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
200.72	Large cell lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
200.73	Large cell lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
200.74	Large cell lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
200.75	Large cell lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
200.76	Large cell lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
200.77	Large cell lymphoma, spleen	ICD-10-CM	Diagnosis
200.78	Large cell lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
200.8	Other named variants of lymphosarcoma and reticulosarcoma	ICD-10-CM	Diagnosis
200.80	Other named variants, unspecified site, extranodal and solid organ sites	ICD-10-CM	Diagnosis
200.81	Other named variants of lymphosarcoma and reticulosarcoma of lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
200.82	Other named variants of lymphosarcoma and reticulosarcoma of intrathoracic lymph nodes	ICD-10-CM	Diagnosis
200.83	Other named variants of lymphosarcoma and reticulosarcoma of intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
200.84	Other named variants of lymphosarcoma and reticulosarcoma of lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
200.85	Other named variants of lymphosarcoma and reticulosarcoma of lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
200.86	Other named variants of lymphosarcoma and reticulosarcoma of intrapelvic lymph nodes	ICD-10-CM	Diagnosis
200.87	Other named variants of lymphosarcoma and reticulosarcoma of spleen	ICD-10-CM	Diagnosis
200.88	Other named variants of lymphosarcoma and reticulosarcoma of lymph nodes of multiple sites	ICD-10-CM	Diagnosis
201	Hodgkin's disease	ICD-10-CM	Diagnosis
201.0	Hodgkin's paraganuloma	ICD-10-CM	Diagnosis
201.00	Hodgkin's paraganuloma, unspecified site, extranodal and solid organ sites	ICD-10-CM	Diagnosis
201.01	Hodgkin's paraganuloma of lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
201.02	Hodgkin's paraganuloma of intrathoracic lymph nodes	ICD-10-CM	Diagnosis
201.03	Hodgkin's paraganuloma of intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
201.04	Hodgkin's paraganuloma of lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
201.05	Hodgkin's paraganuloma of lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
201.06	Hodgkin's paraganuloma of intrapelvic lymph nodes	ICD-10-CM	Diagnosis
201.07	Hodgkin's paraganuloma of spleen	ICD-10-CM	Diagnosis
201.08	Hodgkin's paraganuloma of lymph nodes of multiple sites	ICD-10-CM	Diagnosis
201.1	Hodgkin's granuloma	ICD-10-CM	Diagnosis
201.10	Hodgkin's granuloma, unspecified site, extranodal and solid organ sites	ICD-10-CM	Diagnosis
201.11	Hodgkin's granuloma of lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
201.12	Hodgkin's granuloma of intrathoracic lymph nodes	ICD-10-CM	Diagnosis
201.13	Hodgkin's granuloma of intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
201.14	Hodgkin's granuloma of lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis

**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

Code	Description	Code Type	Code Category
201.15	Hodgkin's granuloma of lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
201.16	Hodgkin's granuloma of intrapelvic lymph nodes	ICD-10-CM	Diagnosis
201.17	Hodgkin's granuloma of spleen	ICD-10-CM	Diagnosis
201.18	Hodgkin's granuloma of lymph nodes of multiple sites	ICD-10-CM	Diagnosis
201.2	Hodgkin's sarcoma	ICD-10-CM	Diagnosis
201.20	Hodgkin's sarcoma, unspecified site, extranodal and solid organ sites	ICD-10-CM	Diagnosis
201.21	Hodgkin's sarcoma of lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
201.22	Hodgkin's sarcoma of intrathoracic lymph nodes	ICD-10-CM	Diagnosis
201.23	Hodgkin's sarcoma of intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
201.24	Hodgkin's sarcoma of lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
201.25	Hodgkin's sarcoma of lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
201.26	Hodgkin's sarcoma of intrapelvic lymph nodes	ICD-10-CM	Diagnosis
201.27	Hodgkin's sarcoma of spleen	ICD-10-CM	Diagnosis
201.28	Hodgkin's sarcoma of lymph nodes of multiple sites	ICD-10-CM	Diagnosis
201.4	Hodgkin's disease, lymphocytic-histiocytic predominance	ICD-10-CM	Diagnosis
201.40	Hodgkin's disease, lymphocytic-histiocytic predominance, unspecified site, extranodal and solid organ sites	ICD-10-CM	Diagnosis
201.41	Hodgkin's disease, lymphocytic-histiocytic predominance of lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
201.42	Hodgkin's disease, lymphocytic-histiocytic predominance of intrathoracic lymph nodes	ICD-10-CM	Diagnosis
201.43	Hodgkin's disease, lymphocytic-histiocytic predominance of intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
201.44	Hodgkin's disease, lymphocytic-histiocytic predominance of lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
201.45	Hodgkin's disease, lymphocytic-histiocytic predominance of lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
201.46	Hodgkin's disease, lymphocytic-histiocytic predominance of intrapelvic lymph nodes	ICD-10-CM	Diagnosis
201.47	Hodgkin's disease, lymphocytic-histiocytic predominance of spleen	ICD-10-CM	Diagnosis
201.48	Hodgkin's disease, lymphocytic-histiocytic predominance of lymph nodes of multiple sites	ICD-10-CM	Diagnosis
201.5	Hodgkin's disease, nodular sclerosis	ICD-10-CM	Diagnosis
201.50	Hodgkin's disease, nodular sclerosis, unspecified site, extranodal and solid organ sites	ICD-10-CM	Diagnosis
201.51	Hodgkin's disease, nodular sclerosis, of lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
201.52	Hodgkin's disease, nodular sclerosis, of intrathoracic lymph nodes	ICD-10-CM	Diagnosis
201.53	Hodgkin's disease, nodular sclerosis, of intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
201.54	Hodgkin's disease, nodular sclerosis, of lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
201.55	Hodgkin's disease, nodular sclerosis, of lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
201.56	Hodgkin's disease, nodular sclerosis, of intrapelvic lymph nodes	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
201.57	Hodgkin's disease, nodular sclerosis, of spleen	ICD-10-CM	Diagnosis
201.58	Hodgkin's disease, nodular sclerosis, of lymph nodes of multiple sites	ICD-10-CM	Diagnosis
201.6	Hodgkin's disease, mixed cellularity	ICD-10-CM	Diagnosis
201.60	Hodgkin's disease, mixed cellularity, unspecified site, extranodal and solid organ sites	ICD-10-CM	Diagnosis
201.61	Hodgkin's disease, mixed cellularity, involving lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
201.62	Hodgkin's disease, mixed cellularity, of intrathoracic lymph nodes	ICD-10-CM	Diagnosis
201.63	Hodgkin's disease, mixed cellularity, of intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
201.64	Hodgkin's disease, mixed cellularity, of lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
201.65	Hodgkin's disease, mixed cellularity, of lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
201.66	Hodgkin's disease, mixed cellularity, of intrapelvic lymph nodes	ICD-10-CM	Diagnosis
201.67	Hodgkin's disease, mixed cellularity, of spleen	ICD-10-CM	Diagnosis
201.68	Hodgkin's disease, mixed cellularity, of lymph nodes of multiple sites	ICD-10-CM	Diagnosis
201.7	Hodgkin's disease, lymphocytic depletion	ICD-10-CM	Diagnosis
201.70	Hodgkin's disease, lymphocytic depletion, unspecified site, extranodal and solid organ sites	ICD-10-CM	Diagnosis
201.71	Hodgkin's disease, lymphocytic depletion, of lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
201.72	Hodgkin's disease, lymphocytic depletion, of intrathoracic lymph nodes	ICD-10-CM	Diagnosis
201.73	Hodgkin's disease, lymphocytic depletion, of intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
201.74	Hodgkin's disease, lymphocytic depletion, of lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
201.75	Hodgkin's disease, lymphocytic depletion, of lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
201.76	Hodgkin's disease, lymphocytic depletion, of intrapelvic lymph nodes	ICD-10-CM	Diagnosis
201.77	Hodgkin's disease, lymphocytic depletion, of spleen	ICD-10-CM	Diagnosis
201.78	Hodgkin's disease, lymphocytic depletion, of lymph nodes of multiple sites	ICD-10-CM	Diagnosis
201.9	Hodgkin's disease, unspecified type	ICD-10-CM	Diagnosis
201.90	Hodgkin's disease, unspecified type, unspecified site, extranodal and solid organ sites	ICD-10-CM	Diagnosis
201.91	Hodgkin's disease, unspecified type, of lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
201.92	Hodgkin's disease, unspecified type, of intrathoracic lymph nodes	ICD-10-CM	Diagnosis
201.93	Hodgkin's disease, unspecified type, of intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
201.94	Hodgkin's disease, unspecified type, of lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
201.95	Hodgkin's disease, unspecified type, of lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
201.96	Hodgkin's disease, unspecified type, of intrapelvic lymph nodes	ICD-10-CM	Diagnosis
201.97	Hodgkin's disease, unspecified type, of spleen	ICD-10-CM	Diagnosis
201.98	Hodgkin's disease, unspecified type, of lymph nodes of multiple sites	ICD-10-CM	Diagnosis
202	Other malignant neoplasms of lymphoid and histiocytic tissue	ICD-10-CM	Diagnosis
202.0	Nodular lymphoma	ICD-10-CM	Diagnosis
202.00	Nodular lymphoma, unspecified site, extranodal and solid organ sites	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
202.01	Nodular lymphoma of lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
202.02	Nodular lymphoma of intrathoracic lymph nodes	ICD-10-CM	Diagnosis
202.03	Nodular lymphoma of intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
202.04	Nodular lymphoma of lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
202.05	Nodular lymphoma of lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
202.06	Nodular lymphoma of intrapelvic lymph nodes	ICD-10-CM	Diagnosis
202.07	Nodular lymphoma of spleen	ICD-10-CM	Diagnosis
202.08	Nodular lymphoma of lymph nodes of multiple sites	ICD-10-CM	Diagnosis
202.1	Mycosis fungoides	ICD-10-CM	Diagnosis
202.10	Mycosis fungoides, unspecified site, extranodal and solid organ sites	ICD-10-CM	Diagnosis
202.11	Mycosis fungoides of lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
202.12	Mycosis fungoides of intrathoracic lymph nodes	ICD-10-CM	Diagnosis
202.13	Mycosis fungoides of intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
202.14	Mycosis fungoides of lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
202.15	Mycosis fungoides of lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
202.16	Mycosis fungoides of intrapelvic lymph nodes	ICD-10-CM	Diagnosis
202.17	Mycosis fungoides of spleen	ICD-10-CM	Diagnosis
202.18	Mycosis fungoides of lymph nodes of multiple sites	ICD-10-CM	Diagnosis
202.2	Sezary's disease	ICD-10-CM	Diagnosis
202.20	Sezary's disease, unspecified site, extranodal and solid organ sites	ICD-10-CM	Diagnosis
202.21	Sezary's disease of lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
202.22	Sezary's disease of intrathoracic lymph nodes	ICD-10-CM	Diagnosis
202.23	Sezary's disease of intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
202.24	Sezary's disease of lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
202.25	Sezary's disease of lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
202.26	Sezary's disease of intrapelvic lymph nodes	ICD-10-CM	Diagnosis
202.27	Sezary's disease of spleen	ICD-10-CM	Diagnosis
202.28	Sezary's disease of lymph nodes of multiple sites	ICD-10-CM	Diagnosis
202.3	Malignant histiocytosis	ICD-10-CM	Diagnosis
202.30	Malignant histiocytosis, unspecified site, extranodal and solid organ sites	ICD-10-CM	Diagnosis
202.31	Malignant histiocytosis of lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
202.32	Malignant histiocytosis of intrathoracic lymph nodes	ICD-10-CM	Diagnosis
202.33	Malignant histiocytosis of intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
202.34	Malignant histiocytosis of lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
202.35	Malignant histiocytosis of lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
202.36	Malignant histiocytosis of intrapelvic lymph nodes	ICD-10-CM	Diagnosis
202.37	Malignant histiocytosis of spleen	ICD-10-CM	Diagnosis
202.38	Malignant histiocytosis of lymph nodes of multiple sites	ICD-10-CM	Diagnosis
202.4	Leukemic reticuloendotheliosis	ICD-10-CM	Diagnosis
202.40	Leukemic reticuloendotheliosis, unspecified site, extranodal and solid organ sites	ICD-10-CM	Diagnosis
202.41	Leukemic reticuloendotheliosis of lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
202.42	Leukemic reticuloendotheliosis of intrathoracic lymph nodes	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
202.43	Leukemic reticuloendotheliosis of intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
202.44	Leukemic reticuloendotheliosis of lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
202.45	Leukemic reticuloendotheliosis of lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
202.46	Leukemic reticuloendotheliosis of intrapelvic lymph nodes	ICD-10-CM	Diagnosis
202.47	Leukemic reticuloendotheliosis of spleen	ICD-10-CM	Diagnosis
202.48	Leukemic reticuloendotheliosis of lymph nodes of multiple sites	ICD-10-CM	Diagnosis
202.5	Letterer-Siwe disease	ICD-10-CM	Diagnosis
202.50	Letterer-Siwe disease, unspecified site, extranodal and solid organ sites	ICD-10-CM	Diagnosis
202.51	Letterer-Siwe disease of lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
202.52	Letterer-Siwe disease of intrathoracic lymph nodes	ICD-10-CM	Diagnosis
202.53	Letterer-Siwe disease of intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
202.54	Letterer-Siwe disease of lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
202.55	Letterer-Siwe disease of lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
202.56	Letterer-Siwe disease of intrapelvic lymph nodes	ICD-10-CM	Diagnosis
202.57	Letterer-Siwe disease of spleen	ICD-10-CM	Diagnosis
202.58	Letterer-Siwe disease of lymph nodes of multiple sites	ICD-10-CM	Diagnosis
202.6	Malignant mast cell tumors	ICD-10-CM	Diagnosis
202.60	Malignant mast cell tumors, unspecified site, extranodal and solid organ sites	ICD-10-CM	Diagnosis
202.61	Malignant mast cell tumors of lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
202.62	Malignant mast cell tumors of intrathoracic lymph nodes	ICD-10-CM	Diagnosis
202.63	Malignant mast cell tumors of intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
202.64	Malignant mast cell tumors of lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
202.65	Malignant mast cell tumors of lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
202.66	Malignant mast cell tumors of intrapelvic lymph nodes	ICD-10-CM	Diagnosis
202.67	Malignant mast cell tumors of spleen	ICD-10-CM	Diagnosis
202.68	Malignant mast cell tumors of lymph nodes of multiple sites	ICD-10-CM	Diagnosis
202.7	Peripheral T-cell lymphoma	ICD-10-CM	Diagnosis
202.70	Peripheral T-cell lymphoma, unspecified site, extranodal and solid organ sites	ICD-10-CM	Diagnosis
202.71	Peripheral T-cell lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
202.72	Peripheral T-cell lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
202.73	Peripheral T-cell lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
202.74	Peripheral T-cell lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
202.75	Peripheral T-cell lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
202.76	Peripheral T-cell lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
202.77	Peripheral T-cell lymphoma, spleen	ICD-10-CM	Diagnosis
202.78	Peripheral T-cell lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
202.8	Other malignant lymphomas	ICD-10-CM	Diagnosis
202.80	Other malignant lymphomas, unspecified site, extranodal and solid organ sites	ICD-10-CM	Diagnosis
202.81	Other malignant lymphomas of lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
202.82	Other malignant lymphomas of intrathoracic lymph nodes	ICD-10-CM	Diagnosis
202.83	Other malignant lymphomas of intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
202.84	Other malignant lymphomas of lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis

**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

Code	Description	Code Type	Code Category
202.85	Other malignant lymphomas of lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
202.86	Other malignant lymphomas of intrapelvic lymph nodes	ICD-10-CM	Diagnosis
202.87	Other malignant lymphomas of spleen	ICD-10-CM	Diagnosis
202.88	Other malignant lymphomas of lymph nodes of multiple sites	ICD-10-CM	Diagnosis
202.9	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue	ICD-10-CM	Diagnosis
202.90	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue, unspecified site, extranodal and solid organ sites	ICD-10-CM	Diagnosis
202.91	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
202.92	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of intrathoracic lymph nodes	ICD-10-CM	Diagnosis
202.93	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
202.94	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
202.95	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
202.96	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of intrapelvic lymph nodes	ICD-10-CM	Diagnosis
202.97	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of spleen	ICD-10-CM	Diagnosis
202.98	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of lymph nodes of multiple sites	ICD-10-CM	Diagnosis
203	Multiple myeloma and immunoproliferative neoplasms	ICD-10-CM	Diagnosis
203.0	Multiple myeloma	ICD-10-CM	Diagnosis
203.00	Multiple myeloma, without mention of having achieved remission	ICD-10-CM	Diagnosis
203.01	Multiple myeloma in remission	ICD-10-CM	Diagnosis
203.02	Multiple myeloma, in relapse	ICD-10-CM	Diagnosis
203.1	Plasma cell leukemia	ICD-10-CM	Diagnosis
203.10	Plasma cell leukemia, without mention of having achieved remission	ICD-10-CM	Diagnosis
203.11	Plasma cell leukemia in remission	ICD-10-CM	Diagnosis
203.12	Plasma cell leukemia, in relapse	ICD-10-CM	Diagnosis
203.8	Other immunoproliferative neoplasms	ICD-10-CM	Diagnosis
203.80	Other immunoproliferative neoplasms, without mention of having achieved remission	ICD-10-CM	Diagnosis
203.81	Other immunoproliferative neoplasms in remission	ICD-10-CM	Diagnosis
203.82	Other immunoproliferative neoplasms, in relapse	ICD-10-CM	Diagnosis
204	Lymphoid leukemia	ICD-10-CM	Diagnosis
204.0	Acute lymphoid leukemia	ICD-10-CM	Diagnosis
204.00	Acute lymphoid leukemia, without mention of having achieved remission	ICD-10-CM	Diagnosis
204.01	Acute lymphoid leukemia in remission	ICD-10-CM	Diagnosis
204.02	Acute lymphoid leukemia, in relapse	ICD-10-CM	Diagnosis



**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

Code	Description	Code Type	Code Category
204.1	Chronic lymphoid leukemia	ICD-10-CM	Diagnosis
204.10	Chronic lymphoid leukemia, without mention of having achieved remission	ICD-10-CM	Diagnosis
204.11	Chronic lymphoid leukemia in remission	ICD-10-CM	Diagnosis
204.12	Chronic lymphoid leukemia, in relapse	ICD-10-CM	Diagnosis
204.2	Subacute lymphoid leukemia	ICD-10-CM	Diagnosis
204.20	Subacute lymphoid leukemia, without mention of having achieved remission	ICD-10-CM	Diagnosis
204.21	Subacute lymphoid leukemia in remission	ICD-10-CM	Diagnosis
204.22	Subacute lymphoid leukemia, in relapse	ICD-10-CM	Diagnosis
204.8	Other lymphoid leukemia	ICD-10-CM	Diagnosis
204.80	Other lymphoid leukemia, without mention of having achieved remission	ICD-10-CM	Diagnosis
204.81	Other lymphoid leukemia in remission	ICD-10-CM	Diagnosis
204.82	Other lymphoid leukemia, in relapse	ICD-10-CM	Diagnosis
204.9	Unspecified lymphoid leukemia	ICD-10-CM	Diagnosis
204.90	Unspecified lymphoid leukemia, without mention of having achieved remission	ICD-10-CM	Diagnosis
204.91	Unspecified lymphoid leukemia in remission	ICD-10-CM	Diagnosis
204.92	Unspecified lymphoid leukemia, in relapse	ICD-10-CM	Diagnosis
205	Myeloid leukemia	ICD-10-CM	Diagnosis
205.0	Acute myeloid leukemia	ICD-10-CM	Diagnosis
205.00	Acute myeloid leukemia, without mention of having achieved remission	ICD-10-CM	Diagnosis
205.01	Acute myeloid leukemia in remission	ICD-10-CM	Diagnosis
205.02	Acute myeloid leukemia, in relapse	ICD-10-CM	Diagnosis
205.1	Chronic myeloid leukemia	ICD-10-CM	Diagnosis
205.10	Chronic myeloid leukemia, without mention of having achieved remission	ICD-10-CM	Diagnosis
205.11	Chronic myeloid leukemia in remission	ICD-10-CM	Diagnosis
205.12	Chronic myeloid leukemia, in relapse	ICD-10-CM	Diagnosis
205.2	Subacute myeloid leukemia	ICD-10-CM	Diagnosis
205.20	Subacute myeloid leukemia, without mention of having achieved remission	ICD-10-CM	Diagnosis
205.21	Subacute myeloid leukemia in remission	ICD-10-CM	Diagnosis
205.22	Subacute myeloid leukemia, in relapse	ICD-10-CM	Diagnosis
205.3	Myeloid sarcoma	ICD-10-CM	Diagnosis
205.30	Myeloid sarcoma, without mention of having achieved remission	ICD-10-CM	Diagnosis
205.31	Myeloid sarcoma in remission	ICD-10-CM	Diagnosis
205.32	Myeloid sarcoma, in relapse	ICD-10-CM	Diagnosis
205.8	Other myeloid leukemia	ICD-10-CM	Diagnosis
205.80	Other myeloid leukemia, without mention of having achieved remission	ICD-10-CM	Diagnosis
205.81	Other myeloid leukemia in remission	ICD-10-CM	Diagnosis
205.82	Other myeloid leukemia, in relapse	ICD-10-CM	Diagnosis
205.9	Unspecified myeloid leukemia	ICD-10-CM	Diagnosis
205.90	Unspecified myeloid leukemia, without mention of having achieved remission	ICD-10-CM	Diagnosis
205.91	Unspecified myeloid leukemia in remission	ICD-10-CM	Diagnosis
205.92	Unspecified myeloid leukemia, in relapse	ICD-10-CM	Diagnosis
206	Monocytic leukemia	ICD-10-CM	Diagnosis



**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

Code	Description	Code Type	Code Category
206.0	Acute monocytic leukemia	ICD-10-CM	Diagnosis
206.00	Acute monocytic leukemia, without mention of having achieved remission	ICD-10-CM	Diagnosis
206.01	Acute monocytic leukemia in remission	ICD-10-CM	Diagnosis
206.02	Acute monocytic leukemia, in relapse	ICD-10-CM	Diagnosis
206.1	Chronic monocytic leukemia	ICD-10-CM	Diagnosis
206.10	Chronic monocytic leukemia, without mention of having achieved remission	ICD-10-CM	Diagnosis
206.11	Chronic monocytic leukemia in remission	ICD-10-CM	Diagnosis
206.12	Chronic monocytic leukemia, in relapse	ICD-10-CM	Diagnosis
206.2	Subacute monocytic leukemia	ICD-10-CM	Diagnosis
206.20	Subacute monocytic leukemia, without mention of having achieved remission	ICD-10-CM	Diagnosis
206.21	Subacute monocytic leukemia in remission	ICD-10-CM	Diagnosis
206.22	Subacute monocytic leukemia, in relapse	ICD-10-CM	Diagnosis
206.8	Other monocytic leukemia	ICD-10-CM	Diagnosis
206.80	Other monocytic leukemia, without mention of having achieved remission	ICD-10-CM	Diagnosis
206.81	Other monocytic leukemia in remission	ICD-10-CM	Diagnosis
206.82	Other monocytic leukemia, in relapse	ICD-10-CM	Diagnosis
206.9	Unspecified monocytic leukemia	ICD-10-CM	Diagnosis
206.90	Unspecified monocytic leukemia, without mention of having achieved remission	ICD-10-CM	Diagnosis
206.91	Unspecified monocytic leukemia in remission	ICD-10-CM	Diagnosis
206.92	Unspecified monocytic leukemia, in relapse	ICD-10-CM	Diagnosis
207	Other specified leukemia	ICD-10-CM	Diagnosis
207.0	Acute erythremia and erythroleukemia	ICD-10-CM	Diagnosis
207.00	Acute erythremia and erythroleukemia, without mention of having achieved remission	ICD-10-CM	Diagnosis
207.01	Acute erythremia and erythroleukemia in remission	ICD-10-CM	Diagnosis
207.02	Acute erythremia and erythroleukemia, in relapse	ICD-10-CM	Diagnosis
207.1	Chronic erythremia	ICD-10-CM	Diagnosis
207.10	Chronic erythremia, without mention of having achieved remission	ICD-10-CM	Diagnosis
207.11	Chronic erythremia in remission	ICD-10-CM	Diagnosis
207.12	Chronic erythremia, in relapse	ICD-10-CM	Diagnosis
207.2	Megakaryocytic leukemia	ICD-10-CM	Diagnosis
207.20	Megakaryocytic leukemia, without mention of having achieved remission	ICD-10-CM	Diagnosis
207.21	Megakaryocytic leukemia in remission	ICD-10-CM	Diagnosis
207.22	Megakaryocytic leukemia, in relapse	ICD-10-CM	Diagnosis
207.8	Other specified leukemia	ICD-10-CM	Diagnosis
207.80	Other specified leukemia, without mention of having achieved remission	ICD-10-CM	Diagnosis
207.81	Other specified leukemia in remission	ICD-10-CM	Diagnosis
207.82	Other specified leukemia, in relapse	ICD-10-CM	Diagnosis
208	Leukemia of unspecified cell type	ICD-10-CM	Diagnosis
208.0	Acute leukemia of unspecified cell type	ICD-10-CM	Diagnosis
208.00	Acute leukemia of unspecified cell type, without mention of having achieved remission	ICD-10-CM	Diagnosis

**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

Code	Description	Code Type	Code Category
208.01	Acute leukemia of unspecified cell type in remission	ICD-10-CM	Diagnosis
208.02	Acute leukemia of unspecified cell type, in relapse	ICD-10-CM	Diagnosis
208.1	Chronic leukemia of unspecified cell type	ICD-10-CM	Diagnosis
208.10	Chronic leukemia of unspecified cell type, without mention of having achieved remission	ICD-10-CM	Diagnosis
208.11	Chronic leukemia of unspecified cell type in remission	ICD-10-CM	Diagnosis
208.12	Chronic leukemia of unspecified cell type, in relapse	ICD-10-CM	Diagnosis
208.2	Subacute leukemia of unspecified cell type	ICD-10-CM	Diagnosis
208.20	Subacute leukemia of unspecified cell type, without mention of having achieved remission	ICD-10-CM	Diagnosis
208.21	Subacute leukemia of unspecified cell type in remission	ICD-10-CM	Diagnosis
208.22	Subacute leukemia of unspecified cell type, in relapse	ICD-10-CM	Diagnosis
208.8	Other leukemia of unspecified cell type	ICD-10-CM	Diagnosis
208.80	Other leukemia of unspecified cell type, without mention of having achieved remission	ICD-10-CM	Diagnosis
208.81	Other leukemia of unspecified cell type in remission	ICD-10-CM	Diagnosis
208.82	Other leukemia of unspecified cell type, in relapse	ICD-10-CM	Diagnosis
208.9	Unspecified leukemia	ICD-10-CM	Diagnosis
208.90	Unspecified leukemia, without mention of having achieved remission	ICD-10-CM	Diagnosis
208.91	Unspecified leukemia in remission	ICD-10-CM	Diagnosis
208.92	Unspecified leukemia, in relapse	ICD-10-CM	Diagnosis
209	Neuroendocrine tumors	ICD-10-CM	Diagnosis
209.0	Malignant carcinoid tumors of the small intestine	ICD-10-CM	Diagnosis
209.00	Malignant carcinoid tumor of the small intestine, unspecified portion	ICD-10-CM	Diagnosis
209.01	Malignant carcinoid tumor of the duodenum	ICD-10-CM	Diagnosis
209.02	Malignant carcinoid tumor of the jejunum	ICD-10-CM	Diagnosis
209.03	Malignant carcinoid tumor of the ileum	ICD-10-CM	Diagnosis
209.1	Malignant carcinoid tumors of the appendix, large intestine, and rectum	ICD-10-CM	Diagnosis
209.10	Malignant carcinoid tumor of the large intestine, unspecified portion	ICD-10-CM	Diagnosis
209.11	Malignant carcinoid tumor of the appendix	ICD-10-CM	Diagnosis
209.12	Malignant carcinoid tumor of the cecum	ICD-10-CM	Diagnosis
209.13	Malignant carcinoid tumor of the ascending colon	ICD-10-CM	Diagnosis
209.14	Malignant carcinoid tumor of the transverse colon	ICD-10-CM	Diagnosis
209.15	Malignant carcinoid tumor of the descending colon	ICD-10-CM	Diagnosis
209.16	Malignant carcinoid tumor of the sigmoid colon	ICD-10-CM	Diagnosis
209.17	Malignant carcinoid tumor of the rectum	ICD-10-CM	Diagnosis
209.2	Malignant carcinoid tumors of other and unspecified sites	ICD-10-CM	Diagnosis
209.20	Malignant carcinoid tumor of unknown primary site	ICD-10-CM	Diagnosis
209.21	Malignant carcinoid tumor of the bronchus and lung	ICD-10-CM	Diagnosis
209.22	Malignant carcinoid tumor of the thymus	ICD-10-CM	Diagnosis
209.23	Malignant carcinoid tumor of the stomach	ICD-10-CM	Diagnosis
209.24	Malignant carcinoid tumor of the kidney	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
209.25	Malignant carcinoid tumor of foregut, not otherwise specified	ICD-10-CM	Diagnosis
209.26	Malignant carcinoid tumor of midgut, not otherwise specified	ICD-10-CM	Diagnosis
209.27	Malignant carcinoid tumor of hindgut, not otherwise specified	ICD-10-CM	Diagnosis
209.29	Malignant carcinoid tumor of other sites	ICD-10-CM	Diagnosis
209.3	Malignant poorly differentiated neuroendocrine tumors	ICD-10-CM	Diagnosis
209.30	Malignant poorly differentiated neuroendocrine carcinoma, any site	ICD-10-CM	Diagnosis
209.31	Merkel cell carcinoma of the face	ICD-10-CM	Diagnosis
209.32	Merkel cell carcinoma of the scalp and neck	ICD-10-CM	Diagnosis
209.33	Merkel cell carcinoma of the upper limb	ICD-10-CM	Diagnosis
209.34	Merkel cell carcinoma of the lower limb	ICD-10-CM	Diagnosis
209.35	Merkel cell carcinoma of the trunk	ICD-10-CM	Diagnosis
209.36	Merkel cell carcinoma of other sites	ICD-10-CM	Diagnosis
209.4	Benign carcinoid tumors of the small intestine	ICD-10-CM	Diagnosis
209.40	Benign carcinoid tumor of the small intestine, unspecified portion	ICD-10-CM	Diagnosis
209.41	Benign carcinoid tumor of the duodenum	ICD-10-CM	Diagnosis
209.42	Benign carcinoid tumor of the jejunum	ICD-10-CM	Diagnosis
209.43	Benign carcinoid tumor of the ileum	ICD-10-CM	Diagnosis
209.5	Benign carcinoid tumors of the appendix, large intestine, and rectum	ICD-10-CM	Diagnosis
209.50	Benign carcinoid tumor of the large intestine, unspecified portion	ICD-10-CM	Diagnosis
209.51	Benign carcinoid tumor of the appendix	ICD-10-CM	Diagnosis
209.52	Benign carcinoid tumor of the cecum	ICD-10-CM	Diagnosis
209.53	Benign carcinoid tumor of the ascending colon	ICD-10-CM	Diagnosis
209.54	Benign carcinoid tumor of the transverse colon	ICD-10-CM	Diagnosis
209.55	Benign carcinoid tumor of the descending colon	ICD-10-CM	Diagnosis
209.56	Benign carcinoid tumor of the sigmoid colon	ICD-10-CM	Diagnosis
209.57	Benign carcinoid tumor of the rectum	ICD-10-CM	Diagnosis
209.6	Benign carcinoid tumors of other and unspecified sites	ICD-10-CM	Diagnosis
209.60	Benign carcinoid tumor of unknown primary site	ICD-10-CM	Diagnosis
209.61	Benign carcinoid tumor of the bronchus and lung	ICD-10-CM	Diagnosis
209.62	Benign carcinoid tumor of the thymus	ICD-10-CM	Diagnosis
209.63	Benign carcinoid tumor of the stomach	ICD-10-CM	Diagnosis
209.64	Benign carcinoid tumor of the kidney	ICD-10-CM	Diagnosis
209.65	Benign carcinoid tumor of foregut, not otherwise specified	ICD-10-CM	Diagnosis
209.66	Benign carcinoid tumor of midgut, not otherwise specified	ICD-10-CM	Diagnosis
209.67	Benign carcinoid tumor of hindgut, not otherwise specified	ICD-10-CM	Diagnosis
209.69	Benign carcinoid tumor of other sites	ICD-10-CM	Diagnosis
209.7	Secondary neuroendocrine tumors	ICD-10-CM	Diagnosis
209.70	Secondary neuroendocrine tumor, unspecified site	ICD-10-CM	Diagnosis
209.71	Secondary neuroendocrine tumor of distant lymph nodes	ICD-10-CM	Diagnosis
209.72	Secondary neuroendocrine tumor of liver	ICD-10-CM	Diagnosis
209.73	Secondary neuroendocrine tumor of bone	ICD-10-CM	Diagnosis
209.74	Secondary neuroendocrine tumor of peritoneum	ICD-10-CM	Diagnosis

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
209.75	Secondary Merkel cell carcinoma	ICD-10-CM	Diagnosis
209.79	Secondary neuroendocrine tumor of other sites	ICD-10-CM	Diagnosis
230	Carcinoma in situ of digestive organs	ICD-10-CM	Diagnosis
230.0	Carcinoma in situ of lip, oral cavity, and pharynx	ICD-10-CM	Diagnosis
230.1	Carcinoma in situ of esophagus	ICD-10-CM	Diagnosis
230.2	Carcinoma in situ of stomach	ICD-10-CM	Diagnosis
230.3	Carcinoma in situ of colon	ICD-10-CM	Diagnosis
230.4	Carcinoma in situ of rectum	ICD-10-CM	Diagnosis
230.5	Carcinoma in situ of anal canal	ICD-10-CM	Diagnosis
230.6	Carcinoma in situ of anus, unspecified	ICD-10-CM	Diagnosis
230.7	Carcinoma in situ of other and unspecified parts of intestine	ICD-10-CM	Diagnosis
230.8	Carcinoma in situ of liver and biliary system	ICD-10-CM	Diagnosis
230.9	Carcinoma in situ of other and unspecified digestive organs	ICD-10-CM	Diagnosis
231	Carcinoma in situ of respiratory system	ICD-10-CM	Diagnosis
231.0	Carcinoma in situ of larynx	ICD-10-CM	Diagnosis
231.1	Carcinoma in situ of trachea	ICD-10-CM	Diagnosis
231.2	Carcinoma in situ of bronchus and lung	ICD-10-CM	Diagnosis
231.8	Carcinoma in situ of other specified parts of respiratory system	ICD-10-CM	Diagnosis
231.9	Carcinoma in situ of respiratory system, part unspecified	ICD-10-CM	Diagnosis
232	Carcinoma in situ of skin	ICD-10-CM	Diagnosis
232.0	Carcinoma in situ of skin of lip	ICD-10-CM	Diagnosis
232.1	Carcinoma in situ of eyelid, including canthus	ICD-10-CM	Diagnosis
232.2	Carcinoma in situ of skin of ear and external auditory canal	ICD-10-CM	Diagnosis
232.3	Carcinoma in situ of skin of other and unspecified parts of face	ICD-10-CM	Diagnosis
232.4	Carcinoma in situ of scalp and skin of neck	ICD-10-CM	Diagnosis
232.5	Carcinoma in situ of skin of trunk, except scrotum	ICD-10-CM	Diagnosis
232.6	Carcinoma in situ of skin of upper limb, including shoulder	ICD-10-CM	Diagnosis
232.7	Carcinoma in situ of skin of lower limb, including hip	ICD-10-CM	Diagnosis
232.8	Carcinoma in situ of other specified sites of skin	ICD-10-CM	Diagnosis
232.9	Carcinoma in situ of skin, site unspecified	ICD-10-CM	Diagnosis
233	Carcinoma in situ of breast and genitourinary system	ICD-10-CM	Diagnosis
233.0	Carcinoma in situ of breast	ICD-10-CM	Diagnosis
233.1	Carcinoma in situ of cervix uteri	ICD-10-CM	Diagnosis
233.2	Carcinoma in situ of other and unspecified parts of uterus	ICD-10-CM	Diagnosis
233.3	Carcinoma in situ, other and unspecified female genital organs	ICD-10-CM	Diagnosis
233.30	Carcinoma in situ, unspecified female genital organ	ICD-10-CM	Diagnosis
233.31	Carcinoma in situ, vagina	ICD-10-CM	Diagnosis
233.32	Carcinoma in situ, vulva	ICD-10-CM	Diagnosis
233.39	Carcinoma in situ, other female genital organ	ICD-10-CM	Diagnosis
233.4	Carcinoma in situ of prostate	ICD-10-CM	Diagnosis
233.5	Carcinoma in situ of penis	ICD-10-CM	Diagnosis
233.6	Carcinoma in situ of other and unspecified male genital organs	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
233.7	Carcinoma in situ of bladder	ICD-10-CM	Diagnosis
233.9	Carcinoma in situ of other and unspecified urinary organs	ICD-10-CM	Diagnosis
234	Carcinoma in situ of other and unspecified sites	ICD-10-CM	Diagnosis
234.0	Carcinoma in situ of eye	ICD-10-CM	Diagnosis
234.8	Carcinoma in situ of other specified sites	ICD-10-CM	Diagnosis
234.9	Carcinoma in situ, site unspecified	ICD-10-CM	Diagnosis
235	Neoplasm of uncertain behavior of digestive and respiratory systems	ICD-10-CM	Diagnosis
235.0	Neoplasm of uncertain behavior of major salivary glands	ICD-10-CM	Diagnosis
235.1	Neoplasm of uncertain behavior of lip, oral cavity, and pharynx	ICD-10-CM	Diagnosis
235.2	Neoplasm of uncertain behavior of stomach, intestines, and rectum	ICD-10-CM	Diagnosis
235.3	Neoplasm of uncertain behavior of liver and biliary passages	ICD-10-CM	Diagnosis
235.4	Neoplasm of uncertain behavior of retroperitoneum and peritoneum	ICD-10-CM	Diagnosis
235.5	Neoplasm of uncertain behavior of other and unspecified digestive organs	ICD-10-CM	Diagnosis
235.6	Neoplasm of uncertain behavior of larynx	ICD-10-CM	Diagnosis
235.7	Neoplasm of uncertain behavior of trachea, bronchus, and lung	ICD-10-CM	Diagnosis
235.8	Neoplasm of uncertain behavior of pleura, thymus, and mediastinum	ICD-10-CM	Diagnosis
235.9	Neoplasm of uncertain behavior of other and unspecified respiratory organs	ICD-10-CM	Diagnosis
236	Neoplasm of uncertain behavior of genitourinary organs	ICD-10-CM	Diagnosis
236.0	Neoplasm of uncertain behavior of uterus	ICD-10-CM	Diagnosis
236.1	Neoplasm of uncertain behavior of placenta	ICD-10-CM	Diagnosis
236.2	Neoplasm of uncertain behavior of ovary	ICD-10-CM	Diagnosis
236.3	Neoplasm of uncertain behavior of other and unspecified female genital organs	ICD-10-CM	Diagnosis
236.4	Neoplasm of uncertain behavior of testis	ICD-10-CM	Diagnosis
236.5	Neoplasm of uncertain behavior of prostate	ICD-10-CM	Diagnosis
236.6	Neoplasm of uncertain behavior of other and unspecified male genital organs	ICD-10-CM	Diagnosis
236.7	Neoplasm of uncertain behavior of bladder	ICD-10-CM	Diagnosis
236.9	Neoplasm of uncertain behavior of other and unspecified urinary organs	ICD-10-CM	Diagnosis
236.90	Neoplasm of uncertain behavior of urinary organ, unspecified	ICD-10-CM	Diagnosis
236.91	Neoplasm of uncertain behavior of kidney and ureter	ICD-10-CM	Diagnosis
236.99	Neoplasm of uncertain behavior of other and unspecified urinary organs	ICD-10-CM	Diagnosis
237	Neoplasm of uncertain behavior of endocrine glands and nervous system	ICD-10-CM	Diagnosis
237.0	Neoplasm of uncertain behavior of pituitary gland and craniopharyngeal duct	ICD-10-CM	Diagnosis
237.1	Neoplasm of uncertain behavior of pineal gland	ICD-10-CM	Diagnosis
237.2	Neoplasm of uncertain behavior of adrenal gland	ICD-10-CM	Diagnosis
237.3	Neoplasm of uncertain behavior of paraganglia	ICD-10-CM	Diagnosis
237.4	Neoplasm of uncertain behavior of other and unspecified endocrine glands	ICD-10-CM	Diagnosis
237.5	Neoplasm of uncertain behavior of brain and spinal cord	ICD-10-CM	Diagnosis
237.6	Neoplasm of uncertain behavior of meninges	ICD-10-CM	Diagnosis
237.7	Neurofibromatosis	ICD-10-CM	Diagnosis
237.70	Neurofibromatosis, unspecified	ICD-10-CM	Diagnosis
237.71	Neurofibromatosis, Type 1 (von Recklinghausen's disease)	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
237.72	Neurofibromatosis, Type 2 (acoustic neurofibromatosis)	ICD-10-CM	Diagnosis
237.73	Schwannomatosis	ICD-10-CM	Diagnosis
237.79	Other neurofibromatosis	ICD-10-CM	Diagnosis
237.9	Neoplasm of uncertain behavior of other and unspecified parts of nervous system	ICD-10-CM	Diagnosis
238	Neoplasm of uncertain behavior of other and unspecified sites and tissues	ICD-10-CM	Diagnosis
238.0	Neoplasm of uncertain behavior of bone and articular cartilage	ICD-10-CM	Diagnosis
238.1	Neoplasm of uncertain behavior of connective and other soft tissue	ICD-10-CM	Diagnosis
238.2	Neoplasm of uncertain behavior of skin	ICD-10-CM	Diagnosis
238.3	Neoplasm of uncertain behavior of breast	ICD-10-CM	Diagnosis
238.4	Neoplasm of uncertain behavior of polycythemia vera	ICD-10-CM	Diagnosis
238.5	Neoplasm of uncertain behavior of histiocytic and mast cells	ICD-10-CM	Diagnosis
238.6	Neoplasm of uncertain behavior of plasma cells	ICD-10-CM	Diagnosis
238.7	Other lymphatic and hematopoietic tissues	ICD-10-CM	Diagnosis
238.71	Essential thrombocythemia	ICD-10-CM	Diagnosis
238.72	Low grade myelodysplastic syndrome lesions	ICD-10-CM	Diagnosis
238.73	High grade myelodysplastic syndrome lesions	ICD-10-CM	Diagnosis
238.74	Myelodysplastic syndrome with 5q deletion	ICD-10-CM	Diagnosis
238.75	Myelodysplastic syndrome, unspecified	ICD-10-CM	Diagnosis
238.76	Myelofibrosis with myeloid metaplasia	ICD-10-CM	Diagnosis
238.77	Post-transplant lymphoproliferative disorder [PTLD]	ICD-10-CM	Diagnosis
238.79	Other lymphatic and hematopoietic tissues	ICD-10-CM	Diagnosis
238.8	Neoplasm of uncertain behavior of other specified sites	ICD-10-CM	Diagnosis
238.9	Neoplasm of uncertain behavior, site unspecified	ICD-10-CM	Diagnosis
239	Neoplasms of unspecified nature	ICD-10-CM	Diagnosis
239.0	Neoplasm of unspecified nature of digestive system	ICD-10-CM	Diagnosis
239.1	Neoplasm of unspecified nature of respiratory system	ICD-10-CM	Diagnosis
239.2	Neoplasms of unspecified nature of bone, soft tissue, and skin	ICD-10-CM	Diagnosis
239.3	Neoplasm of unspecified nature of breast	ICD-10-CM	Diagnosis
239.4	Neoplasm of unspecified nature of bladder	ICD-10-CM	Diagnosis
239.5	Neoplasm of unspecified nature of other genitourinary organs	ICD-10-CM	Diagnosis
239.6	Neoplasm of unspecified nature of brain	ICD-10-CM	Diagnosis
239.7	Neoplasm of unspecified nature of endocrine glands and other parts of nervous system	ICD-10-CM	Diagnosis
239.8	Neoplasm of unspecified nature of other specified sites	ICD-10-CM	Diagnosis
239.81	Neoplasms of unspecified nature, retina and choroid	ICD-10-CM	Diagnosis
239.89	Neoplasms of unspecified nature, other specified sites	ICD-10-CM	Diagnosis
239.9	Neoplasm of unspecified nature, site unspecified	ICD-10-CM	Diagnosis
C00.0	Malignant neoplasm of external upper lip	ICD-10-CM	Diagnosis
C00.1	Malignant neoplasm of external lower lip	ICD-10-CM	Diagnosis
C00.2	Malignant neoplasm of external lip, unspecified	ICD-10-CM	Diagnosis
C00.3	Malignant neoplasm of upper lip, inner aspect	ICD-10-CM	Diagnosis
C00.4	Malignant neoplasm of lower lip, inner aspect	ICD-10-CM	Diagnosis



**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

Code	Description	Code Type	Code Category
C00.5	Malignant neoplasm of lip, unspecified, inner aspect	ICD-10-CM	Diagnosis
C00.6	Malignant neoplasm of commissure of lip, unspecified	ICD-10-CM	Diagnosis
C00.8	Malignant neoplasm of overlapping sites of lip	ICD-10-CM	Diagnosis
C00.9	Malignant neoplasm of lip, unspecified	ICD-10-CM	Diagnosis
C01	Malignant neoplasm of base of tongue	ICD-10-CM	Diagnosis
C02.0	Malignant neoplasm of dorsal surface of tongue	ICD-10-CM	Diagnosis
C02.1	Malignant neoplasm of border of tongue	ICD-10-CM	Diagnosis
C02.2	Malignant neoplasm of ventral surface of tongue	ICD-10-CM	Diagnosis
C02.3	Malignant neoplasm of anterior two-thirds of tongue, part unspecified	ICD-10-CM	Diagnosis
C02.4	Malignant neoplasm of lingual tonsil	ICD-10-CM	Diagnosis
C02.8	Malignant neoplasm of overlapping sites of tongue	ICD-10-CM	Diagnosis
C02.9	Malignant neoplasm of tongue, unspecified	ICD-10-CM	Diagnosis
C03.0	Malignant neoplasm of upper gum	ICD-10-CM	Diagnosis
C03.1	Malignant neoplasm of lower gum	ICD-10-CM	Diagnosis
C03.9	Malignant neoplasm of gum, unspecified	ICD-10-CM	Diagnosis
C04.0	Malignant neoplasm of anterior floor of mouth	ICD-10-CM	Diagnosis
C04.1	Malignant neoplasm of lateral floor of mouth	ICD-10-CM	Diagnosis
C04.8	Malignant neoplasm of overlapping sites of floor of mouth	ICD-10-CM	Diagnosis
C04.9	Malignant neoplasm of floor of mouth, unspecified	ICD-10-CM	Diagnosis
C05.0	Malignant neoplasm of hard palate	ICD-10-CM	Diagnosis
C05.1	Malignant neoplasm of soft palate	ICD-10-CM	Diagnosis
C05.2	Malignant neoplasm of uvula	ICD-10-CM	Diagnosis
C05.8	Malignant neoplasm of overlapping sites of palate	ICD-10-CM	Diagnosis
C05.9	Malignant neoplasm of palate, unspecified	ICD-10-CM	Diagnosis
C06.0	Malignant neoplasm of cheek mucosa	ICD-10-CM	Diagnosis
C06.1	Malignant neoplasm of vestibule of mouth	ICD-10-CM	Diagnosis
C06.2	Malignant neoplasm of retromolar area	ICD-10-CM	Diagnosis
C06.80	Malignant neoplasm of overlapping sites of unspecified parts of mouth	ICD-10-CM	Diagnosis
C06.89	Malignant neoplasm of overlapping sites of other parts of mouth	ICD-10-CM	Diagnosis
C06.9	Malignant neoplasm of mouth, unspecified	ICD-10-CM	Diagnosis
C07	Malignant neoplasm of parotid gland	ICD-10-CM	Diagnosis
C08.0	Malignant neoplasm of submandibular gland	ICD-10-CM	Diagnosis
C08.1	Malignant neoplasm of sublingual gland	ICD-10-CM	Diagnosis
C08.9	Malignant neoplasm of major salivary gland, unspecified	ICD-10-CM	Diagnosis
C09.0	Malignant neoplasm of tonsillar fossa	ICD-10-CM	Diagnosis
C09.1	Malignant neoplasm of tonsillar pillar (anterior) (posterior)	ICD-10-CM	Diagnosis
C09.8	Malignant neoplasm of overlapping sites of tonsil	ICD-10-CM	Diagnosis
C09.9	Malignant neoplasm of tonsil, unspecified	ICD-10-CM	Diagnosis
C10.0	Malignant neoplasm of vallecula	ICD-10-CM	Diagnosis
C10.1	Malignant neoplasm of anterior surface of epiglottis	ICD-10-CM	Diagnosis
C10.2	Malignant neoplasm of lateral wall of oropharynx	ICD-10-CM	Diagnosis
C10.3	Malignant neoplasm of posterior wall of oropharynx	ICD-10-CM	Diagnosis



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

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

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Code	Description	Code Type	Code Category
C31.8	Malignant neoplasm of overlapping sites of accessory sinuses	ICD-10-CM	Diagnosis
C31.9	Malignant neoplasm of accessory sinus, unspecified	ICD-10-CM	Diagnosis
C32.0	Malignant neoplasm of glottis	ICD-10-CM	Diagnosis
C32.1	Malignant neoplasm of supraglottis	ICD-10-CM	Diagnosis
C32.2	Malignant neoplasm of subglottis	ICD-10-CM	Diagnosis
C32.3	Malignant neoplasm of laryngeal cartilage	ICD-10-CM	Diagnosis
C32.8	Malignant neoplasm of overlapping sites of larynx	ICD-10-CM	Diagnosis
C32.9	Malignant neoplasm of larynx, unspecified	ICD-10-CM	Diagnosis
C33	Malignant neoplasm of trachea	ICD-10-CM	Diagnosis
C34.00	Malignant neoplasm of unspecified main bronchus	ICD-10-CM	Diagnosis
C34.01	Malignant neoplasm of right main bronchus	ICD-10-CM	Diagnosis
C34.02	Malignant neoplasm of left main bronchus	ICD-10-CM	Diagnosis
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung	ICD-10-CM	Diagnosis
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung	ICD-10-CM	Diagnosis
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung	ICD-10-CM	Diagnosis
C34.2	Malignant neoplasm of middle lobe, bronchus or lung	ICD-10-CM	Diagnosis
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung	ICD-10-CM	Diagnosis
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung	ICD-10-CM	Diagnosis
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung	ICD-10-CM	Diagnosis
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung	ICD-10-CM	Diagnosis
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung	ICD-10-CM	Diagnosis
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung	ICD-10-CM	Diagnosis
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung	ICD-10-CM	Diagnosis
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung	ICD-10-CM	Diagnosis
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung	ICD-10-CM	Diagnosis
C37	Malignant neoplasm of thymus	ICD-10-CM	Diagnosis
C38.0	Malignant neoplasm of heart	ICD-10-CM	Diagnosis
C38.1	Malignant neoplasm of anterior mediastinum	ICD-10-CM	Diagnosis
C38.2	Malignant neoplasm of posterior mediastinum	ICD-10-CM	Diagnosis
C38.3	Malignant neoplasm of mediastinum, part unspecified	ICD-10-CM	Diagnosis
C38.4	Malignant neoplasm of pleura	ICD-10-CM	Diagnosis
C38.8	Malignant neoplasm of overlapping sites of heart, mediastinum and pleura	ICD-10-CM	Diagnosis
C39.0	Malignant neoplasm of upper respiratory tract, part unspecified	ICD-10-CM	Diagnosis
C39.9	Malignant neoplasm of lower respiratory tract, part unspecified	ICD-10-CM	Diagnosis
C40.00	Malignant neoplasm of scapula and long bones of unspecified upper limb	ICD-10-CM	Diagnosis
C40.01	Malignant neoplasm of scapula and long bones of right upper limb	ICD-10-CM	Diagnosis
C40.02	Malignant neoplasm of scapula and long bones of left upper limb	ICD-10-CM	Diagnosis
C40.10	Malignant neoplasm of short bones of unspecified upper limb	ICD-10-CM	Diagnosis
C40.11	Malignant neoplasm of short bones of right upper limb	ICD-10-CM	Diagnosis
C40.12	Malignant neoplasm of short bones of left upper limb	ICD-10-CM	Diagnosis
C40.20	Malignant neoplasm of long bones of unspecified lower limb	ICD-10-CM	Diagnosis
C40.21	Malignant neoplasm of long bones of right lower limb	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
C40.22	Malignant neoplasm of long bones of left lower limb	ICD-10-CM	Diagnosis
C40.30	Malignant neoplasm of short bones of unspecified lower limb	ICD-10-CM	Diagnosis
C40.31	Malignant neoplasm of short bones of right lower limb	ICD-10-CM	Diagnosis
C40.32	Malignant neoplasm of short bones of left lower limb	ICD-10-CM	Diagnosis
C40.80	Malignant neoplasm of overlapping sites of bone and articular cartilage of unspecified limb	ICD-10-CM	Diagnosis
C40.81	Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb	ICD-10-CM	Diagnosis
C40.82	Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb	ICD-10-CM	Diagnosis
C40.90	Malignant neoplasm of unspecified bones and articular cartilage of unspecified limb	ICD-10-CM	Diagnosis
C40.91	Malignant neoplasm of unspecified bones and articular cartilage of right limb	ICD-10-CM	Diagnosis
C40.92	Malignant neoplasm of unspecified bones and articular cartilage of left limb	ICD-10-CM	Diagnosis
C41.0	Malignant neoplasm of bones of skull and face	ICD-10-CM	Diagnosis
C41.1	Malignant neoplasm of mandible	ICD-10-CM	Diagnosis
C41.2	Malignant neoplasm of vertebral column	ICD-10-CM	Diagnosis
C41.3	Malignant neoplasm of ribs, sternum and clavicle	ICD-10-CM	Diagnosis
C41.4	Malignant neoplasm of pelvic bones, sacrum and coccyx	ICD-10-CM	Diagnosis
C41.9	Malignant neoplasm of bone and articular cartilage, unspecified	ICD-10-CM	Diagnosis
C43.0	Malignant melanoma of lip	ICD-10-CM	Diagnosis
C43.10	Malignant melanoma of unspecified eyelid, including canthus	ICD-10-CM	Diagnosis
C43.11	Malignant melanoma of right eyelid, including canthus	ICD-10-CM	Diagnosis
C43.12	Malignant melanoma of left eyelid, including canthus	ICD-10-CM	Diagnosis
C43.20	Malignant melanoma of unspecified ear and external auricular canal	ICD-10-CM	Diagnosis
C43.21	Malignant melanoma of right ear and external auricular canal	ICD-10-CM	Diagnosis
C43.22	Malignant melanoma of left ear and external auricular canal	ICD-10-CM	Diagnosis
C43.30	Malignant melanoma of unspecified part of face	ICD-10-CM	Diagnosis
C43.31	Malignant melanoma of nose	ICD-10-CM	Diagnosis
C43.39	Malignant melanoma of other parts of face	ICD-10-CM	Diagnosis
C43.4	Malignant melanoma of scalp and neck	ICD-10-CM	Diagnosis
C43.51	Malignant melanoma of anal skin	ICD-10-CM	Diagnosis
C43.52	Malignant melanoma of skin of breast	ICD-10-CM	Diagnosis
C43.59	Malignant melanoma of other part of trunk	ICD-10-CM	Diagnosis
C43.60	Malignant melanoma of unspecified upper limb, including shoulder	ICD-10-CM	Diagnosis
C43.61	Malignant melanoma of right upper limb, including shoulder	ICD-10-CM	Diagnosis
C43.62	Malignant melanoma of left upper limb, including shoulder	ICD-10-CM	Diagnosis
C43.70	Malignant melanoma of unspecified lower limb, including hip	ICD-10-CM	Diagnosis
C43.71	Malignant melanoma of right lower limb, including hip	ICD-10-CM	Diagnosis
C43.72	Malignant melanoma of left lower limb, including hip	ICD-10-CM	Diagnosis
C43.8	Malignant melanoma of overlapping sites of skin	ICD-10-CM	Diagnosis
C43.9	Malignant melanoma of skin, unspecified	ICD-10-CM	Diagnosis
C44.00	Unspecified malignant neoplasm of skin of lip	ICD-10-CM	Diagnosis
C44.01	Basal cell carcinoma of skin of lip	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
C44.02	Squamous cell carcinoma of skin of lip	ICD-10-CM	Diagnosis
C44.09	Other specified malignant neoplasm of skin of lip	ICD-10-CM	Diagnosis
C44.101	Unspecified malignant neoplasm of skin of unspecified eyelid, including canthus	ICD-10-CM	Diagnosis
C44.102	Unspecified malignant neoplasm of skin of right eyelid, including canthus	ICD-10-CM	Diagnosis
C44.109	Unspecified malignant neoplasm of skin of left eyelid, including canthus	ICD-10-CM	Diagnosis
C44.191	Other specified malignant neoplasm of skin of unspecified eyelid, including canthus	ICD-10-CM	Diagnosis
C44.192	Other specified malignant neoplasm of skin of right eyelid, including canthus	ICD-10-CM	Diagnosis
C44.199	Other specified malignant neoplasm of skin of left eyelid, including canthus	ICD-10-CM	Diagnosis
C44.201	Unspecified malignant neoplasm of skin of unspecified ear and external auricular canal	ICD-10-CM	Diagnosis
C44.202	Unspecified malignant neoplasm of skin of right ear and external auricular canal	ICD-10-CM	Diagnosis
C44.209	Unspecified malignant neoplasm of skin of left ear and external auricular canal	ICD-10-CM	Diagnosis
C44.291	Other specified malignant neoplasm of skin of unspecified ear and external auricular canal	ICD-10-CM	Diagnosis
C44.292	Other specified malignant neoplasm of skin of right ear and external auricular canal	ICD-10-CM	Diagnosis
C44.299	Other specified malignant neoplasm of skin of left ear and external auricular canal	ICD-10-CM	Diagnosis
C44.300	Unspecified malignant neoplasm of skin of unspecified part of face	ICD-10-CM	Diagnosis
C44.301	Unspecified malignant neoplasm of skin of nose	ICD-10-CM	Diagnosis
C44.309	Unspecified malignant neoplasm of skin of other parts of face	ICD-10-CM	Diagnosis
C44.390	Other specified malignant neoplasm of skin of unspecified parts of face	ICD-10-CM	Diagnosis
C44.391	Other specified malignant neoplasm of skin of nose	ICD-10-CM	Diagnosis
C44.399	Other specified malignant neoplasm of skin of other parts of face	ICD-10-CM	Diagnosis
C44.40	Unspecified malignant neoplasm of skin of scalp and neck	ICD-10-CM	Diagnosis
C44.49	Other specified malignant neoplasm of skin of scalp and neck	ICD-10-CM	Diagnosis
C44.500	Unspecified malignant neoplasm of anal skin	ICD-10-CM	Diagnosis
C44.501	Unspecified malignant neoplasm of skin of breast	ICD-10-CM	Diagnosis
C44.509	Unspecified malignant neoplasm of skin of other part of trunk	ICD-10-CM	Diagnosis
C44.590	Other specified malignant neoplasm of anal skin	ICD-10-CM	Diagnosis
C44.591	Other specified malignant neoplasm of skin of breast	ICD-10-CM	Diagnosis
C44.599	Other specified malignant neoplasm of skin of other part of trunk	ICD-10-CM	Diagnosis
C44.601	Unspecified malignant neoplasm of skin of unspecified upper limb, including shoulder	ICD-10-CM	Diagnosis
C44.602	Unspecified malignant neoplasm of skin of right upper limb, including shoulder	ICD-10-CM	Diagnosis
C44.609	Unspecified malignant neoplasm of skin of left upper limb, including shoulder	ICD-10-CM	Diagnosis
C44.691	Other specified malignant neoplasm of skin of unspecified upper limb, including shoulder	ICD-10-CM	Diagnosis
C44.692	Other specified malignant neoplasm of skin of right upper limb, including shoulder	ICD-10-CM	Diagnosis
C44.699	Other specified malignant neoplasm of skin of left upper limb, including shoulder	ICD-10-CM	Diagnosis
C44.701	Unspecified malignant neoplasm of skin of unspecified lower limb, including hip	ICD-10-CM	Diagnosis
C44.702	Unspecified malignant neoplasm of skin of right lower limb, including hip	ICD-10-CM	Diagnosis
C44.709	Unspecified malignant neoplasm of skin of left lower limb, including hip	ICD-10-CM	Diagnosis
C44.791	Other specified malignant neoplasm of skin of unspecified lower limb, including hip	ICD-10-CM	Diagnosis

**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

Code	Description	Code Type	Code Category
C44.792	Other specified malignant neoplasm of skin of right lower limb, including hip	ICD-10-CM	Diagnosis
C44.799	Other specified malignant neoplasm of skin of left lower limb, including hip	ICD-10-CM	Diagnosis
C44.80	Unspecified malignant neoplasm of overlapping sites of skin	ICD-10-CM	Diagnosis
C44.89	Other specified malignant neoplasm of overlapping sites of skin	ICD-10-CM	Diagnosis
C44.90	Unspecified malignant neoplasm of skin, unspecified	ICD-10-CM	Diagnosis
C44.99	Other specified malignant neoplasm of skin, unspecified	ICD-10-CM	Diagnosis
C45.0	Mesothelioma of pleura	ICD-10-CM	Diagnosis
C45.1	Mesothelioma of peritoneum	ICD-10-CM	Diagnosis
C45.2	Mesothelioma of pericardium	ICD-10-CM	Diagnosis
C45.7	Mesothelioma of other sites	ICD-10-CM	Diagnosis
C45.9	Mesothelioma, unspecified	ICD-10-CM	Diagnosis
C46.0	Kaposi's sarcoma of skin	ICD-10-CM	Diagnosis
C46.1	Kaposi's sarcoma of soft tissue	ICD-10-CM	Diagnosis
C46.2	Kaposi's sarcoma of palate	ICD-10-CM	Diagnosis
C46.3	Kaposi's sarcoma of lymph nodes	ICD-10-CM	Diagnosis
C46.4	Kaposi's sarcoma of gastrointestinal sites	ICD-10-CM	Diagnosis
C46.50	Kaposi's sarcoma of unspecified lung	ICD-10-CM	Diagnosis
C46.51	Kaposi's sarcoma of right lung	ICD-10-CM	Diagnosis
C46.52	Kaposi's sarcoma of left lung	ICD-10-CM	Diagnosis
C46.7	Kaposi's sarcoma of other sites	ICD-10-CM	Diagnosis
C46.9	Kaposi's sarcoma, unspecified	ICD-10-CM	Diagnosis
C47.0	Malignant neoplasm of peripheral nerves of head, face and neck	ICD-10-CM	Diagnosis
C47.10	Malignant neoplasm of peripheral nerves of unspecified upper limb, including shoulder	ICD-10-CM	Diagnosis
C47.11	Malignant neoplasm of peripheral nerves of right upper limb, including shoulder	ICD-10-CM	Diagnosis
C47.12	Malignant neoplasm of peripheral nerves of left upper limb, including shoulder	ICD-10-CM	Diagnosis
C47.20	Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip	ICD-10-CM	Diagnosis
C47.21	Malignant neoplasm of peripheral nerves of right lower limb, including hip	ICD-10-CM	Diagnosis
C47.22	Malignant neoplasm of peripheral nerves of left lower limb, including hip	ICD-10-CM	Diagnosis
C47.3	Malignant neoplasm of peripheral nerves of thorax	ICD-10-CM	Diagnosis
C47.4	Malignant neoplasm of peripheral nerves of abdomen	ICD-10-CM	Diagnosis
C47.5	Malignant neoplasm of peripheral nerves of pelvis	ICD-10-CM	Diagnosis
C47.6	Malignant neoplasm of peripheral nerves of trunk, unspecified	ICD-10-CM	Diagnosis
C47.8	Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system	ICD-10-CM	Diagnosis
C47.9	Malignant neoplasm of peripheral nerves and autonomic nervous system, unspecified	ICD-10-CM	Diagnosis
C48.0	Malignant neoplasm of retroperitoneum	ICD-10-CM	Diagnosis
C48.1	Malignant neoplasm of specified parts of peritoneum	ICD-10-CM	Diagnosis
C48.2	Malignant neoplasm of peritoneum, unspecified	ICD-10-CM	Diagnosis
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum	ICD-10-CM	Diagnosis



**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

Code	Description	Code Type	Code Category
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck	ICD-10-CM	Diagnosis
C49.10	Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder	ICD-10-CM	Diagnosis
C49.11	Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder	ICD-10-CM	Diagnosis
C49.12	Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder	ICD-10-CM	Diagnosis
C49.20	Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip	ICD-10-CM	Diagnosis
C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip	ICD-10-CM	Diagnosis
C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip	ICD-10-CM	Diagnosis
C49.3	Malignant neoplasm of connective and soft tissue of thorax	ICD-10-CM	Diagnosis
C49.4	Malignant neoplasm of connective and soft tissue of abdomen	ICD-10-CM	Diagnosis
C49.5	Malignant neoplasm of connective and soft tissue of pelvis	ICD-10-CM	Diagnosis
C49.6	Malignant neoplasm of connective and soft tissue of trunk, unspecified	ICD-10-CM	Diagnosis
C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue	ICD-10-CM	Diagnosis
C49.9	Malignant neoplasm of connective and soft tissue, unspecified	ICD-10-CM	Diagnosis
C49.A0	Gastrointestinal stromal tumor, unspecified site	ICD-10-CM	Diagnosis
C49.A1	Gastrointestinal stromal tumor of esophagus	ICD-10-CM	Diagnosis
C49.A2	Gastrointestinal stromal tumor of stomach	ICD-10-CM	Diagnosis
C49.A3	Gastrointestinal stromal tumor of small intestine	ICD-10-CM	Diagnosis
C49.A4	Gastrointestinal stromal tumor of large intestine	ICD-10-CM	Diagnosis
C49.A5	Gastrointestinal stromal tumor of rectum	ICD-10-CM	Diagnosis
C49.A9	Gastrointestinal stromal tumor of other sites	ICD-10-CM	Diagnosis
C4A.0	Merkel cell carcinoma of lip	ICD-10-CM	Diagnosis
C4A.10	Merkel cell carcinoma of unspecified eyelid, including canthus	ICD-10-CM	Diagnosis
C4A.11	Merkel cell carcinoma of right eyelid, including canthus	ICD-10-CM	Diagnosis
C4A.12	Merkel cell carcinoma of left eyelid, including canthus	ICD-10-CM	Diagnosis
C4A.20	Merkel cell carcinoma of unspecified ear and external auricular canal	ICD-10-CM	Diagnosis
C4A.21	Merkel cell carcinoma of right ear and external auricular canal	ICD-10-CM	Diagnosis
C4A.22	Merkel cell carcinoma of left ear and external auricular canal	ICD-10-CM	Diagnosis
C4A.30	Merkel cell carcinoma of unspecified part of face	ICD-10-CM	Diagnosis
C4A.31	Merkel cell carcinoma of nose	ICD-10-CM	Diagnosis
C4A.39	Merkel cell carcinoma of other parts of face	ICD-10-CM	Diagnosis
C4A.4	Merkel cell carcinoma of scalp and neck	ICD-10-CM	Diagnosis
C4A.51	Merkel cell carcinoma of anal skin	ICD-10-CM	Diagnosis
C4A.52	Merkel cell carcinoma of skin of breast	ICD-10-CM	Diagnosis
C4A.59	Merkel cell carcinoma of other part of trunk	ICD-10-CM	Diagnosis
C4A.60	Merkel cell carcinoma of unspecified upper limb, including shoulder	ICD-10-CM	Diagnosis
C4A.61	Merkel cell carcinoma of right upper limb, including shoulder	ICD-10-CM	Diagnosis
C4A.62	Merkel cell carcinoma of left upper limb, including shoulder	ICD-10-CM	Diagnosis
C4A.70	Merkel cell carcinoma of unspecified lower limb, including hip	ICD-10-CM	Diagnosis



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Code	Description	Code Type	Code Category
C4A.71	Merkel cell carcinoma of right lower limb, including hip	ICD-10-CM	Diagnosis
C4A.72	Merkel cell carcinoma of left lower limb, including hip	ICD-10-CM	Diagnosis
C4A.8	Merkel cell carcinoma of overlapping sites	ICD-10-CM	Diagnosis
C4A.9	Merkel cell carcinoma, unspecified	ICD-10-CM	Diagnosis
C50.011	Malignant neoplasm of nipple and areola, right female breast	ICD-10-CM	Diagnosis
C50.012	Malignant neoplasm of nipple and areola, left female breast	ICD-10-CM	Diagnosis
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast	ICD-10-CM	Diagnosis
C50.021	Malignant neoplasm of nipple and areola, right male breast	ICD-10-CM	Diagnosis
C50.022	Malignant neoplasm of nipple and areola, left male breast	ICD-10-CM	Diagnosis
C50.029	Malignant neoplasm of nipple and areola, unspecified male breast	ICD-10-CM	Diagnosis
C50.111	Malignant neoplasm of central portion of right female breast	ICD-10-CM	Diagnosis
C50.112	Malignant neoplasm of central portion of left female breast	ICD-10-CM	Diagnosis
C50.119	Malignant neoplasm of central portion of unspecified female breast	ICD-10-CM	Diagnosis
C50.121	Malignant neoplasm of central portion of right male breast	ICD-10-CM	Diagnosis
C50.122	Malignant neoplasm of central portion of left male breast	ICD-10-CM	Diagnosis
C50.129	Malignant neoplasm of central portion of unspecified male breast	ICD-10-CM	Diagnosis
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast	ICD-10-CM	Diagnosis
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast	ICD-10-CM	Diagnosis
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast	ICD-10-CM	Diagnosis
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast	ICD-10-CM	Diagnosis
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast	ICD-10-CM	Diagnosis
C50.229	Malignant neoplasm of upper-inner quadrant of unspecified male breast	ICD-10-CM	Diagnosis
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast	ICD-10-CM	Diagnosis
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast	ICD-10-CM	Diagnosis
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast	ICD-10-CM	Diagnosis
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast	ICD-10-CM	Diagnosis
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast	ICD-10-CM	Diagnosis
C50.329	Malignant neoplasm of lower-inner quadrant of unspecified male breast	ICD-10-CM	Diagnosis
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast	ICD-10-CM	Diagnosis
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast	ICD-10-CM	Diagnosis
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast	ICD-10-CM	Diagnosis
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast	ICD-10-CM	Diagnosis
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast	ICD-10-CM	Diagnosis
C50.429	Malignant neoplasm of upper-outer quadrant of unspecified male breast	ICD-10-CM	Diagnosis
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast	ICD-10-CM	Diagnosis
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast	ICD-10-CM	Diagnosis
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast	ICD-10-CM	Diagnosis
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast	ICD-10-CM	Diagnosis
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast	ICD-10-CM	Diagnosis
C50.529	Malignant neoplasm of lower-outer quadrant of unspecified male breast	ICD-10-CM	Diagnosis
C50.611	Malignant neoplasm of axillary tail of right female breast	ICD-10-CM	Diagnosis
C50.612	Malignant neoplasm of axillary tail of left female breast	ICD-10-CM	Diagnosis

**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

Code	Description	Code Type	Code Category
C50.619	Malignant neoplasm of axillary tail of unspecified female breast	ICD-10-CM	Diagnosis
C50.621	Malignant neoplasm of axillary tail of right male breast	ICD-10-CM	Diagnosis
C50.622	Malignant neoplasm of axillary tail of left male breast	ICD-10-CM	Diagnosis
C50.629	Malignant neoplasm of axillary tail of unspecified male breast	ICD-10-CM	Diagnosis
C50.811	Malignant neoplasm of overlapping sites of right female breast	ICD-10-CM	Diagnosis
C50.812	Malignant neoplasm of overlapping sites of left female breast	ICD-10-CM	Diagnosis
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast	ICD-10-CM	Diagnosis
C50.821	Malignant neoplasm of overlapping sites of right male breast	ICD-10-CM	Diagnosis
C50.822	Malignant neoplasm of overlapping sites of left male breast	ICD-10-CM	Diagnosis
C50.829	Malignant neoplasm of overlapping sites of unspecified male breast	ICD-10-CM	Diagnosis
C50.911	Malignant neoplasm of unspecified site of right female breast	ICD-10-CM	Diagnosis
C50.912	Malignant neoplasm of unspecified site of left female breast	ICD-10-CM	Diagnosis
C50.919	Malignant neoplasm of unspecified site of unspecified female breast	ICD-10-CM	Diagnosis
C50.921	Malignant neoplasm of unspecified site of right male breast	ICD-10-CM	Diagnosis
C50.922	Malignant neoplasm of unspecified site of left male breast	ICD-10-CM	Diagnosis
C50.929	Malignant neoplasm of unspecified site of unspecified male breast	ICD-10-CM	Diagnosis
C51.0	Malignant neoplasm of labium majus	ICD-10-CM	Diagnosis
C51.1	Malignant neoplasm of labium minus	ICD-10-CM	Diagnosis
C51.2	Malignant neoplasm of clitoris	ICD-10-CM	Diagnosis
C51.8	Malignant neoplasm of overlapping sites of vulva	ICD-10-CM	Diagnosis
C51.9	Malignant neoplasm of vulva, unspecified	ICD-10-CM	Diagnosis
C52	Malignant neoplasm of vagina	ICD-10-CM	Diagnosis
C53.0	Malignant neoplasm of endocervix	ICD-10-CM	Diagnosis
C53.1	Malignant neoplasm of exocervix	ICD-10-CM	Diagnosis
C53.8	Malignant neoplasm of overlapping sites of cervix uteri	ICD-10-CM	Diagnosis
C53.9	Malignant neoplasm of cervix uteri, unspecified	ICD-10-CM	Diagnosis
C54.0	Malignant neoplasm of isthmus uteri	ICD-10-CM	Diagnosis
C54.1	Malignant neoplasm of endometrium	ICD-10-CM	Diagnosis
C54.2	Malignant neoplasm of myometrium	ICD-10-CM	Diagnosis
C54.3	Malignant neoplasm of fundus uteri	ICD-10-CM	Diagnosis
C54.8	Malignant neoplasm of overlapping sites of corpus uteri	ICD-10-CM	Diagnosis
C54.9	Malignant neoplasm of corpus uteri, unspecified	ICD-10-CM	Diagnosis
C55	Malignant neoplasm of uterus, part unspecified	ICD-10-CM	Diagnosis
C56.1	Malignant neoplasm of right ovary	ICD-10-CM	Diagnosis
C56.2	Malignant neoplasm of left ovary	ICD-10-CM	Diagnosis
C56.9	Malignant neoplasm of unspecified ovary	ICD-10-CM	Diagnosis
C57.00	Malignant neoplasm of unspecified fallopian tube	ICD-10-CM	Diagnosis
C57.01	Malignant neoplasm of right fallopian tube	ICD-10-CM	Diagnosis
C57.02	Malignant neoplasm of left fallopian tube	ICD-10-CM	Diagnosis
C57.10	Malignant neoplasm of unspecified broad ligament	ICD-10-CM	Diagnosis
C57.11	Malignant neoplasm of right broad ligament	ICD-10-CM	Diagnosis
C57.12	Malignant neoplasm of left broad ligament	ICD-10-CM	Diagnosis

**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
C57.20	Malignant neoplasm of unspecified round ligament	ICD-10-CM	Diagnosis
C57.21	Malignant neoplasm of right round ligament	ICD-10-CM	Diagnosis
C57.22	Malignant neoplasm of left round ligament	ICD-10-CM	Diagnosis
C57.3	Malignant neoplasm of parametrium	ICD-10-CM	Diagnosis
C57.4	Malignant neoplasm of uterine adnexa, unspecified	ICD-10-CM	Diagnosis
C57.7	Malignant neoplasm of other specified female genital organs	ICD-10-CM	Diagnosis
C57.8	Malignant neoplasm of overlapping sites of female genital organs	ICD-10-CM	Diagnosis
C57.9	Malignant neoplasm of female genital organ, unspecified	ICD-10-CM	Diagnosis
C58	Malignant neoplasm of placenta	ICD-10-CM	Diagnosis
C60.0	Malignant neoplasm of prepuce	ICD-10-CM	Diagnosis
C60.1	Malignant neoplasm of glans penis	ICD-10-CM	Diagnosis
C60.2	Malignant neoplasm of body of penis	ICD-10-CM	Diagnosis
C60.8	Malignant neoplasm of overlapping sites of penis	ICD-10-CM	Diagnosis
C60.9	Malignant neoplasm of penis, unspecified	ICD-10-CM	Diagnosis
C61	Malignant neoplasm of prostate	ICD-10-CM	Diagnosis
C62.00	Malignant neoplasm of unspecified undescended testis	ICD-10-CM	Diagnosis
C62.01	Malignant neoplasm of undescended right testis	ICD-10-CM	Diagnosis
C62.02	Malignant neoplasm of undescended left testis	ICD-10-CM	Diagnosis
C62.10	Malignant neoplasm of unspecified descended testis	ICD-10-CM	Diagnosis
C62.11	Malignant neoplasm of descended right testis	ICD-10-CM	Diagnosis
C62.12	Malignant neoplasm of descended left testis	ICD-10-CM	Diagnosis
C62.90	Malignant neoplasm of unspecified testis, unspecified whether descended or undescended	ICD-10-CM	Diagnosis
C62.91	Malignant neoplasm of right testis, unspecified whether descended or undescended	ICD-10-CM	Diagnosis
C62.92	Malignant neoplasm of left testis, unspecified whether descended or undescended	ICD-10-CM	Diagnosis
C63.00	Malignant neoplasm of unspecified epididymis	ICD-10-CM	Diagnosis
C63.01	Malignant neoplasm of right epididymis	ICD-10-CM	Diagnosis
C63.02	Malignant neoplasm of left epididymis	ICD-10-CM	Diagnosis
C63.10	Malignant neoplasm of unspecified spermatic cord	ICD-10-CM	Diagnosis
C63.11	Malignant neoplasm of right spermatic cord	ICD-10-CM	Diagnosis
C63.12	Malignant neoplasm of left spermatic cord	ICD-10-CM	Diagnosis
C63.2	Malignant neoplasm of scrotum	ICD-10-CM	Diagnosis
C63.7	Malignant neoplasm of other specified male genital organs	ICD-10-CM	Diagnosis
C63.8	Malignant neoplasm of overlapping sites of male genital organs	ICD-10-CM	Diagnosis
C63.9	Malignant neoplasm of male genital organ, unspecified	ICD-10-CM	Diagnosis
C64.1	Malignant neoplasm of right kidney, except renal pelvis	ICD-10-CM	Diagnosis
C64.2	Malignant neoplasm of left kidney, except renal pelvis	ICD-10-CM	Diagnosis
C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis	ICD-10-CM	Diagnosis
C65.1	Malignant neoplasm of right renal pelvis	ICD-10-CM	Diagnosis
C65.2	Malignant neoplasm of left renal pelvis	ICD-10-CM	Diagnosis
C65.9	Malignant neoplasm of unspecified renal pelvis	ICD-10-CM	Diagnosis
C66.1	Malignant neoplasm of right ureter	ICD-10-CM	Diagnosis

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
C66.2	Malignant neoplasm of left ureter	ICD-10-CM	Diagnosis
C66.9	Malignant neoplasm of unspecified ureter	ICD-10-CM	Diagnosis
C67.0	Malignant neoplasm of trigone of bladder	ICD-10-CM	Diagnosis
C67.1	Malignant neoplasm of dome of bladder	ICD-10-CM	Diagnosis
C67.2	Malignant neoplasm of lateral wall of bladder	ICD-10-CM	Diagnosis
C67.3	Malignant neoplasm of anterior wall of bladder	ICD-10-CM	Diagnosis
C67.4	Malignant neoplasm of posterior wall of bladder	ICD-10-CM	Diagnosis
C67.5	Malignant neoplasm of bladder neck	ICD-10-CM	Diagnosis
C67.6	Malignant neoplasm of ureteric orifice	ICD-10-CM	Diagnosis
C67.7	Malignant neoplasm of urachus	ICD-10-CM	Diagnosis
C67.8	Malignant neoplasm of overlapping sites of bladder	ICD-10-CM	Diagnosis
C67.9	Malignant neoplasm of bladder, unspecified	ICD-10-CM	Diagnosis
C68.0	Malignant neoplasm of urethra	ICD-10-CM	Diagnosis
C68.1	Malignant neoplasm of paraurethral glands	ICD-10-CM	Diagnosis
C68.8	Malignant neoplasm of overlapping sites of urinary organs	ICD-10-CM	Diagnosis
C68.9	Malignant neoplasm of urinary organ, unspecified	ICD-10-CM	Diagnosis
C69.00	Malignant neoplasm of unspecified conjunctiva	ICD-10-CM	Diagnosis
C69.01	Malignant neoplasm of right conjunctiva	ICD-10-CM	Diagnosis
C69.02	Malignant neoplasm of left conjunctiva	ICD-10-CM	Diagnosis
C69.10	Malignant neoplasm of unspecified cornea	ICD-10-CM	Diagnosis
C69.11	Malignant neoplasm of right cornea	ICD-10-CM	Diagnosis
C69.12	Malignant neoplasm of left cornea	ICD-10-CM	Diagnosis
C69.20	Malignant neoplasm of unspecified retina	ICD-10-CM	Diagnosis
C69.21	Malignant neoplasm of right retina	ICD-10-CM	Diagnosis
C69.22	Malignant neoplasm of left retina	ICD-10-CM	Diagnosis
C69.30	Malignant neoplasm of unspecified choroid	ICD-10-CM	Diagnosis
C69.31	Malignant neoplasm of right choroid	ICD-10-CM	Diagnosis
C69.32	Malignant neoplasm of left choroid	ICD-10-CM	Diagnosis
C69.40	Malignant neoplasm of unspecified ciliary body	ICD-10-CM	Diagnosis
C69.41	Malignant neoplasm of right ciliary body	ICD-10-CM	Diagnosis
C69.42	Malignant neoplasm of left ciliary body	ICD-10-CM	Diagnosis
C69.50	Malignant neoplasm of unspecified lacrimal gland and duct	ICD-10-CM	Diagnosis
C69.51	Malignant neoplasm of right lacrimal gland and duct	ICD-10-CM	Diagnosis
C69.52	Malignant neoplasm of left lacrimal gland and duct	ICD-10-CM	Diagnosis
C69.60	Malignant neoplasm of unspecified orbit	ICD-10-CM	Diagnosis
C69.61	Malignant neoplasm of right orbit	ICD-10-CM	Diagnosis
C69.62	Malignant neoplasm of left orbit	ICD-10-CM	Diagnosis
C69.80	Malignant neoplasm of overlapping sites of unspecified eye and adnexa	ICD-10-CM	Diagnosis
C69.81	Malignant neoplasm of overlapping sites of right eye and adnexa	ICD-10-CM	Diagnosis
C69.82	Malignant neoplasm of overlapping sites of left eye and adnexa	ICD-10-CM	Diagnosis
C69.90	Malignant neoplasm of unspecified site of unspecified eye	ICD-10-CM	Diagnosis
C69.91	Malignant neoplasm of unspecified site of right eye	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
C69.92	Malignant neoplasm of unspecified site of left eye	ICD-10-CM	Diagnosis
C70.0	Malignant neoplasm of cerebral meninges	ICD-10-CM	Diagnosis
C70.1	Malignant neoplasm of spinal meninges	ICD-10-CM	Diagnosis
C70.9	Malignant neoplasm of meninges, unspecified	ICD-10-CM	Diagnosis
C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles	ICD-10-CM	Diagnosis
C71.1	Malignant neoplasm of frontal lobe	ICD-10-CM	Diagnosis
C71.2	Malignant neoplasm of temporal lobe	ICD-10-CM	Diagnosis
C71.3	Malignant neoplasm of parietal lobe	ICD-10-CM	Diagnosis
C71.4	Malignant neoplasm of occipital lobe	ICD-10-CM	Diagnosis
C71.5	Malignant neoplasm of cerebral ventricle	ICD-10-CM	Diagnosis
C71.6	Malignant neoplasm of cerebellum	ICD-10-CM	Diagnosis
C71.7	Malignant neoplasm of brain stem	ICD-10-CM	Diagnosis
C71.8	Malignant neoplasm of overlapping sites of brain	ICD-10-CM	Diagnosis
C71.9	Malignant neoplasm of brain, unspecified	ICD-10-CM	Diagnosis
C72.0	Malignant neoplasm of spinal cord	ICD-10-CM	Diagnosis
C72.1	Malignant neoplasm of cauda equina	ICD-10-CM	Diagnosis
C72.20	Malignant neoplasm of unspecified olfactory nerve	ICD-10-CM	Diagnosis
C72.21	Malignant neoplasm of right olfactory nerve	ICD-10-CM	Diagnosis
C72.22	Malignant neoplasm of left olfactory nerve	ICD-10-CM	Diagnosis
C72.30	Malignant neoplasm of unspecified optic nerve	ICD-10-CM	Diagnosis
C72.31	Malignant neoplasm of right optic nerve	ICD-10-CM	Diagnosis
C72.32	Malignant neoplasm of left optic nerve	ICD-10-CM	Diagnosis
C72.40	Malignant neoplasm of unspecified acoustic nerve	ICD-10-CM	Diagnosis
C72.41	Malignant neoplasm of right acoustic nerve	ICD-10-CM	Diagnosis
C72.42	Malignant neoplasm of left acoustic nerve	ICD-10-CM	Diagnosis
C72.50	Malignant neoplasm of unspecified cranial nerve	ICD-10-CM	Diagnosis
C72.59	Malignant neoplasm of other cranial nerves	ICD-10-CM	Diagnosis
C72.9	Malignant neoplasm of central nervous system, unspecified	ICD-10-CM	Diagnosis
C73	Malignant neoplasm of thyroid gland	ICD-10-CM	Diagnosis
C74.00	Malignant neoplasm of cortex of unspecified adrenal gland	ICD-10-CM	Diagnosis
C74.01	Malignant neoplasm of cortex of right adrenal gland	ICD-10-CM	Diagnosis
C74.02	Malignant neoplasm of cortex of left adrenal gland	ICD-10-CM	Diagnosis
C74.10	Malignant neoplasm of medulla of unspecified adrenal gland	ICD-10-CM	Diagnosis
C74.11	Malignant neoplasm of medulla of right adrenal gland	ICD-10-CM	Diagnosis
C74.12	Malignant neoplasm of medulla of left adrenal gland	ICD-10-CM	Diagnosis
C74.90	Malignant neoplasm of unspecified part of unspecified adrenal gland	ICD-10-CM	Diagnosis
C74.91	Malignant neoplasm of unspecified part of right adrenal gland	ICD-10-CM	Diagnosis
C74.92	Malignant neoplasm of unspecified part of left adrenal gland	ICD-10-CM	Diagnosis
C75.0	Malignant neoplasm of parathyroid gland	ICD-10-CM	Diagnosis
C75.1	Malignant neoplasm of pituitary gland	ICD-10-CM	Diagnosis
C75.2	Malignant neoplasm of craniopharyngeal duct	ICD-10-CM	Diagnosis
C75.3	Malignant neoplasm of pineal gland	ICD-10-CM	Diagnosis

**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

Code	Description	Code Type	Code Category
C75.4	Malignant neoplasm of carotid body	ICD-10-CM	Diagnosis
C75.5	Malignant neoplasm of aortic body and other paraganglia	ICD-10-CM	Diagnosis
C75.8	Malignant neoplasm with pluriglandular involvement, unspecified	ICD-10-CM	Diagnosis
C75.9	Malignant neoplasm of endocrine gland, unspecified	ICD-10-CM	Diagnosis
C76.0	Malignant neoplasm of head, face and neck	ICD-10-CM	Diagnosis
C76.1	Malignant neoplasm of thorax	ICD-10-CM	Diagnosis
C76.2	Malignant neoplasm of abdomen	ICD-10-CM	Diagnosis
C76.3	Malignant neoplasm of pelvis	ICD-10-CM	Diagnosis
C76.40	Malignant neoplasm of unspecified upper limb	ICD-10-CM	Diagnosis
C76.41	Malignant neoplasm of right upper limb	ICD-10-CM	Diagnosis
C76.42	Malignant neoplasm of left upper limb	ICD-10-CM	Diagnosis
C76.50	Malignant neoplasm of unspecified lower limb	ICD-10-CM	Diagnosis
C76.51	Malignant neoplasm of right lower limb	ICD-10-CM	Diagnosis
C76.52	Malignant neoplasm of left lower limb	ICD-10-CM	Diagnosis
C76.8	Malignant neoplasm of other specified ill-defined sites	ICD-10-CM	Diagnosis
C77.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck	ICD-10-CM	Diagnosis
C77.1	Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C77.2	Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C77.3	Secondary and unspecified malignant neoplasm of axilla and upper limb lymph nodes	ICD-10-CM	Diagnosis
C77.4	Secondary and unspecified malignant neoplasm of inguinal and lower limb lymph nodes	ICD-10-CM	Diagnosis
C77.5	Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C77.8	Secondary and unspecified malignant neoplasm of lymph nodes of multiple regions	ICD-10-CM	Diagnosis
C77.9	Secondary and unspecified malignant neoplasm of lymph node, unspecified	ICD-10-CM	Diagnosis
C78.00	Secondary malignant neoplasm of unspecified lung	ICD-10-CM	Diagnosis
C78.01	Secondary malignant neoplasm of right lung	ICD-10-CM	Diagnosis
C78.02	Secondary malignant neoplasm of left lung	ICD-10-CM	Diagnosis
C78.1	Secondary malignant neoplasm of mediastinum	ICD-10-CM	Diagnosis
C78.2	Secondary malignant neoplasm of pleura	ICD-10-CM	Diagnosis
C78.30	Secondary malignant neoplasm of unspecified respiratory organ	ICD-10-CM	Diagnosis
C78.39	Secondary malignant neoplasm of other respiratory organs	ICD-10-CM	Diagnosis
C78.4	Secondary malignant neoplasm of small intestine	ICD-10-CM	Diagnosis
C78.5	Secondary malignant neoplasm of large intestine and rectum	ICD-10-CM	Diagnosis
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum	ICD-10-CM	Diagnosis
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct	ICD-10-CM	Diagnosis
C78.80	Secondary malignant neoplasm of unspecified digestive organ	ICD-10-CM	Diagnosis
C78.89	Secondary malignant neoplasm of other digestive organs	ICD-10-CM	Diagnosis
C79.00	Secondary malignant neoplasm of unspecified kidney and renal pelvis	ICD-10-CM	Diagnosis
C79.01	Secondary malignant neoplasm of right kidney and renal pelvis	ICD-10-CM	Diagnosis



**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

Code	Description	Code Type	Code Category
C79.02	Secondary malignant neoplasm of left kidney and renal pelvis	ICD-10-CM	Diagnosis
C79.10	Secondary malignant neoplasm of unspecified urinary organs	ICD-10-CM	Diagnosis
C79.11	Secondary malignant neoplasm of bladder	ICD-10-CM	Diagnosis
C79.19	Secondary malignant neoplasm of other urinary organs	ICD-10-CM	Diagnosis
C79.2	Secondary malignant neoplasm of skin	ICD-10-CM	Diagnosis
C79.31	Secondary malignant neoplasm of brain	ICD-10-CM	Diagnosis
C79.32	Secondary malignant neoplasm of cerebral meninges	ICD-10-CM	Diagnosis
C79.40	Secondary malignant neoplasm of unspecified part of nervous system	ICD-10-CM	Diagnosis
C79.49	Secondary malignant neoplasm of other parts of nervous system	ICD-10-CM	Diagnosis
C79.51	Secondary malignant neoplasm of bone	ICD-10-CM	Diagnosis
C79.52	Secondary malignant neoplasm of bone marrow	ICD-10-CM	Diagnosis
C79.60	Secondary malignant neoplasm of unspecified ovary	ICD-10-CM	Diagnosis
C79.61	Secondary malignant neoplasm of right ovary	ICD-10-CM	Diagnosis
C79.62	Secondary malignant neoplasm of left ovary	ICD-10-CM	Diagnosis
C79.70	Secondary malignant neoplasm of unspecified adrenal gland	ICD-10-CM	Diagnosis
C79.71	Secondary malignant neoplasm of right adrenal gland	ICD-10-CM	Diagnosis
C79.72	Secondary malignant neoplasm of left adrenal gland	ICD-10-CM	Diagnosis
C79.81	Secondary malignant neoplasm of breast	ICD-10-CM	Diagnosis
C79.82	Secondary malignant neoplasm of genital organs	ICD-10-CM	Diagnosis
C79.89	Secondary malignant neoplasm of other specified sites	ICD-10-CM	Diagnosis
C79.9	Secondary malignant neoplasm of unspecified site	ICD-10-CM	Diagnosis
C7A.00	Malignant carcinoid tumor of unspecified site	ICD-10-CM	Diagnosis
C7A.010	Malignant carcinoid tumor of the duodenum	ICD-10-CM	Diagnosis
C7A.011	Malignant carcinoid tumor of the jejunum	ICD-10-CM	Diagnosis
C7A.012	Malignant carcinoid tumor of the ileum	ICD-10-CM	Diagnosis
C7A.019	Malignant carcinoid tumor of the small intestine, unspecified portion	ICD-10-CM	Diagnosis
C7A.020	Malignant carcinoid tumor of the appendix	ICD-10-CM	Diagnosis
C7A.021	Malignant carcinoid tumor of the cecum	ICD-10-CM	Diagnosis
C7A.022	Malignant carcinoid tumor of the ascending colon	ICD-10-CM	Diagnosis
C7A.023	Malignant carcinoid tumor of the transverse colon	ICD-10-CM	Diagnosis
C7A.024	Malignant carcinoid tumor of the descending colon	ICD-10-CM	Diagnosis
C7A.025	Malignant carcinoid tumor of the sigmoid colon	ICD-10-CM	Diagnosis
C7A.026	Malignant carcinoid tumor of the rectum	ICD-10-CM	Diagnosis
C7A.029	Malignant carcinoid tumor of the large intestine, unspecified portion	ICD-10-CM	Diagnosis
C7A.090	Malignant carcinoid tumor of the bronchus and lung	ICD-10-CM	Diagnosis
C7A.091	Malignant carcinoid tumor of the thymus	ICD-10-CM	Diagnosis
C7A.092	Malignant carcinoid tumor of the stomach	ICD-10-CM	Diagnosis
C7A.093	Malignant carcinoid tumor of the kidney	ICD-10-CM	Diagnosis
C7A.094	Malignant carcinoid tumor of the foregut, unspecified	ICD-10-CM	Diagnosis
C7A.095	Malignant carcinoid tumor of the midgut, unspecified	ICD-10-CM	Diagnosis
C7A.096	Malignant carcinoid tumor of the hindgut, unspecified	ICD-10-CM	Diagnosis
C7A.098	Malignant carcinoid tumors of other sites	ICD-10-CM	Diagnosis



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Code	Description	Code Type	Code Category
C7A.1	Malignant poorly differentiated neuroendocrine tumors	ICD-10-CM	Diagnosis
C7A.8	Other malignant neuroendocrine tumors	ICD-10-CM	Diagnosis
C7B.00	Secondary carcinoid tumors, unspecified site	ICD-10-CM	Diagnosis
C7B.01	Secondary carcinoid tumors of distant lymph nodes	ICD-10-CM	Diagnosis
C7B.02	Secondary carcinoid tumors of liver	ICD-10-CM	Diagnosis
C7B.03	Secondary carcinoid tumors of bone	ICD-10-CM	Diagnosis
C7B.04	Secondary carcinoid tumors of peritoneum	ICD-10-CM	Diagnosis
C7B.09	Secondary carcinoid tumors of other sites	ICD-10-CM	Diagnosis
C7B.1	Secondary Merkel cell carcinoma	ICD-10-CM	Diagnosis
C7B.8	Other secondary neuroendocrine tumors	ICD-10-CM	Diagnosis
C80.0	Disseminated malignant neoplasm, unspecified	ICD-10-CM	Diagnosis
C80.1	Malignant (primary) neoplasm, unspecified	ICD-10-CM	Diagnosis
C80.2	Malignant neoplasm associated with transplanted organ	ICD-10-CM	Diagnosis
C81.00	Nodular lymphocyte predominant Hodgkin lymphoma, unspecified site	ICD-10-CM	Diagnosis
C81.01	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C81.02	Nodular lymphocyte predominant Hodgkin lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C81.03	Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C81.04	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C81.05	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C81.06	Nodular lymphocyte predominant Hodgkin lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C81.07	Nodular lymphocyte predominant Hodgkin lymphoma, spleen	ICD-10-CM	Diagnosis
C81.08	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C81.09	Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C81.10	Nodular sclerosis Hodgkin lymphoma, unspecified site	ICD-10-CM	Diagnosis
C81.11	Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C81.12	Nodular sclerosis Hodgkin lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C81.13	Nodular sclerosis Hodgkin lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C81.14	Nodular sclerosis Hodgkin lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C81.15	Nodular sclerosis Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C81.16	Nodular sclerosis Hodgkin lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C81.17	Nodular sclerosis Hodgkin lymphoma, spleen	ICD-10-CM	Diagnosis
C81.18	Nodular sclerosis Hodgkin lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C81.19	Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C81.20	Mixed cellularity Hodgkin lymphoma, unspecified site	ICD-10-CM	Diagnosis
C81.21	Mixed cellularity Hodgkin lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis

**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

Code	Description	Code Type	Code Category
C81.22	Mixed cellularity Hodgkin lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C81.23	Mixed cellularity Hodgkin lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C81.24	Mixed cellularity Hodgkin lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C81.25	Mixed cellularity Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C81.26	Mixed cellularity Hodgkin lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C81.27	Mixed cellularity Hodgkin lymphoma, spleen	ICD-10-CM	Diagnosis
C81.28	Mixed cellularity Hodgkin lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C81.29	Mixed cellularity Hodgkin lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C81.30	Lymphocyte depleted Hodgkin lymphoma, unspecified site	ICD-10-CM	Diagnosis
C81.31	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C81.32	Lymphocyte depleted Hodgkin lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C81.33	Lymphocyte depleted Hodgkin lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C81.34	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C81.35	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C81.36	Lymphocyte depleted Hodgkin lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C81.37	Lymphocyte depleted Hodgkin lymphoma, spleen	ICD-10-CM	Diagnosis
C81.38	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C81.39	Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C81.40	Lymphocyte-rich Hodgkin lymphoma, unspecified site	ICD-10-CM	Diagnosis
C81.41	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C81.42	Lymphocyte-rich Hodgkin lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C81.43	Lymphocyte-rich Hodgkin lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C81.44	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C81.45	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C81.46	Lymphocyte-rich Hodgkin lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C81.47	Lymphocyte-rich Hodgkin lymphoma, spleen	ICD-10-CM	Diagnosis
C81.48	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C81.49	Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C81.70	Other Hodgkin lymphoma, unspecified site	ICD-10-CM	Diagnosis
C81.71	Other Hodgkin lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C81.72	Other Hodgkin lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C81.73	Other Hodgkin lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C81.74	Other Hodgkin lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C81.75	Other Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C81.76	Other Hodgkin lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C81.77	Other Hodgkin lymphoma, spleen	ICD-10-CM	Diagnosis
C81.78	Other Hodgkin lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C81.79	Other Hodgkin lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C81.90	Hodgkin lymphoma, unspecified, unspecified site	ICD-10-CM	Diagnosis
C81.91	Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C81.92	Hodgkin lymphoma, unspecified, intrathoracic lymph nodes	ICD-10-CM	Diagnosis

**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

Code	Description	Code Type	Code Category
C81.93	Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C81.94	Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C81.95	Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C81.96	Hodgkin lymphoma, unspecified, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C81.97	Hodgkin lymphoma, unspecified, spleen	ICD-10-CM	Diagnosis
C81.98	Hodgkin lymphoma, unspecified, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C81.99	Hodgkin lymphoma, unspecified, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C82.00	Follicular lymphoma grade I, unspecified site	ICD-10-CM	Diagnosis
C82.01	Follicular lymphoma grade I, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C82.02	Follicular lymphoma grade I, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C82.03	Follicular lymphoma grade I, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C82.04	Follicular lymphoma grade I, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C82.05	Follicular lymphoma grade I, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C82.06	Follicular lymphoma grade I, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C82.07	Follicular lymphoma grade I, spleen	ICD-10-CM	Diagnosis
C82.08	Follicular lymphoma grade I, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C82.09	Follicular lymphoma grade I, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C82.10	Follicular lymphoma grade II, unspecified site	ICD-10-CM	Diagnosis
C82.11	Follicular lymphoma grade II, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C82.12	Follicular lymphoma grade II, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C82.13	Follicular lymphoma grade II, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C82.14	Follicular lymphoma grade II, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C82.15	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C82.16	Follicular lymphoma grade II, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C82.17	Follicular lymphoma grade II, spleen	ICD-10-CM	Diagnosis
C82.18	Follicular lymphoma grade II, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C82.19	Follicular lymphoma grade II, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C82.20	Follicular lymphoma grade III, unspecified, unspecified site	ICD-10-CM	Diagnosis
C82.21	Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C82.22	Follicular lymphoma grade III, unspecified, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C82.23	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C82.24	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C82.25	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C82.26	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C82.27	Follicular lymphoma grade III, unspecified, spleen	ICD-10-CM	Diagnosis
C82.28	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C82.29	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C82.30	Follicular lymphoma grade IIIa, unspecified site	ICD-10-CM	Diagnosis
C82.31	Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C82.32	Follicular lymphoma grade IIIa, intrathoracic lymph nodes	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
C82.33	Follicular lymphoma grade IIIa, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C82.34	Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C82.35	Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C82.36	Follicular lymphoma grade IIIa, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C82.37	Follicular lymphoma grade IIIa, spleen	ICD-10-CM	Diagnosis
C82.38	Follicular lymphoma grade IIIa, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C82.39	Follicular lymphoma grade IIIa, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C82.40	Follicular lymphoma grade IIIb, unspecified site	ICD-10-CM	Diagnosis
C82.41	Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C82.42	Follicular lymphoma grade IIIb, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C82.43	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C82.44	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C82.45	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C82.46	Follicular lymphoma grade IIIb, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C82.47	Follicular lymphoma grade IIIb, spleen	ICD-10-CM	Diagnosis
C82.48	Follicular lymphoma grade IIIb, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C82.49	Follicular lymphoma grade IIIb, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C82.50	Diffuse follicle center lymphoma, unspecified site	ICD-10-CM	Diagnosis
C82.51	Diffuse follicle center lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C82.52	Diffuse follicle center lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C82.53	Diffuse follicle center lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C82.54	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C82.55	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C82.56	Diffuse follicle center lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C82.57	Diffuse follicle center lymphoma, spleen	ICD-10-CM	Diagnosis
C82.58	Diffuse follicle center lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C82.59	Diffuse follicle center lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C82.60	Cutaneous follicle center lymphoma, unspecified site	ICD-10-CM	Diagnosis
C82.61	Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C82.62	Cutaneous follicle center lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C82.63	Cutaneous follicle center lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C82.64	Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C82.65	Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C82.66	Cutaneous follicle center lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C82.67	Cutaneous follicle center lymphoma, spleen	ICD-10-CM	Diagnosis
C82.68	Cutaneous follicle center lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C82.69	Cutaneous follicle center lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C82.80	Other types of follicular lymphoma, unspecified site	ICD-10-CM	Diagnosis
C82.81	Other types of follicular lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C82.82	Other types of follicular lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C82.83	Other types of follicular lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C82.84	Other types of follicular lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis

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



**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

Code	Description	Code Type	Code Category
C83.37	Diffuse large B-cell lymphoma, spleen	ICD-10-CM	Diagnosis
C83.38	Diffuse large B-cell lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C83.39	Diffuse large B-cell lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C83.50	Lymphoblastic (diffuse) lymphoma, unspecified site	ICD-10-CM	Diagnosis
C83.51	Lymphoblastic (diffuse) lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C83.52	Lymphoblastic (diffuse) lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C83.53	Lymphoblastic (diffuse) lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C83.54	Lymphoblastic (diffuse) lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C83.55	Lymphoblastic (diffuse) lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C83.56	Lymphoblastic (diffuse) lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C83.57	Lymphoblastic (diffuse) lymphoma, spleen	ICD-10-CM	Diagnosis
C83.58	Lymphoblastic (diffuse) lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C83.59	Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C83.70	Burkitt lymphoma, unspecified site	ICD-10-CM	Diagnosis
C83.71	Burkitt lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C83.72	Burkitt lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C83.73	Burkitt lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C83.74	Burkitt lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C83.75	Burkitt lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C83.76	Burkitt lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C83.77	Burkitt lymphoma, spleen	ICD-10-CM	Diagnosis
C83.78	Burkitt lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C83.79	Burkitt lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C83.80	Other non-follicular lymphoma, unspecified site	ICD-10-CM	Diagnosis
C83.81	Other non-follicular lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C83.82	Other non-follicular lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C83.83	Other non-follicular lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C83.84	Other non-follicular lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C83.85	Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C83.86	Other non-follicular lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C83.87	Other non-follicular lymphoma, spleen	ICD-10-CM	Diagnosis
C83.88	Other non-follicular lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C83.89	Other non-follicular lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C83.90	Non-follicular (diffuse) lymphoma, unspecified, unspecified site	ICD-10-CM	Diagnosis
C83.91	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C83.92	Non-follicular (diffuse) lymphoma, unspecified, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C83.93	Non-follicular (diffuse) lymphoma, unspecified, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C83.94	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C83.95	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C83.96	Non-follicular (diffuse) lymphoma, unspecified, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C83.97	Non-follicular (diffuse) lymphoma, unspecified, spleen	ICD-10-CM	Diagnosis

**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

Code	Description	Code Type	Code Category
C83.98	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C83.99	Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C84.00	Mycosis fungoides, unspecified site	ICD-10-CM	Diagnosis
C84.01	Mycosis fungoides, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C84.02	Mycosis fungoides, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C84.03	Mycosis fungoides, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C84.04	Mycosis fungoides, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C84.05	Mycosis fungoides, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C84.06	Mycosis fungoides, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C84.07	Mycosis fungoides, spleen	ICD-10-CM	Diagnosis
C84.08	Mycosis fungoides, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C84.09	Mycosis fungoides, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C84.10	Sezary disease, unspecified site	ICD-10-CM	Diagnosis
C84.11	Sezary disease, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C84.12	Sezary disease, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C84.13	Sezary disease, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C84.14	Sezary disease, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C84.15	Sezary disease, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C84.16	Sezary disease, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C84.17	Sezary disease, spleen	ICD-10-CM	Diagnosis
C84.18	Sezary disease, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C84.19	Sezary disease, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C84.40	Peripheral T-cell lymphoma, not classified, unspecified site	ICD-10-CM	Diagnosis
C84.41	Peripheral T-cell lymphoma, not classified, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C84.42	Peripheral T-cell lymphoma, not classified, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C84.43	Peripheral T-cell lymphoma, not classified, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C84.44	Peripheral T-cell lymphoma, not classified, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C84.45	Peripheral T-cell lymphoma, not classified, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C84.46	Peripheral T-cell lymphoma, not classified, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C84.47	Peripheral T-cell lymphoma, not classified, spleen	ICD-10-CM	Diagnosis
C84.48	Peripheral T-cell lymphoma, not classified, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C84.49	Peripheral T-cell lymphoma, not classified, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C84.60	Anaplastic large cell lymphoma, ALK-positive, unspecified site	ICD-10-CM	Diagnosis
C84.61	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C84.62	Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C84.63	Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C84.64	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C84.65	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C84.66	Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C84.67	Anaplastic large cell lymphoma, ALK-positive, spleen	ICD-10-CM	Diagnosis



**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

Code	Description	Code Type	Code Category
C84.68	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C84.69	Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C84.70	Anaplastic large cell lymphoma, ALK-negative, unspecified site	ICD-10-CM	Diagnosis
C84.71	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C84.72	Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C84.73	Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C84.74	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C84.75	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C84.76	Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C84.77	Anaplastic large cell lymphoma, ALK-negative, spleen	ICD-10-CM	Diagnosis
C84.78	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C84.79	Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C84.90	Mature T/NK-cell lymphomas, unspecified, unspecified site	ICD-10-CM	Diagnosis
C84.91	Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C84.92	Mature T/NK-cell lymphomas, unspecified, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C84.93	Mature T/NK-cell lymphomas, unspecified, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C84.94	Mature T/NK-cell lymphomas, unspecified, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C84.95	Mature T/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C84.96	Mature T/NK-cell lymphomas, unspecified, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C84.97	Mature T/NK-cell lymphomas, unspecified, spleen	ICD-10-CM	Diagnosis
C84.98	Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C84.99	Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C84.A0	Cutaneous T-cell lymphoma, unspecified, unspecified site	ICD-10-CM	Diagnosis
C84.A1	Cutaneous T-cell lymphoma, unspecified lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C84.A2	Cutaneous T-cell lymphoma, unspecified, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C84.A3	Cutaneous T-cell lymphoma, unspecified, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C84.A4	Cutaneous T-cell lymphoma, unspecified, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C84.A5	Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C84.A6	Cutaneous T-cell lymphoma, unspecified, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C84.A7	Cutaneous T-cell lymphoma, unspecified, spleen	ICD-10-CM	Diagnosis
C84.A8	Cutaneous T-cell lymphoma, unspecified, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C84.A9	Cutaneous T-cell lymphoma, unspecified, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C84.Z0	Other mature T/NK-cell lymphomas, unspecified site	ICD-10-CM	Diagnosis
C84.Z1	Other mature T/NK-cell lymphomas, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C84.Z2	Other mature T/NK-cell lymphomas, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C84.Z3	Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C84.Z4	Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C84.Z5	Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis

**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

Code	Description	Code Type	Code Category
C84.Z6	Other mature T/NK-cell lymphomas, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C84.Z7	Other mature T/NK-cell lymphomas, spleen	ICD-10-CM	Diagnosis
C84.Z8	Other mature T/NK-cell lymphomas, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C84.Z9	Other mature T/NK-cell lymphomas, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C85.10	Unspecified B-cell lymphoma, unspecified site	ICD-10-CM	Diagnosis
C85.11	Unspecified B-cell lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C85.12	Unspecified B-cell lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C85.13	Unspecified B-cell lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C85.14	Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C85.15	Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C85.16	Unspecified B-cell lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C85.17	Unspecified B-cell lymphoma, spleen	ICD-10-CM	Diagnosis
C85.18	Unspecified B-cell lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C85.19	Unspecified B-cell lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C85.20	Mediastinal (thymic) large B-cell lymphoma, unspecified site	ICD-10-CM	Diagnosis
C85.21	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C85.22	Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C85.23	Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C85.24	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C85.25	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C85.26	Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C85.27	Mediastinal (thymic) large B-cell lymphoma, spleen	ICD-10-CM	Diagnosis
C85.28	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C85.29	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C85.80	Other specified types of non-Hodgkin lymphoma, unspecified site	ICD-10-CM	Diagnosis
C85.81	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C85.82	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C85.83	Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C85.84	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C85.85	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C85.86	Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C85.87	Other specified types of non-Hodgkin lymphoma, spleen	ICD-10-CM	Diagnosis
C85.88	Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C85.90	Non-Hodgkin lymphoma, unspecified, unspecified site	ICD-10-CM	Diagnosis
C85.91	Non-Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C85.92	Non-Hodgkin lymphoma, unspecified, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C85.93	Non-Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis

**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

Code	Description	Code Type	Code Category
C85.94	Non-Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C85.95	Non-Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C85.96	Non-Hodgkin lymphoma, unspecified, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C85.97	Non-Hodgkin lymphoma, unspecified, spleen	ICD-10-CM	Diagnosis
C85.98	Non-Hodgkin lymphoma, unspecified, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C85.99	Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C86.0	Extranodal NK/T-cell lymphoma, nasal type	ICD-10-CM	Diagnosis
C86.1	Hepatosplenic T-cell lymphoma	ICD-10-CM	Diagnosis
C86.2	Enteropathy-type (intestinal) T-cell lymphoma	ICD-10-CM	Diagnosis
C86.3	Subcutaneous panniculitis-like T-cell lymphoma	ICD-10-CM	Diagnosis
C86.4	Blastic NK-cell lymphoma	ICD-10-CM	Diagnosis
C86.5	Angioimmunoblastic T-cell lymphoma	ICD-10-CM	Diagnosis
C86.6	Primary cutaneous CD30-positive T-cell proliferations	ICD-10-CM	Diagnosis
C88.2	Heavy chain disease	ICD-10-CM	Diagnosis
C88.3	Immunoproliferative small intestinal disease	ICD-10-CM	Diagnosis
C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma]	ICD-10-CM	Diagnosis
C88.8	Other malignant immunoproliferative diseases	ICD-10-CM	Diagnosis
C88.9	Malignant immunoproliferative disease, unspecified	ICD-10-CM	Diagnosis
C90.00	Multiple myeloma not having achieved remission	ICD-10-CM	Diagnosis
C90.01	Multiple myeloma in remission	ICD-10-CM	Diagnosis
C90.02	Multiple myeloma in relapse	ICD-10-CM	Diagnosis
C90.10	Plasma cell leukemia not having achieved remission	ICD-10-CM	Diagnosis
C90.11	Plasma cell leukemia in remission	ICD-10-CM	Diagnosis
C90.12	Plasma cell leukemia in relapse	ICD-10-CM	Diagnosis
C90.20	Extramedullary plasmacytoma not having achieved remission	ICD-10-CM	Diagnosis
C90.21	Extramedullary plasmacytoma in remission	ICD-10-CM	Diagnosis
C90.22	Extramedullary plasmacytoma in relapse	ICD-10-CM	Diagnosis
C90.30	Solitary plasmacytoma not having achieved remission	ICD-10-CM	Diagnosis
C90.31	Solitary plasmacytoma in remission	ICD-10-CM	Diagnosis
C90.32	Solitary plasmacytoma in relapse	ICD-10-CM	Diagnosis
C91.00	Acute lymphoblastic leukemia not having achieved remission	ICD-10-CM	Diagnosis
C91.01	Acute lymphoblastic leukemia, in remission	ICD-10-CM	Diagnosis
C91.02	Acute lymphoblastic leukemia, in relapse	ICD-10-CM	Diagnosis
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission	ICD-10-CM	Diagnosis
C91.11	Chronic lymphocytic leukemia of B-cell type in remission	ICD-10-CM	Diagnosis
C91.12	Chronic lymphocytic leukemia of B-cell type in relapse	ICD-10-CM	Diagnosis
C91.30	Prolymphocytic leukemia of B-cell type not having achieved remission	ICD-10-CM	Diagnosis
C91.31	Prolymphocytic leukemia of B-cell type, in remission	ICD-10-CM	Diagnosis
C91.32	Prolymphocytic leukemia of B-cell type, in relapse	ICD-10-CM	Diagnosis
C91.40	Hairy cell leukemia not having achieved remission	ICD-10-CM	Diagnosis
C91.41	Hairy cell leukemia, in remission	ICD-10-CM	Diagnosis

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
C91.42	Hairy cell leukemia, in relapse	ICD-10-CM	Diagnosis
C91.50	Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission	ICD-10-CM	Diagnosis
C91.51	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in remission	ICD-10-CM	Diagnosis
C91.52	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in relapse	ICD-10-CM	Diagnosis
C91.60	Prolymphocytic leukemia of T-cell type not having achieved remission	ICD-10-CM	Diagnosis
C91.61	Prolymphocytic leukemia of T-cell type, in remission	ICD-10-CM	Diagnosis
C91.62	Prolymphocytic leukemia of T-cell type, in relapse	ICD-10-CM	Diagnosis
C91.90	Lymphoid leukemia, unspecified not having achieved remission	ICD-10-CM	Diagnosis
C91.91	Lymphoid leukemia, unspecified, in remission	ICD-10-CM	Diagnosis
C91.92	Lymphoid leukemia, unspecified, in relapse	ICD-10-CM	Diagnosis
C91.A0	Mature B-cell leukemia Burkitt-type not having achieved remission	ICD-10-CM	Diagnosis
C91.A1	Mature B-cell leukemia Burkitt-type, in remission	ICD-10-CM	Diagnosis
C91.A2	Mature B-cell leukemia Burkitt-type, in relapse	ICD-10-CM	Diagnosis
C91.Z0	Other lymphoid leukemia not having achieved remission	ICD-10-CM	Diagnosis
C91.Z1	Other lymphoid leukemia, in remission	ICD-10-CM	Diagnosis
C91.Z2	Other lymphoid leukemia, in relapse	ICD-10-CM	Diagnosis
C92.00	Acute myeloblastic leukemia, not having achieved remission	ICD-10-CM	Diagnosis
C92.01	Acute myeloblastic leukemia, in remission	ICD-10-CM	Diagnosis
C92.02	Acute myeloblastic leukemia, in relapse	ICD-10-CM	Diagnosis
C92.10	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission	ICD-10-CM	Diagnosis
C92.11	Chronic myeloid leukemia, BCR/ABL-positive, in remission	ICD-10-CM	Diagnosis
C92.12	Chronic myeloid leukemia, BCR/ABL-positive, in relapse	ICD-10-CM	Diagnosis
C92.20	Atypical chronic myeloid leukemia, BCR/ABL-negative, not having achieved remission	ICD-10-CM	Diagnosis
C92.21	Atypical chronic myeloid leukemia, BCR/ABL-negative, in remission	ICD-10-CM	Diagnosis
C92.22	Atypical chronic myeloid leukemia, BCR/ABL-negative, in relapse	ICD-10-CM	Diagnosis
C92.30	Myeloid sarcoma, not having achieved remission	ICD-10-CM	Diagnosis
C92.31	Myeloid sarcoma, in remission	ICD-10-CM	Diagnosis
C92.32	Myeloid sarcoma, in relapse	ICD-10-CM	Diagnosis
C92.40	Acute promyelocytic leukemia, not having achieved remission	ICD-10-CM	Diagnosis
C92.41	Acute promyelocytic leukemia, in remission	ICD-10-CM	Diagnosis
C92.42	Acute promyelocytic leukemia, in relapse	ICD-10-CM	Diagnosis
C92.50	Acute myelomonocytic leukemia, not having achieved remission	ICD-10-CM	Diagnosis
C92.51	Acute myelomonocytic leukemia, in remission	ICD-10-CM	Diagnosis
C92.52	Acute myelomonocytic leukemia, in relapse	ICD-10-CM	Diagnosis
C92.60	Acute myeloid leukemia with 11q23-abnormality not having achieved remission	ICD-10-CM	Diagnosis
C92.61	Acute myeloid leukemia with 11q23-abnormality in remission	ICD-10-CM	Diagnosis
C92.62	Acute myeloid leukemia with 11q23-abnormality in relapse	ICD-10-CM	Diagnosis
C92.90	Myeloid leukemia, unspecified, not having achieved remission	ICD-10-CM	Diagnosis
C92.91	Myeloid leukemia, unspecified in remission	ICD-10-CM	Diagnosis
C92.92	Myeloid leukemia, unspecified in relapse	ICD-10-CM	Diagnosis
C92.A0	Acute myeloid leukemia with multilineage dysplasia, not having achieved remission	ICD-10-CM	Diagnosis
C92.A1	Acute myeloid leukemia with multilineage dysplasia, in remission	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
C92.A2	Acute myeloid leukemia with multilineage dysplasia, in relapse	ICD-10-CM	Diagnosis
C92.Z0	Other myeloid leukemia not having achieved remission	ICD-10-CM	Diagnosis
C92.Z1	Other myeloid leukemia, in remission	ICD-10-CM	Diagnosis
C92.Z2	Other myeloid leukemia, in relapse	ICD-10-CM	Diagnosis
C93.00	Acute monoblastic/monocytic leukemia, not having achieved remission	ICD-10-CM	Diagnosis
C93.01	Acute monoblastic/monocytic leukemia, in remission	ICD-10-CM	Diagnosis
C93.02	Acute monoblastic/monocytic leukemia, in relapse	ICD-10-CM	Diagnosis
C93.10	Chronic myelomonocytic leukemia not having achieved remission	ICD-10-CM	Diagnosis
C93.11	Chronic myelomonocytic leukemia, in remission	ICD-10-CM	Diagnosis
C93.12	Chronic myelomonocytic leukemia, in relapse	ICD-10-CM	Diagnosis
C93.30	Juvenile myelomonocytic leukemia, not having achieved remission	ICD-10-CM	Diagnosis
C93.31	Juvenile myelomonocytic leukemia, in remission	ICD-10-CM	Diagnosis
C93.32	Juvenile myelomonocytic leukemia, in relapse	ICD-10-CM	Diagnosis
C93.90	Monocytic leukemia, unspecified, not having achieved remission	ICD-10-CM	Diagnosis
C93.91	Monocytic leukemia, unspecified in remission	ICD-10-CM	Diagnosis
C93.92	Monocytic leukemia, unspecified in relapse	ICD-10-CM	Diagnosis
C93.Z0	Other monocytic leukemia, not having achieved remission	ICD-10-CM	Diagnosis
C93.Z1	Other monocytic leukemia, in remission	ICD-10-CM	Diagnosis
C93.Z2	Other monocytic leukemia, in relapse	ICD-10-CM	Diagnosis
C94.00	Acute erythroid leukemia, not having achieved remission	ICD-10-CM	Diagnosis
C94.01	Acute erythroid leukemia, in remission	ICD-10-CM	Diagnosis
C94.02	Acute erythroid leukemia, in relapse	ICD-10-CM	Diagnosis
C94.20	Acute megakaryoblastic leukemia not having achieved remission	ICD-10-CM	Diagnosis
C94.21	Acute megakaryoblastic leukemia, in remission	ICD-10-CM	Diagnosis
C94.22	Acute megakaryoblastic leukemia, in relapse	ICD-10-CM	Diagnosis
C94.30	Mast cell leukemia not having achieved remission	ICD-10-CM	Diagnosis
C94.31	Mast cell leukemia, in remission	ICD-10-CM	Diagnosis
C94.32	Mast cell leukemia, in relapse	ICD-10-CM	Diagnosis
C94.40	Acute panmyelosis with myelofibrosis not having achieved remission	ICD-10-CM	Diagnosis
C94.41	Acute panmyelosis with myelofibrosis, in remission	ICD-10-CM	Diagnosis
C94.42	Acute panmyelosis with myelofibrosis, in relapse	ICD-10-CM	Diagnosis
C94.6	Myelodysplastic disease, not classified	ICD-10-CM	Diagnosis
C94.80	Other specified leukemias not having achieved remission	ICD-10-CM	Diagnosis
C94.81	Other specified leukemias, in remission	ICD-10-CM	Diagnosis
C94.82	Other specified leukemias, in relapse	ICD-10-CM	Diagnosis
C95.00	Acute leukemia of unspecified cell type not having achieved remission	ICD-10-CM	Diagnosis
C95.01	Acute leukemia of unspecified cell type, in remission	ICD-10-CM	Diagnosis
C95.02	Acute leukemia of unspecified cell type, in relapse	ICD-10-CM	Diagnosis
C95.10	Chronic leukemia of unspecified cell type not having achieved remission	ICD-10-CM	Diagnosis
C95.11	Chronic leukemia of unspecified cell type, in remission	ICD-10-CM	Diagnosis
C95.12	Chronic leukemia of unspecified cell type, in relapse	ICD-10-CM	Diagnosis
C95.90	Leukemia, unspecified not having achieved remission	ICD-10-CM	Diagnosis



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Code	Description	Code Type	Code Category
C95.91	Leukemia, unspecified, in remission	ICD-10-CM	Diagnosis
C95.92	Leukemia, unspecified, in relapse	ICD-10-CM	Diagnosis
C96.0	Multifocal and multisystemic (disseminated) Langerhans-cell histiocytosis	ICD-10-CM	Diagnosis
C96.20	Malignant mast cell neoplasm, unspecified	ICD-10-CM	Diagnosis
C96.21	Aggressive systemic mastocytosis	ICD-10-CM	Diagnosis
C96.22	Mast cell sarcoma	ICD-10-CM	Diagnosis
C96.29	Other malignant mast cell neoplasm	ICD-10-CM	Diagnosis
C96.4	Sarcoma of dendritic cells (accessory cells)	ICD-10-CM	Diagnosis
C96.9	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified	ICD-10-CM	Diagnosis
C96.A	Histiocytic sarcoma	ICD-10-CM	Diagnosis
C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue	ICD-10-CM	Diagnosis
D00.00	Carcinoma in situ of oral cavity, unspecified site	ICD-10-CM	Diagnosis
D00.01	Carcinoma in situ of labial mucosa and vermilion border	ICD-10-CM	Diagnosis
D00.02	Carcinoma in situ of buccal mucosa	ICD-10-CM	Diagnosis
D00.03	Carcinoma in situ of gingiva and edentulous alveolar ridge	ICD-10-CM	Diagnosis
D00.04	Carcinoma in situ of soft palate	ICD-10-CM	Diagnosis
D00.05	Carcinoma in situ of hard palate	ICD-10-CM	Diagnosis
D00.06	Carcinoma in situ of floor of mouth	ICD-10-CM	Diagnosis
D00.07	Carcinoma in situ of tongue	ICD-10-CM	Diagnosis
D00.08	Carcinoma in situ of pharynx	ICD-10-CM	Diagnosis
D00.1	Carcinoma in situ of esophagus	ICD-10-CM	Diagnosis
D00.2	Carcinoma in situ of stomach	ICD-10-CM	Diagnosis
D01.0	Carcinoma in situ of colon	ICD-10-CM	Diagnosis
D01.1	Carcinoma in situ of rectosigmoid junction	ICD-10-CM	Diagnosis
D01.2	Carcinoma in situ of rectum	ICD-10-CM	Diagnosis
D01.3	Carcinoma in situ of anus and anal canal	ICD-10-CM	Diagnosis
D01.40	Carcinoma in situ of unspecified part of intestine	ICD-10-CM	Diagnosis
D01.49	Carcinoma in situ of other parts of intestine	ICD-10-CM	Diagnosis
D01.5	Carcinoma in situ of liver, gallbladder and bile ducts	ICD-10-CM	Diagnosis
D01.7	Carcinoma in situ of other specified digestive organs	ICD-10-CM	Diagnosis
D01.9	Carcinoma in situ of digestive organ, unspecified	ICD-10-CM	Diagnosis
D02.0	Carcinoma in situ of larynx	ICD-10-CM	Diagnosis
D02.1	Carcinoma in situ of trachea	ICD-10-CM	Diagnosis
D02.20	Carcinoma in situ of unspecified bronchus and lung	ICD-10-CM	Diagnosis
D02.21	Carcinoma in situ of right bronchus and lung	ICD-10-CM	Diagnosis
D02.22	Carcinoma in situ of left bronchus and lung	ICD-10-CM	Diagnosis
D02.3	Carcinoma in situ of other parts of respiratory system	ICD-10-CM	Diagnosis
D02.4	Carcinoma in situ of respiratory system, unspecified	ICD-10-CM	Diagnosis
D03.0	Melanoma in situ of lip	ICD-10-CM	Diagnosis
D03.10	Melanoma in situ of unspecified eyelid, including canthus	ICD-10-CM	Diagnosis
D03.11	Melanoma in situ of right eyelid, including canthus	ICD-10-CM	Diagnosis
D03.12	Melanoma in situ of left eyelid, including canthus	ICD-10-CM	Diagnosis



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Code	Description	Code Type	Code Category
D03.20	Melanoma in situ of unspecified ear and external auricular canal	ICD-10-CM	Diagnosis
D03.21	Melanoma in situ of right ear and external auricular canal	ICD-10-CM	Diagnosis
D03.22	Melanoma in situ of left ear and external auricular canal	ICD-10-CM	Diagnosis
D03.30	Melanoma in situ of unspecified part of face	ICD-10-CM	Diagnosis
D03.39	Melanoma in situ of other parts of face	ICD-10-CM	Diagnosis
D03.4	Melanoma in situ of scalp and neck	ICD-10-CM	Diagnosis
D03.51	Melanoma in situ of anal skin	ICD-10-CM	Diagnosis
D03.52	Melanoma in situ of breast (skin) (soft tissue)	ICD-10-CM	Diagnosis
D03.59	Melanoma in situ of other part of trunk	ICD-10-CM	Diagnosis
D03.60	Melanoma in situ of unspecified upper limb, including shoulder	ICD-10-CM	Diagnosis
D03.61	Melanoma in situ of right upper limb, including shoulder	ICD-10-CM	Diagnosis
D03.62	Melanoma in situ of left upper limb, including shoulder	ICD-10-CM	Diagnosis
D03.70	Melanoma in situ of unspecified lower limb, including hip	ICD-10-CM	Diagnosis
D03.71	Melanoma in situ of right lower limb, including hip	ICD-10-CM	Diagnosis
D03.72	Melanoma in situ of left lower limb, including hip	ICD-10-CM	Diagnosis
D03.8	Melanoma in situ of other sites	ICD-10-CM	Diagnosis
D03.9	Melanoma in situ, unspecified	ICD-10-CM	Diagnosis
D04.0	Carcinoma in situ of skin of lip	ICD-10-CM	Diagnosis
D04.10	Carcinoma in situ of skin of unspecified eyelid, including canthus	ICD-10-CM	Diagnosis
D04.11	Carcinoma in situ of skin of right eyelid, including canthus	ICD-10-CM	Diagnosis
D04.12	Carcinoma in situ of skin of left eyelid, including canthus	ICD-10-CM	Diagnosis
D04.20	Carcinoma in situ of skin of unspecified ear and external auricular canal	ICD-10-CM	Diagnosis
D04.21	Carcinoma in situ of skin of right ear and external auricular canal	ICD-10-CM	Diagnosis
D04.22	Carcinoma in situ of skin of left ear and external auricular canal	ICD-10-CM	Diagnosis
D04.30	Carcinoma in situ of skin of unspecified part of face	ICD-10-CM	Diagnosis
D04.39	Carcinoma in situ of skin of other parts of face	ICD-10-CM	Diagnosis
D04.4	Carcinoma in situ of skin of scalp and neck	ICD-10-CM	Diagnosis
D04.5	Carcinoma in situ of skin of trunk	ICD-10-CM	Diagnosis
D04.60	Carcinoma in situ of skin of unspecified upper limb, including shoulder	ICD-10-CM	Diagnosis
D04.61	Carcinoma in situ of skin of right upper limb, including shoulder	ICD-10-CM	Diagnosis
D04.62	Carcinoma in situ of skin of left upper limb, including shoulder	ICD-10-CM	Diagnosis
D04.70	Carcinoma in situ of skin of unspecified lower limb, including hip	ICD-10-CM	Diagnosis
D04.71	Carcinoma in situ of skin of right lower limb, including hip	ICD-10-CM	Diagnosis
D04.72	Carcinoma in situ of skin of left lower limb, including hip	ICD-10-CM	Diagnosis
D04.8	Carcinoma in situ of skin of other sites	ICD-10-CM	Diagnosis
D04.9	Carcinoma in situ of skin, unspecified	ICD-10-CM	Diagnosis
D05.00	Lobular carcinoma in situ of unspecified breast	ICD-10-CM	Diagnosis
D05.01	Lobular carcinoma in situ of right breast	ICD-10-CM	Diagnosis
D05.02	Lobular carcinoma in situ of left breast	ICD-10-CM	Diagnosis
D05.10	Intraductal carcinoma in situ of unspecified breast	ICD-10-CM	Diagnosis
D05.11	Intraductal carcinoma in situ of right breast	ICD-10-CM	Diagnosis
D05.12	Intraductal carcinoma in situ of left breast	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
D05.80	Other specified type of carcinoma in situ of unspecified breast	ICD-10-CM	Diagnosis
D05.81	Other specified type of carcinoma in situ of right breast	ICD-10-CM	Diagnosis
D05.82	Other specified type of carcinoma in situ of left breast	ICD-10-CM	Diagnosis
D05.90	Unspecified type of carcinoma in situ of unspecified breast	ICD-10-CM	Diagnosis
D05.91	Unspecified type of carcinoma in situ of right breast	ICD-10-CM	Diagnosis
D05.92	Unspecified type of carcinoma in situ of left breast	ICD-10-CM	Diagnosis
D06.0	Carcinoma in situ of endocervix	ICD-10-CM	Diagnosis
D06.1	Carcinoma in situ of exocervix	ICD-10-CM	Diagnosis
D06.7	Carcinoma in situ of other parts of cervix	ICD-10-CM	Diagnosis
D06.9	Carcinoma in situ of cervix, unspecified	ICD-10-CM	Diagnosis
D07.0	Carcinoma in situ of endometrium	ICD-10-CM	Diagnosis
D07.1	Carcinoma in situ of vulva	ICD-10-CM	Diagnosis
D07.2	Carcinoma in situ of vagina	ICD-10-CM	Diagnosis
D07.30	Carcinoma in situ of unspecified female genital organs	ICD-10-CM	Diagnosis
D07.39	Carcinoma in situ of other female genital organs	ICD-10-CM	Diagnosis
D07.4	Carcinoma in situ of penis	ICD-10-CM	Diagnosis
D07.5	Carcinoma in situ of prostate	ICD-10-CM	Diagnosis
D07.60	Carcinoma in situ of unspecified male genital organs	ICD-10-CM	Diagnosis
D07.61	Carcinoma in situ of scrotum	ICD-10-CM	Diagnosis
D07.69	Carcinoma in situ of other male genital organs	ICD-10-CM	Diagnosis
D09.0	Carcinoma in situ of bladder	ICD-10-CM	Diagnosis
D09.10	Carcinoma in situ of unspecified urinary organ	ICD-10-CM	Diagnosis
D09.19	Carcinoma in situ of other urinary organs	ICD-10-CM	Diagnosis
D09.20	Carcinoma in situ of unspecified eye	ICD-10-CM	Diagnosis
D09.21	Carcinoma in situ of right eye	ICD-10-CM	Diagnosis
D09.22	Carcinoma in situ of left eye	ICD-10-CM	Diagnosis
D09.3	Carcinoma in situ of thyroid and other endocrine glands	ICD-10-CM	Diagnosis
D09.8	Carcinoma in situ of other specified sites	ICD-10-CM	Diagnosis
D09.9	Carcinoma in situ, unspecified	ICD-10-CM	Diagnosis
D25.0	Submucous leiomyoma of uterus	ICD-10-CM	Diagnosis
D25.1	Intramural leiomyoma of uterus	ICD-10-CM	Diagnosis
D25.2	Subserosal leiomyoma of uterus	ICD-10-CM	Diagnosis
D25.9	Leiomyoma of uterus, unspecified	ICD-10-CM	Diagnosis
D37.01	Neoplasm of uncertain behavior of lip	ICD-10-CM	Diagnosis
D37.02	Neoplasm of uncertain behavior of tongue	ICD-10-CM	Diagnosis
D37.030	Neoplasm of uncertain behavior of the parotid salivary glands	ICD-10-CM	Diagnosis
D37.031	Neoplasm of uncertain behavior of the sublingual salivary glands	ICD-10-CM	Diagnosis
D37.032	Neoplasm of uncertain behavior of the submandibular salivary glands	ICD-10-CM	Diagnosis
D37.039	Neoplasm of uncertain behavior of the major salivary glands, unspecified	ICD-10-CM	Diagnosis
D37.04	Neoplasm of uncertain behavior of the minor salivary glands	ICD-10-CM	Diagnosis
D37.05	Neoplasm of uncertain behavior of pharynx	ICD-10-CM	Diagnosis
D37.09	Neoplasm of uncertain behavior of other specified sites of the oral cavity	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
D37.1	Neoplasm of uncertain behavior of stomach	ICD-10-CM	Diagnosis
D37.2	Neoplasm of uncertain behavior of small intestine	ICD-10-CM	Diagnosis
D37.3	Neoplasm of uncertain behavior of appendix	ICD-10-CM	Diagnosis
D37.4	Neoplasm of uncertain behavior of colon	ICD-10-CM	Diagnosis
D37.5	Neoplasm of uncertain behavior of rectum	ICD-10-CM	Diagnosis
D37.6	Neoplasm of uncertain behavior of liver, gallbladder and bile ducts	ICD-10-CM	Diagnosis
D37.8	Neoplasm of uncertain behavior of other specified digestive organs	ICD-10-CM	Diagnosis
D37.9	Neoplasm of uncertain behavior of digestive organ, unspecified	ICD-10-CM	Diagnosis
D38.0	Neoplasm of uncertain behavior of larynx	ICD-10-CM	Diagnosis
D38.1	Neoplasm of uncertain behavior of trachea, bronchus and lung	ICD-10-CM	Diagnosis
D38.2	Neoplasm of uncertain behavior of pleura	ICD-10-CM	Diagnosis
D38.3	Neoplasm of uncertain behavior of mediastinum	ICD-10-CM	Diagnosis
D38.4	Neoplasm of uncertain behavior of thymus	ICD-10-CM	Diagnosis
D38.5	Neoplasm of uncertain behavior of other respiratory organs	ICD-10-CM	Diagnosis
D38.6	Neoplasm of uncertain behavior of respiratory organ, unspecified	ICD-10-CM	Diagnosis
D39.0	Neoplasm of uncertain behavior of uterus	ICD-10-CM	Diagnosis
D39.10	Neoplasm of uncertain behavior of unspecified ovary	ICD-10-CM	Diagnosis
D39.11	Neoplasm of uncertain behavior of right ovary	ICD-10-CM	Diagnosis
D39.12	Neoplasm of uncertain behavior of left ovary	ICD-10-CM	Diagnosis
D39.2	Neoplasm of uncertain behavior of placenta	ICD-10-CM	Diagnosis
D39.8	Neoplasm of uncertain behavior of other specified female genital organs	ICD-10-CM	Diagnosis
D39.9	Neoplasm of uncertain behavior of female genital organ, unspecified	ICD-10-CM	Diagnosis
D3A.00	Benign carcinoid tumor of unspecified site	ICD-10-CM	Diagnosis
D3A.010	Benign carcinoid tumor of the duodenum	ICD-10-CM	Diagnosis
D3A.011	Benign carcinoid tumor of the jejunum	ICD-10-CM	Diagnosis
D3A.012	Benign carcinoid tumor of the ileum	ICD-10-CM	Diagnosis
D3A.019	Benign carcinoid tumor of the small intestine, unspecified portion	ICD-10-CM	Diagnosis
D3A.020	Benign carcinoid tumor of the appendix	ICD-10-CM	Diagnosis
D3A.021	Benign carcinoid tumor of the cecum	ICD-10-CM	Diagnosis
D3A.022	Benign carcinoid tumor of the ascending colon	ICD-10-CM	Diagnosis
D3A.023	Benign carcinoid tumor of the transverse colon	ICD-10-CM	Diagnosis
D3A.024	Benign carcinoid tumor of the descending colon	ICD-10-CM	Diagnosis
D3A.025	Benign carcinoid tumor of the sigmoid colon	ICD-10-CM	Diagnosis
D3A.026	Benign carcinoid tumor of the rectum	ICD-10-CM	Diagnosis
D3A.029	Benign carcinoid tumor of the large intestine, unspecified portion	ICD-10-CM	Diagnosis
D3A.090	Benign carcinoid tumor of the bronchus and lung	ICD-10-CM	Diagnosis
D3A.091	Benign carcinoid tumor of the thymus	ICD-10-CM	Diagnosis
D3A.092	Benign carcinoid tumor of the stomach	ICD-10-CM	Diagnosis
D3A.093	Benign carcinoid tumor of the kidney	ICD-10-CM	Diagnosis
D3A.094	Benign carcinoid tumor of the foregut, unspecified	ICD-10-CM	Diagnosis
D3A.095	Benign carcinoid tumor of the midgut, unspecified	ICD-10-CM	Diagnosis
D3A.096	Benign carcinoid tumor of the hindgut, unspecified	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
D3A.098	Benign carcinoid tumors of other sites	ICD-10-CM	Diagnosis
D3A.8	Other benign neuroendocrine tumors	ICD-10-CM	Diagnosis
D40.0	Neoplasm of uncertain behavior of prostate	ICD-10-CM	Diagnosis
D40.10	Neoplasm of uncertain behavior of unspecified testis	ICD-10-CM	Diagnosis
D40.11	Neoplasm of uncertain behavior of right testis	ICD-10-CM	Diagnosis
D40.12	Neoplasm of uncertain behavior of left testis	ICD-10-CM	Diagnosis
D40.8	Neoplasm of uncertain behavior of other specified male genital organs	ICD-10-CM	Diagnosis
D40.9	Neoplasm of uncertain behavior of male genital organ, unspecified	ICD-10-CM	Diagnosis
D41.00	Neoplasm of uncertain behavior of unspecified kidney	ICD-10-CM	Diagnosis
D41.01	Neoplasm of uncertain behavior of right kidney	ICD-10-CM	Diagnosis
D41.02	Neoplasm of uncertain behavior of left kidney	ICD-10-CM	Diagnosis
D41.10	Neoplasm of uncertain behavior of unspecified renal pelvis	ICD-10-CM	Diagnosis
D41.11	Neoplasm of uncertain behavior of right renal pelvis	ICD-10-CM	Diagnosis
D41.12	Neoplasm of uncertain behavior of left renal pelvis	ICD-10-CM	Diagnosis
D41.20	Neoplasm of uncertain behavior of unspecified ureter	ICD-10-CM	Diagnosis
D41.21	Neoplasm of uncertain behavior of right ureter	ICD-10-CM	Diagnosis
D41.22	Neoplasm of uncertain behavior of left ureter	ICD-10-CM	Diagnosis
D41.3	Neoplasm of uncertain behavior of urethra	ICD-10-CM	Diagnosis
D41.4	Neoplasm of uncertain behavior of bladder	ICD-10-CM	Diagnosis
D41.8	Neoplasm of uncertain behavior of other specified urinary organs	ICD-10-CM	Diagnosis
D41.9	Neoplasm of uncertain behavior of unspecified urinary organ	ICD-10-CM	Diagnosis
D42.0	Neoplasm of uncertain behavior of cerebral meninges	ICD-10-CM	Diagnosis
D42.1	Neoplasm of uncertain behavior of spinal meninges	ICD-10-CM	Diagnosis
D42.9	Neoplasm of uncertain behavior of meninges, unspecified	ICD-10-CM	Diagnosis
D43.0	Neoplasm of uncertain behavior of brain, supratentorial	ICD-10-CM	Diagnosis
D43.1	Neoplasm of uncertain behavior of brain, infratentorial	ICD-10-CM	Diagnosis
D43.2	Neoplasm of uncertain behavior of brain, unspecified	ICD-10-CM	Diagnosis
D43.3	Neoplasm of uncertain behavior of cranial nerves	ICD-10-CM	Diagnosis
D43.4	Neoplasm of uncertain behavior of spinal cord	ICD-10-CM	Diagnosis
D43.8	Neoplasm of uncertain behavior of other specified parts of central nervous system	ICD-10-CM	Diagnosis
D43.9	Neoplasm of uncertain behavior of central nervous system, unspecified	ICD-10-CM	Diagnosis
D44.0	Neoplasm of uncertain behavior of thyroid gland	ICD-10-CM	Diagnosis
D44.10	Neoplasm of uncertain behavior of unspecified adrenal gland	ICD-10-CM	Diagnosis
D44.11	Neoplasm of uncertain behavior of right adrenal gland	ICD-10-CM	Diagnosis
D44.12	Neoplasm of uncertain behavior of left adrenal gland	ICD-10-CM	Diagnosis
D44.2	Neoplasm of uncertain behavior of parathyroid gland	ICD-10-CM	Diagnosis
D44.3	Neoplasm of uncertain behavior of pituitary gland	ICD-10-CM	Diagnosis
D44.4	Neoplasm of uncertain behavior of craniopharyngeal duct	ICD-10-CM	Diagnosis
D44.5	Neoplasm of uncertain behavior of pineal gland	ICD-10-CM	Diagnosis
D44.6	Neoplasm of uncertain behavior of carotid body	ICD-10-CM	Diagnosis
D44.7	Neoplasm of uncertain behavior of aortic body and other paraganglia	ICD-10-CM	Diagnosis
D44.9	Neoplasm of uncertain behavior of unspecified endocrine gland	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
D45	Polycythemia vera	ICD-10-CM	Diagnosis
D46.0	Refractory anemia without ring sideroblasts, so stated	ICD-10-CM	Diagnosis
D46.1	Refractory anemia with ring sideroblasts	ICD-10-CM	Diagnosis
D46.20	Refractory anemia with excess of blasts, unspecified	ICD-10-CM	Diagnosis
D46.21	Refractory anemia with excess of blasts 1	ICD-10-CM	Diagnosis
D46.22	Refractory anemia with excess of blasts 2	ICD-10-CM	Diagnosis
D46.4	Refractory anemia, unspecified	ICD-10-CM	Diagnosis
D46.9	Myelodysplastic syndrome, unspecified	ICD-10-CM	Diagnosis
D46.A	Refractory cytopenia with multilineage dysplasia	ICD-10-CM	Diagnosis
D46.B	Refractory cytopenia with multilineage dysplasia and ring sideroblasts	ICD-10-CM	Diagnosis
D46.C	Myelodysplastic syndrome with isolated del(5q) chromosomal abnormality	ICD-10-CM	Diagnosis
D46.Z	Other myelodysplastic syndromes	ICD-10-CM	Diagnosis
D47.01	Cutaneous mastocytosis	ICD-10-CM	Diagnosis
D47.02	Systemic mastocytosis	ICD-10-CM	Diagnosis
D47.09	Other mast cell neoplasms of uncertain behavior	ICD-10-CM	Diagnosis
D47.1	Chronic myeloproliferative disease	ICD-10-CM	Diagnosis
D47.3	Essential (hemorrhagic) thrombocythemia	ICD-10-CM	Diagnosis
D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified	ICD-10-CM	Diagnosis
D47.Z1	Post-transplant lymphoproliferative disorder (PTLD)	ICD-10-CM	Diagnosis
D47.Z2	Castleman disease	ICD-10-CM	Diagnosis
D47.Z9	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue	ICD-10-CM	Diagnosis
D48.0	Neoplasm of uncertain behavior of bone and articular cartilage	ICD-10-CM	Diagnosis
D48.1	Neoplasm of uncertain behavior of connective and other soft tissue	ICD-10-CM	Diagnosis
D48.2	Neoplasm of uncertain behavior of peripheral nerves and autonomic nervous system	ICD-10-CM	Diagnosis
D48.3	Neoplasm of uncertain behavior of retroperitoneum	ICD-10-CM	Diagnosis
D48.4	Neoplasm of uncertain behavior of peritoneum	ICD-10-CM	Diagnosis
D48.5	Neoplasm of uncertain behavior of skin	ICD-10-CM	Diagnosis
D48.60	Neoplasm of uncertain behavior of unspecified breast	ICD-10-CM	Diagnosis
D48.61	Neoplasm of uncertain behavior of right breast	ICD-10-CM	Diagnosis
D48.62	Neoplasm of uncertain behavior of left breast	ICD-10-CM	Diagnosis
D48.7	Neoplasm of uncertain behavior of other specified sites	ICD-10-CM	Diagnosis
D48.9	Neoplasm of uncertain behavior, unspecified	ICD-10-CM	Diagnosis
D49.0	Neoplasm of unspecified behavior of digestive system	ICD-10-CM	Diagnosis
D49.1	Neoplasm of unspecified behavior of respiratory system	ICD-10-CM	Diagnosis
D49.2	Neoplasm of unspecified behavior of bone, soft tissue, and skin	ICD-10-CM	Diagnosis
D49.3	Neoplasm of unspecified behavior of breast	ICD-10-CM	Diagnosis
D49.4	Neoplasm of unspecified behavior of bladder	ICD-10-CM	Diagnosis
D49.511	Neoplasm of unspecified behavior of right kidney	ICD-10-CM	Diagnosis
D49.512	Neoplasm of unspecified behavior of left kidney	ICD-10-CM	Diagnosis
D49.519	Neoplasm of unspecified behavior of unspecified kidney	ICD-10-CM	Diagnosis

**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

Code	Description	Code Type	Code Category
D49.59	Neoplasm of unspecified behavior of other genitourinary organ	ICD-10-CM	Diagnosis
D49.6	Neoplasm of unspecified behavior of brain	ICD-10-CM	Diagnosis
D49.7	Neoplasm of unspecified behavior of endocrine glands and other parts of nervous system	ICD-10-CM	Diagnosis
D49.81	Neoplasm of unspecified behavior of retina and choroid	ICD-10-CM	Diagnosis
D49.89	Neoplasm of unspecified behavior of other specified sites	ICD-10-CM	Diagnosis
D49.9	Neoplasm of unspecified behavior of unspecified site	ICD-10-CM	Diagnosis
Q85.00	Neurofibromatosis, unspecified	ICD-10-CM	Diagnosis
Q85.01	Neurofibromatosis, type 1	ICD-10-CM	Diagnosis
Q85.02	Neurofibromatosis, type 2	ICD-10-CM	Diagnosis
Q85.03	Schwannomatosis	ICD-10-CM	Diagnosis
Q85.09	Other neurofibromatosis	ICD-10-CM	Diagnosis
<b>Cancer Treatment</b>			
55859	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	CPT-4	Procedure
55860	Exposure of prostate, any approach, for insertion of radioactive substance;	CPT-4	Procedure
55862	Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	CPT-4	Procedure
55865	Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	CPT-4	Procedure
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	CPT-4	Procedure
76950	Ultrasonic guidance for placement of radiation therapy fields	CPT-4	Procedure
76960	Ultrasonic guidance for placement of radiation therapy fields, except for B-scan echography	CPT-4	Procedure
77280	Therapeutic radiology simulation-aided field setting; simple	CPT-4	Procedure
77285	Therapeutic radiology simulation-aided field setting; intermediate	CPT-4	Procedure
77290	Therapeutic radiology simulation-aided field setting; complex	CPT-4	Procedure
77295	3-dimensional radiotherapy plan, including dose-volume histograms	CPT-4	Procedure
77299	Unlisted procedure, therapeutic radiology clinical treatment planning	CPT-4	Procedure
77300	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician	CPT-4	Procedure
77305	Teletherapy, isodose plan (whether hand or computer calculated); simple (1 or 2 parallel opposed unmodified ports directed to a single area of interest)	CPT-4	Procedure
77310	Teletherapy, isodose plan (whether hand or computer calculated); intermediate (3 or more treatment ports directed to a single area of interest)	CPT-4	Procedure



**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

Code	Description	Code Type	Code Category
77315	Teletherapy, isodose plan (whether hand or computer calculated); complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations)	CPT-4	Procedure
77321	Special teletherapy port plan, particles, hemibody, total body	CPT-4	Procedure
77326	Brachytherapy isodose plan; simple (calculation made from single plane, 1 to 4 sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)	CPT-4	Procedure
77327	Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)	CPT-4	Procedure
77328	Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)	CPT-4	Procedure
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day	CPT-4	Procedure
77402	Radiation treatment delivery, $\geq 1$ MeV; simple	CPT-4	Procedure
77403	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV	CPT-4	Procedure
77404	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 MeV	CPT-4	Procedure
77406	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV or greater	CPT-4	Procedure
77407	Radiation treatment delivery, $\geq 1$ MeV; intermediate	CPT-4	Procedure
77408	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 6-10 MeV	CPT-4	Procedure
77409	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 11-19 MeV	CPT-4	Procedure
77411	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 20 MeV or greater	CPT-4	Procedure
77412	Radiation treatment delivery, $\geq 1$ MeV; complex	CPT-4	Procedure
77413	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 MeV	CPT-4	Procedure
77414	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 MeV	CPT-4	Procedure
77416	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 MeV or greater	CPT-4	Procedure
77427	Radiation treatment management, 5 treatments	CPT-4	Procedure
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	CPT-4	Procedure
77469	Intraoperative radiation treatment management	CPT-4	Procedure

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Code	Description	Code Type	Code Category
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	CPT-4	Procedure
77499	Unlisted procedure, therapeutic radiology treatment management	CPT-4	Procedure
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)	CPT-4	Procedure
77761	Intracavitary radiation source application; simple	CPT-4	Procedure
77762	Intracavitary radiation source application; intermediate	CPT-4	Procedure
77763	Intracavitary radiation source application; complex	CPT-4	Procedure
77776	Interstitial radiation source application; simple	CPT-4	Procedure
77777	Interstitial radiation source application; intermediate	CPT-4	Procedure
77778	Interstitial radiation source application; complex	CPT-4	Procedure
77781	Remote afterloading high intensity brachytherapy; 1-4 source positions or catheters	CPT-4	Procedure
77782	Remote afterloading high intensity brachytherapy; 5-8 source positions or catheters	CPT-4	Procedure
77783	Remote afterloading high intensity brachytherapy; 9-12 source positions or catheters	CPT-4	Procedure
77784	Remote afterloading high intensity brachytherapy; over 12 source positions or catheters	CPT-4	Procedure
77785	Remote afterloading high dose rate radionuclide brachytherapy; 1 channel	CPT-4	Procedure
77786	Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels	CPT-4	Procedure
77787	Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels	CPT-4	Procedure
77789	Surface application of low dose rate radionuclide source	CPT-4	Procedure
77799	Unlisted procedure, clinical brachytherapy	CPT-4	Procedure
79005	Radiopharmaceutical therapy, by oral administration	CPT-4	Procedure
79101	Radiopharmaceutical therapy, by intravenous administration	CPT-4	Procedure
79200	Radiopharmaceutical therapy, by intracavitary administration	CPT-4	Procedure
79300	Radiopharmaceutical therapy, by interstitial radioactive colloid administration	CPT-4	Procedure
79400	Radiopharmaceutical therapy, nonthyroid, nonhematologic by intervenous injection	CPT-4	Procedure
79403	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion	CPT-4	Procedure
79420	Intravascular radiopharmaceutical therapy, particulate	CPT-4	Procedure
79440	Radiopharmaceutical therapy, by intra-articular administration	CPT-4	Procedure
79900	Provision of therapeutic radiopharmaceutical(s)	CPT-4	Procedure
79999	Radiopharmaceutical therapy, unlisted procedure	CPT-4	Procedure
11600	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less	CPT-4	Procedure
11601	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm	CPT-4	Procedure
11602	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm	CPT-4	Procedure
11603	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm	CPT-4	Procedure
11604	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm	CPT-4	Procedure

**Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, 4th Edition (CPT-4) Diagnosis Codes and Procedure Codes Used to Define Inclusion and Exclusion Criteria in this Request**

Code	Description	Code Type	Code Category
11606	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm	CPT-4	Procedure
11620	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	CPT-4	Procedure
11621	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	CPT-4	Procedure
11622	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	CPT-4	Procedure
11623	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	CPT-4	Procedure
11624	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	CPT-4	Procedure
11626	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	CPT-4	Procedure
11640	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less	CPT-4	Procedure
11641	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm	CPT-4	Procedure
11642	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm	CPT-4	Procedure
11643	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm	CPT-4	Procedure
11644	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm	CPT-4	Procedure
11646	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm	CPT-4	Procedure
17260	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.5 cm or less	CPT-4	Procedure
17261	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	CPT-4	Procedure
17262	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	CPT-4	Procedure
17263	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 2.1 to 3.0 cm	CPT-4	Procedure
17264	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 3.1 to 4.0 cm	CPT-4	Procedure

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Code	Description	Code Type	Code Category
17266	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter over 4.0 cm	CPT-4	Procedure
17270	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	CPT-4	Procedure
17271	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	CPT-4	Procedure
17272	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	CPT-4	Procedure
17273	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 2.1 to 3.0 cm	CPT-4	Procedure
17274	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 3.1 to 4.0 cm	CPT-4	Procedure
17276	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm	CPT-4	Procedure
17280	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	CPT-4	Procedure
17281	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	CPT-4	Procedure
17282	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	CPT-4	Procedure
17283	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 2.1 to 3.0 cm	CPT-4	Procedure
17284	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 3.1 to 4.0 cm	CPT-4	Procedure
17286	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 4.0 cm	CPT-4	Procedure

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Code	Description	Code Type	Code Category
17304	Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation including the first routine stain (eg, hematoxylin and eosin, toluidine blue); first stage, fresh tissue technique, up to 5 specimens	CPT-4	Procedure
17305	Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation including the first routine stain (eg, hematoxylin and eosin, toluidine blue); second stage, fixed or fresh tissue, up to 5 specimens	CPT-4	Procedure
17306	Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation including the first routine stain (eg, hematoxylin and eosin, toluidine blue); third stage, fixed or fresh tissue, up to 5 specimens	CPT-4	Procedure
17307	Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation including the first routine stain (eg, hematoxylin and eosin, toluidine blue); additional stage(s), up to 5 specimens, each stage	CPT-4	Procedure
17310	Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation including the first routine stain (eg, hematoxylin and eosin, toluidine blue); each additional specimen, after the first 5 specimens, fixed or fresh tissue, any stage (List separately in addition to code for primary procedure)	CPT-4	Procedure
17311	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks	CPT-4	Procedure
17312	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)	CPT-4	Procedure

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Code	Description	Code Type	Code Category
17313	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to 5 tissue blocks	CPT-4	Procedure
17314	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)	CPT-4	Procedure
17315	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), each additional block after the first 5 tissue blocks, any stage (List separately in addition to code for primary procedure)	CPT-4	Procedure



## Appendix D.2. List of Generic and Brand Medical Product Names Used to Define Inclusion and Exclusion Criteria in this Request

Generic Name	Brand Name
<b>Non-Vitamin K Oral Anticoagulants</b>	
dabigatran etexilate mesylate	Pradaxa
rivaroxaban	Xarelto
apixaban	Eliquis
edoxaban tosylate	Savaysa
<b>Warfarin</b>	
warfarin sodium	Warfarin
warfarin sodium	Coumadin
warfarin sodium	Jantoven
<b>Allopurinol</b>	
allopurinol	Allopurinol
allopurinol	Zyloprim
<b>Select Autoimmune Medication (Prednisone/Prednisolone)</b>	
prednisone	Deltasone
prednisone	Prednisone Intensol
prednisone	Rayos
prednisone	Sterapred
prednisone	Prednisone
gentamicin sulfate/prednisolone acetate	Pred-G
gentamicin sulfate/prednisolone acetate	Pred-G S.O.P.
methylprednisolone	Medrol
methylprednisolone	Medrol (Pak)
methylprednisolone	Meprolone Unipak
methylprednisolone	Methylpred DP
methylprednisolone	Methylprednisolone
methylprednisolone acetate	Depo-Medrol
methylprednisolone acetate	Methylprednisolone acetate
methylprednisolone acetate	P-Care D40
methylprednisolone acetate	P-Care D80
methylprednisolone acetate	ReadySharp Methylprednisolone
methylprednisolone acetate in sodium chloride,iso-osmotic/PF	Methylpred ac(PF)-NaCl,iso-osm
methylprednisolone acetate in sterile water for injection	Methylprednisolone acet-water
methylprednisolone acetate/bupivacaine HCl	Physicians EZ Use M-Pred
methylprednisolone acetate/bupivacaine HCl in sterile water	Methylprednisol ac-bupivac-wat
methylprednisolone acetate/norflurane/HFC 245fa	Medroloan II SUIK
methylprednisolone acetate/norflurane/HFC 245fa	Medroloan SUIK
methylprednisolone acetate/norflurane/HFC 245fa	P-Care D40G
methylprednisolone acetate/norflurane/HFC 245fa	P-Care D80G
methylprednisolone sodium succinate	A-Methapred
methylprednisolone sodium succinate	Methylprednisolone sodium succ
methylprednisolone sodium succinate	Solu-Medrol
methylprednisolone sodium succinate/PF	Solu-Medrol (PF)
neomycin sulfate/polymyxin B sulfate/prednisolone	Poly-Pred
prednisolone	Millipred

## Appendix D.2. List of Generic and Brand Medical Product Names Used to Define Inclusion and Exclusion Criteria in this Request

Generic Name	Brand Name
prednisolone	Millipred DP
prednisolone	Prednisolone
prednisolone	Prelone
prednisolone acetate	Flo-Pred
prednisolone acetate	Omnipred
prednisolone acetate	Pred Forte
prednisolone acetate	Pred Mild
prednisolone acetate	Prednisolone acetate
prednisolone acetate/bromfenac sodium	Prednisolone acetate-bromfenac
prednisolone acetate/gatifloxacin	Prednisolone acet-gatifloxacin
prednisolone acetate/gatifloxacin/bromfenac sodium	Prednisol ace-gatiflox-bromfen
prednisolone acetate/gatifloxacin/nepafenac	Prednisolone-gatiflox-nepafen
prednisolone acetate/moxifloxacin HCl	Prednisolone-moxifloxacin HCl
prednisolone acetate/moxifloxacin HCl/bromfenac sodium	Prednisolone-moxiflox-bromfen
prednisolone acetate/moxifloxacin HCl/nepafenac	Prednisolone-moxiflo-nepafenac
prednisolone acetate/nepafenac	Prednisolone acetate-nepafenac
prednisolone acetate/PF	Prednisolone acetate (PF)
prednisolone sodium phosphate	Millipred
prednisolone sodium phosphate	Orapred
prednisolone sodium phosphate	Orapred ODT
prednisolone sodium phosphate	Pediapred
prednisolone sodium phosphate	Prednisol
prednisolone sodium phosphate	Prednisolone sodium phosphate
prednisolone sodium phosphate	Veripred 20
prednisolone sodium phosphate/bromfenac sodium	Prednisolone sod ph-bromfenac
prednisolone sodium phosphate/gatifloxacin	Prednisolone sod ph-gatifloxac
prednisolone sodium phosphate/gatifloxacin/bromfenac sodium	Prednisoln sp-gatiflox-bromfen
prednisolone sodium phosphate/moxifloxacin HCl	Prednisolone sod ph-moxiflox
Prednisolone Sodium Phosphate/Peak Flow Meter	Asmalpred
Prednisolone Sodium Phosphate/Peak Flow Meter	Asmalpred Plus
sulfacetamide sodium/prednisolone acetate	Blephamide
sulfacetamide sodium/prednisolone acetate	Blephamide S.O.P.
sulfacetamide sodium/prednisolone sodium phosphate	Sulfacetamide-prednisolone
Steroid Medications	
triamcinolone acetonide	Triamcinolone acetonide
clotrimazole/betamethasone dipropionate	Clotrimazole-betamethasone
clobetasol propionate	Clobetasol
betamethasone valerate	Betamethasone valerate
dexamethasone	Dexamethasone
clobetasol propionate/emollient base	Temovate E
betamethasone dipropionate/propylene glycol	Betamethasone, augmented
triamcinolone acetonide/dimethicone/silicone, adhesive	NuTriaRx
triamcinolone acetonide	Triderm
betamethasone dipropionate	Betamethasone dipropionate
betamethasone dipropionate/propylene glycol	Diprolene

## Appendix D.2. List of Generic and Brand Medical Product Names Used to Define Inclusion and Exclusion Criteria in this Request

Generic Name	Brand Name
clotrimazole/betamethasone dipropionate	Lotrisone
calcipotriene/betamethasone dipropionate	Taclonex
dexamethasone/saliva collection device	Cushings Syndrome Diagnostic
betamethasone dipropionate	Betamethasone, augmented
nystatin/triamcinolone acetonide	Nystatin-triamcinolone
triamcinolone acetonide/dimethicone/silicone, adhesive	SanaDermRx
clobetasol propionate/emollient base	Tovet Emollient
clobetasol propionate	Impoyz
triamcinolone acetonide/dimethicone/silicone, adhesive	Tri-Sila
betamethasone dipropionate	Diprosone
triamcinolone acetonide/silicones	Silazone-II
clobetasol propionate	Temovate
dexamethasone	HiDex
dexamethasone	ZonaCort
clobetasol propionate	Olux
clobetasol propionate/emollient base	Clobetasol-emollient
clobetasol propionate	Embeline
clobetasol propionate/niacinamide	Clobetasol-niacinamide
triamcinolone acetonide/dimethicone/silicone, adhesive	Whytederm Trilasil Pak
minoxidil/betamethasone dipropionate	Minoxidil-betamethasone
dexamethasone	TaperDex
triamcinolone acetonide/dimethicone/silicone, adhesive	DermacinRx SilaPak
clobetasol propionate/emollient base	Olux-E
clobetasol propionate	Clobex
clobetasol propionate/emollient combination no.65	Tovet Kit
clotrimazole/betamethasone dipropionate/zinc oxide	DermacinRx Therazole Pak
dexamethasone	LoCort
clobetasol propionate/calcipotriene	Clobetasol-calcipotriene
triamcinolone acetonide/dimethicone/silicone, adhesive	DermaWerx SDS
calcipotriene/betamethasone dipropionate	Taclonex Scalp
betamethasone valerate	Luxiq
triamcinolone acetonide/dimethicone	Ellzia Pak
triamcinolone acetonide/emollient combination no.86	Dermasorb TA Complete Kit
dexamethasone	Dxevo
triamcinolone acetonide/dimethicone/silicone, adhesive	Whytederm TDPak
triamcinolone acetonide/silicones	Dermazone
triamcinolone acetonide/niacinamide	Triamcinolone-niacinamide
dexamethasone	DexPak 13 Day
triamcinolone acetonide/dimethicone/silicone, adhesive	DermaSilkRx SDS
triamcinolone acetonide/silicones	SilaLite Pak
betamethasone dipropionate/propylene glycol	Diprolene AF
triamcinolone acetonide/silicones	DermacinRx SilaZone
triamcinolone acetonide/dimethicone/silicone, adhesive	Sure Result Tac Pak
betamethasone dipropionate	Sernivo
calcipotriene/betamethasone dipropionate	Enstilar

## Appendix D.2. List of Generic and Brand Medical Product Names Used to Define Inclusion and Exclusion Criteria in this Request

Generic Name	Brand Name
calcipotriene/betamethasone dipropionate	Calcipotriene-betamethasone
dexamethasone	Decadron
triamcinolone acetonide	Triamex
clobetasol propionate/coal tar	Clobetasol-coal tar
clobetasol propionate/coal tar	Clobeta+Plus
dexamethasone	DexPak 10 day
dexamethasone	DexPak 6 Day
clobetasol propionate/emollient base	Olux-Olux-E (100/10)
clobetasol propionate/emollient base	Olux-Olux-E (50/50)
clobetasol propionate	Cormax
triamcinolone acetonide/emollient combination no.45	Pediaderm TA
dexamethasone	Zema-Pak
dexamethasone	Baycadron
betamethasone	Celestone
dexamethasone	ZoDex
betamethasone valerate	Beta-Val
dexamethasone	Dexamethasone Intensol
Cancer Medications	
aldesleukin	Proleukin
alemtuzumab	Campath
alemtuzumab	Lemtrada
altretamine	Hexalen
arsenic trioxide	Trisenox
arsenic trioxide	Arsenic trioxide
asparaginase	Elspar
asparaginase (Erwinia chrysanthemi)	Erwinaze
azacitidine	Azacitidine
azacitidine	Vidaza
bendamustine HCl	Bendamustine
bendamustine HCl	Bendeka
bendamustine HCl	Treanda
bevacizumab	Bevacizumab
bevacizumab	Avastin
bexarotene	Targetin
bexarotene	Bexarotene
bleomycin sulfate	Bleomycin
bleomycin sulfate	Blenoxane
bleomycin sulfate	Bleo 15K
bortezomib	Velcade
bortezomib	Bortezomib
brentuximab vedotin	Adcetris
busulfan	Myleran
busulfan	Busulfan
busulfan	Busulfex
cabazitaxel	Jevtana

## Appendix D.2. List of Generic and Brand Medical Product Names Used to Define Inclusion and Exclusion Criteria in this Request

Generic Name	Brand Name
capecitabine	Xeloda
capecitabine	Capecitabine
carboplatin	Paraplatin
carboplatin	Carboplatin
carfilzomib	Kyprolis
carmustine	BiCNU
carmustine	Carmustine
carmustine in polifeprosan 20	Gliadel Wafer
cetuximab	Erbitux
chlorambucil	Leukeran
cisplatin	Platinol AQ
cisplatin	Cisplatin
cladribine	Cladribine
cladribine	Leustatin
clindamycin phosphate/tretinoin	Veltin
clindamycin phosphate/tretinoin	Clindamycin-tretinoin
clindamycin phosphate/tretinoin	Ziana
clofarabine	Clolar
clofarabine	Clofarabine
cyclophosphamide	Neosar
cyclophosphamide	Cytosan
cyclophosphamide	Cytosan Lyophilized
cyclophosphamide	cyclophosphamide
cytarabine	Cytosar-U
cytarabine	Tarabine Pfs
cytarabine	Cytarabine
cytarabine liposome/PF	DepoCyt (PF)
cytarabine/PF	Cytarabine (PF)
dacarbazine	DTIC-Dome
dacarbazine	Dacarbazine
dactinomycin	Cosmegen
dactinomycin	Dactinomycin
dasatinib	Sprycel
daunorubicin citrate liposomal	DaunoXome
daunorubicin HCl	Daunorubicin
daunorubicin HCl	Cerubidine
daunorubicin/cytarabine liposomal	Vyxeos
decitabine	Decitabine
decitabine	Dacogen
denileukin diftitox	Ontak
diluent for ixabepilone (castor oil/alcohol)	Diluent for Ixempra (15 mg)
diluent for ixabepilone (castor oil/alcohol)	Diluent for Ixempra (45 mg)
docetaxel	Docetaxel
docetaxel	Taxotere
docetaxel	Docefrez

## Appendix D.2. List of Generic and Brand Medical Product Names Used to Define Inclusion and Exclusion Criteria in this Request

Generic Name	Brand Name
doxorubicin HCl	Adriamycin RDF
doxorubicin HCl	Adriamycin PFS
doxorubicin HCl	Rubex
doxorubicin HCl	Doxorubicin
doxorubicin HCl	Adriamycin
doxorubicin HCl pegylated liposomal	Doxorubicin, peg-liposomal
doxorubicin HCl pegylated liposomal	Doxil
doxorubicin HCl pegylated liposomal	Lipodox
doxorubicin HCl pegylated liposomal	Lipodox 50
epirubicin HCl	Ellence
epirubicin HCl	Epirubicin
eribulin mesylate	Halaven
erlotinib HCl	Tarceva
estramustine phosphate sodium	Emcyt
etoposide	Toposar
etoposide	VePesid
etoposide	Etoposide
etoposide phosphate	Etopophos
everolimus	Zortress
everolimus	Afinitor
everolimus	Afinitor Disperz
floxuridine	FUDR
floxuridine	Floxuridine
fludarabine phosphate	Oforta
fludarabine phosphate	Fludarabine
fludarabine phosphate	Fludara
fluocinolone acetonide/tretinoin/hydroquinone	Tri-Luma
fluorouracil	fluorouracil
fluorouracil	Adrucil
gefitinib	Iressa
gemcitabine HCl	Gemzar
gemcitabine HCl	Gemcitabine
gemtuzumab ozogamicin	Mylotarg
ibrutinib	Imbruvica
idarubicin HCl	Idamycin PFS
idarubicin HCl	Idamycin
idarubicin HCl	Idarubicin
ifosfamide	Ifex
ifosfamide	Ifosfamide
ifosfamide/mesna	Ifex/Mesnex
ifosfamide/mesna	Ifosfamide-mesna
imatinib mesylate	Imatinib
imatinib mesylate	Gleevec
ipilimumab	Yervoy
irinotecan HCl	Camptosar



## Appendix D.2. List of Generic and Brand Medical Product Names Used to Define Inclusion and Exclusion Criteria in this Request

Generic Name	Brand Name
irinotecan HCl	Irinotecan
irinotecan liposomal	Onivyde
isotretinoin	Accutane
isotretinoin	Amnesteem
isotretinoin	Claravis
isotretinoin	Absorica
isotretinoin	Sotret
isotretinoin	Zenatane
isotretinoin	Myorisan
isotretinoin	Isotretinoin
ixabepilone	Ixempra
lapatinib ditosylate	Tykerb
lomustine	CeeNU
lomustine	Iomustine
lomustine	Gleostine
mechlorethamine HCl	Mustargen
melphalan	Alkeran
melphalan	Melphalan
melphalan HCl	Alkeran
melphalan HCl	Melphalan HCl
melphalan HCl/betadex sulfobutyl ether sodium	Evomela
mercaptopurine	Mercaptopurine
mercaptopurine	Purinethol
mercaptopurine	Purixan
methotrexate	Xatmep
methotrexate sodium	Rheumatrex
methotrexate sodium	methotrexate sodium
methotrexate sodium	Methotrexate (Anti-Rheumatic)
methotrexate sodium	Trexall
methotrexate sodium/PF	Methotrexate sodium (PF)
methotrexate sodium/PF	Methotrexate LPF
methotrexate/PF	Otrexup (PF)
methotrexate/PF	Rasuvo (PF)
mitomycin	Mutamycin
mitomycin	Mitomycin
mitomycin	Mitosol
mitotane	Lysodren
mitoxantrone HCl	Mitoxantrone
mitoxantrone HCl	Novantrone
nelarabine	Arranon
nilotinib HCl	Tasigna
obinutuzumab	Gazyva
ofatumumab	Arzerra
omacetaxine mepesuccinate	Synribo
oxaliplatin	Eloxatin

## Appendix D.2. List of Generic and Brand Medical Product Names Used to Define Inclusion and Exclusion Criteria in this Request

Generic Name	Brand Name
oxaliplatin	Oxaliplatin
paclitaxel	Taxol
paclitaxel	Paclitaxel
paclitaxel	Onxol
paclitaxel protein-bound	Abraxane
panitumumab	Vectibix
pazopanib HCl	Votrient
pegaspargase	Oncaspar
pemetrexed disodium	Alimta
pentostatin	Nipent
pentostatin	Pentostatin
pertuzumab	Perjeta
plicamycin	Mithracin
pomalidomide	Pomalyst
ponatinib HCl	Iclusig
pralatrexate	Folotyn
procarbazine HCl	Matulane
rituximab	Rituxan
rituximab/hyaluronidase, human recombinant	Rituxan Hycela
romidepsin	Romidepsin
romidepsin	Istodax
sipuleucel-T/lactated ringers solution	Provenge
sorafenib tosylate	Nexavar
streptozocin	Zanosar
sunitinib malate	Sutent
temozolomide	Temozolomide
temozolomide	Temodar
temsirolimus	Torisel
temsirolimus	Temsirolimus
teniposide	Vumon
teniposide	teniposide
thioguanine	Tabloid
thiotepa	Thiotepa
thiotepa	Tepadina
thiotepa	Thioplex
topotecan HCl	Hycamtin
topotecan HCl	Topotecan
Tositumomab Iodine-131 (with Maltose)	Bexxar 131 Iodine
tretinoin	Vesanoid
tretinoin	Retin-A
tretinoin	Tretinoin
tretinoin	Altreno
tretinoin	Altinac
tretinoin	Avita
tretinoin	Tretinoin (chemotherapy)

## Appendix D.2. List of Generic and Brand Medical Product Names Used to Define Inclusion and Exclusion Criteria in this Request

Generic Name	Brand Name
tretinoin	Atralin
tretinoin	TRETIN-X
tretinoin microspheres	Retin-A Micro
tretinoin microspheres	Retin-A Micro Pump
tretinoin microspheres	tretinoin microspheres
tretinoin/emollient base	Renova
tretinoin/emollient base	Refissa
tretinoin/emollient base	tretinoin (emollient)
tretinoin/emollient combination no.9/skin cleanser no.1	TRETIN-X Cream Kit
tretinoin/emollient combination no.9/skin cleanser no.1/gel	TRETIN-X (gel)
tretinoin/menthol/zinc oxide/silicone, adhesive	Dermapak Plus
tretinoin/mequinol	Solage
vinblastine sulfate	Velban
vinblastine sulfate	Vinblastine
vincristine sulfate	Oncovin
vincristine sulfate	Vincasar PFS
vincristine sulfate	Vincristine
vincristine sulfate liposomal	Marqibo
vinorelbine tartrate	Vinorelbine
vinorelbine tartrate	Navelbine
vorinostat	Zolinza
alitretinoin	Panretin
aminolevulinic acid HCl	Levulan
aminolevulinic acid HCl	Ameluz
diclofenac sodium	Diclofenac sodium
diclofenac sodium	
diclofenac sodium	Solaraze
fluorouracil	Fluoroplex
fluorouracil	Carac
fluorouracil	Efudex
fluorouracil	Tolak
fluorouracil/adhesive bandage	Efudex Occlusion Pack
imiquimod	Aldara
imiquimod	imiquimod
imiquimod	Zyclara
mechlorethamine HCl	Valchlor
methyl aminolevulinate HCl	Metvixia

**Appendix E.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request**

Group	Code	Description	Code Category	Code Type
<b>Autoimmune Disease</b>				
T1 Diabetes	250.93	Diabetes with unspecified complication, type I [juvenile type], uncontrolled	Diagnosis	ICD-10-CM
T1 Diabetes	250.91	Diabetes with unspecified complication, type I [juvenile type], not stated as uncontrolled	Diagnosis	ICD-10-CM
T1 Diabetes	250.43	Diabetes with renal manifestations, type I [juvenile type], uncontrolled	Diagnosis	ICD-10-CM
T1 Diabetes	250.41	Diabetes with renal manifestations, type I [juvenile type], not stated as uncontrolled	Diagnosis	ICD-10-CM
T1 Diabetes	250.73	Diabetes with peripheral circulatory disorders, type I [juvenile type], uncontrolled	Diagnosis	ICD-10-CM
T1 Diabetes	250.71	Diabetes with peripheral circulatory disorders, type I [juvenile type], not stated as uncontrolled	Diagnosis	ICD-10-CM
T1 Diabetes	250.83	Diabetes with other specified manifestations, type I [juvenile type], uncontrolled	Diagnosis	ICD-10-CM
T1 Diabetes	250.81	Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled	Diagnosis	ICD-10-CM
T1 Diabetes	250.33	Diabetes with other coma, type I [juvenile type], uncontrolled	Diagnosis	ICD-10-CM
T1 Diabetes	250.31	Diabetes with other coma, type I [juvenile type], not stated as uncontrolled	Diagnosis	ICD-10-CM
T1 Diabetes	250.53	Diabetes with ophthalmic manifestations, type I [juvenile type], uncontrolled	Diagnosis	ICD-10-CM
T1 Diabetes	250.51	Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled	Diagnosis	ICD-10-CM
T1 Diabetes	250.63	Diabetes with neurological manifestations, type I [juvenile type], uncontrolled	Diagnosis	ICD-10-CM
T1 Diabetes	250.61	Diabetes with neurological manifestations, type I [juvenile type], not stated as uncontrolled	Diagnosis	ICD-10-CM
T1 Diabetes	250.13	Diabetes with ketoacidosis, type I [juvenile type], uncontrolled	Diagnosis	ICD-10-CM
T1 Diabetes	250.11	Diabetes with ketoacidosis, type I [juvenile type], not stated as uncontrolled	Diagnosis	ICD-10-CM
T1 Diabetes	250.23	Diabetes with hyperosmolarity, type I [juvenile type], uncontrolled	Diagnosis	ICD-10-CM
T1 Diabetes	250.21	Diabetes with hyperosmolarity, type I [juvenile type], not stated as uncontrolled	Diagnosis	ICD-10-CM
T1 Diabetes	250.03	Diabetes mellitus without mention of complication, type I [juvenile type], uncontrolled	Diagnosis	ICD-10-CM
T1 Diabetes	250.01	Diabetes mellitus without mention of complication, type I [juvenile type], not stated as uncontrolled	Diagnosis	ICD-10-CM

**Appendix E.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request**

Group	Code	Description	Code Category	Code Type
T1 Diabetes	E10.3299	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
T1 Diabetes	E10.3319	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
T1 Diabetes	E10.3499	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
T1 Diabetes	E10.37X9	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	Diagnosis	ICD-10-CM
T1 Diabetes	E10.3219	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
T1 Diabetes	E10.3213	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
T1 Diabetes	E10.3211	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
T1 Diabetes	E10.3212	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
T1 Diabetes	E10.3293	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
T1 Diabetes	E10.3291	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
T1 Diabetes	E10.3292	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
T1 Diabetes	E10.3313	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
T1 Diabetes	E10.3311	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
T1 Diabetes	E10.3312	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
T1 Diabetes	E10.3399	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
T1 Diabetes	E10.3393	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
T1 Diabetes	E10.3391	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
T1 Diabetes	E10.3392	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
T1 Diabetes	E10.3519	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM

**Appendix E.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request**

Group	Code	Description	Code Category	Code Type
T1 Diabetes	E10.3419	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
T1 Diabetes	E10.3413	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
T1 Diabetes	E10.3411	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
T1 Diabetes	E10.3412	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
T1 Diabetes	E10.3493	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
T1 Diabetes	E10.3491	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
T1 Diabetes	E10.3492	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
T1 Diabetes	E10.39	Type 1 diabetes mellitus with other diabetic ophthalmic complication	Diagnosis	ICD-10-CM
T1 Diabetes	E10.37X3	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	Diagnosis	ICD-10-CM
T1 Diabetes	E10.37X1	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	Diagnosis	ICD-10-CM
T1 Diabetes	E10.37X2	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	Diagnosis	ICD-10-CM
T1 Diabetes	E10.3513	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
T1 Diabetes	E10.3511	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
T1 Diabetes	E10.3512	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
T1 Diabetes	E10.22	Type 1 diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
T1 Diabetes	E10.41	Type 1 diabetes mellitus with diabetic mononeuropathy	Diagnosis	ICD-10-CM
T1 Diabetes	E10.40	Type 1 diabetes mellitus with diabetic neuropathy, unspecified	Diagnosis	ICD-10-CM
T1 Diabetes	E10.42	Type 1 diabetes mellitus with diabetic polyneuropathy	Diagnosis	ICD-10-CM
T1 Diabetes	E10.44	Type 1 diabetes mellitus with diabetic amyotrophy	Diagnosis	ICD-10-CM
T1 Diabetes	E10.36	Type 1 diabetes mellitus with diabetic cataract	Diagnosis	ICD-10-CM
T1 Diabetes	E10.620	Type 1 diabetes mellitus with diabetic dermatitis	Diagnosis	ICD-10-CM
T1 Diabetes	E10.21	Type 1 diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
T1 Diabetes	E10.641	Type 1 diabetes mellitus with hypoglycemia with coma	Diagnosis	ICD-10-CM
T1 Diabetes	E10.649	Type 1 diabetes mellitus with hypoglycemia without coma	Diagnosis	ICD-10-CM
T1 Diabetes	E10.11	Type 1 diabetes mellitus with ketoacidosis with coma	Diagnosis	ICD-10-CM
T1 Diabetes	E10.10	Type 1 diabetes mellitus with ketoacidosis without coma	Diagnosis	ICD-10-CM



**Appendix E.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request**

Group	Code	Description	Code Category	Code Type
T1 Diabetes	E10.59	Type 1 diabetes mellitus with other circulatory complications	Diagnosis	ICD-10-CM
T1 Diabetes	E10.618	Type 1 diabetes mellitus with other diabetic arthropathy	Diagnosis	ICD-10-CM
T1 Diabetes	E10.29	Type 1 diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
T1 Diabetes	E10.638	Type 1 diabetes mellitus with other oral complications	Diagnosis	ICD-10-CM
T1 Diabetes	E10.628	Type 1 diabetes mellitus with other skin complications	Diagnosis	ICD-10-CM
T1 Diabetes	E10.69	Type 1 diabetes mellitus with other specified complication	Diagnosis	ICD-10-CM
T1 Diabetes	E10.630	Type 1 diabetes mellitus with periodontal disease	Diagnosis	ICD-10-CM
T1 Diabetes	E10.8	Type 1 diabetes mellitus with unspecified complications	Diagnosis	ICD-10-CM
T1 Diabetes	E10.621	Type 1 diabetes mellitus with foot ulcer	Diagnosis	ICD-10-CM
T1 Diabetes	E10.65	Type 1 diabetes mellitus with hyperglycemia	Diagnosis	ICD-10-CM
T1 Diabetes	E10.622	Type 1 diabetes mellitus with other skin ulcer	Diagnosis	ICD-10-CM
T1 Diabetes	E10.9	Type 1 diabetes mellitus without complications	Diagnosis	ICD-10-CM
T1 Diabetes	E10.329	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
T1 Diabetes	E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene	Diagnosis	ICD-10-CM
T1 Diabetes	E10.51	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene	Diagnosis	ICD-10-CM
T1 Diabetes	E10.43	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy	Diagnosis	ICD-10-CM
T1 Diabetes	E10.610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy	Diagnosis	ICD-10-CM
T1 Diabetes	E10.321	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
T1 Diabetes	E10.339	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
T1 Diabetes	E10.331	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
T1 Diabetes	E10.49	Type 1 diabetes mellitus with other diabetic neurological complication	Diagnosis	ICD-10-CM
T1 Diabetes	E10.351	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
T1 Diabetes	E10.349	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
T1 Diabetes	E10.341	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
T1 Diabetes	E10.319	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
T1 Diabetes	E10.311	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM

**Appendix E.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request**

Group	Code	Description	Code Category	Code Type
T1 Diabetes	E10.359	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
Psoriatic Arthritis	696.1	Other psoriasis	Diagnosis	ICD-9-CM
Psoriatic Arthritis	696	Psoriasis and similar disorders	Diagnosis	ICD-9-CM
Psoriatic Arthritis	696.0	Psoriatic arthropathy	Diagnosis	ICD-9-CM
Psoriatic Arthritis	L40.0	Psoriasis vulgaris	Diagnosis	ICD-10-CM
Psoriatic Arthritis	L40.1	Generalized pustular psoriasis	Diagnosis	ICD-10-CM
Psoriatic Arthritis	L40.2	Acrodermatitis continua	Diagnosis	ICD-10-CM
Psoriatic Arthritis	L40.3	Pustulosis palmaris et plantaris	Diagnosis	ICD-10-CM
Psoriatic Arthritis	L40.4	Guttate psoriasis	Diagnosis	ICD-10-CM
Psoriatic Arthritis	L40.50	Arthropathic psoriasis, unspecified	Diagnosis	ICD-10-CM
Psoriatic Arthritis	L40.51	Distal interphalangeal psoriatic arthropathy	Diagnosis	ICD-10-CM
Psoriatic Arthritis	L40.52	Psoriatic arthritis mutilans	Diagnosis	ICD-10-CM
Psoriatic Arthritis	L40.53	Psoriatic spondylitis	Diagnosis	ICD-10-CM
Psoriatic Arthritis	L40.54	Psoriatic juvenile arthropathy	Diagnosis	ICD-10-CM
Psoriatic Arthritis	L40.59	Other psoriatic arthropathy	Diagnosis	ICD-10-CM
Psoriatic Arthritis	L40.8	Other psoriasis	Diagnosis	ICD-10-CM
Psoriatic Arthritis	L40.9	Psoriasis, unspecified	Diagnosis	ICD-10-CM
Psoriatic Arthritis	L40	Psoriasis	Diagnosis	ICD-10-CM
Multiple Sclerosis	340	Multiple sclerosis	Diagnosis	ICD-9-CM
Multiple Sclerosis	G35	Multiple sclerosis	Diagnosis	ICD-10-CM
Addison's disease	017.6	Tuberculosis of adrenal glands	Diagnosis	ICD-9-CM
Addison's disease	281.0	Pernicious anemia	Diagnosis	ICD-9-CM
Addison's disease	359.5	Myopathy in endocrine diseases classified elsewhere	Diagnosis	ICD-9-CM
Addison's disease	255.41	Glucocorticoid deficiency	Diagnosis	ICD-9-CM
Addison's disease	255.4	Corticoadrenal insufficiency	Diagnosis	ICD-9-CM
Addison's disease	701.0	Circumscribed scleroderma	Diagnosis	ICD-9-CM
Addison's disease	D51.0	Vitamin B12 deficiency anemia due to intrinsic factor deficiency	Diagnosis	ICD-10-CM
Addison's disease	E27.1	Primary adrenocortical insufficiency	Diagnosis	ICD-10-CM
Addison's disease	E27.2	Addisonian crisis	Diagnosis	ICD-10-CM
Addison's disease	E27.3	Drug-induced adrenocortical insufficiency	Diagnosis	ICD-10-CM
Addison's disease	E27.40	Unspecified adrenocortical insufficiency	Diagnosis	ICD-10-CM
Addison's disease	E27.49	Other adrenocortical insufficiency	Diagnosis	ICD-10-CM
Addison's disease	E89.6	Postprocedural adrenocortical (-medullary) hypofunction	Diagnosis	ICD-10-CM
Addison's disease	G73.7	Myopathy in diseases classified elsewhere	Diagnosis	ICD-10-CM
Addison's disease	L90.0	Lichen sclerosus et atrophicus	Diagnosis	ICD-10-CM
Addison's disease	L94.0	Localized scleroderma [morphea]	Diagnosis	ICD-10-CM
Addison's disease	L94.1	Linear scleroderma	Diagnosis	ICD-10-CM
Addison's disease	L94.3	Sclerodactyly	Diagnosis	ICD-10-CM
Grave disease	242.0	Toxic diffuse goiter	Diagnosis	ICD-9-CM
Grave disease	E05.0	Thyrotoxicosis with diffuse goiter	Diagnosis	ICD-10-CM
Grave disease	E05.01	Graves' disease with thyrotoxic crisis	Diagnosis	ICD-10-CM

**Appendix E.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request**

Group	Code	Description	Code Category	Code Type
Hashimoto's thyroiditis	245.2	Chronic lymphocytic thyroiditis	Diagnosis	ICD-9-CM
Hashimoto's thyroiditis	E06.3	Autoimmune thyroiditis	Diagnosis	ICD-10-CM
Myasthenia gravis	358.00	Myasthenia gravis without (acute) exacerbation	Diagnosis	ICD-9-CM
Myasthenia gravis	G70.00	Myasthenia gravis without (acute) exacerbation	Diagnosis	ICD-10-CM
Myasthenia gravis	G70.0	Myasthenia gravis	Diagnosis	ICD-10-CM
Myasthenia gravis	G70	Myasthenia gravis and other myoneural disorders	Diagnosis	ICD-10-CM
Myasthenia gravis	G70.01	Myasthenia gravis with (acute) exacerbation	Diagnosis	ICD-10-CM
Myasthenia gravis	P94.0	Transient neonatal myasthenia gravis	Diagnosis	ICD-10-CM
Autoimmune Vasculitis	273.2	Other paraproteinemias	Diagnosis	ICD-9-CM
Autoimmune Vasculitis	287.0	Allergic purpura	Diagnosis	ICD-9-CM
Autoimmune Vasculitis	362.18	Retinal vasculitis	Diagnosis	ICD-9-CM
Autoimmune Vasculitis	446.29	Other specified hypersensitivity angiitis	Diagnosis	ICD-9-CM
Autoimmune Vasculitis	447.6	Unspecified arteritis	Diagnosis	ICD-9-CM
Autoimmune Vasculitis	447.8	Other specified disorders of arteries and arterioles	Diagnosis	ICD-9-CM
Autoimmune Vasculitis	695.2	Erythema nodosum	Diagnosis	ICD-9-CM
Autoimmune Vasculitis	D69.0	Allergic purpura	Diagnosis	ICD-10-CM
Autoimmune Vasculitis	D89.1	Cryoglobulinemia	Diagnosis	ICD-10-CM
Autoimmune Vasculitis	H35.061	Retinal vasculitis, right eye	Diagnosis	ICD-10-CM
Autoimmune Vasculitis	H35.062	Retinal vasculitis, left eye	Diagnosis	ICD-10-CM
Autoimmune Vasculitis	H35.063	Retinal vasculitis, bilateral	Diagnosis	ICD-10-CM
Autoimmune Vasculitis	H35.069	Retinal vasculitis, unspecified eye	Diagnosis	ICD-10-CM
Autoimmune Vasculitis	I77.3	Arterial fibromuscular dysplasia	Diagnosis	ICD-10-CM
Autoimmune Vasculitis	I77.6	Arteritis, unspecified	Diagnosis	ICD-10-CM
Autoimmune Vasculitis	I77.89	Other specified disorders of arteries and arterioles	Diagnosis	ICD-10-CM
Autoimmune Vasculitis	L52	Erythema nodosum	Diagnosis	ICD-10-CM
Autoimmune Vasculitis	M31.0	Hypersensitivity angiitis	Diagnosis	ICD-10-CM
Autoimmune Vasculitis	L95.0	Livedoid vasculitis	Diagnosis	ICD-10-CM
Autoimmune Vasculitis	L95.8	Other vasculitis limited to the skin	Diagnosis	ICD-10-CM
Autoimmune Vasculitis	H35.06	Retinal vasculitis	Diagnosis	ICD-10-CM
Autoimmune Vasculitis	L95	Vasculitis limited to skin, not elsewhere classified	Diagnosis	ICD-10-CM
Autoimmune Vasculitis	L95.9	Vasculitis limited to the skin, unspecified	Diagnosis	ICD-10-CM
Pernicious anemia	281.0	Pernicious anemia	Diagnosis	ICD-9-CM
Pernicious anemia	D51.0	Vitamin B12 deficiency anemia due to intrinsic factor deficiency	Diagnosis	ICD-10-CM
Celiac Disease	K90.0	Celiac disease	Diagnosis	ICD-10-CM
Celiac Disease	579.0	Celiac disease	Diagnosis	ICD-9-CM
<b>Hematological Blood Disorders</b>				
Sickle cell disease	282.6	Sickle-cell disease	Diagnosis	ICD-9-CM
Sickle cell disease	282.60	Sickle-cell disease, unspecified	Diagnosis	ICD-9-CM
Sickle cell disease	282.61	Hb-SS disease without crisis	Diagnosis	ICD-9-CM
Sickle cell disease	282.62	Hb-SS disease with crisis	Diagnosis	ICD-9-CM
Sickle cell disease	282.63	Sickle-cell/Hb-C disease without crisis	Diagnosis	ICD-9-CM
Sickle cell disease	282.64	Sickle-cell/Hb-C disease with crisis	Diagnosis	ICD-9-CM

**Appendix E.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request**

Group	Code	Description	Code Category	Code Type
Sickle cell disease	282.68	Other sickle-cell disease without crisis	Diagnosis	ICD-9-CM
Sickle cell disease	282.69	Other sickle-cell disease with crisis	Diagnosis	ICD-9-CM
Sickle cell disease	D57.00	Hb-SS disease with crisis, unspecified	Diagnosis	ICD-10-CM
Sickle cell disease	D57.01	Hb-SS disease with acute chest syndrome	Diagnosis	ICD-10-CM
Sickle cell disease	D57.02	Hb-SS disease with splenic sequestration	Diagnosis	ICD-10-CM
Sickle cell disease	D57.1	Sickle-cell disease without crisis	Diagnosis	ICD-10-CM
Sickle cell disease	D57.20	Sickle-cell/Hb-C disease without crisis	Diagnosis	ICD-10-CM
Sickle cell disease	D57.211	Sickle-cell/Hb-C disease with acute chest syndrome	Diagnosis	ICD-10-CM
Sickle cell disease	D57.212	Sickle-cell/Hb-C disease with splenic sequestration	Diagnosis	ICD-10-CM
Sickle cell disease	D57.219	Sickle-cell/Hb-C disease with crisis, unspecified	Diagnosis	ICD-10-CM
Sickle cell disease	D57.80	Other sickle-cell disorders without crisis	Diagnosis	ICD-10-CM
Sickle cell disease	D57.811	Other sickle-cell disorders with acute chest syndrome	Diagnosis	ICD-10-CM
Sickle cell disease	D57.812	Other sickle-cell disorders with splenic sequestration	Diagnosis	ICD-10-CM
Sickle cell disease	D57.819	Other sickle-cell disorders with crisis, unspecified	Diagnosis	ICD-10-CM
Sickle cell disease	D57.8	Other sickle-cell disorders	Diagnosis	ICD-10-CM
Sickle cell disease	D57.81	Other sickle-cell disorders with crisis	Diagnosis	ICD-10-CM
Sickle cell disease	D57	Sickle-cell disorders	Diagnosis	ICD-10-CM
Sickle cell disease	D57.4	Sickle-cell thalassemia	Diagnosis	ICD-10-CM
Sickle cell disease	D57.412	Sickle-cell thalassemia with splenic sequestration	Diagnosis	ICD-10-CM
Sickle cell disease	D57.411	Sickle-cell thalassemia with acute chest syndrome	Diagnosis	ICD-10-CM
Sickle cell disease	D57.41	Sickle-cell thalassemia with crisis	Diagnosis	ICD-10-CM
Sickle cell disease	D57.419	Sickle-cell thalassemia with crisis, unspecified	Diagnosis	ICD-10-CM
Sickle cell disease	D57.40	Sickle-cell thalassemia without crisis	Diagnosis	ICD-10-CM
Sickle cell disease	D57.3	Sickle-cell trait	Diagnosis	ICD-10-CM
Sickle cell disease	D57.2	Sickle-cell/Hb-C disease	Diagnosis	ICD-10-CM
Sickle cell disease	D57.21	Sickle-cell/Hb-C disease with crisis	Diagnosis	ICD-10-CM
Anemia	280.9	Unspecified iron deficiency anemia	Diagnosis	ICD-9-CM
Anemia	281.9	Unspecified deficiency anemia	Diagnosis	ICD-9-CM
Anemia	281.4	Protein-deficiency anemia	Diagnosis	ICD-9-CM
Anemia	281.0	Pernicious anemia	Diagnosis	ICD-9-CM
Anemia	281.1	Other vitamin B12 deficiency anemia	Diagnosis	ICD-9-CM
Anemia	281.3	Other specified megaloblastic anemias not elsewhere classified	Diagnosis	ICD-9-CM
Anemia	280.8	Other specified iron deficiency anemias	Diagnosis	ICD-9-CM
Anemia	280.1	Iron deficiency anemia secondary to inadequate dietary iron intake	Diagnosis	ICD-9-CM
Anemia	280.0	Iron deficiency anemia secondary to blood loss (chronic)	Diagnosis	ICD-9-CM
Anemia	281.2	Folate-deficiency anemia	Diagnosis	ICD-9-CM
Anemia	281.8	Anemia associated with other specified nutritional deficiency	Diagnosis	ICD-9-CM
Anemia	D52.0	Dietary folate deficiency anemia	Diagnosis	ICD-10-CM
Anemia	D52.1	Drug-induced folate deficiency anemia	Diagnosis	ICD-10-CM
Anemia	D52.9	Folate deficiency anemia, unspecified	Diagnosis	ICD-10-CM

**Appendix E.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request**

Group	Code	Description	Code Category	Code Type
Anemia	D50.0	Iron deficiency anemia secondary to blood loss (chronic)	Diagnosis	ICD-10-CM
Anemia	D50.9	Iron deficiency anemia, unspecified	Diagnosis	ICD-10-CM
Anemia	D53.9	Nutritional anemia, unspecified	Diagnosis	ICD-10-CM
Anemia	D51.3	Other dietary vitamin B12 deficiency anemia	Diagnosis	ICD-10-CM
Anemia	D52.8	Other folate deficiency anemias	Diagnosis	ICD-10-CM
Anemia	D50.8	Other iron deficiency anemias	Diagnosis	ICD-10-CM
Anemia	D53.1	Other megaloblastic anemias, not elsewhere classified	Diagnosis	ICD-10-CM
Anemia	D53.8	Other specified nutritional anemias	Diagnosis	ICD-10-CM
Anemia	D51.8	Other vitamin B12 deficiency anemias	Diagnosis	ICD-10-CM
Anemia	D53.0	Protein deficiency anemia	Diagnosis	ICD-10-CM
Anemia	D53.2	Scorbutic anemia	Diagnosis	ICD-10-CM
Anemia	D50.1	Sideropenic dysphagia	Diagnosis	ICD-10-CM
Anemia	D51.2	Transcobalamin II deficiency	Diagnosis	ICD-10-CM
Anemia	D51.1	Vitamin B12 deficiency anemia due to selective vitamin B12 malabsorption with proteinuria	Diagnosis	ICD-10-CM
Anemia	D51.0	Vitamin B12 deficiency anemia due to intrinsic factor deficiency	Diagnosis	ICD-10-CM
Anemia	D51.9	Vitamin B12 deficiency anemia, unspecified	Diagnosis	ICD-10-CM
Anemia	283.10	Unspecified non-autoimmune hemolytic anemia	Diagnosis	ICD-9-CM
Anemia	282.9	Unspecified hereditary hemolytic anemia	Diagnosis	ICD-9-CM
Anemia	282.40	Thalassemia, unspecified	Diagnosis	ICD-9-CM
Anemia	282.46	Thalassemia minor	Diagnosis	ICD-9-CM
Anemia	282.63	Sickle-cell/Hb-C disease without crisis	Diagnosis	ICD-9-CM
Anemia	282.64	Sickle-cell/Hb-C disease with crisis	Diagnosis	ICD-9-CM
Anemia	282.5	Sickle-cell trait	Diagnosis	ICD-9-CM
Anemia	282.41	Sickle-cell thalassemia without crisis	Diagnosis	ICD-9-CM
Anemia	282.42	Sickle-cell thalassemia with crisis	Diagnosis	ICD-9-CM
Anemia	282.60	Sickle-cell disease, unspecified	Diagnosis	ICD-9-CM
Anemia	282.49	Other thalassemia	Diagnosis	ICD-9-CM
Anemia	282.8	Other specified hereditary hemolytic anemias	Diagnosis	ICD-9-CM
Anemia	282.68	Other sickle-cell disease without crisis	Diagnosis	ICD-9-CM
Anemia	282.69	Other sickle-cell disease with crisis	Diagnosis	ICD-9-CM
Anemia	283.19	Other non-autoimmune hemolytic anemias	Diagnosis	ICD-9-CM
Anemia	282.3	Other hemolytic anemias due to enzyme deficiency	Diagnosis	ICD-9-CM
Anemia	282.7	Other hemoglobinopathies	Diagnosis	ICD-9-CM
Anemia	282.0	Hereditary spherocytosis	Diagnosis	ICD-9-CM
Anemia	282.1	Hereditary elliptocytosis	Diagnosis	ICD-9-CM
Anemia	283.11	Hemolytic-uremic syndrome	Diagnosis	ICD-9-CM
Anemia	283.2	Hemoglobinuria due to hemolysis from external causes	Diagnosis	ICD-9-CM
Anemia	282.47	Hemoglobin E-beta thalassemia	Diagnosis	ICD-9-CM
Anemia	282.61	Hb-SS disease without crisis	Diagnosis	ICD-9-CM
Anemia	282.62	Hb-SS disease with crisis	Diagnosis	ICD-9-CM
Anemia	282.45	Delta-beta thalassemia	Diagnosis	ICD-9-CM

**Appendix E.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request**

Group	Code	Description	Code Category	Code Type
Anemia	282.44	Beta thalassemia	Diagnosis	ICD-9-CM
Anemia	283.0	Autoimmune hemolytic anemias	Diagnosis	ICD-9-CM
Anemia	282.2	Anemias due to disorders of glutathione metabolism	Diagnosis	ICD-9-CM
Anemia	282.43	Alpha thalassemia	Diagnosis	ICD-9-CM
Anemia	283.9	Acquired hemolytic anemia, unspecified	Diagnosis	ICD-9-CM
Anemia	D59.9	Acquired hemolytic anemia, unspecified	Diagnosis	ICD-10-CM
Anemia	D56.0	Alpha thalassemia	Diagnosis	ICD-10-CM
Anemia	D55.0	Anemia due to glucose-6-phosphate dehydrogenase [G6PD] deficiency	Diagnosis	ICD-10-CM
Anemia	D55.1	Anemia due to other disorders of glutathione metabolism	Diagnosis	ICD-10-CM
Anemia	D55.2	Anemia due to disorders of glycolytic enzymes	Diagnosis	ICD-10-CM
Anemia	D55.3	Anemia due to disorders of nucleotide metabolism	Diagnosis	ICD-10-CM
Anemia	D55.9	Anemia due to enzyme disorder, unspecified	Diagnosis	ICD-10-CM
Anemia	D56.1	Beta thalassemia	Diagnosis	ICD-10-CM
Anemia	D56.2	Delta-beta thalassemia	Diagnosis	ICD-10-CM
Anemia	D59.0	Drug-induced autoimmune hemolytic anemia	Diagnosis	ICD-10-CM
Anemia	D59.2	Drug-induced nonautoimmune hemolytic anemia	Diagnosis	ICD-10-CM
Anemia	D57.01	Hb-SS disease with acute chest syndrome	Diagnosis	ICD-10-CM
Anemia	D57.00	Hb-SS disease with crisis, unspecified	Diagnosis	ICD-10-CM
Anemia	D57.02	Hb-SS disease with splenic sequestration	Diagnosis	ICD-10-CM
Anemia	D56.5	Hemoglobin E-beta thalassemia	Diagnosis	ICD-10-CM
Anemia	D59.6	Hemoglobinuria due to hemolysis from other external causes	Diagnosis	ICD-10-CM
Anemia	D59.3	Hemolytic-uremic syndrome	Diagnosis	ICD-10-CM
Anemia	D58.1	Hereditary elliptocytosis	Diagnosis	ICD-10-CM
Anemia	D58.9	Hereditary hemolytic anemia, unspecified	Diagnosis	ICD-10-CM
Anemia	D56.4	Hereditary persistence of fetal hemoglobin [HPFH]	Diagnosis	ICD-10-CM
Anemia	D58.0	Hereditary spherocytosis	Diagnosis	ICD-10-CM
Anemia	D57.812	Other sickle-cell disorders with splenic sequestration	Diagnosis	ICD-10-CM
Anemia	D59.8	Other acquired hemolytic anemias	Diagnosis	ICD-10-CM
Anemia	D55.8	Other anemias due to enzyme disorders	Diagnosis	ICD-10-CM
Anemia	D59.1	Other autoimmune hemolytic anemias	Diagnosis	ICD-10-CM
Anemia	D58.2	Other hemoglobinopathies	Diagnosis	ICD-10-CM
Anemia	D59.4	Other nonautoimmune hemolytic anemias	Diagnosis	ICD-10-CM
Anemia	D57.811	Other sickle-cell disorders with acute chest syndrome	Diagnosis	ICD-10-CM
Anemia	D57.819	Other sickle-cell disorders with crisis, unspecified	Diagnosis	ICD-10-CM
Anemia	D57.80	Other sickle-cell disorders without crisis	Diagnosis	ICD-10-CM
Anemia	D58.8	Other specified hereditary hemolytic anemias	Diagnosis	ICD-10-CM
Anemia	D56.8	Other thalassemias	Diagnosis	ICD-10-CM
Anemia	D59.5	Paroxysmal nocturnal hemoglobinuria [Marchiafava-Micheli]	Diagnosis	ICD-10-CM
Anemia	D57.1	Sickle-cell disease without crisis	Diagnosis	ICD-10-CM
Anemia	D57.412	Sickle-cell thalassemia with splenic sequestration	Diagnosis	ICD-10-CM



**Appendix E.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request**

Group	Code	Description	Code Category	Code Type
Anemia	D57.411	Sickle-cell thalassemia with acute chest syndrome	Diagnosis	ICD-10-CM
Anemia	D57.419	Sickle-cell thalassemia with crisis, unspecified	Diagnosis	ICD-10-CM
Anemia	D57.40	Sickle-cell thalassemia without crisis	Diagnosis	ICD-10-CM
Anemia	D57.3	Sickle-cell trait	Diagnosis	ICD-10-CM
Anemia	D57.212	Sickle-cell/Hb-C disease with splenic sequestration	Diagnosis	ICD-10-CM
Anemia	D57.211	Sickle-cell/Hb-C disease with acute chest syndrome	Diagnosis	ICD-10-CM
Anemia	D57.219	Sickle-cell/Hb-C disease with crisis, unspecified	Diagnosis	ICD-10-CM
Anemia	D57.20	Sickle-cell/Hb-C disease without crisis	Diagnosis	ICD-10-CM
Anemia	D56.3	Thalassemia minor	Diagnosis	ICD-10-CM
Anemia	D56.9	Thalassemia, unspecified	Diagnosis	ICD-10-CM
Anemia	284.9	Unspecified aplastic anemia	Diagnosis	ICD-9-CM
Anemia	285.9	Unspecified anemia	Diagnosis	ICD-9-CM
Anemia	285.0	Sideroblastic anemia	Diagnosis	ICD-9-CM
Anemia	284.81	Red cell aplasia (acquired) (adult) (with thymoma)	Diagnosis	ICD-9-CM
Anemia	284.89	Other specified aplastic anemias	Diagnosis	ICD-9-CM
Anemia	285.8	Other specified anemias	Diagnosis	ICD-9-CM
Anemia	284.19	Other pancytopenia	Diagnosis	ICD-9-CM
Anemia	284.12	Other drug induced pancytopenia	Diagnosis	ICD-9-CM
Anemia	284.09	Other constitutional aplastic anemia	Diagnosis	ICD-9-CM
Anemia	284.2	Myelophthisis	Diagnosis	ICD-9-CM
Anemia	284.01	Constitutional red blood cell aplasia	Diagnosis	ICD-9-CM
Anemia	284.11	Antineoplastic chemotherapy induced pancytopenia	Diagnosis	ICD-9-CM
Anemia	285.3	Antineoplastic chemotherapy induced anemia	Diagnosis	ICD-9-CM
Anemia	285.29	Anemia of other chronic disease	Diagnosis	ICD-9-CM
Anemia	285.22	Anemia in neoplastic disease	Diagnosis	ICD-9-CM
Anemia	285.21	Anemia in chronic kidney disease	Diagnosis	ICD-9-CM
Anemia	285.1	Acute posthemorrhagic anemia	Diagnosis	ICD-9-CM
Anemia	D60.9	Acquired pure red cell aplasia, unspecified	Diagnosis	ICD-10-CM
Anemia	D62	Acute posthemorrhagic anemia	Diagnosis	ICD-10-CM
Anemia	D64.81	Anemia due to antineoplastic chemotherapy	Diagnosis	ICD-10-CM
Anemia	D63.1	Anemia in chronic kidney disease	Diagnosis	ICD-10-CM
Anemia	D63.0	Anemia in neoplastic disease	Diagnosis	ICD-10-CM
Anemia	D63.8	Anemia in other chronic diseases classified elsewhere	Diagnosis	ICD-10-CM
Anemia	D64.9	Anemia, unspecified	Diagnosis	ICD-10-CM
Anemia	D61.810	Antineoplastic chemotherapy induced pancytopenia	Diagnosis	ICD-10-CM
Anemia	D61.2	Aplastic anemia due to other external agents	Diagnosis	ICD-10-CM
Anemia	D61.9	Aplastic anemia, unspecified	Diagnosis	ICD-10-CM
Anemia	D60.0	Chronic acquired pure red cell aplasia	Diagnosis	ICD-10-CM
Anemia	D64.4	Congenital dyserythropoietic anemia	Diagnosis	ICD-10-CM
Anemia	D61.01	Constitutional (pure) red blood cell aplasia	Diagnosis	ICD-10-CM
Anemia	D61.1	Drug-induced aplastic anemia	Diagnosis	ICD-10-CM
Anemia	D64.0	Hereditary sideroblastic anemia	Diagnosis	ICD-10-CM
Anemia	D61.3	Idiopathic aplastic anemia	Diagnosis	ICD-10-CM



**Appendix E.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request**

Group	Code	Description	Code Category	Code Type
Anemia	D61.82	Myelophthisis	Diagnosis	ICD-10-CM
Anemia	D61.89	Other specified aplastic anemias and other bone marrow failure syndromes	Diagnosis	ICD-10-CM
Anemia	D60.8	Other acquired pure red cell aplasias	Diagnosis	ICD-10-CM
Anemia	D61.09	Other constitutional aplastic anemia	Diagnosis	ICD-10-CM
Anemia	D61.811	Other drug-induced pancytopenia	Diagnosis	ICD-10-CM
Anemia	D61.818	Other pancytopenia	Diagnosis	ICD-10-CM
Anemia	D64.3	Other sideroblastic anemias	Diagnosis	ICD-10-CM
Anemia	D64.89	Other specified anemias	Diagnosis	ICD-10-CM
Anemia	D64.2	Secondary sideroblastic anemia due to drugs and toxins	Diagnosis	ICD-10-CM
Anemia	D64.1	Secondary sideroblastic anemia due to disease	Diagnosis	ICD-10-CM
Anemia	D60.1	Transient acquired pure red cell aplasia	Diagnosis	ICD-10-CM
Hemophilia	286.0	Congenital factor VIII disorder	Diagnosis	ICD-9-CM
Hemophilia	286.1	Congenital factor IX disorder	Diagnosis	ICD-9-CM
Hemophilia	286.2	Congenital factor XI deficiency	Diagnosis	ICD-9-CM
Hemophilia	286.3	Congenital deficiency of other clotting factors	Diagnosis	ICD-9-CM
Hemophilia	286.5	Hemorrhagic disorder due to intrinsic circulating anticoagulants, antibodies or inhibitors	Diagnosis	ICD-9-CM
Hemophilia	286.6	Defibrination syndrome	Diagnosis	ICD-9-CM
Hemophilia	286.7	Acquired coagulation factor deficiency	Diagnosis	ICD-9-CM
Hemophilia	286.9	Other and unspecified coagulation defects	Diagnosis	ICD-9-CM
Hemophilia	D65	Disseminated intravascular coagulation [defibrination syndrome]	Diagnosis	ICD-10-CM
Hemophilia	D66	Hereditary factor VIII deficiency	Diagnosis	ICD-10-CM
Hemophilia	D67	Hereditary factor IX deficiency	Diagnosis	ICD-10-CM
Hemophilia	D68.1	Hereditary factor XI deficiency	Diagnosis	ICD-10-CM
Hemophilia	D68.2	Hereditary deficiency of other clotting factors	Diagnosis	ICD-10-CM
Hemophilia	D68.32	Hemorrhagic disorder due to extrinsic circulating anticoagulants	Diagnosis	ICD-10-CM
Hemophilia	D68.4	Acquired coagulation factor deficiency	Diagnosis	ICD-10-CM
Hemophilia	D68.8	Other specified coagulation defects	Diagnosis	ICD-10-CM
Hemophilia	D68.9	Coagulation defect, unspecified	Diagnosis	ICD-10-CM
Hemophilia	D68.311	Acquired hemophilia	Diagnosis	ICD-10-CM
Von Willebrand's disease	286.4	Von Willebrand's disease	Diagnosis	ICD-9-CM
Von Willebrand's disease	D68.0	Von Willebrand's disease	Diagnosis	ICD-10-CM
Leukemia	202.4	LEUKEM RETICULOENDOTHEL	Diagnosis	ICD-9-CM
Leukemia	202.41	HAIRY-CELL LEUKEM HEAD	Diagnosis	ICD-9-CM
Leukemia	202.42	HAIRY-CELL LEUKEM THORAX	Diagnosis	ICD-9-CM
Leukemia	202.43	HAIRY-CELL LEUKEM ABDOM	Diagnosis	ICD-9-CM
Leukemia	202.44	HAIRY-CELL LEUKEM AXILLA	Diagnosis	ICD-9-CM
Leukemia	202.45	HAIRY-CELL LEUKEM INGUIN	Diagnosis	ICD-9-CM
Leukemia	202.46	HAIRY-CELL LEUKEM PELVIC	Diagnosis	ICD-9-CM
Leukemia	202.47	HAIRY-CELL LEUKEM SPLEEN	Diagnosis	ICD-9-CM

**Appendix E.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request**

Group	Code	Description	Code Category	Code Type
Leukemia	202.48	HAIRY-CELL LEUKEM MULT	Diagnosis	ICD-9-CM
Leukemia	203.1	PLASMA CELL LEUKEMIA	Diagnosis	ICD-9-CM
Leukemia	203.11	PLSM CELL LEUK W RMSON	Diagnosis	ICD-9-CM
Leukemia	204	ACUTE LYMPHOID LEUKEMIA	Diagnosis	ICD-9-CM
Leukemia	204.01	ACT LYM LEUK W RMSION	Diagnosis	ICD-9-CM
Leukemia	204.1	CHR LYMPHOID LEUKEMIA	Diagnosis	ICD-9-CM
Leukemia	204.11	CHR LYM LEUK W RMSION	Diagnosis	ICD-9-CM
Leukemia	204.2	SUBAC LYMPHOID LEUKEMIA	Diagnosis	ICD-9-CM
Leukemia	204.21	SBAC LYM LEUK W RMSION	Diagnosis	ICD-9-CM
Leukemia	204.8	LYMPHOID LEUKEMIA NEC	Diagnosis	ICD-9-CM
Leukemia	204.81	OTH LYM LEUK W RMSION	Diagnosis	ICD-9-CM
Leukemia	204.9	LYMPHOID LEUKEMIA NOS	Diagnosis	ICD-9-CM
Leukemia	204.91	UNS LYM LEUK W RMSION	Diagnosis	ICD-9-CM
Leukemia	205	MYELOID LEUKEMIA	Diagnosis	ICD-9-CM
Leukemia	205.01	ACT MYL LEUK W RMSION	Diagnosis	ICD-9-CM
Leukemia	205.1	CHRONIC MYELOID LEUKEMIA	Diagnosis	ICD-9-CM
Leukemia	205.11	CHR MYL LEUK W RMSION	Diagnosis	ICD-9-CM
Leukemia	205.2	SUBACUT MYELOID LEUKEMIA	Diagnosis	ICD-9-CM
Leukemia	205.21	SBAC MYL LEUK W RMSION	Diagnosis	ICD-9-CM
Leukemia	205.3	MYELOID SARCOMA	Diagnosis	ICD-9-CM
Leukemia	205.31	MYL SRCOMA W RMSION	Diagnosis	ICD-9-CM
Leukemia	205.8	MYELOID LEUKEMIA NEC	Diagnosis	ICD-9-CM
Leukemia	205.81	OTH MYL LEUK W RMSION	Diagnosis	ICD-9-CM
Leukemia	205.9	MYELOID LEUKEMIA NOS	Diagnosis	ICD-9-CM
Leukemia	205.91	UNS MYL LEUK W RMSION	Diagnosis	ICD-9-CM
Leukemia	206	MONOCYTIC LEUKEMIA	Diagnosis	ICD-9-CM
Leukemia	206.01	ACT MONO LEUK W RMSION	Diagnosis	ICD-9-CM
Leukemia	206.1	CHR MONOCYTIC LEUKEMIA	Diagnosis	ICD-9-CM
Leukemia	206.11	CHR MONO LEUK W RMSION	Diagnosis	ICD-9-CM
Leukemia	206.2	SUBAC MONOCYTIC LEUKEMIA	Diagnosis	ICD-9-CM
Leukemia	206.21	SBAC MONO LEUK W RMSION	Diagnosis	ICD-9-CM
Leukemia	206.8	MONOCYTIC LEUKEMIA NEC	Diagnosis	ICD-9-CM
Leukemia	206.81	OTH MONO LEUK W RMSION	Diagnosis	ICD-9-CM
Leukemia	206.9	MONOCYTIC LEUKEMIA NOS	Diagnosis	ICD-9-CM
Leukemia	206.91	UNS MONO LEUK W RMSION	Diagnosis	ICD-9-CM
Leukemia	207	OTHER SPECIFIED LEUKEMIA	Diagnosis	ICD-9-CM
Leukemia	207.01	ACT ERT/ERYLK W RMSON	Diagnosis	ICD-9-CM
Leukemia	207.1	CHRONIC ERYTHREMIA	Diagnosis	ICD-9-CM
Leukemia	207.11	CHR ERYTHRM W REMISION	Diagnosis	ICD-9-CM
Leukemia	207.2	MEGAKARYOCYTIC LEUKEMIA	Diagnosis	ICD-9-CM
Leukemia	207.21	MGKRYCYT LEUK W RMSION	Diagnosis	ICD-9-CM
Leukemia	207.8	SPECIFIED LEUKEMIA NEC	Diagnosis	ICD-9-CM
Leukemia	207.81	OTH SPF LEUK W REMSION	Diagnosis	ICD-9-CM

**Appendix E.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request**

Group	Code	Description	Code Category	Code Type
Leukemia	208	ACT LEUK UNS CL W/O RMSN	Diagnosis	ICD-9-CM
Leukemia	208.01	ACT LEUK UNS CL W RMSON	Diagnosis	ICD-9-CM
Leukemia	208.1	CHRONIC LEUKEMIA NOS	Diagnosis	ICD-9-CM
Leukemia	208.11	CHR LEUK UNS CL W RMSON	Diagnosis	ICD-9-CM
Leukemia	208.2	SUBACUTE LEUKEMIA NOS	Diagnosis	ICD-9-CM
Leukemia	208.21	SBAC LEUK UNS CL W RMSON	Diagnosis	ICD-9-CM
Leukemia	208.8	LEUKEMIA-UNSPEC CELL NEC	Diagnosis	ICD-9-CM
Leukemia	208.81	OTH LEUK UNS CL W RMSON	Diagnosis	ICD-9-CM
Leukemia	208.9	LEUKEMIA-UNSPEC CELL NOS	Diagnosis	ICD-9-CM
Leukemia	208.91	LEUKEMIA NOS W REMISSION	Diagnosis	ICD-9-CM
Leukemia	C90.10	Plasma cell leukemia not having achieved remission	Diagnosis	ICD-10-CM
Leukemia	C90.11	Plasma cell leukemia in remission	Diagnosis	ICD-10-CM
Leukemia	C91.00	Acute lymphoblastic leukemia not having achieved remission	Diagnosis	ICD-10-CM
Leukemia	C91.01	Acute lymphoblastic leukemia, in remission	Diagnosis	ICD-10-CM
Leukemia	C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission	Diagnosis	ICD-10-CM
Leukemia	C91.11	Chronic lymphocytic leukemia of B-cell type in remission	Diagnosis	ICD-10-CM
Leukemia	C91.30	Prolymphocytic leukemia of B-cell type not having achieved remission	Diagnosis	ICD-10-CM
Leukemia	C91.31	Prolymphocytic leukemia of B-cell type, in remission	Diagnosis	ICD-10-CM
Leukemia	C91.40	Hairy cell leukemia not having achieved remission	Diagnosis	ICD-10-CM
Leukemia	C91.41	Hairy cell leukemia, in remission	Diagnosis	ICD-10-CM
Leukemia	C91.42	Hairy cell leukemia, in relapse	Diagnosis	ICD-10-CM
Leukemia	C91.50	Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission	Diagnosis	ICD-10-CM
Leukemia	C91.51	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in remission	Diagnosis	ICD-10-CM
Leukemia	C91.60	Prolymphocytic leukemia of T-cell type not having achieved remission	Diagnosis	ICD-10-CM
Leukemia	C91.61	Prolymphocytic leukemia of T-cell type, in remission	Diagnosis	ICD-10-CM
Leukemia	C91.90	Lymphoid leukemia, unspecified not having achieved remission	Diagnosis	ICD-10-CM
Leukemia	C91.91	Lymphoid leukemia, unspecified, in remission	Diagnosis	ICD-10-CM
Leukemia	C91.A0	Mature B-cell leukemia Burkitt-type not having achieved remission	Diagnosis	ICD-10-CM
Leukemia	C91.A1	Mature B-cell leukemia Burkitt-type, in remission	Diagnosis	ICD-10-CM
Leukemia	C91.Z0	Other lymphoid leukemia not having achieved remission	Diagnosis	ICD-10-CM
Leukemia	C91.Z1	Other lymphoid leukemia, in remission	Diagnosis	ICD-10-CM
Leukemia	C92.00	Acute myeloblastic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
Leukemia	C92.01	Acute myeloblastic leukemia, in remission	Diagnosis	ICD-10-CM

**Appendix E.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request**

Group	Code	Description	Code Category	Code Type
Leukemia	C92.10	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission	Diagnosis	ICD-10-CM
Leukemia	C92.11	Chronic myeloid leukemia, BCR/ABL-positive, in remission	Diagnosis	ICD-10-CM
Leukemia	C92.20	Atypical chronic myeloid leukemia, BCR/ABL-negative, not having achieved remission	Diagnosis	ICD-10-CM
Leukemia	C92.21	Atypical chronic myeloid leukemia, BCR/ABL-negative, in remission	Diagnosis	ICD-10-CM
Leukemia	C92.30	Myeloid sarcoma, not having achieved remission	Diagnosis	ICD-10-CM
Leukemia	C92.31	Myeloid sarcoma, in remission	Diagnosis	ICD-10-CM
Leukemia	C92.40	Acute promyelocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
Leukemia	C92.41	Acute promyelocytic leukemia, in remission	Diagnosis	ICD-10-CM
Leukemia	C92.50	Acute myelomonocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
Leukemia	C92.51	Acute myelomonocytic leukemia, in remission	Diagnosis	ICD-10-CM
Leukemia	C92.60	Acute myeloid leukemia with 11q23-abnormality not having achieved remission	Diagnosis	ICD-10-CM
Leukemia	C92.61	Acute myeloid leukemia with 11q23-abnormality in remission	Diagnosis	ICD-10-CM
Leukemia	C92.90	Myeloid leukemia, unspecified, not having achieved remission	Diagnosis	ICD-10-CM
Leukemia	C92.91	Myeloid leukemia, unspecified in remission	Diagnosis	ICD-10-CM
Leukemia	C92.A0	Acute myeloid leukemia with multilineage dysplasia, not having achieved remission	Diagnosis	ICD-10-CM
Leukemia	C92.A1	Acute myeloid leukemia with multilineage dysplasia, in remission	Diagnosis	ICD-10-CM
Leukemia	C92.Z0	Other myeloid leukemia not having achieved remission	Diagnosis	ICD-10-CM
Leukemia	C92.Z1	Other myeloid leukemia, in remission	Diagnosis	ICD-10-CM
Leukemia	C93.00	Acute monoblastic/monocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
Leukemia	C93.01	Acute monoblastic/monocytic leukemia, in remission	Diagnosis	ICD-10-CM
Leukemia	C93.10	Chronic myelomonocytic leukemia not having achieved remission	Diagnosis	ICD-10-CM
Leukemia	C93.11	Chronic myelomonocytic leukemia, in remission	Diagnosis	ICD-10-CM
Leukemia	C93.30	Juvenile myelomonocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
Leukemia	C93.31	Juvenile myelomonocytic leukemia, in remission	Diagnosis	ICD-10-CM
Leukemia	C93.90	Monocytic leukemia, unspecified, not having achieved remission	Diagnosis	ICD-10-CM
Leukemia	C93.91	Monocytic leukemia, unspecified in remission	Diagnosis	ICD-10-CM
Leukemia	C93.Z0	Other monocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
Leukemia	C93.Z1	Other monocytic leukemia, in remission	Diagnosis	ICD-10-CM

**Appendix E.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request**

Group	Code	Description	Code Category	Code Type
Leukemia	C94.00	Acute erythroid leukemia, not having achieved remission	Diagnosis	ICD-10-CM
Leukemia	C94.01	Acute erythroid leukemia, in remission	Diagnosis	ICD-10-CM
Leukemia	C94.20	Acute megakaryoblastic leukemia not having achieved remission	Diagnosis	ICD-10-CM
Leukemia	C94.21	Acute megakaryoblastic leukemia, in remission	Diagnosis	ICD-10-CM
Leukemia	C94.30	Mast cell leukemia not having achieved remission	Diagnosis	ICD-10-CM
Leukemia	C94.31	Mast cell leukemia, in remission	Diagnosis	ICD-10-CM
Leukemia	C94.80	Other specified leukemias not having achieved remission	Diagnosis	ICD-10-CM
Leukemia	C94.81	Other specified leukemias, in remission	Diagnosis	ICD-10-CM
Leukemia	C95.00	Acute leukemia of unspecified cell type not having achieved remission	Diagnosis	ICD-10-CM
Leukemia	C95.01	Acute leukemia of unspecified cell type, in remission	Diagnosis	ICD-10-CM
Leukemia	C95.10	Chronic leukemia of unspecified cell type not having achieved remission	Diagnosis	ICD-10-CM
Leukemia	C95.11	Chronic leukemia of unspecified cell type, in remission	Diagnosis	ICD-10-CM
Leukemia	C95.90	Leukemia, unspecified not having achieved remission	Diagnosis	ICD-10-CM
Leukemia	C95.91	Leukemia, unspecified, in remission	Diagnosis	ICD-10-CM
Leukemia	D45	Polycythemia vera	Diagnosis	ICD-10-CM
Leukemia	C92.A2	Acute myeloid leukemia with multilineage dysplasia, in relapse	Diagnosis	ICD-10-CM
Leukemia	C94.0	Acute erythroid leukemia	Diagnosis	ICD-10-CM
Leukemia	C94.02	Acute erythroid leukemia, in relapse	Diagnosis	ICD-10-CM
Leukemia	C95.0	Acute leukemia of unspecified cell type	Diagnosis	ICD-10-CM
Leukemia	C95.02	Acute leukemia of unspecified cell type, in relapse	Diagnosis	ICD-10-CM
Leukemia	C91.0	Acute lymphoblastic leukemia [ALL]	Diagnosis	ICD-10-CM
Leukemia	C91.02	Acute lymphoblastic leukemia, in relapse	Diagnosis	ICD-10-CM
Leukemia	C94.2	Acute megakaryoblastic leukemia	Diagnosis	ICD-10-CM
Leukemia	C94.22	Acute megakaryoblastic leukemia, in relapse	Diagnosis	ICD-10-CM
Leukemia	C93.0	Acute monoblastic/monocytic leukemia	Diagnosis	ICD-10-CM
Leukemia	C93.02	Acute monoblastic/monocytic leukemia, in relapse	Diagnosis	ICD-10-CM
Leukemia	C92.0	Acute myeloblastic leukemia	Diagnosis	ICD-10-CM
Leukemia	C92.02	Acute myeloblastic leukemia, in relapse	Diagnosis	ICD-10-CM
Leukemia	C92.62	Acute myeloid leukemia with 11q23-abnormality in relapse	Diagnosis	ICD-10-CM
Leukemia	C92.A	Acute myeloid leukemia with multilineage dysplasia	Diagnosis	ICD-10-CM
Leukemia	C92.6	Acute myeloid leukemia with 11q23-abnormality	Diagnosis	ICD-10-CM
Leukemia	C92.5	Acute myelomonocytic leukemia	Diagnosis	ICD-10-CM
Leukemia	C92.52	Acute myelomonocytic leukemia, in relapse	Diagnosis	ICD-10-CM
Leukemia	C92.4	Acute promyelocytic leukemia	Diagnosis	ICD-10-CM
Leukemia	C92.42	Acute promyelocytic leukemia, in relapse	Diagnosis	ICD-10-CM
Leukemia	C91.5	Adult T-cell lymphoma/leukemia (HTLV-1-associated)	Diagnosis	ICD-10-CM

**Appendix E.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request**

Group	Code	Description	Code Category	Code Type
Leukemia	C91.52	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in relapse	Diagnosis	ICD-10-CM
Leukemia	C92.22	Atypical chronic myeloid leukemia, BCR/ABL-negative, in relapse	Diagnosis	ICD-10-CM
Leukemia	C92.2	Atypical chronic myeloid leukemia, BCR/ABL-negative	Diagnosis	ICD-10-CM
Leukemia	C95.1	Chronic leukemia of unspecified cell type	Diagnosis	ICD-10-CM
Leukemia	C95.12	Chronic leukemia of unspecified cell type, in relapse	Diagnosis	ICD-10-CM
Leukemia	C91.12	Chronic lymphocytic leukemia of B-cell type in relapse	Diagnosis	ICD-10-CM
Leukemia	C91.1	Chronic lymphocytic leukemia of B-cell type	Diagnosis	ICD-10-CM
Leukemia	C92.12	Chronic myeloid leukemia, BCR/ABL-positive, in relapse	Diagnosis	ICD-10-CM
Leukemia	C92.1	Chronic myeloid leukemia, BCR/ABL-positive	Diagnosis	ICD-10-CM
Leukemia	C93.12	Chronic myelomonocytic leukemia, in relapse	Diagnosis	ICD-10-CM
Leukemia	C93.1	Chronic myelomonocytic leukemia	Diagnosis	ICD-10-CM
Leukemia	Z80.6	Family history of leukemia	Diagnosis	ICD-10-CM
Leukemia	C91.4	Hairy cell leukemia	Diagnosis	ICD-10-CM
Leukemia	C93.3	Juvenile myelomonocytic leukemia	Diagnosis	ICD-10-CM
Leukemia	C93.32	Juvenile myelomonocytic leukemia, in relapse	Diagnosis	ICD-10-CM
Leukemia	C95	Leukemia of unspecified cell type	Diagnosis	ICD-10-CM
Leukemia	C95.9	Leukemia, unspecified	Diagnosis	ICD-10-CM
Leukemia	C95.92	Leukemia, unspecified, in relapse	Diagnosis	ICD-10-CM
Leukemia	C91	Lymphoid leukemia	Diagnosis	ICD-10-CM
Leukemia	C91.9	Lymphoid leukemia, unspecified	Diagnosis	ICD-10-CM
Leukemia	C91.92	Lymphoid leukemia, unspecified, in relapse	Diagnosis	ICD-10-CM
Leukemia	C94.3	Mast cell leukemia	Diagnosis	ICD-10-CM
Leukemia	C94.32	Mast cell leukemia, in relapse	Diagnosis	ICD-10-CM
Leukemia	C91.A	Mature B-cell leukemia Burkitt-type	Diagnosis	ICD-10-CM
Leukemia	C91.A2	Mature B-cell leukemia Burkitt-type, in relapse	Diagnosis	ICD-10-CM
Leukemia	C93	Monocytic leukemia	Diagnosis	ICD-10-CM
Leukemia	C93.9	Monocytic leukemia, unspecified	Diagnosis	ICD-10-CM
Leukemia	C93.92	Monocytic leukemia, unspecified in relapse	Diagnosis	ICD-10-CM
Leukemia	C92	Myeloid leukemia	Diagnosis	ICD-10-CM
Leukemia	C92.9	Myeloid leukemia, unspecified	Diagnosis	ICD-10-CM
Leukemia	C92.92	Myeloid leukemia, unspecified in relapse	Diagnosis	ICD-10-CM
Leukemia	C94	Other leukemias of specified cell type	Diagnosis	ICD-10-CM
Leukemia	C91.Z	Other lymphoid leukemia	Diagnosis	ICD-10-CM
Leukemia	C91.Z2	Other lymphoid leukemia, in relapse	Diagnosis	ICD-10-CM
Leukemia	C93.Z	Other monocytic leukemia	Diagnosis	ICD-10-CM
Leukemia	C93.Z2	Other monocytic leukemia, in relapse	Diagnosis	ICD-10-CM
Leukemia	C92.Z	Other myeloid leukemia	Diagnosis	ICD-10-CM
Leukemia	C92.Z2	Other myeloid leukemia, in relapse	Diagnosis	ICD-10-CM
Leukemia	C94.8	Other specified leukemias	Diagnosis	ICD-10-CM
Leukemia	C94.82	Other specified leukemias, in relapse	Diagnosis	ICD-10-CM
Leukemia	Z85.6	Personal history of leukemia	Diagnosis	ICD-10-CM



**Appendix E.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request**

Group	Code	Description	Code Category	Code Type
Leukemia	C90.1	Plasma cell leukemia	Diagnosis	ICD-10-CM
Leukemia	C90.12	Plasma cell leukemia in relapse	Diagnosis	ICD-10-CM
Leukemia	C91.32	Prolymphocytic leukemia of B-cell type, in relapse	Diagnosis	ICD-10-CM
Leukemia	C91.3	Prolymphocytic leukemia of B-cell type	Diagnosis	ICD-10-CM
Leukemia	C91.6	Prolymphocytic leukemia of T-cell type	Diagnosis	ICD-10-CM
Leukemia	C91.62	Prolymphocytic leukemia of T-cell type, in relapse	Diagnosis	ICD-10-CM
Lmphoma	C81	Hodgkin lymphoma	Diagnosis	ICD-10-CM
Lmphoma	C81.0	Nodular lymphocyte predominant Hodgkin lymphoma	Diagnosis	ICD-10-CM
Lmphoma	C81.00	Nodular lymphocyte predominant Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
Lmphoma	C81.01	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
Lmphoma	C81.02	Nodular lymphocyte predominant Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C81.03	Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C81.04	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
Lmphoma	C81.05	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
Lmphoma	C81.06	Nodular lymphocyte predominant Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C81.07	Nodular lymphocyte predominant Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
Lmphoma	C81.08	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
Lmphoma	C81.09	Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
Lmphoma	C81.1	Nodular sclerosis Hodgkin lymphoma	Diagnosis	ICD-10-CM
Lmphoma	C81.10	Nodular sclerosis Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
Lmphoma	C81.11	Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
Lmphoma	C81.12	Nodular sclerosis Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C81.13	Nodular sclerosis Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C81.14	Nodular sclerosis Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
Lmphoma	C81.15	Nodular sclerosis Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
Lmphoma	C81.16	Nodular sclerosis Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C81.17	Nodular sclerosis Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM



**Appendix E.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request**

Group	Code	Description	Code Category	Code Type
Lmphoma	C81.18	Nodular sclerosis Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
Lmphoma	C81.19	Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
Lmphoma	C81.2	Mixed cellularity Hodgkin lymphoma	Diagnosis	ICD-10-CM
Lmphoma	C81.20	Mixed cellularity Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
Lmphoma	C81.21	Mixed cellularity Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
Lmphoma	C81.22	Mixed cellularity Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C81.23	Mixed cellularity Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C81.24	Mixed cellularity Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
Lmphoma	C81.25	Mixed cellularity Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
Lmphoma	C81.26	Mixed cellularity Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C81.27	Mixed cellularity Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
Lmphoma	C81.28	Mixed cellularity Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
Lmphoma	C81.29	Mixed cellularity Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
Lmphoma	C81.3	Lymphocyte depleted Hodgkin lymphoma	Diagnosis	ICD-10-CM
Lmphoma	C81.30	Lymphocyte depleted Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
Lmphoma	C81.31	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
Lmphoma	C81.32	Lymphocyte depleted Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C81.33	Lymphocyte depleted Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C81.34	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
Lmphoma	C81.35	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
Lmphoma	C81.36	Lymphocyte depleted Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C81.37	Lymphocyte depleted Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
Lmphoma	C81.38	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
Lmphoma	C81.39	Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
Lmphoma	C81.4	Lymphocyte-rich Hodgkin lymphoma	Diagnosis	ICD-10-CM

**Appendix E.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request**

Group	Code	Description	Code Category	Code Type
Lmphoma	C81.40	Lymphocyte-rich Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
Lmphoma	C81.41	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
Lmphoma	C81.42	Lymphocyte-rich Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C81.43	Lymphocyte-rich Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C81.44	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
Lmphoma	C81.45	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
Lmphoma	C81.46	Lymphocyte-rich Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C81.47	Lymphocyte-rich Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
Lmphoma	C81.48	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
Lmphoma	C81.49	Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
Lmphoma	C81.7	Other Hodgkin lymphoma	Diagnosis	ICD-10-CM
Lmphoma	C81.70	Other Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
Lmphoma	C81.71	Other Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
Lmphoma	C81.72	Other Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C81.73	Other Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C81.74	Other Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
Lmphoma	C81.75	Other Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
Lmphoma	C81.76	Other Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C81.77	Other Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
Lmphoma	C81.78	Other Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
Lmphoma	C81.79	Other Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
Lmphoma	C81.9	Hodgkin lymphoma, unspecified	Diagnosis	ICD-10-CM
Lmphoma	C81.90	Hodgkin lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM
Lmphoma	C81.91	Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
Lmphoma	C81.92	Hodgkin lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C81.93	Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C81.94	Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM

**Appendix E.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request**

Group	Code	Description	Code Category	Code Type
Lmphoma	C81.95	Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
Lmphoma	C81.96	Hodgkin lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C81.97	Hodgkin lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM
Lmphoma	C81.98	Hodgkin lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
Lmphoma	C81.99	Hodgkin lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
Lmphoma	201	Hodgkin's disease	Diagnosis	ICD-9-CM
Lmphoma	201.0	Hodgkin's paraganuloma	Diagnosis	ICD-9-CM
Lmphoma	201.00	Hodgkin's paraganuloma, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
Lmphoma	201.01	Hodgkin's paraganuloma of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
Lmphoma	201.02	Hodgkin's paraganuloma of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	201.03	Hodgkin's paraganuloma of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	201.04	Hodgkin's paraganuloma of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
Lmphoma	201.05	Hodgkin's paraganuloma of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
Lmphoma	201.06	Hodgkin's paraganuloma of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	201.07	Hodgkin's paraganuloma of spleen	Diagnosis	ICD-9-CM
Lmphoma	201.08	Hodgkin's paraganuloma of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
Lmphoma	201.1	Hodgkin's granuloma	Diagnosis	ICD-9-CM
Lmphoma	201.10	Hodgkin's granuloma, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
Lmphoma	201.11	Hodgkin's granuloma of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
Lmphoma	201.12	Hodgkin's granuloma of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	201.13	Hodgkin's granuloma of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	201.14	Hodgkin's granuloma of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
Lmphoma	201.15	Hodgkin's granuloma of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
Lmphoma	201.16	Hodgkin's granuloma of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	201.17	Hodgkin's granuloma of spleen	Diagnosis	ICD-9-CM
Lmphoma	201.18	Hodgkin's granuloma of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
Lmphoma	201.2	Hodgkin's sarcoma	Diagnosis	ICD-9-CM
Lmphoma	201.20	Hodgkin's sarcoma, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
Lmphoma	201.21	Hodgkin's sarcoma of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
Lmphoma	201.22	Hodgkin's sarcoma of intrathoracic lymph nodes	Diagnosis	ICD-9-CM

**Appendix E.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request**

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

**Appendix E.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request**

Group	Code	Description	Code Category	Code Type
Lmphoma	201.58	Hodgkin's disease, nodular sclerosis, of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
Lmphoma	201.6	Hodgkin's disease, mixed cellularity	Diagnosis	ICD-9-CM
Lmphoma	201.60	Hodgkin's disease, mixed cellularity, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
Lmphoma	201.61	Hodgkin's disease, mixed cellularity, involving lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
Lmphoma	201.62	Hodgkin's disease, mixed cellularity, of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	201.63	Hodgkin's disease, mixed cellularity, of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	201.64	Hodgkin's disease, mixed cellularity, of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
Lmphoma	201.65	Hodgkin's disease, mixed cellularity, of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
Lmphoma	201.66	Hodgkin's disease, mixed cellularity, of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	201.67	Hodgkin's disease, mixed cellularity, of spleen	Diagnosis	ICD-9-CM
Lmphoma	201.68	Hodgkin's disease, mixed cellularity, of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
Lmphoma	201.7	Hodgkin's disease, lymphocytic depletion	Diagnosis	ICD-9-CM
Lmphoma	201.70	Hodgkin's disease, lymphocytic depletion, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
Lmphoma	201.71	Hodgkin's disease, lymphocytic depletion, of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
Lmphoma	201.72	Hodgkin's disease, lymphocytic depletion, of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	201.73	Hodgkin's disease, lymphocytic depletion, of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	201.74	Hodgkin's disease, lymphocytic depletion, of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
Lmphoma	201.75	Hodgkin's disease, lymphocytic depletion, of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
Lmphoma	201.76	Hodgkin's disease, lymphocytic depletion, of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	201.77	Hodgkin's disease, lymphocytic depletion, of spleen	Diagnosis	ICD-9-CM
Lmphoma	201.78	Hodgkin's disease, lymphocytic depletion, of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
Lmphoma	201.9	Hodgkin's disease, unspecified type	Diagnosis	ICD-9-CM
Lmphoma	201.90	Hodgkin's disease, unspecified type, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
Lmphoma	201.91	Hodgkin's disease, unspecified type, of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM

**Appendix E.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request**

Group	Code	Description	Code Category	Code Type
Lmphoma	201.92	Hodgkin's disease, unspecified type, of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	201.93	Hodgkin's disease, unspecified type, of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	201.94	Hodgkin's disease, unspecified type, of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
Lmphoma	201.95	Hodgkin's disease, unspecified type, of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
Lmphoma	201.96	Hodgkin's disease, unspecified type, of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	201.97	Hodgkin's disease, unspecified type, of spleen	Diagnosis	ICD-9-CM
Lmphoma	201.98	Hodgkin's disease, unspecified type, of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
Lmphoma	C82	Follicular lymphoma grade I, unspecified site	Diagnosis	ICD-10-CM
Lmphoma	C82.0	Follicular lymphoma grade I, unspecified site	Diagnosis	ICD-10-CM
Lmphoma	C82.00	Follicular lymphoma grade I, unspecified site	Diagnosis	ICD-10-CM
Lmphoma	C82.01	Follicular lymphoma grade I, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
Lmphoma	C82.02	Follicular lymphoma grade I, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C82.03	Follicular lymphoma grade I, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C82.04	Follicular lymphoma grade I, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
Lmphoma	C82.05	Follicular lymphoma grade I, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
Lmphoma	C82.06	Follicular lymphoma grade I, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C82.07	Follicular lymphoma grade I, spleen	Diagnosis	ICD-10-CM
Lmphoma	C82.08	Follicular lymphoma grade I, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
Lmphoma	C82.09	Follicular lymphoma grade I, extranodal and solid organ sites	Diagnosis	ICD-10-CM
Lmphoma	C82.1	Follicular lymphoma grade II	Diagnosis	ICD-10-CM
Lmphoma	C82.10	Follicular lymphoma grade II, unspecified site	Diagnosis	ICD-10-CM
Lmphoma	C82.11	Follicular lymphoma grade II, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
Lmphoma	C82.12	Follicular lymphoma grade II, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C82.13	Follicular lymphoma grade II, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C82.14	Follicular lymphoma grade II, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
Lmphoma	C82.15	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
Lmphoma	C82.16	Follicular lymphoma grade II, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C82.17	Follicular lymphoma grade II, spleen	Diagnosis	ICD-10-CM
Lmphoma	C82.18	Follicular lymphoma grade II, lymph nodes of multiple sites	Diagnosis	ICD-10-CM

**Appendix E.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request**

Group	Code	Description	Code Category	Code Type
Lmphoma	C82.19	Follicular lymphoma grade II, extranodal and solid organ sites	Diagnosis	ICD-10-CM
Lmphoma	C82.2	Follicular lymphoma grade III, unspecified	Diagnosis	ICD-10-CM
Lmphoma	C82.20	Follicular lymphoma grade III, unspecified, unspecified site	Diagnosis	ICD-10-CM
Lmphoma	C82.21	Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
Lmphoma	C82.22	Follicular lymphoma grade III, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C82.23	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C82.24	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
Lmphoma	C82.25	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
Lmphoma	C82.26	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C82.27	Follicular lymphoma grade III, unspecified, spleen	Diagnosis	ICD-10-CM
Lmphoma	C82.28	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
Lmphoma	C82.29	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
Lmphoma	C82.3	Follicular lymphoma grade IIIa	Diagnosis	ICD-10-CM
Lmphoma	C82.30	Follicular lymphoma grade IIIa, unspecified site	Diagnosis	ICD-10-CM
Lmphoma	C82.31	Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
Lmphoma	C82.32	Follicular lymphoma grade IIIa, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C82.33	Follicular lymphoma grade IIIa, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C82.34	Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
Lmphoma	C82.35	Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
Lmphoma	C82.36	Follicular lymphoma grade IIIa, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C82.37	Follicular lymphoma grade IIIa, spleen	Diagnosis	ICD-10-CM
Lmphoma	C82.38	Follicular lymphoma grade IIIa, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
Lmphoma	C82.39	Follicular lymphoma grade IIIa, extranodal and solid organ sites	Diagnosis	ICD-10-CM
Lmphoma	C82.4	Follicular lymphoma grade IIIb	Diagnosis	ICD-10-CM
Lmphoma	C82.40	Follicular lymphoma grade IIIb, unspecified site	Diagnosis	ICD-10-CM
Lmphoma	C82.41	Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
Lmphoma	C82.42	Follicular lymphoma grade IIIb, intrathoracic lymph nodes	Diagnosis	ICD-10-CM



**Appendix E.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request**

Group	Code	Description	Code Category	Code Type
Lmphoma	C82.43	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C82.44	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
Lmphoma	C82.45	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
Lmphoma	C82.46	Follicular lymphoma grade IIIb, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C82.47	Follicular lymphoma grade IIIb, spleen	Diagnosis	ICD-10-CM
Lmphoma	C82.48	Follicular lymphoma grade IIIb, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
Lmphoma	C82.49	Follicular lymphoma grade IIIb, extranodal and solid organ sites	Diagnosis	ICD-10-CM
Lmphoma	C82.5	Diffuse follicle center lymphoma	Diagnosis	ICD-10-CM
Lmphoma	C82.50	Diffuse follicle center lymphoma, unspecified site	Diagnosis	ICD-10-CM
Lmphoma	C82.51	Diffuse follicle center lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
Lmphoma	C82.52	Diffuse follicle center lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C82.53	Diffuse follicle center lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C82.54	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
Lmphoma	C82.55	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
Lmphoma	C82.56	Diffuse follicle center lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C82.57	Diffuse follicle center lymphoma, spleen	Diagnosis	ICD-10-CM
Lmphoma	C82.58	Diffuse follicle center lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
Lmphoma	C82.59	Diffuse follicle center lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
Lmphoma	C82.6	Cutaneous follicle center lymphoma	Diagnosis	ICD-10-CM
Lmphoma	C82.60	Cutaneous follicle center lymphoma, unspecified site	Diagnosis	ICD-10-CM
Lmphoma	C82.61	Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
Lmphoma	C82.62	Cutaneous follicle center lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C82.63	Cutaneous follicle center lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C82.64	Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
Lmphoma	C82.65	Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM

**Appendix E.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request**

Group	Code	Description	Code Category	Code Type
Lmphoma	C82.66	Cutaneous follicle center lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C82.67	Cutaneous follicle center lymphoma, spleen	Diagnosis	ICD-10-CM
Lmphoma	C82.68	Cutaneous follicle center lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
Lmphoma	C82.69	Cutaneous follicle center lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
Lmphoma	C82.8	Other types of follicular lymphoma	Diagnosis	ICD-10-CM
Lmphoma	C82.80	Other types of follicular lymphoma, unspecified site	Diagnosis	ICD-10-CM
Lmphoma	C82.81	Other types of follicular lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
Lmphoma	C82.82	Other types of follicular lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C82.83	Other types of follicular lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C82.84	Other types of follicular lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
Lmphoma	C82.85	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
Lmphoma	C82.86	Other types of follicular lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C82.87	Other types of follicular lymphoma, spleen	Diagnosis	ICD-10-CM
Lmphoma	C82.88	Other types of follicular lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
Lmphoma	C82.89	Other types of follicular lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
Lmphoma	C82.9	Follicular lymphoma, unspecified	Diagnosis	ICD-10-CM
Lmphoma	C82.90	Follicular lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM
Lmphoma	C82.91	Follicular lymphoma, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
Lmphoma	C82.92	Follicular lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C82.93	Follicular lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C82.94	Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
Lmphoma	C82.95	Follicular lymphoma, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
Lmphoma	C82.96	Follicular lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C82.97	Follicular lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM
Lmphoma	C82.98	Follicular lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM

**Appendix E.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request**

Group	Code	Description	Code Category	Code Type
Lmphoma	C82.99	Follicular lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
Lmphoma	C83.0	Small cell B-cell lymphoma	Diagnosis	ICD-10-CM
Lmphoma	C83.00	Small cell B-cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
Lmphoma	C83.01	Small cell B-cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
Lmphoma	C83.02	Small cell B-cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C83.03	Small cell B-cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C83.04	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
Lmphoma	C83.05	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
Lmphoma	C83.06	Small cell B-cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C83.07	Small cell B-cell lymphoma, spleen	Diagnosis	ICD-10-CM
Lmphoma	C83.08	Small cell B-cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
Lmphoma	C83.09	Small cell B-cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
Lmphoma	C83.1	Mantle cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
Lmphoma	C83.10	Mantle cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
Lmphoma	C83.11	Mantle cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
Lmphoma	C83.12	Mantle cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C83.13	Mantle cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C83.14	Mantle cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
Lmphoma	C83.15	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
Lmphoma	C83.16	Mantle cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C83.17	Mantle cell lymphoma, spleen	Diagnosis	ICD-10-CM
Lmphoma	C83.18	Mantle cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
Lmphoma	C83.19	Mantle cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
Lmphoma	C83.2	Mixed small and large cell (diffuse) Non-Hodgkin's	Diagnosis	ICD-10-CM
Lmphoma	C83.3	Large cell (diffuse) Non-Hodgkin's lymphoma	Diagnosis	ICD-10-CM
Lmphoma	C83.30	Diffuse large B-cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
Lmphoma	C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
Lmphoma	C83.32	Diffuse large B-cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C83.33	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C83.34	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM

**Appendix E.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request**

Group	Code	Description	Code Category	Code Type
Lmphoma	C83.35	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
Lmphoma	C83.36	Diffuse large B-cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C83.37	Diffuse large B-cell lymphoma, spleen	Diagnosis	ICD-10-CM
Lmphoma	C83.38	Diffuse large B-cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
Lmphoma	C83.39	Diffuse large B-cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
Lmphoma	C83.5	Lymphoblastic (diffuse) Non-Hodgkin's lymphoma	Diagnosis	ICD-10-CM
Lmphoma	C83.50	Lymphoblastic (diffuse) lymphoma, unspecified site	Diagnosis	ICD-10-CM
Lmphoma	C83.51	Lymphoblastic (diffuse) lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
Lmphoma	C83.52	Lymphoblastic (diffuse) lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C83.53	Lymphoblastic (diffuse) lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C83.54	Lymphoblastic (diffuse) lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
Lmphoma	C83.55	Lymphoblastic (diffuse) lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
Lmphoma	C83.56	Lymphoblastic (diffuse) lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C83.57	Lymphoblastic (diffuse) lymphoma, spleen	Diagnosis	ICD-10-CM
Lmphoma	C83.58	Lymphoblastic (diffuse) lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
Lmphoma	C83.59	Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
Lmphoma	C83.7	Burkitt's tumour	Diagnosis	ICD-10-CM
Lmphoma	C83.70	Burkitt lymphoma, unspecified site	Diagnosis	ICD-10-CM
Lmphoma	C83.71	Burkitt lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
Lmphoma	C83.72	Burkitt lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C83.73	Burkitt lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C83.74	Burkitt lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
Lmphoma	C83.75	Burkitt lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
Lmphoma	C83.76	Burkitt lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C83.77	Burkitt lymphoma, spleen	Diagnosis	ICD-10-CM
Lmphoma	C83.78	Burkitt lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
Lmphoma	C83.79	Burkitt lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
Lmphoma	C83.8	Large cell (diffuse) Non-Hodgkin's lymphoma (includes reticulum cell sarcoma)	Diagnosis	ICD-10-CM
Lmphoma	C83.80	Other non-follicular lymphoma, unspecified site	Diagnosis	ICD-10-CM

**Appendix E.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request**

Group	Code	Description	Code Category	Code Type
Lmphoma	C83.81	Other non-follicular lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
Lmphoma	C83.82	Other non-follicular lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C83.83	Other non-follicular lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C83.84	Other non-follicular lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
Lmphoma	C83.85	Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
Lmphoma	C83.86	Other non-follicular lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C83.87	Other non-follicular lymphoma, spleen	Diagnosis	ICD-10-CM
Lmphoma	C83.88	Other non-follicular lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
Lmphoma	C83.89	Other non-follicular lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
Lmphoma	C83.9	Non-follicular (diffuse) lymphoma, unspecified	Diagnosis	ICD-10-CM
Lmphoma	C83.90	Non-follicular (diffuse) lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM
Lmphoma	C83.91	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
Lmphoma	C83.92	Non-follicular (diffuse) lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C83.93	Non-follicular (diffuse) lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C83.94	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
Lmphoma	C83.95	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
Lmphoma	C83.96	Non-follicular (diffuse) lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C83.97	Non-follicular (diffuse) lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM
Lmphoma	C83.98	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
Lmphoma	C83.99	Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
Lmphoma	C84	Mature T/NK-cell lymphomas	Diagnosis	ICD-10-CM
Lmphoma	C84.0	Mycosis fungoides, unspecified site	Diagnosis	ICD-10-CM
Lmphoma	C84.00	Mycosis fungoides, unspecified site	Diagnosis	ICD-10-CM
Lmphoma	C84.01	Mycosis fungoides, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
Lmphoma	C84.02	Mycosis fungoides, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C84.03	Mycosis fungoides, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C84.04	Mycosis fungoides, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM

**Appendix E.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request**

Group	Code	Description	Code Category	Code Type
Lmphoma	C84.05	Mycosis fungoides, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
Lmphoma	C84.06	Mycosis fungoides, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C84.07	Mycosis fungoides, spleen	Diagnosis	ICD-10-CM
Lmphoma	C84.08	Mycosis fungoides, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
Lmphoma	C84.09	Mycosis fungoides, extranodal and solid organ sites	Diagnosis	ICD-10-CM
Lmphoma	C84.1	Sezary disease	Diagnosis	ICD-10-CM
Lmphoma	C84.10	Sezary disease, unspecified site	Diagnosis	ICD-10-CM
Lmphoma	C84.11	Sezary disease, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
Lmphoma	C84.12	Sezary disease, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C84.13	Sezary disease, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C84.14	Sezary disease, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
Lmphoma	C84.15	Sezary disease, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
Lmphoma	C84.16	Sezary disease, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C84.17	Sezary disease, spleen	Diagnosis	ICD-10-CM
Lmphoma	C84.18	Sezary disease, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
Lmphoma	C84.19	Sezary disease, extranodal and solid organ sites	Diagnosis	ICD-10-CM
Lmphoma	C84.4	Peripheral T-cell lymphoma	Diagnosis	ICD-10-CM
Lmphoma	C84.40	Peripheral T-cell lymphoma, not classified, unspecified site	Diagnosis	ICD-10-CM
Lmphoma	C84.41	Peripheral T-cell lymphoma, not classified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
Lmphoma	C84.42	Peripheral T-cell lymphoma, not classified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C84.43	Peripheral T-cell lymphoma, not classified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C84.44	Peripheral T-cell lymphoma, not classified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
Lmphoma	C84.45	Peripheral T-cell lymphoma, not classified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
Lmphoma	C84.46	Peripheral T-cell lymphoma, not classified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C84.47	Peripheral T-cell lymphoma, not classified, spleen	Diagnosis	ICD-10-CM
Lmphoma	C84.48	Peripheral T-cell lymphoma, not classified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
Lmphoma	C84.49	Peripheral T-cell lymphoma, not classified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
Lmphoma	C84.6	Anaplastic large cell lymphoma, ALK-positive	Diagnosis	ICD-10-CM
Lmphoma	C84.60	Anaplastic large cell lymphoma, ALK-positive, unspecified site	Diagnosis	ICD-10-CM
Lmphoma	C84.61	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM

**Appendix E.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request**

Group	Code	Description	Code Category	Code Type
Lmphoma	C84.62	Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C84.63	Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C84.64	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
Lmphoma	C84.65	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
Lmphoma	C84.66	Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C84.67	Anaplastic large cell lymphoma, ALK-positive, spleen	Diagnosis	ICD-10-CM
Lmphoma	C84.68	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
Lmphoma	C84.69	Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites	Diagnosis	ICD-10-CM
Lmphoma	C84.7	Anaplastic large cell lymphoma, ALK-negative	Diagnosis	ICD-10-CM
Lmphoma	C84.70	Anaplastic large cell lymphoma, ALK-negative, unspecified site	Diagnosis	ICD-10-CM
Lmphoma	C84.71	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
Lmphoma	C84.72	Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C84.73	Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C84.74	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
Lmphoma	C84.75	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
Lmphoma	C84.76	Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C84.77	Anaplastic large cell lymphoma, ALK-negative, spleen	Diagnosis	ICD-10-CM
Lmphoma	C84.78	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
Lmphoma	C84.79	Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites	Diagnosis	ICD-10-CM
Lmphoma	C84.9	Mature T/NK-cell lymphomas, unspecified	Diagnosis	ICD-10-CM
Lmphoma	C84.90	Mature T/NK-cell lymphomas, unspecified, unspecified site	Diagnosis	ICD-10-CM
Lmphoma	C84.91	Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
Lmphoma	C84.92	Mature T/NK-cell lymphomas, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C84.93	Mature T/NK-cell lymphomas, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM



**Appendix E.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request**

Group	Code	Description	Code Category	Code Type
Lmphoma	C84.94	Mature T/NK-cell lymphomas, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
Lmphoma	C84.95	Mature T/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
Lmphoma	C84.96	Mature T/NK-cell lymphomas, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C84.97	Mature T/NK-cell lymphomas, unspecified, spleen	Diagnosis	ICD-10-CM
Lmphoma	C84.98	Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
Lmphoma	C84.99	Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
Lmphoma	C84.A	Cutaneous T-cell lymphoma, unspecified	Diagnosis	ICD-10-CM
Lmphoma	C84.A0	Cutaneous T-cell lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM
Lmphoma	C84.A1	Cutaneous T-cell lymphoma, unspecified lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
Lmphoma	C84.A2	Cutaneous T-cell lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C84.A3	Cutaneous T-cell lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C84.A4	Cutaneous T-cell lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
Lmphoma	C84.A5	Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
Lmphoma	C84.A6	Cutaneous T-cell lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C84.A7	Cutaneous T-cell lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM
Lmphoma	C84.A8	Cutaneous T-cell lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
Lmphoma	C84.A9	Cutaneous T-cell lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
Lmphoma	C84.Z	Other mature T/NK-cell lymphomas	Diagnosis	ICD-10-CM
Lmphoma	C84.Z0	Other mature T/NK-cell lymphomas, unspecified site	Diagnosis	ICD-10-CM
Lmphoma	C84.Z1	Other mature T/NK-cell lymphomas, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
Lmphoma	C84.Z2	Other mature T/NK-cell lymphomas, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C84.Z3	Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C84.Z4	Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
Lmphoma	C84.Z5	Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM

**Appendix E.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request**

Group	Code	Description	Code Category	Code Type
Lmphoma	C84.Z6	Other mature T/NK-cell lymphomas, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C84.Z7	Other mature T/NK-cell lymphomas, spleen	Diagnosis	ICD-10-CM
Lmphoma	C84.Z8	Other mature T/NK-cell lymphomas, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
Lmphoma	C84.Z9	Other mature T/NK-cell lymphomas, extranodal and solid organ sites	Diagnosis	ICD-10-CM
Lmphoma	C85	Other specified and unspecified types of non-Hodgkin lymphoma	Diagnosis	ICD-10-CM
Lmphoma	C85.0	Other specified and unspecified types of non-Hodgkin lymphoma	Diagnosis	ICD-10-CM
Lmphoma	C85.00	Other specified and unspecified types of non-Hodgkin lymphoma	Diagnosis	ICD-10-CM
Lmphoma	C85.1	Unspecified B-cell lymphoma	Diagnosis	ICD-10-CM
Lmphoma	C85.10	Unspecified B-cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
Lmphoma	C85.11	Unspecified B-cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
Lmphoma	C85.12	Unspecified B-cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C85.13	Unspecified B-cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C85.14	Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
Lmphoma	C85.15	Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
Lmphoma	C85.16	Unspecified B-cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C85.17	Unspecified B-cell lymphoma, spleen	Diagnosis	ICD-10-CM
Lmphoma	C85.18	Unspecified B-cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
Lmphoma	C85.19	Unspecified B-cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
Lmphoma	C85.2	Mediastinal (thymic) large B-cell lymphoma	Diagnosis	ICD-10-CM
Lmphoma	C85.20	Mediastinal (thymic) large B-cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
Lmphoma	C85.21	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
Lmphoma	C85.22	Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C85.23	Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C85.24	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
Lmphoma	C85.25	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM

**Appendix E.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request**

Group	Code	Description	Code Category	Code Type
Lmphoma	C85.26	Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C85.27	Mediastinal (thymic) large B-cell lymphoma, spleen	Diagnosis	ICD-10-CM
Lmphoma	C85.28	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
Lmphoma	C85.29	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
Lmphoma	C85.8	Other specified types of non-Hodgkin lymphoma	Diagnosis	ICD-10-CM
Lmphoma	C85.80	Other specified types of non-Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
Lmphoma	C85.81	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
Lmphoma	C85.82	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C85.83	Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C85.84	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
Lmphoma	C85.85	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
Lmphoma	C85.86	Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C85.87	Other specified types of non-Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
Lmphoma	C85.88	Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
Lmphoma	C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
Lmphoma	C85.9	Non-Hodgkin lymphoma, unspecified	Diagnosis	ICD-10-CM
Lmphoma	C85.90	Non-Hodgkin lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM
Lmphoma	C85.91	Non-Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
Lmphoma	C85.92	Non-Hodgkin lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C85.93	Non-Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C85.94	Non-Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
Lmphoma	C85.95	Non-Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
Lmphoma	C85.96	Non-Hodgkin lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
Lmphoma	C85.97	Non-Hodgkin lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM

**Appendix E.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request**

Group	Code	Description	Code Category	Code Type
Lmphoma	C85.98	Non-Hodgkin lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
Lmphoma	C85.99	Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
Lmphoma	C86	Other specified types of T/NK-cell lymphoma	Diagnosis	ICD-10-CM
Lmphoma	C86.0	Extranodal NK/T-cell lymphoma, nasal type	Diagnosis	ICD-10-CM
Lmphoma	C86.1	Hepatosplenic T-cell lymphoma	Diagnosis	ICD-10-CM
Lmphoma	C86.2	Enteropathy-type (intestinal) T-cell lymphoma	Diagnosis	ICD-10-CM
Lmphoma	C86.3	Subcutaneous panniculitis-like T-cell lymphoma	Diagnosis	ICD-10-CM
Lmphoma	C86.4	Blastic NK-cell lymphoma	Diagnosis	ICD-10-CM
Lmphoma	C86.5	Angioimmunoblastic T-cell lymphoma	Diagnosis	ICD-10-CM
Lmphoma	C86.6	Primary cutaneous CD30-positive T-cell proliferations	Diagnosis	ICD-10-CM
Lmphoma	C88.0	Waldenstrom macroglobulinemia	Diagnosis	ICD-10-CM
Lmphoma	C88.2	Heavy chain disease	Diagnosis	ICD-10-CM
Lmphoma	C88.3	Immunoproliferative small intestinal disease	Diagnosis	ICD-10-CM
Lmphoma	C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma]	Diagnosis	ICD-10-CM
Lmphoma	C88.8	Other malignant immunoproliferative diseases	Diagnosis	ICD-10-CM
Lmphoma	C88.9	Malignant immunoproliferative disease, unspecified	Diagnosis	ICD-10-CM
Lmphoma	C91.1	Chronic lymphocytic leukemia of B-cell type	Diagnosis	ICD-10-CM
Lmphoma	C91.10	Chronic lymphocytic leukemia of B-cell type, not having achieved remission	Diagnosis	ICD-10-CM
Lmphoma	C91.3	Prolymphocytic leukemia of B-cell type	Diagnosis	ICD-10-CM
Lmphoma	C91.30	Prolymphocytic leukemia of B-cell type, not having achieved remission	Diagnosis	ICD-10-CM
Lmphoma	C91.4	Hairy cell leukemia	Diagnosis	ICD-10-CM
Lmphoma	C91.40	Hairy cell leukemia, not having achieved remission	Diagnosis	ICD-10-CM
Lmphoma	C91.5	Adult T-cell lymphoma/leukemia (HTLV-1-associated)	Diagnosis	ICD-10-CM
Lmphoma	C91.50	Adult T-cell lymphoma/leukemia (HTLV-1-associated), not having achieved remission	Diagnosis	ICD-10-CM
Lmphoma	C91.6	Prolymphocytic leukemia of T-cell type	Diagnosis	ICD-10-CM
Lmphoma	C91.60	Prolymphocytic leukemia of T-cell type, not having achieved remission	Diagnosis	ICD-10-CM
Lmphoma	C91.A	Mature B-cell leukemia Burkitt-type	Diagnosis	ICD-10-CM
Lmphoma	C91.A0	Mature B-cell leukemia Burkitt-type, not having achieved remission	Diagnosis	ICD-10-CM
Lmphoma	C96.9	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified	Diagnosis	ICD-10-CM
Lmphoma	C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue	Diagnosis	ICD-10-CM
Lmphoma	D47.Z1	Post-transplant lymphoproliferative disorder	Diagnosis	ICD-10-CM
Lmphoma	200	Lymphosarcoma and reticulosarcoma and other specified malignant tumors of lymphatic tissue	Diagnosis	ICD-9-CM

**Appendix E.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request**

Group	Code	Description	Code Category	Code Type
Lmphoma	200.0	Reticulosarcoma	Diagnosis	ICD-9-CM
Lmphoma	200.00	Reticulosarcoma	Diagnosis	ICD-9-CM
Lmphoma	200.01	Reticulosarcoma of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
Lmphoma	200.02	Reticulosarcoma of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	200.03	Reticulosarcoma of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	200.04	Reticulosarcoma of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
Lmphoma	200.05	Reticulosarcoma of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
Lmphoma	200.06	Reticulosarcoma of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	200.07	Reticulosarcoma of spleen	Diagnosis	ICD-9-CM
Lmphoma	200.08	Reticulosarcoma of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
Lmphoma	200.1	Lymphosarcoma	Diagnosis	ICD-9-CM
Lmphoma	200.10	Lymphosarcoma, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
Lmphoma	200.11	Lymphosarcoma of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
Lmphoma	200.12	Lymphosarcoma of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	200.13	Lymphosarcoma of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	200.14	Lymphosarcoma of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
Lmphoma	200.15	Lymphosarcoma of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
Lmphoma	200.16	Lymphosarcoma of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	200.17	Lymphosarcoma of spleen	Diagnosis	ICD-9-CM
Lmphoma	200.18	Lymphosarcoma of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
Lmphoma	200.2	Burkitt's tumor or lymphoma	Diagnosis	ICD-9-CM
Lmphoma	200.20	Burkitt's tumor or lymphoma, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
Lmphoma	200.21	Burkitt's tumor or lymphoma of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
Lmphoma	200.22	Burkitt's tumor or lymphoma of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	200.23	Burkitt's tumor or lymphoma of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	200.24	Burkitt's tumor or lymphoma of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
Lmphoma	200.25	Burkitt's tumor or lymphoma of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
Lmphoma	200.26	Burkitt's tumor or lymphoma of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	200.27	Burkitt's tumor or lymphoma of spleen	Diagnosis	ICD-9-CM
Lmphoma	200.28	Burkitt's tumor or lymphoma of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
Lmphoma	200.3	Marginal zone lymphoma	Diagnosis	ICD-9-CM
Lmphoma	200.30	Marginal zone lymphoma, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM

**Appendix E.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request**

Group	Code	Description	Code Category	Code Type
Lmphoma	200.31	Marginal zone lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
Lmphoma	200.32	Marginal zone lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	200.33	Marginal zone lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	200.34	Marginal zone lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
Lmphoma	200.35	Marginal zone lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
Lmphoma	200.36	Marginal zone lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	200.37	Marginal zone lymphoma, spleen	Diagnosis	ICD-9-CM
Lmphoma	200.38	Marginal zone lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-9-CM
Lmphoma	200.4	Mantle cell lymphoma	Diagnosis	ICD-9-CM
Lmphoma	200.40	Mantle cell lymphoma, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
Lmphoma	200.41	Mantle cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
Lmphoma	200.42	Mantle cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	200.43	Mantle cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	200.44	Mantle cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
Lmphoma	200.45	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
Lmphoma	200.46	Mantle cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	200.47	Mantle cell lymphoma, spleen	Diagnosis	ICD-9-CM
Lmphoma	200.48	Mantle cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-9-CM
Lmphoma	200.5	Primary central nervous system lymphoma	Diagnosis	ICD-9-CM
Lmphoma	200.50	Primary central nervous system lymphoma, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
Lmphoma	200.51	Primary central nervous system lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
Lmphoma	200.52	Primary central nervous system lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	200.53	Primary central nervous system lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	200.54	Primary central nervous system lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
Lmphoma	200.55	Primary central nervous system lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
Lmphoma	200.56	Primary central nervous system lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	200.57	Primary central nervous system lymphoma, spleen	Diagnosis	ICD-9-CM

**Appendix E.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request**

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



**Appendix E.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request**

Group	Code	Description	Code Category	Code Type
Lmphoma	200.85	Other named variants of lymphosarcoma and reticulosarcoma of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
Lmphoma	200.86	Other named variants of lymphosarcoma and reticulosarcoma of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	200.87	Other named variants of lymphosarcoma and reticulosarcoma of spleen	Diagnosis	ICD-9-CM
Lmphoma	200.88	Other named variants of lymphosarcoma and reticulosarcoma of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
Lmphoma	202	Other malignant neoplasms of lymphoid and histiocytic tissue	Diagnosis	ICD-9-CM
Lmphoma	202.0	Nodular lymphoma	Diagnosis	ICD-9-CM
Lmphoma	202.00	Nodular lymphoma, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
Lmphoma	202.01	Nodular lymphoma of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
Lmphoma	202.02	Nodular lymphoma of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	202.03	Nodular lymphoma of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	202.04	Nodular lymphoma of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
Lmphoma	202.05	Nodular lymphoma of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
Lmphoma	202.06	Nodular lymphoma of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	202.07	Nodular lymphoma of spleen	Diagnosis	ICD-9-CM
Lmphoma	202.08	Nodular lymphoma of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
Lmphoma	202.1	Mycosis fungoides	Diagnosis	ICD-9-CM
Lmphoma	202.10	Mycosis fungoides, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
Lmphoma	202.11	Mycosis fungoides of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
Lmphoma	202.12	Mycosis fungoides of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	202.13	Mycosis fungoides of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	202.14	Mycosis fungoides of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
Lmphoma	202.15	Mycosis fungoides of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
Lmphoma	202.16	Mycosis fungoides of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	202.17	Mycosis fungoides of spleen	Diagnosis	ICD-9-CM
Lmphoma	202.18	Mycosis fungoides of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
Lmphoma	202.2	Sezary's disease	Diagnosis	ICD-9-CM
Lmphoma	202.20	Sezary's disease, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
Lmphoma	202.21	Sezary's disease of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
Lmphoma	202.22	Sezary's disease of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	202.23	Sezary's disease of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	202.24	Sezary's disease of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM

**Appendix E.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request**

Group	Code	Description	Code Category	Code Type
Lmphoma	202.25	Sezary's disease of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
Lmphoma	202.26	Sezary's disease of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	202.27	Sezary's disease of spleen	Diagnosis	ICD-9-CM
Lmphoma	202.28	Sezary's disease of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
Lmphoma	202.3	Malignant histiocytosis	Diagnosis	ICD-9-CM
Lmphoma	202.30	Malignant histiocytosis, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
Lmphoma	202.31	Malignant histiocytosis of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
Lmphoma	202.32	Malignant histiocytosis of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	202.33	Malignant histiocytosis of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	202.34	Malignant histiocytosis of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
Lmphoma	202.35	Malignant histiocytosis of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
Lmphoma	202.36	Malignant histiocytosis of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	202.37	Malignant histiocytosis of spleen	Diagnosis	ICD-9-CM
Lmphoma	202.38	Malignant histiocytosis of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
Lmphoma	202.4	Leukemic reticuloendotheliosis	Diagnosis	ICD-9-CM
Lmphoma	202.40	Leukemic reticuloendotheliosis, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
Lmphoma	202.4	Hairy cell leukemia	Diagnosis	ICD-9-CM
Lmphoma	202.41	Leukemic reticuloendotheliosis of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
Lmphoma	202.42	Leukemic reticuloendotheliosis of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	202.43	Leukemic reticuloendotheliosis of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	202.44	Leukemic reticuloendotheliosis of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
Lmphoma	202.45	Leukemic reticuloendotheliosis of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
Lmphoma	202.46	Leukemic reticuloendotheliosis of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	202.47	Leukemic reticuloendotheliosis of spleen	Diagnosis	ICD-9-CM
Lmphoma	202.48	Leukemic reticuloendotheliosis of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
Lmphoma	202.7	Peripheral T-cell lymphoma	Diagnosis	ICD-9-CM
Lmphoma	202.70	Peripheral T-cell lymphoma, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
Lmphoma	202.71	Peripheral T-cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
Lmphoma	202.72	Peripheral T-cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-9-CM

**Appendix E.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request**

Group	Code	Description	Code Category	Code Type
Lmphoma	202.73	Peripheral T-cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	202.74	Peripheral T-cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
Lmphoma	202.75	Peripheral T-cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
Lmphoma	202.76	Peripheral T-cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	202.77	Peripheral T-cell lymphoma, spleen	Diagnosis	ICD-9-CM
Lmphoma	202.78	Peripheral T-cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-9-CM
Lmphoma	202.8	Other malignant lymphomas	Diagnosis	ICD-9-CM
Lmphoma	202.80	Other malignant lymphomas, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
Lmphoma	202.81	Other malignant lymphomas of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
Lmphoma	202.82	Other malignant lymphomas of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	202.83	Other malignant lymphomas of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	202.84	Other malignant lymphomas of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
Lmphoma	202.85	Other malignant lymphomas of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
Lmphoma	202.86	Other malignant lymphomas of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
Lmphoma	202.87	Other malignant lymphomas of spleen	Diagnosis	ICD-9-CM
Lmphoma	202.88	Other malignant lymphomas of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
Lmphoma	204.1	Lymphoid Leukemia, chronic	Diagnosis	ICD-9-CM
Lmphoma	204.2	Lymphoid Leukemia, subacute	Diagnosis	ICD-9-CM
Lmphoma	204.8	Other lymphoid leukemia	Diagnosis	ICD-9-CM
Lmphoma	204.9	Unspecified lymphoid leukemia	Diagnosis	ICD-9-CM
Lmphoma	C91.52	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in relapse	Diagnosis	ICD-10-CM
Lmphoma	C91.51	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in remission	Diagnosis	ICD-10-CM
Lmphoma	C88	Malignant immunoproliferative diseases and certain other B-cell lymphomas	Diagnosis	ICD-10-CM
Lmphoma	C83	Non-follicular lymphoma	Diagnosis	ICD-10-CM
Lmphoma	Z85.71	Personal history of Hodgkin lymphoma	Diagnosis	ICD-10-CM
Lmphoma	Z85.72	Personal history of non-Hodgkin lymphomas	Diagnosis	ICD-10-CM
Myeloma	203.0	Multiple myeloma	Diagnosis	ICD-9-CM
Myeloma	203.00	Multiple myeloma, without mention of having achieved remission	Diagnosis	ICD-9-CM
Myeloma	203.01	Multiple myeloma in remission	Diagnosis	ICD-9-CM
Myeloma	203.02	Multiple myeloma, in relapse	Diagnosis	ICD-9-CM
Myeloma	277.3	Amyloidosis NOS	Diagnosis	ICD-9-CM

**Appendix E.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request**

Group	Code	Description	Code Category	Code Type
Myeloma	277.39	Amyloidosis NEC	Diagnosis	ICD-9-CM
Myeloma	C90.00	Multiple myeloma not having achieved remission	Diagnosis	ICD-10-CM
Myeloma	C90.01	Multiple myeloma in remission	Diagnosis	ICD-10-CM
Myeloma	C90.02	Multiple myeloma in relapse	Diagnosis	ICD-10-CM
Myeloma	E85.1	Neuropathic heredofamilial amyloidosis	Diagnosis	ICD-10-CM
Myeloma	E85.2	Heredofamilial amyloidosis, unspecified	Diagnosis	ICD-10-CM
Myeloma	E85.3	Secondary systemic amyloidosis	Diagnosis	ICD-10-CM
Myeloma	E85.4	Organ-limited amyloidosis	Diagnosis	ICD-10-CM
Myeloma	E85.81	Light chain (AL) amyloidosis	Diagnosis	ICD-10-CM
Myeloma	E85.82	Wild-type transthyretin-related (ATTR) amyloidosis	Diagnosis	ICD-10-CM
Myeloma	E85.89	Other amyloidosis	Diagnosis	ICD-10-CM
Myeloma	C90.0	Multiple myeloma	Diagnosis	ICD-10-CM
Myeloma	C90	Multiple myeloma and malignant plasma cell neoplasms	Diagnosis	ICD-10-CM
Myeloma	203.0	Multiple myeloma	Diagnosis	ICD-9-CM
Myelodysplastic syndromes	238.75	Myelodysplastic syndrome, unspecified	Diagnosis	ICD-9-CM
Myelodysplastic syndromes	238.74	Myelodysplastic syndrome with 5q deletion	Diagnosis	ICD-9-CM
Myelodysplastic syndromes	238.72	Low grade myelodysplastic syndrome lesions	Diagnosis	ICD-9-CM
Myelodysplastic syndromes	238.73	High grade myelodysplastic syndrome lesions	Diagnosis	ICD-9-CM
Myelodysplastic syndromes	D46.0	Refractory anemia without ring sideroblasts, so stated	Diagnosis	ICD-10-CM
Myelodysplastic syndromes	D46.1	Refractory anemia with ring sideroblasts	Diagnosis	ICD-10-CM
Myelodysplastic syndromes	D46.20	Refractory anemia with excess of blasts, unspecified	Diagnosis	ICD-10-CM
Myelodysplastic syndromes	D46.21	Refractory anemia with excess of blasts 1	Diagnosis	ICD-10-CM
Myelodysplastic syndromes	D46.22	Refractory anemia with excess of blasts 2	Diagnosis	ICD-10-CM
Myelodysplastic syndromes	D46.4	Refractory anemia, unspecified	Diagnosis	ICD-10-CM
Myelodysplastic syndromes	D46.9	Myelodysplastic syndrome, unspecified	Diagnosis	ICD-10-CM
Myelodysplastic syndromes	D46.A	Refractory cytopenia with multilineage dysplasia	Diagnosis	ICD-10-CM
Myelodysplastic syndromes	D46.B	Refractory cytopenia with multilineage dysplasia and ring sideroblasts	Diagnosis	ICD-10-CM
Myelodysplastic syndromes	D46.C	Myelodysplastic syndrome with isolated del(5q) chromosomal abnormality	Diagnosis	ICD-10-CM
Myelodysplastic syndromes	D46.Z	Other myelodysplastic syndromes	Diagnosis	ICD-10-CM
Myelodysplastic syndromes	D46	Myelodysplastic syndromes	Diagnosis	ICD-10-CM
<b>Viral Infections</b>				
HIV	042	Human immunodeficiency virus [HIV] disease	Diagnosis	ICD-9-CM
HIV	07953	Human immunodeficiency virus, type 2 [HIV-2]	Diagnosis	ICD-9-CM
HIV	V08	Asymptomatic human immunodeficiency virus [HIV] infection status	Diagnosis	ICD-9-CM
HIV	B20	Human immunodeficiency virus [HIV] disease resulting in infectious and parasitic diseases	Diagnosis	ICD-10-CM
HIV	Z21	Asymptomatic human immunodeficiency virus [HIV] infection status	Diagnosis	ICD-10-CM
HIV	B97.35	Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere	Diagnosis	ICD-10-CM

**Appendix E.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request**

Group	Code	Description	Code Category	Code Type
Hepatitis B	070.2	Viral hepatitis B with hepatic coma	Diagnosis	ICD-9-CM
Hepatitis B	070.20	Viral hepatitis B with hepatic coma, acute or unspecified, without mention of hepatitis delta	Diagnosis	ICD-9-CM
Hepatitis B	070.21	Viral hepatitis B with hepatic coma, acute or unspecified, with hepatitis delta	Diagnosis	ICD-9-CM
Hepatitis B	070.22	Viral hepatitis B with hepatic coma, chronic, without mention of hepatitis delta	Diagnosis	ICD-9-CM
Hepatitis B	070.23	Viral hepatitis B with hepatic coma, chronic, with hepatitis delta	Diagnosis	ICD-9-CM
Hepatitis B	070.3	Viral hepatitis B without mention of hepatic coma	Diagnosis	ICD-9-CM
Hepatitis B	070.30	Viral hepatitis B without mention of hepatic coma, acute or unspecified, without mention of hepatitis delta	Diagnosis	ICD-9-CM
Hepatitis B	070.31	Viral hepatitis B without mention of hepatic coma, acute or unspecified, with hepatitis delta	Diagnosis	ICD-9-CM
Hepatitis B	070.32	Viral hepatitis B without mention of hepatic coma, chronic, without mention of hepatitis delta	Diagnosis	ICD-9-CM
Hepatitis B	070.33	Viral hepatitis B without mention of hepatic coma, chronic, with hepatitis delta	Diagnosis	ICD-9-CM
Hepatitis B	070.42	Hepatitis delta without mention of active hepatitis B disease with hepatic coma	Diagnosis	ICD-9-CM
Hepatitis B	070.52	Hepatitis delta without mention of active hepatitis B disease or hepatic coma	Diagnosis	ICD-9-CM
Hepatitis B	B16.0	Acute hepatitis B with delta-agent with hepatic coma	Diagnosis	ICD-10-CM
Hepatitis B	B16.1	Acute hepatitis B with delta-agent without hepatic coma	Diagnosis	ICD-10-CM
Hepatitis B	B16.2	Acute hepatitis B without delta-agent with hepatic coma	Diagnosis	ICD-10-CM
Hepatitis B	B16.9	Acute hepatitis B without delta-agent and without hepatic coma	Diagnosis	ICD-10-CM
Hepatitis B	B17.0	Acute delta-(super) infection of hepatitis B carrier	Diagnosis	ICD-10-CM
Hepatitis B	B18.0	Chronic viral hepatitis B with delta-agent	Diagnosis	ICD-10-CM
Hepatitis B	B18.1	Chronic viral hepatitis B without delta-agent	Diagnosis	ICD-10-CM
Hepatitis B	B19.10	Unspecified viral hepatitis B without hepatic coma	Diagnosis	ICD-10-CM
Hepatitis B	B19.11	Unspecified viral hepatitis B with hepatic coma	Diagnosis	ICD-10-CM
Hepatitis B	V02.61	Hepatitis B carrier	Diagnosis	ICD-9-CM
Hepatitis C	070.41	Acute hepatitis C with hepatic coma	Diagnosis	ICD-9-CM
Hepatitis C	070.44	Chronic hepatitis C with hepatic coma	Diagnosis	ICD-9-CM
Hepatitis C	070.51	Acute hepatitis C without mention of hepatic coma	Diagnosis	ICD-9-CM
Hepatitis C	070.54	Chronic hepatitis C without mention of hepatic coma	Diagnosis	ICD-9-CM
Hepatitis C	070.7	Unspecified viral hepatitis C	Diagnosis	ICD-9-CM
Hepatitis C	070.70	Unspecified viral hepatitis C without hepatic coma	Diagnosis	ICD-9-CM
Hepatitis C	070.71	Unspecified viral hepatitis C with hepatic coma	Diagnosis	ICD-9-CM
Hepatitis C	B17.10	Acute hepatitis C without hepatic coma	Diagnosis	ICD-10-CM
Hepatitis C	B17.11	Acute hepatitis C with hepatic coma	Diagnosis	ICD-10-CM

**Appendix E.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request**

Group	Code	Description	Code Category	Code Type
Hepatitis C	B18.2	Chronic viral hepatitis C	Diagnosis	ICD-10-CM
Hepatitis C	B19.20	Unspecified viral hepatitis C without hepatic coma	Diagnosis	ICD-10-CM
Hepatitis C	B19.21	Unspecified viral hepatitis C with hepatic coma	Diagnosis	ICD-10-CM
Hepatitis C	V02.62	Hepatitis C carrier	Diagnosis	ICD-9-CM
<b>Bacterial Infection</b>				
Chronic Bacteremia	771.83	Bacteremia of newborn	Diagnosis	ICD-9-CM
Chronic Bacteremia	790.7	Bacteremia	Diagnosis	ICD-9-CM
Chronic Bacteremia	R78.81	Bacteremia	Diagnosis	ICD-10-CM
Chronic Bacteremia	421.0	Acute and subacute bacterial endocarditis	Diagnosis	ICD-9-CM
Chronic Bacteremia	I33.0	Acute and subacute infective endocarditis	Diagnosis	ICD-10-CM

## Appendix E.2. List of Generic and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request

Group	Generic Name	Brand Name
<b>Anti-Infectives Treatment</b>		
Penicillin	amoxicillin/potassium clavulanate	Augmentin
Penicillin	amoxicillin/potassium clavulanate	Augmentin ES-600
Penicillin	amoxicillin/potassium clavulanate	Augmentin XR
Penicillin	ticarcillin disodium/potassium clavulanate	Timentin
Penicillin	ampicillin sodium/sulbactam sodium	Unasyn
Penicillin	penicillin G potassium	Pfizerpen-G
Penicillin	ampicillin sodium	Ampicillin sodium
Penicillin	penicillin V potassium	Penicillin V potassium
Penicillin	amoxicillin	Amoxicillin
Penicillin	amoxicillin/potassium clavulanate	Amoxicillin-pot clavulanate
Penicillin	dicloxacillin sodium	Dicloxacillin
Penicillin	piperacillin sodium/tazobactam sodium	Zosyn
Penicillin	piperacillin and tazobactam in dextrose, iso-osmotic	Zosyn in dextrose (iso-osm)
Penicillin	oxacillin sodium in iso-osmotic dextrose	Oxacillin in dextrose(iso-osm)
Penicillin	nafcillin in dextrose, iso-osmotic	Nafcillin in dextrose iso-osm
Penicillin	penicillin G potassium/dextrose-water	Penicillin G pot in dextrose
Penicillin	ampicillin sodium/sulbactam sodium	Ampicillin-sulbactam
Penicillin	piperacillin sodium/tazobactam sodium	Piperacillin-tazobactam
Penicillin	nafcillin sodium	Nafcillin
Penicillin	ampicillin trihydrate	Ampicillin
Penicillin	oxacillin sodium	Oxacillin
Penicillin	penicillin G potassium	Penicillin G potassium
Penicillin	penicillin G sodium	Penicillin G sodium
Penicillin	amoxicillin	Moxatag
Penicillin	penicillin G potassium in 0.9 % sodium chloride	Penicillin G pot in 0.9 % NaCl
Penicillin	amoxicillin	Amoxicillin (bulk)
Penicillin	ticarcillin disodium/potassium clavulanate	Ticarcillin-K clavulanat(bulk)
Penicillin	amoxicillin	Amoxil
Penicillin	penicillin G benzathine	Bicillin L-A
Penicillin	penicillin G benzathine/penicillin G procaine	Bicillin C-R
Penicillin	amoxicillin	Trimox
Penicillin	penicillin G procaine	Penicillin G procaine
Penicillin	piperacillin sodium	Piperacillin
Penicillin	amoxicillin/potassium clavulanate	Amoxicillin-pot clavula (bulk)
Cephalosporins	cefotaxime sodium	Claforan
Cephalosporins	cefotaxime sodium/dextrose, iso-osmotic	Claforan in dextrose(iso-osm)
Cephalosporins	cefotaxime sodium	Cefotaxime
Cephalosporins	ceftazidime	Ceftazidime
Cephalosporins	cefazolin sodium	Cefazolin
Cephalosporins	ceftriaxone sodium	Ceftriaxone
Cephalosporins	cefdinir	Omnicef
Cephalosporins	cefprozil	Cefprozil
Cephalosporins	cefaclor	Cefaclor
Cephalosporins	cephalexin	Cephalexin
Cephalosporins	cefdinir	Cefdinir



## Appendix E.2. List of Generic and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request

Group	Generic Name	Brand Name
Cephalosporins	cefadroxil	Cefadroxil
Cephalosporins	cefuroxime sodium	Cefuroxime sodium
Cephalosporins	cefotetan disodium	Cefotetan
Cephalosporins	cefoxitin sodium	Cefoxitin
Cephalosporins	cefuroxime sodium	Zinacef
Cephalosporins	ceftazidime	Fortaz
Cephalosporins	cefuroxime axetil	Ceftin
Cephalosporins	ceftazidime sodium in iso-osmotic dextrose	Fortaz in dextrose 5 %
Cephalosporins	cefuroxime sodium/dextrose, iso-osmotic	Zinacef in dextrose (iso-osm)
Cephalosporins	cefuroxime sodium/water for injection,sterile	Zinacef in Sterile Water
Cephalosporins	cefazolin sodium/dextrose, iso-osmotic	Cefazolin in dextrose (iso-os)
Cephalosporins	cefuroxime sodium/dextrose, iso-osmotic	Cefuroxime-dextrose (iso-osm)
Cephalosporins	cefoxitin sodium/dextrose, iso-osmotic	Cefoxitin in dextrose, iso-osm
Cephalosporins	ceftazidime in dextrose 5% and water	Ceftazidime in D5W
Cephalosporins	ceftriaxone sodium in iso-osmotic dextrose	Ceftriaxone in dextrose,iso-os
Cephalosporins	cefotetan disodium in iso-osmotic dextrose	Cefotetan in dextrose, iso-osm
Cephalosporins	cefepime HCl in dextrose 5 % in water	Cefepime in dextrose 5 %
Cephalosporins	cephalexin	Daxbia
Cephalosporins	cefepime HCl	Maxipime
Cephalosporins	ceftazidime	Tazicef
Cephalosporins	ceftaroline fosamil acetate	Teflaro
Cephalosporins	ceftazidime/avibactam sodium	Avycaz
Cephalosporins	cephalexin	Keflex
Cephalosporins	cefepime HCl	Cefepime
Cephalosporins	cefpodoxime proxetil	Cefpodoxime
Cephalosporins	cefuroxime axetil	Cefuroxime axetil
Cephalosporins	cefditoren pivoxil	Spectracef
Cephalosporins	cefazolin sodium in 0.9 % sodium chloride	Cefazolin in 0.9% sod chloride
Cephalosporins	cefixime	Cefixime
Cephalosporins	cefditoren pivoxil	Cefditoren pivoxil
Cephalosporins	cefixime	Suprax
Cephalosporins	ceftriaxone sodium	Ceftriaxone sodium (bulk)
Cephalosporins	cefazolin sodium/dextrose 5 % in water	Cefazolin in dextrose 5 %
Cephalosporins	cefazolin sodium/water for injection,sterile	Cefazolin in sterile water
Cephalosporins	ceftibuten	Ceftibuten
Cephalosporins	ceftibuten	Cedax
Cephalosporins	ceftazidime	Ceftazidime (bulk)
Cephalosporins	ceftriaxone sodium	Rocephin
Cephalosporins	cefadroxil	Duricef
Cephalosporins	cefotetan disodium	Cefotan
Cephalosporins	cefaclor	Ceclor
Cephalosporins	cefoxitin sodium/dextrose 5 % in water	Mefoxin in dextrose (iso-osm)
Cephalosporins	ceftolozane sulfate/tazobactam sodium	Zerbaxa
Doxycycline	doxycycline hyclate	Doxycycline hyclate
Doxycycline	doxycycline hyclate	Vibramycin
Doxycycline	doxycycline monohydrate	Vibramycin

## Appendix E.2. List of Generic and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request

Group	Generic Name	Brand Name
Doxycycline	doxycycline calcium	Vibramycin
Doxycycline	doxycycline monohydrate	Doxycycline monohydrate
Doxycycline	doxycycline monohydrate	Oracea
Doxycycline	doxycycline hyclate	Doxycycline hyclate (bulk)
Doxycycline	doxycycline hyclate	Doryx
Doxycycline	doxycycline monohydrate	Adoxa
Doxycycline	doxycycline monohydrate	Monodox
Doxycycline	doxycycline hyclate	Acticlate
Doxycycline	doxycycline monohydrate/benzoyl peroxide	BenoxylDoxo 30
Doxycycline	doxycycline monohydrate/benzoyl peroxide	BenoxylDoxo 60
Doxycycline	doxycycline monohydrate/benzoyl peroxide	BenzoDox 30
Doxycycline	doxycycline monohydrate/benzoyl peroxide	BenzoDox 60
Doxycycline	doxycycline hyclate	Morgidox
Doxycycline	doxycycline monohydrate	Avidoxy
Doxycycline	doxycycline monohydrate/salicylic acid/octinoxate/zinc oxide	Avidoxy DK
Doxycycline	doxycycline monohydrate	Doxycycline monohydrate (bulk)
Doxycycline	doxycycline hyclate	Doryx MPC
Doxycycline	doxycycline monohydrate/omega-3 combination no.1/Eye Mask	Nutridox
Doxycycline	doxycycline hyclate	Doxy-100
Doxycycline	doxycycline monohydrate	Okebo
Doxycycline	doxycycline hyclate	Targadox
Doxycycline	doxycycline monohydrate	Mondoxone NL
Doxycycline	doxycycline hyclate	Soloxide
Clindamycin	clindamycin phosphate	Cleocin
Clindamycin	clindamycin phosphate	Clindamycin phosphate
Clindamycin	clindamycin phosphate	Clin Single Use
Clindamycin	clindamycin phosphate/dextrose 5 % in water	Cleocin in 5 % dextrose
Clindamycin	clindamycin phosphate/dextrose 5 % in water	Clindamycin in 5 % dextrose
Clindamycin	clindamycin phosphate in 0.9 % sodium chloride	Clindamycin in 0.9 % sod chlor
Clindamycin	clindamycin phosphate	Clindamycin phosphate (bulk)
Clindamycin	clindamycin HCl	Clindamycin HCl (bulk)
Clindamycin	clindamycin HCl	Cleocin HCl
Clindamycin	clindamycin palmitate HCl	Cleocin Pediatric
Clindamycin	clindamycin HCl	Clindamycin HCl
Clindamycin	clindamycin palmitate HCl	Clindamycin palmitate HCl
Clindamycin	clindamycin palmitate HCl	Clindamycin Pediatric
Rifampicin	rifampin	Rifadin
Rifampicin	rifampin	Rifampin
Rifampicin	rifampin	Rifampin (bulk)
Rifampicin	rifampin/isoniazid	Rifamate
Rifampicin	rifampin/isoniazid/pyrazinamide	Rifater
Rifampicin	rifampin	Rimactane
Rifampicin	rifampin/isoniazid	IsonaRif
Gentamicin	gentamicin sulfate	Gentamicin

## Appendix E.2. List of Generic and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request

Group	Generic Name	Brand Name
Gentamicin	gentamicin sulfate/PF	Gentamicin sulfate (ped) (PF)
Gentamicin	gentamicin sulfate/sodium citrate	Gentamicin-sodium citrate
Gentamicin	gentamicin sulfate in sodium chloride, iso-osmotic	Gentamicin in NaCl (iso-osm)
Gentamicin	gentamicin sulfate/PF	Gentamicin sulfate (PF)
Gentamicin	gentamicin sulfate	Gentamicin (bulk)
Ciprofloxacin	ciprofloxacin lactate	Ciprofloxacin lactate
Ciprofloxacin	ciprofloxacin lactate/dextrose 5 % in water	Ciprofloxacin in 5 % dextrose
Ciprofloxacin	ciprofloxacin lactate/dextrose 5 % in water	Cipro in D5W
Ciprofloxacin	ciprofloxacin HCl	Ciprofloxacin (bulk)
Ciprofloxacin	ciprofloxacin HCl	Cipro
Ciprofloxacin	ciprofloxacin	Cipro
Ciprofloxacin	ciprofloxacin/ciprofloxacin HCl	Cipro XR
Ciprofloxacin	ciprofloxacin HCl	Ciprofloxacin HCl
Ciprofloxacin	ciprofloxacin/ciprofloxacin HCl	Ciprofloxacin (mixture)
Ciprofloxacin	ciprofloxacin HCl	ProQuin XR
Ciprofloxacin	ciprofloxacin	Ciprofloxacin
Trimethoprim-sulfamethoxazole	sulfamethoxazole/trimethoprim	Sulfamethoxazole-trimethoprim
Trimethoprim-sulfamethoxazole	sulfamethoxazole/trimethoprim	Sulfatrim
Trimethoprim-sulfamethoxazole	sulfamethoxazole/trimethoprim	Bactrim
Trimethoprim-sulfamethoxazole	sulfamethoxazole/trimethoprim	Bactrim DS
Trimethoprim-sulfamethoxazole	sulfamethoxazole/trimethoprim	Septra
Trimethoprim-sulfamethoxazole	sulfamethoxazole/trimethoprim	SMZ-TMP DS
Trimethoprim-sulfamethoxazole	sulfamethoxazole/trimethoprim	Septra DS
Chloramphenicol	chloramphenicol sod succinate	Chloramphenicol sod succinate
Chloramphenicol	chloramphenicol	Chloramphenicol (bulk)
Ampicillin	ampicillin sodium/sulbactam sodium	Unasyn
Ampicillin	ampicillin sodium	Ampicillin sodium
Ampicillin	ampicillin sodium/sulbactam sodium	Ampicillin-sulbactam
Ampicillin	ampicillin trihydrate	Ampicillin
Griseofulvin	griseofulvin	Griseofulvin (bulk)
Griseofulvin	griseofulvin, microsize	Grifulvin V
Griseofulvin	griseofulvin, microsize	Griseofulvin microsize
Griseofulvin	griseofulvin ultramicrosize	Griseofulvin ultramicrosize
Griseofulvin	griseofulvin ultramicrosize	Gris-PEG (ultramicrosize)
Acyclovir	acyclovir	Sitavig
Acyclovir	acyclovir sodium	Acyclovir sodium
Acyclovir	acyclovir sodium/dextrose 5 % in water	Acyclovir sod in dextrose 5 %
Acyclovir	acyclovir	Acyclovir (bulk)
Acyclovir	valacyclovir HCl	Valacyclovir (bulk)
Acyclovir	acyclovir, micronized	Acyclovir, micronized (bulk)
Acyclovir	valacyclovir HCl	Valacyclovir
Acyclovir	acyclovir	Acyclovir
Acyclovir	valacyclovir HCl	Valtrex
Acyclovir	acyclovir	Zovirax
Isoniazid	isoniazid	Isoniazid
Isoniazid	isoniazid	Isoniazid (bulk)

## Appendix E.2. List of Generic and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request

Group	Generic Name	Brand Name
Isoniazid	rifampin/isoniazid	Rifamate
Isoniazid	rifampin/isoniazid/pyrazinamide	Rifater
Isoniazid	rifampin/isoniazid	IsonaRif
Ofloxacin	ofloxacin	Ofloxacin
Ofloxacin	ofloxacin	Floxin
Zidovudine	zidovudine	Retrovir
Zidovudine	zidovudine	Zidovudine
Zidovudine	lamivudine/zidovudine	lamivudine-zidovudine
Zidovudine	lamivudine/zidovudine	Combivir
Zidovudine	abacavir sulfate/lamivudine/zidovudine	Trizivir
Zidovudine	abacavir sulfate/lamivudine/zidovudine	Abacavir-lamivudine-zidovudine
<b>Psychoactive Treatment</b>		
Amitriptyline	amitriptyline HCl	Amitriptyline (bulk)
Amitriptyline	amitriptyline HCl/chlordiazepoxide	Limbitrol
Amitriptyline	perphenazine/amitriptyline HCl	Perphenazine-amitriptyline
Amitriptyline	amitriptyline HCl/chlordiazepoxide	Amitriptyline-chlordiazepoxide
Amitriptyline	amitriptyline HCl	Amitriptyline
Amitriptyline	perphenazine/amitriptyline HCl	Duo-Vil 2-10
Amitriptyline	perphenazine/amitriptyline HCl	Duo-Vil 2-25
Maprotiline	maprotiline HCl	Maprotiline
Trazodone	trazodone HCl	Trazodone (bulk)
Trazodone	trazodone HCl	Trazodone
Trazodone	trazodone HCl	Oleptro ER
Trazodone	trazodone HCl	Desyrel
Trazodone	trazodone HCl/dietary supplement no.8	Trazamine
<b>Cardiovascular and Diuretic Drugs, Thiazides</b>		
Procainamide	procainamide HCl	Procainamide
Procainamide	procainamide HCl	Procainamide HCl (bulk)
Quinidine	quinidine gluconate	Quinidine gluconate
Quinidine	quinidine sulfate	Quinidine sulfate (bulk)
Quinidine	quinidine sulfate	Quinidine sulfate
Quinidine	quinidine sulfate	Quinidex Extentabs
Atenolol	atenolol	Atenolol (bulk)
Atenolol	atenolol	Atenolol
Atenolol	atenolol	Tenormin
Atenolol	atenolol/chlorthalidone	Tenoretic 50
Atenolol	atenolol/chlorthalidone	Tenoretic 100
Atenolol	atenolol/chlorthalidone	Atenolol-chlorthalidone
Acebutolol	acebutolol HCl	Acebutolol (bulk)
Acebutolol	acebutolol HCl	Acebutolol
Acebutolol	acebutolol HCl	Sectral
Diltiazem	diltiazem HCl	Diltiazem HCl
Diltiazem	diltiazem HCl/dextrose 5 % in water	Diltiazem in dextrose 5 %
Diltiazem	diltiazem HCl in 0.9 % sodium chloride	Diltiazem HCl in 0.9% NaCl
Diltiazem	diltiazem HCl	Diltiazem HCl (bulk)
Diltiazem	diltiazem HCl	Cardizem LA

## Appendix E.2. List of Generic and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request

Group	Generic Name	Brand Name
Diltiazem	diltiazem HCl	Cardizem
Diltiazem	diltiazem HCl	Cardizem CD
Diltiazem	diltiazem HCl	Tiazac
Diltiazem	diltiazem HCl	Cartia XT
Diltiazem	diltiazem HCl	Diltia XT
Diltiazem	diltiazem HCl	Dilacor XR
Diltiazem	diltiazem HCl	Matzim LA
Diltiazem	diltiazem HCl	DILT-CD
Diltiazem	diltiazem HCl	DILT-XR
Diltiazem	diltiazem HCl	Diltzac ER
Diltiazem	diltiazem HCl	Taztia XT
Captopril	captopril	Captopril (bulk)
Captopril	captopril/hydrochlorothiazide	Captopril-hydrochlorothiazide
Captopril	captopril	Captopril
Hydrochlorothiazide	quinapril HCl/hydrochlorothiazide	Accuretic
Hydrochlorothiazide	spironolactone/hydrochlorothiazide	Aldactazide
Hydrochlorothiazide	amiloride HCl/hydrochlorothiazide	Amiloride-hydrochlorothiazide
Hydrochlorothiazide	amlodipine besylate/valsartan/hydrochlorothiazide	Amlodipine-valsartan-hcthiiazid
Hydrochlorothiazide	aliskiren hemifumarate/amlodipine/hydrochlorothiazide	Amturnide
Hydrochlorothiazide	candesartan cilexetil/hydrochlorothiazide	Atacand HCT
Hydrochlorothiazide	irbesartan/hydrochlorothiazide	Avalide
Hydrochlorothiazide	benazepril HCl/hydrochlorothiazide	Benazepril-hydrochlorothiazide
Hydrochlorothiazide	olmesartan medoxomil/hydrochlorothiazide	Benicar HCT
Hydrochlorothiazide	bisoprolol fumarate/hydrochlorothiazide	Bisoprolol-hydrochlorothiazide
Hydrochlorothiazide	candesartan cilexetil/hydrochlorothiazide	Candesartan-hydrochlorothiazid
Hydrochlorothiazide	captopril/hydrochlorothiazide	Captopril-hydrochlorothiazide
Hydrochlorothiazide	valsartan/hydrochlorothiazide	Diovan HCT
Hydrochlorothiazide	metoprolol succinate/hydrochlorothiazide	Dutoprol
Hydrochlorothiazide	triamterene/hydrochlorothiazide	Dyazide
Hydrochlorothiazide	enalapril maleate/hydrochlorothiazide	Enalapril-hydrochlorothiazide
Hydrochlorothiazide	amlodipine besylate/valsartan/hydrochlorothiazide	Exforge HCT
Hydrochlorothiazide	fosinopril sodium/hydrochlorothiazide	Fosinopril-hydrochlorothiazide
Hydrochlorothiazide	hydrochlorothiazide	Hydrochlorothiazide
Hydrochlorothiazide	hydrochlorothiazide	Hydrochlorothiazide (bulk)
Hydrochlorothiazide	losartan potassium/hydrochlorothiazide	Hyzaar
Hydrochlorothiazide	irbesartan/hydrochlorothiazide	Irbesartan-hydrochlorothiazide
Hydrochlorothiazide	lisinopril/hydrochlorothiazide	Lisinopril-hydrochlorothiazide
Hydrochlorothiazide	metoprolol tartrate/hydrochlorothiazide	Lopressor HCT
Hydrochlorothiazide	losartan potassium/hydrochlorothiazide	losartan-hydrochlorothiazide
Hydrochlorothiazide	benazepril HCl/hydrochlorothiazide	Lotensin HCT
Hydrochlorothiazide	triamterene/hydrochlorothiazide	Maxzide
Hydrochlorothiazide	triamterene/hydrochlorothiazide	Maxzide-25mg
Hydrochlorothiazide	methyldopa/hydrochlorothiazide	Methyldopa-hydrochlorothiazide
Hydrochlorothiazide	metoprolol succinate/hydrochlorothiazide	Metoprolol su-hydrochlorothiaz
Hydrochlorothiazide	metoprolol tartrate/hydrochlorothiazide	Metoprolol ta-hydrochlorothiaz

## Appendix E.2. List of Generic and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request

Group	Generic Name	Brand Name
Hydrochlorothiazide	telmisartan/hydrochlorothiazide	Micardis HCT
Hydrochlorothiazide	hydrochlorothiazide	Microzide
Hydrochlorothiazide	moexipril HCl/hydrochlorothiazide	Moexipril-hydrochlorothiazide
	olmesartan medoxomil/amlodipine	
Hydrochlorothiazide	besylate/hydrochlorothiazide	Olmesartan-amlodipin-hcthiazid
Hydrochlorothiazide	olmesartan medoxomil/hydrochlorothiazide	Olmesartan-hydrochlorothiazide
Hydrochlorothiazide	lisinopril/hydrochlorothiazide	Prinzide
Hydrochlorothiazide	propranolol HCl/hydrochlorothiazide	Propranolol-hydrochlorothiazid
Hydrochlorothiazide	quinapril HCl/hydrochlorothiazide	quinapril-hydrochlorothiazide
Hydrochlorothiazide	spironolactone/hydrochlorothiazide	Spironolacton-hydrochlorothiaz
Hydrochlorothiazide	aliskiren hemifumarate/hydrochlorothiazide	Tekturna HCT
Hydrochlorothiazide	telmisartan/hydrochlorothiazide	Telmisartan-hydrochlorothiazid
Hydrochlorothiazide	eprosartan mesylate/hydrochlorothiazide	Teveten HCT
Hydrochlorothiazide	triamterene/hydrochlorothiazide	Triamterene-hydrochlorothiazid
	olmesartan medoxomil/amlodipine	
Hydrochlorothiazide	besylate/hydrochlorothiazide	Tribenzor
Hydrochlorothiazide	moexipril HCl/hydrochlorothiazide	Uniretic
Hydrochlorothiazide	valsartan/hydrochlorothiazide	Valsartan-hydrochlorothiazide
Hydrochlorothiazide	enalapril maleate/hydrochlorothiazide	Vaseretic
Hydrochlorothiazide	lisinopril/hydrochlorothiazide	Zestoretic
Hydrochlorothiazide	bisoprolol fumarate/hydrochlorothiazide	Ziac
Furosemide	furosemide	Furosemide
Furosemide	furosemide in 0.9 % sodium chloride	Furosemide in 0.9 % NaCl
Furosemide	furosemide/dextrose 5 % in water	Furosemide in dextrose 5 %
Furosemide	furosemide	Furosemide (bulk)
Furosemide	furosemide	Lasix
Amiodarone	amiodarone HCl	Amiodarone
Amiodarone	amiodarone HCl/dextrose 5 % in water	Amiodarone in dextrose 5 %
Amiodarone	amiodarone in dextrose, iso-osmotic	Nexterone
Amiodarone	amiodarone HCl	Amiodarone (bulk)
Amiodarone	amiodarone HCl	Cordarone
Amiodarone	amiodarone HCl	Pacerone
Hydralazine	hydralazine HCl	Hydralazine
Hydralazine	hydralazine HCl	Hydralazine HCl (bulk)
Hydralazine	isosorbide dinitrate/hydralazine HCl	BiDil
Spironolactone	spironolactone	Spironolactone (bulk)
Spironolactone	spironolactone, micronized	Spironolactone micro (bulk)
Spironolactone	spironolactone	Aldactone
Spironolactone	spironolactone/hydrochlorothiazide	Aldactazide
Spironolactone	spironolactone	Spironolactone
Spironolactone	spironolactone/hydrochlorothiazide	Spironolacton-hydrochlorothiaz
Spironolactone	spironolactone	CaroSpir
Guanethidine	guanethidine sulfate	Guanethidine sulfate (bulk)
Methyldopa	methyldopate HCl	Methyldopate
Methyldopa	methyldopa	Methyldopa
Methyldopa	methyldopa/hydrochlorothiazide	Methyldopa-hydrochlorothiazide

## Appendix E.2. List of Generic and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request

Group	Generic Name	Brand Name
<b>Beta-Adrenergic Receptor Agonists</b>		
Terbutaline	terbutaline sulfate	Terbutaline
<b>Anticonvulsants</b>		
Sodium valproate	valproic acid (as sodium salt) (valproate sodium)	Depacon
Sodium valproate	valproic acid (as sodium salt) (valproate sodium)	Valproate sodium
Sodium valproate	valproic acid (as sodium salt) (valproate sodium)	Valproate sodium (bulk)
Sodium valproate	valproic acid	Valproic acid (bulk)
Sodium valproate	valproic acid	Depakene
Sodium valproate	valproic acid (as sodium salt) (valproate sodium)	Depakene
Sodium valproate	valproic acid (as sodium salt) (valproate sodium)	Valproic acid (as sodium salt)
Sodium valproate	valproic acid	Valproic acid
Sodium valproate	valproic acid	Stavzor
Phenytoin	phenytoin sodium	Phenytoin sodium
Phenytoin	phenytoin	Dilantin Infatabs
Phenytoin	phenytoin sodium extended	Dilantin Extended
Phenytoin	phenytoin	Dilantin-125
Phenytoin	phenytoin sodium extended	Dilantin
Phenytoin	phenytoin sodium extended	Phenytoin sodium extended
Phenytoin	phenytoin sodium extended	Phenytek
Phenytoin	phenytoin	Phenytoin
Phenytoin	phenytoin sodium extended	Dilantin Kapseal
Carbamazepine	carbamazepine	Carbamazepine (bulk)
Carbamazepine	carbamazepine	Tegretol
Carbamazepine	carbamazepine	Tegretol XR
Carbamazepine	carbamazepine	Epitol
Carbamazepine	carbamazepine	Carbamazepine
Carbamazepine	carbamazepine	Equetro
Carbamazepine	carbamazepine	Carbatrol



## Appendix F.1. Specifications Defining Exposure Parameters for this Request

This request executed the Cohort Identification and Descriptive Analysis (CIDA) module 9.0.1 to estimate incidence rates of Cutaneous small vessel vasculitis (CSVV) among patients with exposure to Novel oral anticoagulants (NOAC) and Warfarin in the Sentinel Distributed Database (SDD).

**Query period:** October 19, 2010 - December 31, 2018  
**Coverage requirement:** Medical & Drug Coverage  
**Pre-index enrollment requirement:** 183 days  
**Post-index enrollment requirement:** None  
**Post-episode enrollment requirement for Type 2 analyses:** None  
**Enrollment gap:** 45 days  
**Age groups:** 21-64, 65-74, 75-84, 85+ years  
**Stratifications:** None  
**Censor output categorization:** 0-15, 16-30, 31-60, 61-90, 90+ days  
**Envelope macro:** Reclassify encounters during inpatient stay as inpatient

Exposure											
Scenario	Index Exposure	Cohort Definition	Treatment Episode Gap	Exposure Episode Extension	Minimum Exposure Episode Duration	Minimum Days Supplied	Maximum Exposure Episode Duration	Care Setting	Principal Diagnosis Position	Forced Supply to Attach to Dispensings	Censor Treatment Episode at Evidence of:
1	Any NOAC Dispensing	First valid exposure episodes during query period	3 days	3 days	1 day	1 day	N/A	N/A	N/A	Numeric specified; Indicates a forced supply that should be attached to the NDC to replace the exposure code's days supplied (RxSup) value	Death; Data Partner (DP) end date; Query end date; Disenrollment; Any dispensing of Warfarin or Allopurinol
2	Any NOAC Dispensing	First valid exposure episodes during query period	3 days	3 days	1 day	1 day	N/A	N/A	N/A	Numeric specified; Indicates a forced supply that should be attached to the NDC to replace the exposure code's RxSup value	Death; DP end date; Query end date; Disenrollment; Any dispensing of Warfarin or Allopurinol

# Appendix F.1. Specifications Defining Exposure Parameters for this Request

Scenario	Index Exposure	Cohort Definition	Treatment Episode Gap	Exposure					Care Setting	Principal Diagnosis Position	Forced Supply to Attach to Dispensings	Censor Treatment Episode at Evidence of:
				Exposure Episode Extension	Minimum Exposure Episode Duration	Minimum Days Supplied	Maximum Exposure Episode Duration					
3	Any NOAC Dispensing	First valid exposure episodes during query period	3 days	3 days	1 day	1 day	N/A	N/A	N/A	Numeric specified; Indicates a forced supply that should be attached to the NDC to replace the exposure code's RxSup value	Death; DP end date; Query end date; Disenrollment; Any dispensing of Warfarin or Allopurinol	
4	Warfarin Dispensing	First valid exposure episodes during query period	3 days	3 days	1 day	1 day	N/A	N/A	N/A	Numeric specified; Indicates a forced supply that should be attached to the NDC to replace the exposure code's RxSup value	Death; DP end date; Query end date; Disenrollment; Any dispensing of NOACs or Allopurinol	
5	Warfarin Dispensing	First valid exposure episodes during query period	3 days	3 days	1 day	1 day	N/A	N/A	N/A	Numeric specified; Indicates a forced supply that should be attached to the NDC to replace the exposure code's RxSup value	Death; DP end date; Query end date; Disenrollment; Any dispensing of NOACs or Allopurinol	
6	Warfarin Dispensing	First valid exposure episodes during query period	3 days	3 days	1 day	1 day	N/A	N/A	N/A	Numeric specified; Indicates a forced supply that should be attached to the NDC to replace the exposure code's RxSup value	Death; DP end date; Query end date; Disenrollment; Any dispensing of NOACs or Allopurinol	

# Appendix F.1. Specifications Defining Exposure Parameters for this Request

Scenario	Index Exposure	Cohort Definition	Exposure							Principal Diagnosis Position	Forced Supply to Attach to Dispensings	Censor Treatment Episode at Evidence of:
			Treatment Episode Gap	Exposure Episode Extension	Minimum Exposure Episode Duration	Minimum Days Supplied	Maximum Exposure Episode Duration	Care Setting				
7	Allopurinol Dispensing	First valid exposure episodes during query period	3 days	3 days	1 day	1 day	N/A	N/A	N/A	Numeric specified; Indicates a forced supply that should be attached to the NDC to replace the exposure code's RxSup value	Death; DP end date; Query end date; Disenrollment; Any dispensing of Warfarin or NOACs	
8	Allopurinol Dispensing	First valid exposure episodes during query period	3 days	3 days	1 day	1 day	N/A	N/A	N/A	Numeric specified; Indicates a forced supply that should be attached to the NDC to replace the exposure code's RxSup value	Death; DP end date; Query end date; Disenrollment; Any dispensing of Warfarin or NOACs	
9	Allopurinol Dispensing	First valid exposure episodes during query period	3 days	3 days	1 day	1 day	N/A	N/A	N/A	Numeric specified; Indicates a forced supply that should be attached to the NDC to replace the exposure code's RxSup value	Death; DP end date; Query end date; Disenrollment; Any dispensing of Warfarin or NOACs	
International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) codes are provided by Optum360.												
National Drug Codes (NDCs) are checked against First Data Bank's "National Drug Data File (NDDF®) Plus."												

# Appendix F.2 Specifications Defining Inclusion/Exclusion Parameters for this Request

Inclusion/Exclusion Criteria									
Scenario	Inclusion/ Exclusion Group	Criteria	Care Setting	Principal Diagnosis Position	Evaluation Period Start	Evaluation Period End	Exclude Evidence of Days Supply if Inclusion / Exclusion Evaluation Period Includes Dispensings	Number of Instances the Criteria should be Found in Evaluation Period	Forced Supply to Attach to Dispensings
1	Afib diagnosis	Inclusion	Any care setting	N/A	-183	0	N/A	1	N/A
	CSVV	Exclusion	Any care setting	N/A	-183	0	N/A	1	N/A
	OR								
	Select autoimmune disorders (rheumatoid arthritis, lupus, etc.)	Exclusion	Any care setting	N/A	-183	0	N/A	1	N/A
	OR								
	Select autoimmune medication (prednisone, prednisolone, methylprednisolone)	Exclusion	N/A	N/A	-183	0	Evaluation period should search for only evidence of a dispensing date	1	N/A
	OR								
	Steroid medication (triamcinolone acetonide, clobetasol, dexamethasone, betamethasone)	Exclusion	N/A	N/A	-183	0	Evaluation period should search for only evidence of a dispensing date	1	N/A
	OR								
	Kidney transplant or dialysis event	Exclusion	Any care setting	N/A	-183	0	N/A	1	N/A
	OR								
	Anticoagulant alternative Indication (Deep Vein Thrombosis (DVT), Pulmonary Embolism (PE), joint replacement surgery)	Exclusion	Any care setting	N/A	-183	0	N/A	1	N/A
	OR								
	Any cancer diagnosis or medication	Exclusion	Any care setting	N/A	-183	0	Evaluation period should search for only evidence of a dispensing date	1	N/A
	NOAC Dispensing	Exclusion	N/A	N/A	-183	-1	Evaluation period should search for only evidence of a dispensing date	1	N/A
	OR								
	Warfarin Dispensing	Exclusion	N/A	N/A	-183	0	Evaluation period should search for only evidence of a dispensing date	1	N/A
	OR								
	Allopurinol Dispensing	Exclusion	N/A	N/A	-183	0	Evaluation period should search for only evidence of a dispensing date	1	N/A
	OR								
	Institutional Stay	Exclusion	Non-acute institutional stay	N/A	0	0	N/A	1	N/A

Appendix F.2 Specifications Defining Inclusion/Exclusion Parameters for this Request

Inclusion/Exclusion Criteria									
Scenario	Inclusion/ Exclusion Group	Criteria	Care Setting	Principal Diagnosis Position	Evaluation Period Start	Evaluation Period End	Exclude Evidence of Days Supply if Inclusion / Exclusion Evaluation Period Includes Dispensings	Number of Instances the Criteria should be Found in Evaluation Period	Forced Supply to Attach to Dispensings
2	Afib diagnosis	Inclusion	Any care setting	N/A	-183	0	N/A	1	N/A
	CSVV	Exclusion	Any care setting	N/A	-183	0	N/A	1	N/A
	OR								
	Select autoimmune disorders (rheumatoid arthritis, lupus, etc.)	Exclusion	Any care setting	N/A	-183	0	N/A	1	N/A
	OR								
	Select autoimmune medication (prednisone, prednisolone, methylprednisolone)	Exclusion	N/A	N/A	-183	0	Evaluation period should search for only evidence of a dispensing date	1	N/A
	OR								
	Steroid medication (triamcinolone acetonide, clobetasol, dexamethasone, betamethasone)	Exclusion	N/A	N/A	-183	0	Evaluation period should search for only evidence of a dispensing date	1	N/A
	OR								
	Kidney transplant or dialysis event	Exclusion	Any care setting	N/A	-183	0	N/A	1	N/A
	OR								
	Anticoagulant alternative Indication (Deep Vein Thrombosis (DVT), Pulmonary Embolism (PE), joint replacement surgery)	Exclusion	Any care setting	N/A	-183	0	N/A	1	N/A
	OR								
	Any cancer diagnosis or medication	Exclusion	Any care setting	N/A	-183	0	Evaluation period should search for only evidence of a dispensing date	1	N/A
	NOAC Dispensing	Exclusion	N/A	N/A	-183	-1	Evaluation period should search for only evidence of a dispensing date	1	N/A
	OR								
	Warfarin Dispensing	Exclusion	N/A	N/A	-183	0	Evaluation period should search for only evidence of a dispensing date	1	N/A
	OR								
	Allopurinol Dispensing	Exclusion	N/A	N/A	-183	0	Evaluation period should search for only evidence of a dispensing date	1	N/A
	OR								
	Institutional Stay	Exclusion	Non-acute institutional stay	N/A	0	0	N/A	1	N/A

# Appendix F.2 Specifications Defining Inclusion/Exclusion Parameters for this Request

Inclusion/Exclusion Criteria									
Scenario	Inclusion/ Exclusion Group	Criteria	Care Setting	Principal Diagnosis Position	Evaluation Period Start	Evaluation Period End	Exclude Evidence of Days Supply if Inclusion / Exclusion Evaluation Period Includes Dispensings	Number of Instances the Criteria should be Found in Evaluation Period	Forced Supply to Attach to Dispensings
3	Afib diagnosis	Inclusion	Any care setting	N/A	-183	0	N/A	1	N/A
	CSVV	Exclusion	Any care setting	N/A	-183	0	N/A	1	N/A
	OR								
	Select autoimmune disorders (rheumatoid arthritis, lupus, etc.)	Exclusion	Any care setting	N/A	-183	0	N/A	1	N/A
	OR								
	Select autoimmune medication (prednisone, prednisolone, methylprednisolone)	Exclusion	N/A	N/A	-183	0	Evaluation period should search for only evidence of a dispensing date	1	N/A
	OR								
	Steroid medication (triamcinolone acetonide, clobetasol, dexamethasone, betamethasone)	Exclusion	N/A	N/A	-183	0	Evaluation period should search for only evidence of a dispensing date	1	N/A
	OR								
	Kidney transplant or dialysis event	Exclusion	Any care setting	N/A	-183	0	N/A	1	N/A
	OR								
	Anticoagulant alternative Indication (Deep Vein Thrombosis (DVT), Pulmonary Embolism (PE), joint replacement surgery)	Exclusion	Any care setting	N/A	-183	0	N/A	1	N/A
	OR								
	Any cancer diagnosis or medication	Exclusion	Any care setting	N/A	-183	0	Evaluation period should search for only evidence of a dispensing date	1	N/A
	OR								
	NOAC Dispensing	Exclusion	N/A	N/A	-183	-1	Evaluation period should search for only evidence of a dispensing date	1	N/A
	OR								
	Warfarin Dispensing	Exclusion	N/A	N/A	-183	0	Evaluation period should search for only evidence of a dispensing date	1	N/A
	OR								
	Allopurinol Dispensing	Exclusion	N/A	N/A	-183	0	Evaluation period should search for only evidence of a dispensing date	1	N/A
	OR								
	Institutional Stay	Exclusion	Non-acute institutional stay	N/A	0	0	N/A	1	N/A

# Appendix F.2 Specifications Defining Inclusion/Exclusion Parameters for this Request

Inclusion/Exclusion Criteria									
Scenario	Inclusion/ Exclusion Group	Criteria	Care Setting	Principal Diagnosis Position	Evaluation Period Start	Evaluation Period End	Exclude Evidence of Days Supply if Inclusion / Exclusion Evaluation Period Includes Dispensings	Number of Instances the Criteria should be Found in Evaluation Period	Forced Supply to Attach to Dispensings
4	Afib diagnosis	Inclusion	Any care setting	N/A	-183	0	N/A	1	N/A
	CSVV	Exclusion	Any care setting	N/A	-183	0	N/A	1	N/A
	OR								
	Select autoimmune disorders (rheumatoid arthritis, lupus, etc.)	Exclusion	Any care setting	N/A	-183	0	N/A	1	N/A
	OR								
	Select autoimmune medication (prednisone, prednisolone, methylprednisolone)	Exclusion	N/A	N/A	-183	0	Evaluation period should search for only evidence of a dispensing date	1	N/A
	OR								
	Steroid medication (triamcinolone acetonide, clobetasol, dexamethasone, betamethasone)	Exclusion	N/A	N/A	-183	0	Evaluation period should search for only evidence of a dispensing date	1	N/A
	OR								
	Kidney transplant or dialysis event	Exclusion	Any care setting	N/A	-183	0	N/A	1	N/A
	OR								
	Anticoagulant alternative Indication (Deep Vein Thrombosis (DVT), Pulmonary Embolism (PE), joint replacement surgery)	Exclusion	Any care setting	N/A	-183	0	N/A	1	N/A
	OR								
	Any cancer diagnosis or medication	Exclusion	Any care setting	N/A	-183	0	Evaluation period should search for only evidence of a dispensing date	1	N/A
	OR								
	NOAC Dispensing	Exclusion	N/A	N/A	-183	0	Evaluation period should search for only evidence of a dispensing date	1	N/A
	OR								
	Warfarin Dispensing	Exclusion	N/A	N/A	-183	-1	Evaluation period should search for only evidence of a dispensing date	1	N/A
	OR								
	Allopurinol Dispensing	Exclusion	N/A	N/A	-183	0	Evaluation period should search for only evidence of a dispensing date	1	N/A
	OR								
	Institutional Stay	Exclusion	Non-acute institutional stay	N/A	0	0	N/A	1	N/A



# Appendix F.2 Specifications Defining Inclusion/Exclusion Parameters for this Request

Inclusion/Exclusion Criteria									
Scenario	Inclusion/ Exclusion Group	Criteria	Care Setting	Principal Diagnosis Position	Evaluation Period Start	Evaluation Period End	Exclude Evidence of Days Supply if Inclusion / Exclusion Evaluation Period Includes Dispensings	Number of Instances the Criteria should be Found in Evaluation Period	Forced Supply to Attach to Dispensings
5	Afib diagnosis	Inclusion	Any care setting	N/A	-183	0	N/A	1	N/A
	CSVV	Exclusion	Any care setting	N/A	-183	0	N/A	1	N/A
	OR								
	Select autoimmune disorders (rheumatoid arthritis, lupus, etc.)	Exclusion	Any care setting	N/A	-183	0	N/A	1	N/A
	OR								
	Select autoimmune medication (prednisone, prednisolone, methylprednisolone)	Exclusion	N/A	N/A	-183	0	Evaluation period should search for only evidence of a dispensing date	1	N/A
	OR								
	Steroid medication (triamcinolone acetonide, clobetasol, dexamethasone, betamethasone)	Exclusion	N/A	N/A	-183	0	Evaluation period should search for only evidence of a dispensing date	1	N/A
	OR								
	Kidney transplant or dialysis event	Exclusion	Any care setting	N/A	-183	0	N/A	1	N/A
	OR								
	Anticoagulant alternative Indication (Deep Vein Thrombosis (DVT), Pulmonary Embolism (PE), joint replacement surgery)	Exclusion	Any care setting	N/A	-183	0	N/A	1	N/A
	OR								
	Any cancer diagnosis or medication	Exclusion	Any care setting	N/A	-183	0	Evaluation period should search for only evidence of a dispensing date	1	N/A
	NOAC Dispensing	Exclusion	N/A	N/A	-183	0	Evaluation period should search for only evidence of a dispensing date	1	N/A
	OR								
	Warfarin Dispensing	Exclusion	N/A	N/A	-183	-1	Evaluation period should search for only evidence of a dispensing date	1	N/A
	OR								
	Allopurinol Dispensing	Exclusion	N/A	N/A	-183	0	Evaluation period should search for only evidence of a dispensing date	1	N/A
	OR								
	Institutional Stay	Exclusion	Non-acute institutional stay	N/A	0	0	N/A	1	N/A

# Appendix F.2 Specifications Defining Inclusion/Exclusion Parameters for this Request

Inclusion/Exclusion Criteria									
Scenario	Inclusion/ Exclusion Group	Criteria	Care Setting	Principal Diagnosis Position	Evaluation Period Start	Evaluation Period End	Exclude Evidence of Days Supply if Inclusion / Exclusion Evaluation Period Includes Dispensings	Number of Instances the Criteria should be Found in Evaluation Period	Forced Supply to Attach to Dispensings
6	Afib diagnosis	Inclusion	Any care setting	N/A	-183	0	N/A	1	N/A
	CSVV	Exclusion	Any care setting	N/A	-183	0	N/A	1	N/A
	OR								
	Select autoimmune disorders (rheumatoid arthritis, lupus, etc.)	Exclusion	Any care setting	N/A	-183	0	N/A	1	N/A
	OR								
	Select autoimmune medication (prednisone, prednisolone, methylprednisolone)	Exclusion	N/A	N/A	-183	0	Evaluation period should search for only evidence of a dispensing date	1	N/A
	OR								
	Steroid medication (triamcinolone acetonide, clobetasol, dexamethasone, betamethasone)	Exclusion	N/A	N/A	-183	0	Evaluation period should search for only evidence of a dispensing date	1	N/A
	OR								
	Kidney transplant or dialysis event	Exclusion	Any care setting	N/A	-183	0	N/A	1	N/A
	OR								
	Anticoagulant alternative Indication (Deep Vein Thrombosis (DVT), Pulmonary Embolism (PE), joint replacement surgery)	Exclusion	Any care setting	N/A	-183	0	N/A	1	N/A
	OR								
	Any cancer diagnosis or medication	Exclusion	Any care setting	N/A	-183	0	Evaluation period should search for only evidence of a dispensing date	1	N/A
	NOAC Dispensing	Exclusion	N/A	N/A	-183	0	Evaluation period should search for only evidence of a dispensing date	1	N/A
	OR								
	Warfarin Dispensing	Exclusion	N/A	N/A	-183	-1	Evaluation period should search for only evidence of a dispensing date	1	N/A
	OR								
	Allopurinol Dispensing	Exclusion	N/A	N/A	-183	0	Evaluation period should search for only evidence of a dispensing date	1	N/A
	OR								
	Institutional Stay	Exclusion	Non-acute institutional stay	N/A	0	0	N/A	1	N/A

# Appendix F.2 Specifications Defining Inclusion/Exclusion Parameters for this Request

Inclusion/Exclusion Criteria									
Scenario	Inclusion/ Exclusion Group	Criteria	Care Setting	Principal Diagnosis Position	Evaluation Period Start	Evaluation Period End	Exclude Evidence of Days Supply if Inclusion / Exclusion Evaluation Period Includes Dispensings	Number of Instances the Criteria should be Found in Evaluation Period	Forced Supply to Attach to Dispensings
7	Afib diagnosis	Inclusion	Any care setting	N/A	-183	0	N/A	1	N/A
	CSVV	Exclusion	Any care setting	N/A	-183	0	N/A	1	N/A
	OR								
	Select autoimmune disorders (rheumatoid arthritis, lupus, etc.)	Exclusion	Any care setting	N/A	-183	0	N/A	1	N/A
	OR								
	Select autoimmune medication (prednisone, prednisolone, methylprednisolone)	Exclusion	N/A	N/A	-183	0	Evaluation period should search for only evidence of a dispensing date	1	N/A
	OR								
	Steroid medication (triamcinolone acetonide, clobetasol, dexamethasone, betamethasone)	Exclusion	N/A	N/A	-183	0	Evaluation period should search for only evidence of a dispensing date	1	N/A
	OR								
	Kidney transplant or dialysis event	Exclusion	Any care setting	N/A	-183	0	N/A	1	N/A
	OR								
	Anticoagulant alternative Indication (Deep Vein Thrombosis (DVT), Pulmonary Embolism (PE), joint replacement surgery)	Exclusion	Any care setting	N/A	-183	0	N/A	1	N/A
	OR								
	Any cancer diagnosis or medication	Exclusion	Any care setting	N/A	-183	0	Evaluation period should search for only evidence of a dispensing date	1	N/A
	OR								
	Warfarin Dispensing	Exclusion	N/A	N/A	-183	0	Evaluation period should search for only evidence of a dispensing date	1	N/A
	OR								
	NOAC Dispensing	Exclusion	N/A	N/A	-183	0	Evaluation period should search for only evidence of a dispensing date	1	N/A
	OR								
	Allopurinol Dispensing	Exclusion	N/A	N/A	-183	-1	Evaluation period should search for only evidence of a dispensing date	1	N/A
	OR								
	Institutional Stay	Exclusion	Non-acute institutional stay	N/A	0	0	N/A	1	N/A

# Appendix F.2 Specifications Defining Inclusion/Exclusion Parameters for this Request

Inclusion/Exclusion Criteria									
Scenario	Inclusion/ Exclusion Group	Criteria	Care Setting	Principal Diagnosis Position	Evaluation Period Start	Evaluation Period End	Exclude Evidence of Days Supply if Inclusion / Exclusion Evaluation Period Includes Dispensings	Number of Instances the Criteria should be Found in Evaluation Period	Forced Supply to Attach to Dispensings
8	Afib diagnosis	Inclusion	Any care setting	N/A	-183	0	N/A	1	N/A
	CSVV OR	Exclusion	Any care setting	N/A	-183	0	N/A	1	N/A
	Select autoimmune disorders (rheumatoid arthritis, lupus, etc.) OR	Exclusion	Any care setting	N/A	-183	0	N/A	1	N/A
	Select autoimmune medication (prednisone, prednisolone, methylprednisolone) OR	Exclusion	N/A	N/A	-183	0	Evaluation period should search for only evidence of a dispensing date	1	N/A
	Steroid medication (triamcinolone acetonide, clobetasol, dexamethasone, betamethasone) OR	Exclusion	N/A	N/A	-183	0	Evaluation period should search for only evidence of a dispensing date	1	N/A
	Kidney transplant or dialysis event OR	Exclusion	Any care setting	N/A	-183	0	N/A	1	N/A
	Anticoagulant alternative Indication (Deep Vein Thrombosis (DVT), Pulmonary Embolism (PE), joint replacement surgery) OR	Exclusion	Any care setting	N/A	-183	0	N/A	1	N/A
	Any cancer diagnosis or medication	Exclusion	Any care setting	N/A	-183	0	Evaluation period should search for only evidence of a dispensing date	1	N/A
	Warfarin Dispensing OR	Exclusion	N/A	N/A	-183	0	Evaluation period should search for only evidence of a dispensing date	1	N/A
	NOAC Dispensing OR	Exclusion	N/A	N/A	-183	0	Evaluation period should search for only evidence of a dispensing date	1	N/A
	Allopurinol Dispensing OR	Exclusion	N/A	N/A	-183	-1	Evaluation period should search for only evidence of a dispensing date	1	N/A
	Institutional Stay	Exclusion	Non-acute institutional stay	N/A	0	0	N/A	1	N/A

# Appendix F.2 Specifications Defining Inclusion/Exclusion Parameters for this Request

Inclusion/Exclusion Criteria									
Scenario	Inclusion/ Exclusion Group	Criteria	Care Setting	Principal Diagnosis Position	Evaluation Period Start	Evaluation Period End	Exclude Evidence of Days Supply if Inclusion / Exclusion Evaluation Period Includes Dispensings	Number of Instances the Criteria should be Found in Evaluation Period	Forced Supply to Attach to Dispensings
9	Afib diagnosis	Inclusion	Any care setting	N/A	-183	0	N/A	1	N/A
	CSVV	Exclusion	Any care setting	N/A	-183	0	N/A	1	N/A
	OR								
	Select autoimmune disorders (rheumatoid arthritis, lupus, etc.)	Exclusion	Any care setting	N/A	-183	0	N/A	1	N/A
	OR								
	Select autoimmune medication (prednisone, prednisolone, methylprednisolone)	Exclusion	N/A	N/A	-183	0	Evaluation period should search for only evidence of a dispensing date	1	N/A
	OR								
	Steroid medication (triamcinolone acetonide, clobetasol, dexamethasone, betamethasone)	Exclusion	N/A	N/A	-183	0	Evaluation period should search for only evidence of a dispensing date	1	N/A
	OR								
	Kidney transplant or dialysis event	Exclusion	Any care setting	N/A	-183	0	N/A	1	N/A
	OR								
	Anticoagulant alternative Indication (Deep Vein Thrombosis (DVT), Pulmonary Embolism (PE), joint replacement surgery)	Exclusion	Any care setting	N/A	-183	0	N/A	1	N/A
	OR								
	Any cancer diagnosis or medication	Exclusion	Any care setting	N/A	-183	0	Evaluation period should search for only evidence of a dispensing date	1	N/A
	OR								
	Warfarin Dispensing	Exclusion	N/A	N/A	-183	0	Evaluation period should search for only evidence of a dispensing date	1	N/A
	OR								
	NOAC Dispensing	Exclusion	N/A	N/A	-183	0	Evaluation period should search for only evidence of a dispensing date	1	N/A
	OR								
	Allopurinol Dispensing	Exclusion	N/A	N/A	-183	-1	Evaluation period should search for only evidence of a dispensing date	1	N/A
	OR								
	Institutional Stay	Exclusion	Non-acute institutional stay	N/A	0	0	N/A	1	N/A

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

### Appendix F.3. Specifications Defining Outcome Parameters for this Request

Scenario	Event	Care Setting	Event Outcome				
			Principal Diagnosis Position	Exclude Evidence of Days Supply if Event Washout Includes Dispensings	Event De-Duplication	Forced Supply to Attach to Dispensings	Blackout Period
1	Primary Outcome: CSVV diagnosis (Dx) and treatment (prednisolone/prednisone/methylprednisolone/other steroids) within 90 days  See Combo tab for more detail	Outpatient (Emergency Department (ED), Other Ambulatory Visit (OA), Ambulatory Visit (AV) encounters)	N/A	N/A	De-duplicates occurrences of the same event group on the same day	N/A	0 days
2	Secondary Outcome: CSVV Dx and treatment (prednisolone/prednisone/methylprednisolone) within 90 days  See Combo tab for more detail	Outpatient (ED, OA, AV encounters)	N/A	N/A	De-duplicates occurrences of the same event group on the same day	N/A	0 days
3	Tertiary CSVV Outcome: (CSVV as primary diagnosis in inpatient setting)	Inpatient hospital stay	Principal	N/A	De-duplicates occurrences of the same event group on the same day	N/A	0 days
4	Primary Outcome: CSVV Dx and treatment (prednisolone/prednisone/methylprednisolone/other steroids) within 90 days  See Combo tab for more detail	Outpatient (ED, OA, AV encounters)	Any	N/A	De-duplicates occurrences of the same event group on the same day	N/A	0 days

### Appendix F.3. Specifications Defining Outcome Parameters for this Request

Scenario	Event	Care Setting	Event Outcome				
			Principal Diagnosis Position	Exclude Evidence of Days Supply if Event Washout Includes Dispensings	Event De-Duplication	Forced Supply to Attach to Dispensings	Blackout Period
5	<p>Secondary Outcome: CSVV Dx and treatment (prednisolone/prednisone/methylprednisolone) within 90 days</p> <p>See Combo tab for more detail</p>	Outpatient (ED, OA, AV encounters)	Any	N/A	De-duplicates occurrences of the same event group on the same day	N/A	0 days
6	Tertiary CSVV Outcome: (CSVV as primary diagnosis in inpatient setting)	Inpatient hospital stay	Principal	N/A	De-duplicates occurrences of the same event group on the same day	N/A	0 days
7	<p>Primary Outcome: CSVV Dx and treatment (prednisolone/prednisone/methylprednisolone/other steroids) within 90 days</p> <p>See Combo tab for more detail</p>	Outpatient (ED, OA, AV encounters)	Any	N/A	De-duplicates occurrences of the same event group on the same day	N/A	0 days
8	<p>Secondary Outcome: CSVV Dx and treatment (prednisolone/prednisone/methylprednisolone) within 90 days</p> <p>See Combo tab for more detail</p>	Outpatient (ED, OA, AV encounters)	Any	N/A	*De-duplicates occurrences of the same event group on the same day	N/A	0 days



### Appendix F.3. Specifications Defining Outcome Parameters for this Request

Event Outcome							
Scenario	Event	Care Setting	Principal Diagnosis Position	Exclude Evidence of Days Supply if Event Washout Includes Dispensings	Event De-Duplication	Forced Supply to Attach to Dispensings	Blackout Period
9	Tertiary CSVV Outcome: (CSVV as primary diagnosis in inpatient setting)	Inpatient hospital stay	Principal	N/A	De-duplicates occurrences of the same event group on the same day	N/A	0 days
<p>International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) codes are provided by Optum360.</p> <p>National Drug Codes (NDCs) are checked against First Data Bank's "National Drug Data File (NDDF®) Plus."</p>							

# Appendix G. Specifications Defining Baseline Characteristic Parameters for this Request

## Baseline Characteristics

Characteristic	Care Setting	Principal Diagnosis Position	Evaluation Period Start	Evaluation Period End	Exclude Evidence of Days Supply if Characteristic Includes Dispensings	Number of Instances the Characteristic should be Found in Evaluation Period
Other Characteristics						
Mean Combined Comorbidity Score	Any care setting	NA	-183 days	0 days	NA	1
Healthcare Utilization	Any care setting	NA	-183 days	0 days	NA	1
Baseline Characteristics						
Autoimmune Diseases	NA	NA	-183 days	0 days	NA	1
Hematological Blood Disorders	NA	NA	-183 days	0 days	NA	1
Viral Infections	NA	NA	-183 days	0 days	NA	1
Bacterial Infections	NA	NA	-183 days	0 days	NA	1
Anti-Infectives Treatment	Any care setting	NA	-183 days	0 days	Evaluation period should search for only evidence of a dispensing date	1
Nonsteroidal Anti-Inflammatory Treatment	Any care setting	NA	-183 days	0 days	Evaluation period should search for only evidence of a dispensing date	1
Psychoactive Treatment	Any care setting	NA	-183 days	0 days	Evaluation period should search for only evidence of a dispensing date	1
Cardiovascular and Diuretic Drugs, Thiazides	Any care setting	NA	-183 days	0 days	Evaluation period should search for only evidence of a dispensing date	1
Beta-Adrenergic Receptor Agonists	Any care setting	NA	-183 days	0 days	Evaluation period should search for only evidence of a dispensing date	1
Anticonvulsants	Any care setting	NA	-183 days	0 days	Evaluation period should search for only evidence of a dispensing date	1