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_mpl2r_wp018_nsdp_v01, Report 1 of 2

Request ID: cder_mpl2r_wp018_nsdp_v01

Request Description: In this report, we examined the association between COVID-19-related outcomes (hospitalization, severe clinical course of COVID-19 defined as requiring intubation or mechanical ventilation or ICU care, and inpatient death) and new proton pump inhibitor (PPI) use compared to new famotidine use in the Sentinel Distributed Database (SDD).

Sentinel Routine Querying Module: Cohort Identification and Descriptive Analysis (CIDA) module, version 12.0.1, with the Propensity Score Analysis module and custom programming.

Data Source: We distributed this query to five Sentinel Data Partners on June 1, 2023. This report is 1 of 2 and contains data from 4 Data Partners. These four Data Partners are a subset of the SDD and do not include patients with Medicare coverage. Report 2 only contains data from patients with Medicare fee-for-service coverage. The query period in both reports included data from April 1, 2020 through December 15, 2020. Please see Appendix A for a list of dates of available data for each Data Partner.

Study Design and Analysis: This study used a retrospective active comparator, new user cohort design. We identified individuals with incident use of PPIs and famotidine from April 1, 2020 through October 1, 2020 and evaluated the occurrence of various COVID-19-related outcomes until December 15, 2020 among individuals 18 years of age and older with a gastroesophageal reflux disease (GERD) diagnosis and without COVID-19 in the 6 months prior to cohort entry. We followed patients from their index dispensing until the earlier of the outcome of interest or 15 days after end of the treatment episode for the exposure of interest. Patients were censored at switch to another exposure drug of interest, death, Data Partner end date, query end date, or disenrollment.

We then conducted a Propensity Score Analysis (PSA) comparing the two treatments using inverse probability of treatment weighting (IPTW) to adjust for confounding, weighting with an average treatment effect among the treated (ATT) weight. We evaluated the occurrence of COVID-19-related outcomes and estimated hazard ratios (HRs) and 95% confidence intervals (CIs) among PPI new users compared to famotidine new users. This is a Type 2 analysis using the PSA module in the Query Request Package (QRP) documentation.

Exposures of Interest: We defined the exposures of interest (PPIs or famotidine) using pharmacy dispensing data and National Drug Codes (NDCs). We defined new use as no prior use of PPIs or any single-agent H2 receptor antagonist (H2RA) in the 183 days prior to the first qualifying dispensing of the exposure of interest (index). Only the first qualifying (index) dispensing in the query period for each member was included; cohort re-entry was not allowed. For a list of generic and brand drug names used to define the exposure drugs, please see Appendix B. For a list of generic and brand drug names used to define the exposure washout criteria, please see Appendix C.

Outcomes of Interest: We defined two outcomes of interest:

1) inpatient hospitalization with COVID-19 (defined as a COVID-19 diagnosis in the inpatient care setting in any diagnosis position),

2) composite outcome of severe COVID-19 (defined as the presence of a mechanical ventilation procedure or ICU admission in the inpatient care setting during a COVID-19 hospitalization), or inpatient hospital death during a COVID-19 hospitalization (defined using custom programming as:

a) a COVID-19 diagnosis in the inpatient care setting in any diagnosis position, and

b) an inpatient encounter with a discharge disposition of “expired” in the same hospitalization).

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

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

Overview for Request: cder_mpl2r_wp018_nsdp_v01, Report 1 of 2

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

Follow-up Time: We created PPI and famotidine exposure episodes based on the number of days of product supplied per dispensing in the pharmacy dispensing data. We bridged together episodes less than or equal to 15 days apart and added 15 days to the end of each episode. These "modified as-treated" episodes are the periods of time during which we identified COVID-19-related outcomes. For this analysis, we delayed the start of the outcome at-risk period by 5 days (in other words, instead of follow-up time starting on the day of index (Day 0), the beginning of the at-risk period occurred on Day 5). Outcomes that occurred during the period between the day of index and Day 5 were ignored but the exposure episode was not excluded from the analysis. Follow-up time continued until the first occurrence of any of the following: 1) disenrollment; 2) death; 3) the end of the data provided by each Data Partner; 4) the end of the query period; or 5) occurrence of the outcome.

Sensitivity Analysis: We also performed a sensitivity analysis for the inpatient hospitalization with COVID-19 outcome using a treatment episode gap and exposure episode extension of 7 days rather than 15 days when constructing exposure treatment episodes.

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

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

Propensity Score Estimation: At each Data Partner, we fit a logistic regression model to estimate the propensity score (PS) based on the potential confounders outlined in Appendix N. After PS estimation and exclusion (i.e., trimming) of patients in non-overlapping regions of the PS distributions, the PS was used to create an average treatment effect in the treated (ATT) weight for each patient.

Statistical Analysis: After receiving aggregate risk set-level data from each Data Partner, we used case-centered logistic regression to generate HRs and associated robust 95% CIs for analyses adjusted only for the Data Partner and the hybrid quasi-Newton least squared method to generate estimates for conditional fully-adjusted analyses.

Subgroup analyses for effect estimation included sex (male, female) and age (18- 64, 65+ years). Subgroups were formed out of the post-PS trimming population to ensure only those patients contributing to the overall analysis contributed to a subgroup analysis.

Overview for Request: cder_mpl2r_wp018_nsdp_v01, Report 1 of 2
Please see Appendices J - P for the specifications of the parameters used in this request and Appendix Q for a diagram detailing the design of this request. **Limitations**: Algorithms to define exposures, outcomes, inclusion and exclusion criteria, and covariates are imperfect and may be misclassified. Therefore, data should be interpreted with this limitation in mind. **Notes**: Please contact the Sentinel Operations Center (info@sentinelsystem.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.sentinelsystem.org/projects/SENTINEL/repos/sentinel-routine-querying-tool-documentation/browse).

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

Sentinel

Table of Contents

Glossary List of Terms to Define the Cohort Identification and Descriptive Analysis (CIDA) Found in this Report

Glossary (PSA) List of Terms to Define the Propensity Score Analysis (PSA) Found in this Report

Table 1a Aggregated Unadjusted Characteristics of Proton Pump Inhibitor (PPI) New Users and Famotidine New Users in the Sentinel Distributed Database from April 1, 2020 to October 1, 2020

Table 1b Aggregated Weighted Characteristics of Proton Pump Inhibitor (PPI) New Users and Famotidine New Users (Inverse Probability of Treatment Weighted, Trimmed, Weight: Average Treatment Effect in the Treated (ATT), Truncation: 0%), in the Sentinel Distributed Database from April 1, 2020 to October 1, 2020

Table 1c Aggregated Unadjusted Characteristics of Proton Pump Inhibitor (PPI) New Users and Famotidine New Users in the Sentinel Distributed Database from April 1, 2020 to October 1, 2020, Sex: Female

Table 1d Aggregated Weighted Characteristics of Proton Pump Inhibitor (PPI) New Users and Famotidine New Users (Inverse Probability of Treatment Weighted, Trimmed, Weight: Average Treatment Effect in the Treated (ATT), Truncation: 0%), in the Sentinel Distributed Database from April 1, 2020 to October 1, 2020, Sex: Female

Table 1e Aggregated Unadjusted Characteristics of Proton Pump Inhibitor (PPI) New Users and Famotidine New Users in the Sentinel Distributed Database from April 1, 2020 to October 1, 2020, Sex: Male

Table 1f Aggregated Weighted Characteristics of Proton Pump Inhibitor (PPI) New Users and Famotidine New Users (Inverse Probability of Treatment Weighted, Trimmed, Weight: Average Treatment Effect in the Treated (ATT), Truncation: 0%), in the Sentinel Distributed Database from April 1, 2020 to October 1, 2020, Sex: Male

Table 1g Aggregated Unadjusted Characteristics of Proton Pump Inhibitor (PPI) New Users and Famotidine New Users in the Sentinel Distributed Database from April 1, 2020 to October 1, 2020, Age Group: 18-64 years

Table 1h Aggregated Weighted Characteristics of Proton Pump Inhibitor (PPI) New Users and Famotidine New Users (Inverse Probability of Treatment Weighted, Trimmed, Weight: Average Treatment Effect in the Treated (ATT), Truncation: 0%), in the Sentinel Distributed Database from April 1, 2020 to October 1, 2020, Age Group: 18-64 years

Table 1i Aggregated Unadjusted Characteristics of Proton Pump Inhibitor (PPI) New Users and Famotidine New Users in the Sentinel Distributed Database from April 1, 2020 to October 1, 2020, Age Group: ≥ 65 years

Table 1j Aggregated Weighted Characteristics of Proton Pump Inhibitor (PPI) New Users and Famotidine New Users (Inverse Probability of Treatment Weighted, Trimmed, Weight: Average Treatment Effect in the Treated (ATT), Truncation: 0%), in the Sentinel Distributed Database from April 1, 2020 to October 1, 2020, Age Group: ≥ 65 years

Table 2a Effect Estimates for COVID-19 Hospitalization Among Proton Pump Inhibitor (PPI) and Famotidine New Users (15-Day Gap) in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, by Analysis Type

Table 2b Effect Estimates for COVID-19 Hospitalization Among Proton Pump Inhibitor (PPI) and Famotidine New Users (15-Day Gap) in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, by Analysis Type and Age Group

Table 2c Effect Estimates for COVID-19 Hospitalization Among Proton Pump Inhibitor (PPI) and Famotidine New Users (15-Day Gap) in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, by Analysis Type and Sex

Table 3a Effect Estimates for Severe COVID/Inpatient Death Among Proton Pump Inhibitor (PPI) and Famotidine New Users (15-Day Gap) in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, by Analysis Type

Table 3b Effect Estimates for Severe COVID/Inpatient Death Among Proton Pump Inhibitor (PPI) and Famotidine New Users (15-Day Gap) in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, by Analysis Type and Age Group

Table 3c Effect Estimates for Severe COVID/Inpatient Death Among Proton Pump Inhibitor (PPI) and Famotidine New Users (15-Day Gap) in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, by Analysis Type and Sex

Table 4a Effect Estimates for COVID-19 Hospitalization Among Proton Pump Inhibitor (PPI) and Famotidine New Users (7-Day Gap) in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, by Analysis Type

Table of Contents

Table 4b Effect Estimates for COVID-19 Hospitalization Among Proton Pump Inhibitor (PPI) and Famotidine New Users (7-Day Gap) in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, by Analysis Type and Age Group

Table 4c Effect Estimates for COVID-19 Hospitalization Among Proton Pump Inhibitor (PPI) and Famotidine New Users (7-Day Gap) in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, by Analysis Type and Sex

Table 5 Summary of Patient Level Cohort Attrition in the Sentinel Distributed Database from April 1, 2020 to October 1, 2020

Figure 1a Histograms Depicting Propensity Score Distributions Before and After Adjustment for COVID-19 Hospitalization 15-Day Gap in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020

Figure 1b Histograms Depicting Propensity Score Distributions Before and After Adjustment for COVID-19 Hospitalization 15-Day Gap in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Sex: Female

Figure 1c Histograms Depicting Propensity Score Distributions Before and After Adjustment for COVID-19 Hospitalization 15-Day Gap in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Sex: Male

Figure 1d Histograms Depicting Propensity Score Distributions Before and After Adjustment for COVID-19 Hospitalization 15-Day Gap in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Age Group: 18-64 years

Figure 1e Histograms Depicting Propensity Score Distributions Before and After Adjustment for COVID-19 Hospitalization 15-Day Gap in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Age Group: ≥ 65 years

Figure 2a Histograms Depicting Propensity Score Distributions Before and After Adjustment for COVID-19 Hospitalization 7-Day Gap in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020

Figure 2b Histograms Depicting Propensity Score Distributions Before and After Adjustment for COVID-19 Hospitalization 7-Day Gap in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Sex: Female

Figure 2c Histograms Depicting Propensity Score Distributions Before and After Adjustment for COVID-19 Hospitalization 7-Day Gap in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Sex: Male

Figure 2d Histograms Depicting Propensity Score Distributions Before and After Adjustment for COVID-19 Hospitalization 7-Day Gap in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Age Group: 18-64 years

Figure 2e Histograms Depicting Propensity Score Distributions Before and After Adjustment for COVID-19 Hospitalization 7-Day Gap in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Age Group: ≥ 65 years

Figure 3a Forest Plot of Hazard Ratios (HR) and 95% Confidence Intervals (CI) for Site-Adjusted Analyses in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020

Figure 3b Forest Plot of Hazard Ratios (HR) and 95% Confidence Intervals (CI) for Inverse Probability of Treatment Weighted Analyses in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020

Figure 4a Aggregated Unadjusted Kaplan-Meier Estimate and 95% Confidence Interval of COVID-19 Hospitalization Not Occurring Among PPI and Famotidine New Users from the Whole Population in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020

Figure 4b Aggregated Adjusted Kaplan-Meier Estimate and 95% Confidence Interval of COVID-19 Hospitalization Not Occurring Among PPI and Famotidine New Users from the Weighted Population after Inverse Probability of Treatment Weighting in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020

Table of Contents

Figure 4c Aggregated Unadjusted Kaplan-Meier Estimate and 95% Confidence Interval of COVID-19 Hospitalization Not Occurring Among PPI and Famotidine New Users from the Whole Population in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Sex: Female

Figure 4d Aggregated Adjusted Kaplan-Meier Estimate and 95% Confidence Interval of COVID-19 Hospitalization Not Occurring Among PPI and Famotidine New Users from the Weighted Population after Inverse Probability of Treatment Weighting in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Sex: Female

Figure 4e Aggregated Unadjusted Kaplan-Meier Estimate and 95% Confidence Interval of COVID-19 Hospitalization Not Occurring Among PPI and Famotidine New Users from the Whole Population in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Sex: Male

Figure 4f Aggregated Adjusted Kaplan-Meier Estimate and 95% Confidence Interval of COVID-19 Hospitalization Not Occurring Among PPI and Famotidine New Users from the Weighted Population after Inverse Probability of Treatment Weighting in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Sex: Male

Figure 4g Aggregated Unadjusted Kaplan-Meier Estimate and 95% Confidence Interval of COVID-19 Hospitalization Not Occurring Among PPI and Famotidine New Users from the Whole Population in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Age Group: 18-64 years

Figure 4h Aggregated Adjusted Kaplan-Meier Estimate and 95% Confidence Interval of COVID-19 Hospitalization Not Occurring Among PPI and Famotidine New Users from the Weighted Population after Inverse Probability of Treatment Weighting in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Age Group: 18-64 years

Figure 4i Aggregated Unadjusted Kaplan-Meier Estimate and 95% Confidence Interval of COVID-19 Hospitalization Not Occurring Among PPI and Famotidine New Users from the Whole Population in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Age Group: ≥ 65 years

Figure 4j Aggregated Adjusted Kaplan-Meier Estimate and 95% Confidence Interval of COVID-19 Hospitalization Not Occurring Among PPI and Famotidine New Users from the Weighted Population after Inverse Probability of Treatment Weighting in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Age Group: ≥ 65 years

Figure 5a Aggregated Unadjusted Kaplan-Meier Estimate and 95% Confidence Interval of Severe COVID-19 or Inpatient Death Not Occurring Among PPI and Famotidine New Users from the Whole Population in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020

Figure 5b Aggregated Adjusted Kaplan-Meier Estimate and 95% Confidence Interval of Severe COVID-19 or Inpatient Death Not Occurring Among PPI and Famotidine New Users from the Weighted Population after Inverse Probability of Treatment Weighting in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020

Figure 5c Aggregated Unadjusted Kaplan-Meier Estimate and 95% Confidence Interval of Severe COVID-19 or Inpatient Death Not Occurring Among PPI and Famotidine New Users from the Whole Population in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Sex: Female

Figure 5d Aggregated Adjusted Kaplan-Meier Estimate and 95% Confidence Interval of Severe COVID-19 or Inpatient Death Not Occurring Among PPI and Famotidine New Users from the Weighted Population after Inverse Probability of Treatment Weighting in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Sex: Female

Figure 5e Aggregated Unadjusted Kaplan-Meier Estimate and 95% Confidence Interval of Severe COVID-19 or Inpatient Death Not Occurring Among PPI and Famotidine New Users from the Whole Population in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Sex: Male

Figure 5f Aggregated Adjusted Kaplan-Meier Estimate and 95% Confidence Interval of Severe COVID-19 or Inpatient Death Not Occurring Among PPI and Famotidine New Users from the Weighted Population after Inverse Probability of Treatment Weighting in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Sex: Male

Figure 5g Aggregated Unadjusted Kaplan-Meier Estimate and 95% Confidence Interval of Severe COVID-19 or Inpatient Death Not Occurring Among PPI and Famotidine New Users from the Whole Population in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Age Group: 18-64 years

Table of Contents

Figure 5h	Aggregated Adjusted Kaplan-Meier Estimate and 95% Confidence Interval of Severe COVID-19 or Inpatient Death Not Occurring Among PPI and Famotidine New Users from the Weighted Population after Inverse Probability of Treatment Weighting in the SentinelDistributed Database from April 1, 2020 to December 15, 2020, Age Group: 18-64 years
Figure 5i	Aggregated Unadjusted Kaplan-Meier Estimate and 95% Confidence Interval of Severe COVID-19 or Inpatient Death Not Occurring Among PPI and Famotidine New Users from the Whole Population in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Age Group: ≥ 65 years
Figure 5j	Aggregated Adjusted Kaplan-Meier Estimate and 95% Confidence Interval of Severe COVID-19 or Inpatient Death Not Occurring Among PPI and Famotidine New Users from the Weighted Population after Inverse Probability of Treatment Weighting in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Age Group: ≥ 65 years
Appendix A	Dates of Available Data for Each Data Partner (DP) as of June 1, 2023
Appendix B	List of Generic and Brand Names of Medical Products Used to Define Exposures in this Request
Appendix C	List of Generic and Brand Names of Medical Products Used to Define Exposure Incidence Criteria in this Request
Appendix D	List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue (RE) Codes Used to Define Outcomes in this Request
Appendix E	List of Current Procedural Terminology, Second Edition (CPT-2) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Codes Used to Define Inclusion Criteria in this Request
Appendix F	List of SARS-CoV-2 Laboratory Tests Used to Define Exclusion Criteria in this Request
Appendix G	List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates (Baseline Comorbidities) in this Request
Appendix H	List of Generic and Brand Names of Medical Products Used to Define Covariates (Baseline Medications) in this Request
Appendix I	List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates (Baseline Medications) in this Request
Appendix J	Specifications for the Parameters Used in this Request
Appendix K	Specifications Defining Parameters for the Combo Tool for this Request
Appendix L	Specifications Defining Parameters for Covariates (Baseline Comorbidities) in this Request
Appendix M	Specifications Defining Parameters for Covariates (Baseline Medications) in this Request
Appendix N	Specifications of the Propensity Score Model Covariates Used in this Request
Appendix O	Specifications Defining Parameters for the Comorbidity Score in this Request
Appendix P	Specifications Defining the Utilization Parameters in this Request
Appendix Q	Diagram Detailing the Design of this Request

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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*all terms may not be used in this report

Table 1a. Aggregated Unadjusted Characteristics of Proton Pump Inhibitor (PPI) New Users and Famotidine New Users in the Sentinel Distributed Database from April 1, 2020 to October 1, 2020

	Medical Product				Covariate Balance	
	PPI New Users 15-Day Gap		Famotidine New Users 15-Day Gap			
Patient Characteristics[1]	Number/ Mean	Percent/ Standard Deviation[2]	Number/ Mean	Percent/ Standard Deviation[2]	Absolute Difference	Standardized Difference
Unique patients	213,987	100.0%	22,884	100.0%	N/A	N/A
Demographic Characteristics						
Age (years)	55.0	14.8	58.9	15.8	-3.894	-0.255
Age						
18-64 years	148,934	69.6%	13,028	56.9%	12.669	0.265
≥ 65 years	65,053	30.4%	9,856	43.1%	-12.669	-0.265
Sex						
Female	126,050	58.9%	14,739	64.4%	-5.502	-0.113
Male	87,937	41.1%	8,145	35.6%	5.502	0.113
Race[3]						
American Indian or Alaska Native	209	0.1%	36	0.2%	-0.060	-0.017
Asian	2,005	0.9%	261	1.1%	-0.204	-0.020
Black or African American	12,042	5.6%	1,883	8.2%	-2.601	-0.103
Multi-racial	1,066	0.5%	96	0.4%	0.079	0.012
Native Hawaiian or Other Pacific Islander	655	0.3%	105	0.5%	-0.153	-0.025
Unknown	147,211	68.8%	13,463	58.8%	9.963	0.208
White	50,799	23.7%	7,040	30.8%	-7.025	-0.158
Hispanic origin						
Yes	3,861	1.8%	450	2.0%	-0.162	-0.012
No	43,023	20.1%	6,448	28.2%	-8.071	-0.189
Unknown	167,103	78.1%	15,986	69.9%	8.234	0.188
Year						
2020	213,987	100.0%	22,884	100.0%	0.000	NaN
Health Characteristics						
Charlson/Elixhauser combined comorbidity score[4]	1.1	2.2	1.4	2.5	-0.282	-0.120
Any Malignant Neoplasm	22,785	10.6%	2,942	12.9%	-2.208	-0.069
Asthma without COPD	21,356	10.0%	2,538	11.1%	-1.111	-0.036
Atrial Fibrillation	10,482	4.9%	1,494	6.5%	-1.630	-0.070
Chronic Kidney Disease	32,065	15.0%	4,501	19.7%	-4.684	-0.124
Chronic Liver Disease	13,822	6.5%	1,290	5.6%	0.822	0.034

Table 1a. Aggregated Unadjusted Characteristics of Proton Pump Inhibitor (PPI) New Users and Famotidine New Users in the Sentinel Distributed Database from April 1, 2020 to October 1, 2020

	Medical Product				Covariate Balance	
	PPI New Users 15-Day Gap		Famotidine New Users 15-Day Gap			
Patient Characteristics[1]	Number/ Mean	Percent/ Standard Deviation[2]	Number/ Mean	Percent/ Standard Deviation[2]	Absolute Difference	Standardized Difference
Chronic Obstructive Pulmonary Disease	18,314	8.6%	2,474	10.8%	-2.253	-0.076
Congestive Heart Failure	10,974	5.1%	1,608	7.0%	-1.898	-0.080
Coronary Artery Disease	29,242	13.7%	3,853	16.8%	-3.172	-0.088
Coronary Revascularization[5]	1,834	0.9%	253	1.1%	-0.249	-0.025
Dementia	3,550	1.7%	623	2.7%	-1.063	-0.073
Depression	38,756	18.1%	4,478	19.6%	-1.457	-0.037
Diabetes	40,384	18.9%	5,122	22.4%	-3.510	-0.087
Hemiplegia[5]	1,948	0.9%	347	1.5%	-0.606	-0.055
HIV[5]	674	0.3%	94	0.4%	-0.096	-0.016
Hospitalized Acute Myocardial Infarction[5]	2,050	1.0%	270	1.2%	-0.222	-0.022
Hospitalized Stroke/Transient Ischemic Attack[5]	2,050	1.0%	354	1.5%	-0.589	-0.053
Hyperlipidemia	92,782	43.4%	11,229	49.1%	-5.711	-0.115
Hypertension	102,847	48.1%	12,564	54.9%	-6.841	-0.137
Immunodeficiency	19,537	9.1%	2,423	10.6%	-1.458	-0.049
Multiple Sclerosis[5]	885	0.4%	110	0.5%	-0.067	-0.010
Neurological/Neurodegenerative Conditions[5]	924	0.4%	152	0.7%	-0.232	-0.031
Obesity	53,816	25.1%	5,647	24.7%	0.473	0.011
Other Cerebrovascular Disease (excluding stroke and TIA)	8,206	3.8%	1,289	5.6%	-1.798	-0.085
Rheumatic Disorders	4,712	2.2%	565	2.5%	-0.267	-0.018
Schizophrenia[5]	1,098	0.5%	188	0.8%	-0.308	-0.038
Smoking or Nicotine Use[5]	40,473	18.9%	4,421	19.3%	-0.405	-0.010
Medical Product Use						
ACEI/ARB	67,635	31.6%	8,085	35.3%	-3.723	-0.079
Acetaminophen[5]	30,294	14.2%	3,202	14.0%	0.165	0.005
Anti-depressants	64,586	30.2%	6,950	30.4%	-0.188	-0.004
Anti-Diabetic Oral Drugs	28,614	13.4%	3,437	15.0%	-1.647	-0.047
Anticoagulants	10,341	4.8%	1,398	6.1%	-1.277	-0.056
Antihypertensive Drugs	73,837	34.5%	8,848	38.7%	-4.159	-0.086
Aspirin[5]	2,566	1.2%	319	1.4%	-0.195	-0.017

Table 1a. Aggregated Unadjusted Characteristics of Proton Pump Inhibitor (PPI) New Users and Famotidine New Users in the Sentinel Distributed Database from April 1, 2020 to October 1, 2020

	Medical Product				Covariate Balance	
	PPI New Users 15-Day Gap		Famotidine New Users 15-Day Gap			
Patient Characteristics[1]	Number/ Mean	Percent/ Standard Deviation[2]	Number/ Mean	Percent/ Standard Deviation[2]	Absolute Difference	Standardized Difference
Glucocorticoids	38,647	18.1%	4,399	19.2%	-1.163	-0.030
Immunosuppressants	9,782	4.6%	1,233	5.4%	-0.817	-0.038
Inhaled Corticosteroids	15,924	7.4%	1,900	8.3%	-0.861	-0.032
Insulin	9,393	4.4%	1,174	5.1%	-0.741	-0.035
NSAID	42,116	19.7%	4,347	19.0%	0.686	0.017
Statins	67,596	31.6%	8,548	37.4%	-5.765	-0.122
TNF Inhibitors[5]	1,369	0.6%	135	0.6%	0.050	0.006
Health Service Utilization Intensity Metrics						
Mean number of ambulatory encounters	8.6	9.7	9.5	10.4	-0.856	-0.085
Mean number of emergency room encounters	0.5	1.4	0.6	1.6	-0.060	-0.040
Mean number of inpatient hospital encounters[5]	0.1	0.5	0.2	0.5	-0.018	-0.036
Mean number of non-acute institutional encounters	0.0	0.2	0.0	0.3	-0.017	-0.060
Mean number of other ambulatory encounters	1.6	4.7	1.9	5.9	-0.301	-0.056
Mean number of filled prescriptions	13.8	12.7	14.7	12.8	-0.913	-0.071
Mean number of generics dispensed	7.0	4.6	7.5	4.6	-0.495	-0.108
Mean number of unique drug classes dispensed	6.7	4.2	7.1	4.2	-0.472	-0.112

[1]Covariates in blue show a standardized difference greater than 0.1.

[2]Value represents standard deviation where no % follows the value.

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

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

[5]Covariate not included in the propensity score logistic regression model.

N/A: Not applicable

Table 1b. Aggregated Weighted Characteristics of Proton Pump Inhibitor (PPI) New Users and Famotidine New Users (Inverse Probability of Treatment Weighted, Trimmed, Weight: Average Treatment Effect in the Treated (ATT), Truncation: 0%) in the Sentinel Distributed Database from April 1, 2020 to October 1, 2020

	Medical Product				Covariate Balance	
	PPI New Users 15-Day Gap		Famotidine New Users 15-Day Gap			
Patient Characteristics[1,2]	Number/ Mean	Percent/ Standard Deviation[3]	Number/ Mean	Percent/ Standard Deviation[3]	Absolute Difference	Standardized Difference
Weighted patients	213,199	N/A	213,731	N/A	N/A	N/A
Demographic Characteristics						
Age (years)	55.0	14.8	54.9	15.9	0.152	0.010
Age						
18-64 years	148,215	69.5%	144,549	67.6%	1.888	0.048
≥ 65 years	64,984	30.5%	69,182	32.4%	-1.888	-0.048
Sex						
Female	125,768	59.0%	126,009	59.0%	0.034	0.001
Male	87,431	41.0%	87,722	41.0%	-0.034	-0.001
Race[4]						
American Indian or Alaska Native	209	0.1%	271	0.1%	-0.029	-0.009
Asian	2,005	0.9%	2,107	1.0%	-0.046	-0.005
Black or African American	12,039	5.6%	13,119	6.1%	-0.491	-0.022
Multi-racial	1,066	0.5%	1,043	0.5%	0.012	0.002
Native Hawaiian or Other Pacific Islander	655	0.3%	705	0.3%	-0.023	-0.004
Unknown	146,441	68.7%	145,866	68.2%	0.440	0.016
White	50,784	23.8%	50,619	23.7%	0.136	0.004
Hispanic origin						
Yes	3,859	1.8%	3,845	1.8%	0.011	0.001
No	43,017	20.2%	43,159	20.2%	-0.016	-0.001
Unknown	166,323	78.0%	166,726	78.0%	0.005	0.000
Year						
2020	213,199	100.0%	213,731	100.0%	0.000	NaN
Health Characteristics						
Charlson/Elixhauser combined comorbidity score[5]	1.1	2.2	1.2	2.2	-0.008	-0.003
Any Malignant Neoplasm	22,764	10.7%	22,830	10.7%	-0.004	-0.000
Asthma without COPD	21,323	10.0%	21,665	10.1%	-0.135	-0.004
Atrial Fibrillation	10,428	4.9%	10,591	5.0%	-0.064	-0.003
Chronic Kidney Disease	31,934	15.0%	32,334	15.1%	-0.150	-0.004

Table 1b. Aggregated Weighted Characteristics of Proton Pump Inhibitor (PPI) New Users and Famotidine New Users (Inverse Probability of Treatment Weighted, Trimmed, Weight: Average Treatment Effect in the Treated (ATT), Truncation: 0%) in the Sentinel Distributed Database from April 1, 2020 to October 1, 2020

	Medical Product				Covariate Balance	
	PPI New Users 15-Day Gap		Famotidine New Users 15-Day Gap			
Patient Characteristics[1,2]	Number/ Mean	Percent/ Standard Deviation[3]	Number/ Mean	Percent/ Standard Deviation[3]	Absolute Difference	Standardized Difference
Chronic Liver Disease	13,329	6.3%	13,721	6.4%	-0.168	-0.007
Chronic Obstructive Pulmonary Disease	18,268	8.6%	18,344	8.6%	-0.014	-0.001
Congestive Heart Failure	10,957	5.1%	11,092	5.2%	-0.051	-0.002
Coronary Artery Disease	29,175	13.7%	29,258	13.7%	-0.005	-0.000
Coronary Revascularization[6]	1,829	0.9%	1,935	0.9%	-0.048	-0.005
Dementia	3,541	1.7%	3,530	1.7%	0.009	0.001
Depression	38,437	18.0%	38,372	18.0%	0.075	0.002
Diabetes	40,280	18.9%	40,618	19.0%	-0.111	-0.003
Hemiplegia[6]	1,943	0.9%	2,084	1.0%	-0.064	-0.007
HIV[6]	670	0.3%	1,159	0.5%	-0.228	-0.035
Hospitalized Acute Myocardial Infarction[6]	2,043	1.0%	1,980	0.9%	0.032	0.003
Hospitalized Stroke/Transient Ischemic Attack[6]	2,042	1.0%	2,199	1.0%	-0.071	-0.007
Hyperlipidemia	92,471	43.4%	92,702	43.4%	-0.000	-0.000
Hypertension	102,217	47.9%	103,096	48.2%	-0.292	-0.006
Immunodeficiency	19,448	9.1%	19,895	9.3%	-0.186	-0.006
Multiple Sclerosis[6]	883	0.4%	782	0.4%	0.048	0.008
Neurological/Neurodegenerative Conditions[6]	919	0.4%	1,171	0.5%	-0.117	-0.017
Obesity	53,557	25.1%	54,044	25.3%	-0.165	-0.004
Other Cerebrovascular Disease (excluding stroke and TIA)	8,177	3.8%	8,293	3.9%	-0.045	-0.002
Rheumatic Disorders	4,680	2.2%	4,909	2.3%	-0.102	-0.007
Schizophrenia[6]	1,092	0.5%	1,404	0.7%	-0.145	-0.019
Smoking or Nicotine Use[6]	40,255	18.9%	37,807	17.7%	1.192	0.031
Medical Product Use						
ACEI/ARB	67,277	31.6%	67,547	31.6%	-0.048	-0.001
Acetaminophen[6]	30,137	14.1%	27,930	13.1%	1.068	0.031
Anti-depressants	64,052	30.0%	64,309	30.1%	-0.046	-0.001
Anti-Diabetic Oral Drugs	28,569	13.4%	28,732	13.4%	-0.043	-0.001
Anticoagulants	10,277	4.8%	10,477	4.9%	-0.082	-0.004

Table 1b. Aggregated Weighted Characteristics of Proton Pump Inhibitor (PPI) New Users and Famotidine New Users (Inverse Probability of Treatment Weighted, Trimmed, Weight: Average Treatment Effect in the Treated (ATT), Truncation: 0%) in the Sentinel Distributed Database from April 1, 2020 to October 1, 2020

	Medical Product				Covariate Balance	
	PPI New Users 15-Day Gap		Famotidine New Users 15-Day Gap			
Patient Characteristics[1,2]	Number/ Mean	Percent/ Standard Deviation[3]	Number/ Mean	Percent/ Standard Deviation[3]	Absolute Difference	Standardized Difference
Antihypertensive Drugs	73,439	34.4%	73,763	34.5%	-0.066	-0.001
Aspirin[6]	2,536	1.2%	3,234	1.5%	-0.324	-0.028
Glucocorticoids	38,555	18.1%	39,190	18.3%	-0.252	-0.007
Immunosuppressants	9,768	4.6%	9,801	4.6%	-0.004	-0.000
Inhaled Corticosteroids	15,913	7.5%	16,042	7.5%	-0.042	-0.002
Insulin	9,362	4.4%	9,410	4.4%	-0.011	-0.001
NSAID	42,011	19.7%	42,757	20.0%	-0.300	-0.008
Statins	67,215	31.5%	67,507	31.6%	-0.058	-0.001
TNF Inhibitors[6]	1,365	0.6%	1,526	0.7%	-0.074	-0.009
Health Service Utilization Intensity Metrics						
Mean number of ambulatory encounters	8.6	9.7	8.7	9.4	-0.086	-0.009
Mean number of emergency room encounters	0.5	1.4	0.5	1.5	-0.015	-0.010
Mean number of inpatient hospital encounters[6]	0.1	0.5	0.1	0.5	0.012	0.026
Mean number of non-acute institutional encounters	0.0	0.2	0.0	0.2	-0.001	-0.003
Mean number of other ambulatory encounters	1.6	4.6	1.6	4.6	0.005	0.001
Mean number of filled prescriptions	13.7	12.6	13.8	12.3	-0.072	-0.006
Mean number of generics dispensed	7.0	4.6	7.0	4.5	-0.021	-0.005
Mean number of unique drug classes dispensed	6.6	4.2	6.7	4.1	-0.019	-0.004

Table 1b. Aggregated Weighted Characteristics of Proton Pump Inhibitor (PPI) New Users and Famotidine New Users (Inverse Probability of Treatment Weighted, Trimmed, Weight: Average Treatment Effect in the Treated (ATT), Truncation: 0%) in the Sentinel Distributed Database from April 1, 2020 to October 1, 2020

	Medical Product				Covariate Balance	
	PPI New Users 15-Day Gap		Famotidine New Users 15-Day Gap			
Patient Characteristics[1,2]	Number/ Mean	Percent/ Standard Deviation[3]	Number/ Mean	Percent/ Standard Deviation[3]	Absolute Difference	Standardized Difference

[1]Covariates in blue show a standardized difference greater than 0.1.

[2]Weighted patient characteristics tables facilitate the assessment of covariate balance after inverse probability weighting and should not be interpreted as a description of the unweighted population. Treated patients are assigned a weight of 1. Reference patients are weighted by their propensity score (PS) divided by 1 minus their PS.

[3]Value represents standard deviation where no % follows the value.

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

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

[6]Covariate not included in the propensity score logistic regression model.

N/A: Not applicable

Table 1c. Aggregated Unadjusted Characteristics of Proton Pump Inhibitor (PPI) New Users and Famotidine New Users in the Sentinel Distributed Database from April 1, 2020 to October 1, 2020, Sex: Female

Patient Characteristics[1]	Medical Product				Covariate Balance	
	PPI New Users 15-Day Gap		Famotidine New Users 15-Day Gap			
	Number/ Mean	Percent/ Standard Deviation[2]	Number/ Mean	Percent/ Standard Deviation[2]	Absolute Difference	Standardized Difference
Unique patients	125,768	100.0%	14,736	100.0%	N/A	N/A
Demographic Characteristics						
Age (years)	55.7	14.7	59.4	15.9	-3.682	-0.240
Age						
18-64 years	85,565	68.0%	8,139	55.2%	12.802	0.266
≥ 65 years	40,203	32.0%	6,597	44.8%	-12.802	-0.266
Sex						
Female	125,768	100.0%	14,736	100.0%	0.000	NaN
Male	0	0.0%	0	0.0%	NaN	NaN
Race[3]						
American Indian or Alaska Native	135	0.1%	26	0.2%	-0.069	-0.018
Asian	1,132	0.9%	164	1.1%	-0.213	-0.021
Black or African American	8,140	6.5%	1,286	8.7%	-2.255	-0.085
Multi-racial	624	0.5%	73	0.5%	0.001	0.000
Native Hawaiian or Other Pacific Islander	326	0.3%	60	0.4%	-0.148	-0.026
Unknown	84,805	67.4%	8,527	57.9%	9.565	0.199
White	30,606	24.3%	4,600	31.2%	-6.881	-0.154
Hispanic origin						
Yes	2,287	1.8%	298	2.0%	-0.204	-0.015
No	26,697	21.2%	4,259	28.9%	-7.675	-0.178
Unknown	96,784	77.0%	10,179	69.1%	7.879	0.178
Year						
2020	125,768	100.0%	14,736	100.0%	0.000	NaN
Health Characteristics						
Charlson/Elixhauser combined comorbidity score[4]	1.2	2.1	1.4	2.3	-0.237	-0.105
Any Malignant Neoplasm	12,771	10.2%	1,815	12.3%	-2.162	-0.069
Asthma without COPD	15,092	12.0%	1,914	13.0%	-0.989	-0.030
Atrial Fibrillation	5,098	4.1%	834	5.7%	-1.606	-0.075
Chronic Kidney Disease	17,596	14.0%	2,691	18.3%	-4.271	-0.116
Chronic Liver Disease	7,741	6.2%	786	5.3%	0.821	0.035

Table 1c. Aggregated Unadjusted Characteristics of Proton Pump Inhibitor (PPI) New Users and Famotidine New Users in the Sentinel Distributed Database from April 1, 2020 to October 1, 2020, Sex: Female

	Medical Product				Covariate Balance	
	PPI New Users 15-Day Gap		Famotidine New Users 15-Day Gap			
Patient Characteristics[1]	Number/ Mean	Percent/ Standard Deviation[2]	Number/ Mean	Percent/ Standard Deviation[2]	Absolute Difference	Standardized Difference
Chronic Obstructive Pulmonary Disease	10,592	8.4%	1,539	10.4%	-2.022	-0.069
Congestive Heart Failure	5,962	4.7%	932	6.3%	-1.584	-0.069
Coronary Artery Disease	14,318	11.4%	2,111	14.3%	-2.941	-0.088
Coronary Revascularization[5]	697	0.6%	100	0.7%	-0.124	-0.016
Dementia	2,190	1.7%	394	2.7%	-0.932	-0.063
Depression	27,746	22.1%	3,375	22.9%	-0.842	-0.020
Diabetes	22,743	18.1%	3,075	20.9%	-2.784	-0.070
Hemiplegia[5]	1,034	0.8%	201	1.4%	-0.542	-0.052
HIV[5]	166	0.1%	29	0.2%	-0.065	-0.016
Hospitalized Acute Myocardial Infarction[5]	930	0.7%	138	0.9%	-0.197	-0.022
Hospitalized Stroke/Transient Ischemic Attack[5]	1,108	0.9%	204	1.4%	-0.503	-0.048
Hyperlipidemia	52,417	41.7%	6,975	47.3%	-5.656	-0.114
Hypertension	58,249	46.3%	7,780	52.8%	-6.481	-0.130
Immunodeficiency	12,584	10.0%	1,624	11.0%	-1.015	-0.033
Multiple Sclerosis[5]	710	0.6%	96	0.7%	-0.087	-0.011
Neurological/Neurodegenerative Conditions[5]	441	0.4%	72	0.5%	-0.138	-0.021
Obesity	34,177	27.2%	3,784	25.7%	1.496	0.034
Other Cerebrovascular Disease (excluding stroke and TIA)	4,440	3.5%	772	5.2%	-1.709	-0.084
Rheumatic Disorders	3,672	2.9%	450	3.1%	-0.134	-0.008
Schizophrenia[5]	628	0.5%	121	0.8%	-0.322	-0.040
Smoking or Nicotine Use[5]	20,995	16.7%	2,474	16.8%	-0.095	-0.003
Medical Product Use						
ACEI/ARB	36,671	29.2%	4,900	33.3%	-4.094	-0.088
Acetaminophen[5]	19,075	15.2%	2,124	14.4%	0.753	0.021
Anti-depressants	45,828	36.4%	5,196	35.3%	1.178	0.025
Anti-Diabetic Oral Drugs	16,250	12.9%	2,078	14.1%	-1.181	-0.035
Anticoagulants	5,341	4.2%	817	5.5%	-1.298	-0.060
Antihypertensive Drugs	40,796	32.4%	5,402	36.7%	-4.221	-0.089
Aspirin[5]	1,174	0.9%	168	1.1%	-0.207	-0.020

Table 1c. Aggregated Unadjusted Characteristics of Proton Pump Inhibitor (PPI) New Users and Famotidine New Users in the Sentinel Distributed Database from April 1, 2020 to October 1, 2020, Sex: Female

	Medical Product				Covariate Balance	
	PPI New Users 15-Day Gap		Famotidine New Users 15-Day Gap			
Patient Characteristics[1]	Number/ Mean	Percent/ Standard Deviation[2]	Number/ Mean	Percent/ Standard Deviation[2]	Absolute Difference	Standardized Difference
Glucocorticoids	24,719	19.7%	3,002	20.4%	-0.717	-0.018
Immunosuppressants	6,414	5.1%	850	5.8%	-0.668	-0.029
Inhaled Corticosteroids	10,538	8.4%	1,322	9.0%	-0.592	-0.021
Insulin	5,225	4.2%	677	4.6%	-0.440	-0.022
NSAID	27,229	21.7%	2,985	20.3%	1.394	0.034
Statins	36,834	29.3%	5,146	34.9%	-5.634	-0.121
TNF Inhibitors[5]	939	0.7%	95	0.6%	0.102	0.012
Health Service Utilization Intensity Metrics						
Mean number of ambulatory encounters	9.1	9.3	9.7	9.7	-0.602	-0.063
Mean number of emergency room encounters	0.5	1.4	0.5	1.4	-0.045	-0.033
Mean number of inpatient hospital encounters[5]	0.1	0.5	0.1	0.5	-0.012	-0.026
Mean number of non-acute institutional encounters	0.0	0.2	0.0	0.3	-0.014	-0.053
Mean number of other ambulatory encounters	1.7	4.5	2.0	5.4	-0.241	-0.048
Mean number of filled prescriptions	14.8	13.1	15.3	13.2	-0.482	-0.037
Mean number of generics dispensed	7.5	4.7	7.8	4.7	-0.294	-0.063
Mean number of unique drug classes dispensed	7.1	4.3	7.4	4.3	-0.292	-0.068

[1]Covariates in blue show a standardized difference greater than 0.1.

[2]Value represents standard deviation where no % follows the value.

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

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

[5]Covariate not included in the propensity score logistic regression model.

N/A: Not applicable

Table 1d. Aggregated Weighted Characteristics of Proton Pump Inhibitor (PPI) New Users and Famotidine New Users (Inverse Probability of Treatment Weighted, Trimmed, Weight: Average Treatment Effect in the Treated (ATT), Truncation: 0%) in the Sentinel Distributed Database from April 1, 2020 to October 1, 2020, Sex: Female

	Medical Product				Covariate Balance	
	PPI New Users 15-Day Gap		Famotidine New Users 15-Day Gap			
Patient Characteristics[1,2]	Number/ Mean	Percent/ Standard Deviation[3]	Number/ Mean	Percent/ Standard Deviation[3]	Absolute Difference	Standardized Difference
Weighted patients	125,571	N/A	125,725	N/A	N/A	N/A
Demographic Characteristics						
Age (years)	55.7	14.7	55.7	16.2	0.020	0.001
Age						
18-64 years	85,399	68.0%	82,138	65.3%	2.677	0.066
≥ 65 years	40,172	32.0%	43,587	34.7%	-2.677	-0.066
Sex						
Female	125,571	100.0%	125,725	100.0%	0.000	NaN
Male	0	0.0%	0	0.0%	NaN	NaN
Race[4]						
American Indian or Alaska Native	135	0.1%	173	0.1%	-0.030	-0.009
Asian	1,132	0.9%	1,161	0.9%	-0.022	-0.002
Black or African American	8,136	6.5%	8,539	6.8%	-0.312	-0.013
Multi-racial	624	0.5%	733	0.6%	-0.086	-0.012
Native Hawaiian or Other Pacific Islander	326	0.3%	371	0.3%	-0.035	-0.007
Unknown	84,628	67.4%	84,400	67.1%	0.264	0.010
White	30,590	24.4%	30,349	24.1%	0.221	0.007
Hispanic origin						
Yes	2,286	1.8%	2,346	1.9%	-0.046	-0.003
No	26,689	21.3%	26,843	21.4%	-0.096	-0.006
Unknown	96,596	76.9%	96,536	76.8%	0.142	0.008
Year						
2020	125,571	100.0%	125,725	100.0%	0.000	NaN
Health Characteristics						
Charlson/Elixhauser combined comorbidity score[5]	1.2	2.1	1.2	2.1	-0.015	-0.007
Any Malignant Neoplasm	12,757	10.2%	12,942	10.3%	-0.135	-0.004
Asthma without COPD	15,075	12.0%	15,284	12.2%	-0.152	-0.005
Atrial Fibrillation	5,071	4.0%	5,184	4.1%	-0.085	-0.004
Chronic Kidney Disease	17,565	14.0%	17,949	14.3%	-0.288	-0.008

Table 1d. Aggregated Weighted Characteristics of Proton Pump Inhibitor (PPI) New Users and Famotidine New Users (Inverse Probability of Treatment Weighted, Trimmed, Weight: Average Treatment Effect in the Treated (ATT), Truncation: 0%) in the Sentinel Distributed Database from April 1, 2020 to October 1, 2020, Sex: Female

	Medical Product				Covariate Balance	
	PPI New Users 15-Day Gap		Famotidine New Users 15-Day Gap			
Patient Characteristics[1,2]	Number/ Mean	Percent/ Standard Deviation[3]	Number/ Mean	Percent/ Standard Deviation[3]	Absolute Difference	Standardized Difference
Chronic Liver Disease	7,694	6.1%	8,016	6.4%	-0.248	-0.010
Chronic Obstructive Pulmonary Disease	10,577	8.4%	10,538	8.4%	0.041	0.002
Congestive Heart Failure	5,946	4.7%	5,963	4.7%	-0.008	-0.000
Coronary Artery Disease	14,297	11.4%	14,393	11.4%	-0.063	-0.002
Coronary Revascularization[6]	696	0.6%	605	0.5%	0.073	0.010
Dementia	2,184	1.7%	2,171	1.7%	0.013	0.001
Depression	27,680	22.0%	27,415	21.8%	0.238	0.006
Diabetes	22,723	18.1%	22,776	18.1%	-0.020	-0.001
Hemiplegia[6]	1,028	0.8%	1,065	0.8%	-0.028	-0.003
HIV[6]	165	0.1%	228	0.2%	-0.050	-0.013
Hospitalized Acute Myocardial Infarction[6]	926	0.7%	858	0.7%	0.055	0.007
Hospitalized Stroke/Transient Ischemic Attack[6]	1,102	0.9%	1,241	1.0%	-0.110	-0.011
Hyperlipidemia	52,345	41.7%	52,474	41.7%	-0.052	-0.001
Hypertension	58,117	46.3%	58,302	46.4%	-0.090	-0.002
Immunodeficiency	12,545	10.0%	12,893	10.3%	-0.265	-0.009
Multiple Sclerosis[6]	707	0.6%	692	0.6%	0.012	0.002
Neurological/Neurodegenerative Conditions[6]	440	0.4%	472	0.4%	-0.025	-0.004
Obesity	34,125	27.2%	34,547	27.5%	-0.302	-0.007
Other Cerebrovascular Disease (excluding stroke and TIA)	4,416	3.5%	4,458	3.5%	-0.029	-0.002
Rheumatic Disorders	3,661	2.9%	3,737	3.0%	-0.057	-0.003
Schizophrenia[6]	623	0.5%	873	0.7%	-0.198	-0.026
Smoking or Nicotine Use[6]	20,942	16.7%	19,091	15.2%	1.493	0.041
Medical Product Use						
ACEI/ARB	36,617	29.2%	36,558	29.1%	0.083	0.002
Acetaminophen[6]	19,015	15.1%	17,542	14.0%	1.190	0.034
Anti-depressants	45,688	36.4%	45,353	36.1%	0.311	0.006
Anti-Diabetic Oral Drugs	16,239	12.9%	16,166	12.9%	0.074	0.002
Anticoagulants	5,318	4.2%	5,317	4.2%	0.006	0.000

Table 1d. Aggregated Weighted Characteristics of Proton Pump Inhibitor (PPI) New Users and Famotidine New Users (Inverse Probability of Treatment Weighted, Trimmed, Weight: Average Treatment Effect in the Treated (ATT), Truncation: 0%) in the Sentinel Distributed Database from April 1, 2020 to October 1, 2020, Sex: Female

	Medical Product				Covariate Balance	
	PPI New Users 15-Day Gap		Famotidine New Users 15-Day Gap			
Patient Characteristics[1,2]	Number/ Mean	Percent/ Standard Deviation[3]	Number/ Mean	Percent/ Standard Deviation[3]	Absolute Difference	Standardized Difference
Antihypertensive Drugs	40,717	32.4%	40,659	32.3%	0.086	0.002
Aspirin[6]	1,168	0.9%	1,498	1.2%	-0.261	-0.026
Glucocorticoids	24,637	19.6%	25,004	19.9%	-0.268	-0.007
Immunosuppressants	6,400	5.1%	6,391	5.1%	0.013	0.001
Inhaled Corticosteroids	10,521	8.4%	10,749	8.5%	-0.171	-0.006
Insulin	5,218	4.2%	5,235	4.2%	-0.009	-0.000
NSAID	27,142	21.6%	27,386	21.8%	-0.167	-0.004
Statins	36,727	29.2%	36,907	29.4%	-0.107	-0.002
TNF Inhibitors[6]	936	0.7%	1,068	0.8%	-0.104	-0.012
Health Service Utilization Intensity Metrics						
Mean number of ambulatory encounters	9.1	9.3	9.2	9.0	-0.083	-0.009
Mean number of emergency room encounters	0.5	1.3	0.5	1.3	-0.017	-0.013
Mean number of inpatient hospital encounters[6]	0.1	0.5	0.1	0.4	0.010	0.023
Mean number of non-acute institutional encounters	0.0	0.2	0.0	0.2	0.000	0.000
Mean number of other ambulatory encounters	1.7	4.5	1.7	4.5	-0.026	-0.006
Mean number of filled prescriptions	14.8	13.0	14.9	12.8	-0.067	-0.005
Mean number of generics dispensed	7.5	4.7	7.5	4.7	-0.031	-0.007
Mean number of unique drug classes dispensed	7.1	4.3	7.2	4.3	-0.028	-0.006

Table 1d. Aggregated Weighted Characteristics of Proton Pump Inhibitor (PPI) New Users and Famotidine New Users (Inverse Probability of Treatment Weighted, Trimmed, Weight: Average Treatment Effect in the Treated (ATT), Truncation: 0%) in the Sentinel Distributed Database from April 1, 2020 to October 1, 2020, Sex: Female

Patient Characteristics[1,2]	Medical Product				Covariate Balance	
	PPI New Users 15-Day Gap		Famotidine New Users 15-Day Gap			
	Number/ Mean	Percent/ Standard Deviation[3]	Number/ Mean	Percent/ Standard Deviation[3]	Absolute Difference	Standardized Difference

[1]Covariates in blue show a standardized difference greater than 0.1.

[2]Weighted patient characteristics tables facilitate the assessment of covariate balance after inverse probability weighting and should not be interpreted as a description of the unweighted population. Treated patients are assigned a weight of 1. Reference patients are weighted by their propensity score (PS) divided by 1 minus their PS.

[3]Value represents standard deviation where no % follows the value.

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

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

[6]Covariate not included in the propensity score logistic regression model.

N/A: Not applicable

Table 1e. Aggregated Unadjusted Characteristics of Proton Pump Inhibitor (PPI) New Users and Famotidine New Users in the Sentinel Distributed Database from April 1, 2020 to October 1, 2020, Sex: Male

	Medical Product				Covariate Balance	
	PPI New Users 15-Day Gap		Famotidine New Users 15-Day Gap			
Patient Characteristics[1]	Number/ Mean	Percent/ Standard Deviation[2]	Number/ Mean	Percent/ Standard Deviation[2]	Absolute Difference	Standardized Difference
Unique patients	87,431	100.0%	8,142	100.0%	N/A	N/A
Demographic Characteristics						
Age (years)	54.0	14.8	58.0	15.6	-3.973	-0.261
Age						
18-64 years	62,650	71.7%	4,885	60.0%	11.659	0.248
≥ 65 years	24,781	28.3%	3,257	40.0%	-11.659	-0.248
Sex						
Female	0	0.0%	0	0.0%	NaN	NaN
Male	87,431	100.0%	8,142	100.0%	0.000	NaN
Race[3]						
American Indian or Alaska Native	74	0.1%	10	0.1%	-0.038	-0.012
Asian	873	1.0%	97	1.2%	-0.193	-0.019
Black or African American	3,899	4.5%	595	7.3%	-2.848	-0.121
Multi-racial	442	0.5%	23	0.3%	0.223	0.036
Native Hawaiian or Other Pacific Islander	329	0.4%	45	0.6%	-0.176	-0.026
Unknown	61,636	70.5%	4,933	60.6%	9.910	0.210
White	20,178	23.1%	2,439	30.0%	-6.877	-0.156
Hispanic origin						
Yes	1,572	1.8%	152	1.9%	-0.069	-0.005
No	16,320	18.7%	2,187	26.9%	-8.195	-0.196
Unknown	69,539	79.5%	5,803	71.3%	8.263	0.193
Year						
2020	87,431	100.0%	8,142	100.0%	0.000	NaN
Health Characteristics						
Charlson/Elixhauser combined comorbidity score[4]	1.1	2.3	1.5	2.6	-0.367	-0.148
Any Malignant Neoplasm	9,993	11.4%	1,126	13.8%	-2.400	-0.072
Asthma without COPD	6,231	7.1%	622	7.6%	-0.513	-0.020
Atrial Fibrillation	5,330	6.1%	659	8.1%	-1.998	-0.078
Chronic Kidney Disease	14,338	16.4%	1,808	22.2%	-5.807	-0.148
Chronic Liver Disease	5,588	6.4%	503	6.2%	0.213	0.009
Chronic Obstructive Pulmonary Disease	7,676	8.8%	931	11.4%	-2.655	-0.088

Table 1e. Aggregated Unadjusted Characteristics of Proton Pump Inhibitor (PPI) New Users and Famotidine New Users in the Sentinel Distributed Database from April 1, 2020 to October 1, 2020, Sex: Male

	Medical Product				Covariate Balance	
	PPI New Users 15-Day Gap		Famotidine New Users 15-Day Gap			
Patient Characteristics[1]	Number/ Mean	Percent/ Standard Deviation[2]	Number/ Mean	Percent/ Standard Deviation[2]	Absolute Difference	Standardized Difference
Congestive Heart Failure	4,995	5.7%	673	8.3%	-2.553	-0.100
Coronary Artery Disease	14,857	17.0%	1,739	21.4%	-4.366	-0.111
Coronary Revascularization[5]	1,132	1.3%	153	1.9%	-0.584	-0.047
Dementia	1,351	1.5%	226	2.8%	-1.231	-0.085
Depression	10,691	12.2%	1,099	13.5%	-1.270	-0.038
Diabetes	17,537	20.1%	2,045	25.1%	-5.059	-0.121
Hemiplegia[5]	909	1.0%	146	1.8%	-0.753	-0.064
HIV[5]	504	0.6%	64	0.8%	-0.210	-0.025
Hospitalized Acute Myocardial Infarction[5]	1,113	1.3%	132	1.6%	-0.348	-0.029
Hospitalized Stroke/Transient Ischemic Attack[5]	934	1.1%	149	1.8%	-0.762	-0.064
Hyperlipidemia	40,054	45.8%	4,249	52.2%	-6.374	-0.128
Hypertension	43,968	50.3%	4,780	58.7%	-8.419	-0.170
Immunodeficiency	6,864	7.9%	797	9.8%	-1.938	-0.068
Multiple Sclerosis[5]	173	0.2%	14	0.2%	0.026	0.006
Neurological/Neurodegenerative Conditions[5]	478	0.5%	79	1.0%	-0.424	-0.049
Obesity	19,380	22.2%	1,862	22.9%	-0.703	-0.017
Other Cerebrovascular Disease (excluding stroke and TIA)	3,737	4.3%	515	6.3%	-2.051	-0.092
Rheumatic Disorders	1,008	1.2%	115	1.4%	-0.260	-0.023
Schizophrenia[5]	464	0.5%	66	0.8%	-0.280	-0.034
Smoking or Nicotine Use[5]	19,260	22.0%	1,945	23.9%	-1.860	-0.044
Medical Product Use						
ACEI/ARB	30,606	35.0%	3,182	39.1%	-4.075	-0.084
Acetaminophen[5]	11,062	12.7%	1,076	13.2%	-0.563	-0.017
Anti-depressants	18,224	20.8%	1,751	21.5%	-0.662	-0.016
Anti-Diabetic Oral Drugs	12,319	14.1%	1,358	16.7%	-2.589	-0.072
Anticoagulants	4,936	5.6%	581	7.1%	-1.490	-0.061
Antihypertensive Drugs	32,643	37.3%	3,443	42.3%	-4.951	-0.101
Aspirin[5]	1,362	1.6%	151	1.9%	-0.297	-0.023
Glucocorticoids	13,836	15.8%	1,394	17.1%	-1.296	-0.035
Immunosuppressants	3,354	3.8%	382	4.7%	-0.856	-0.042

Table 1e. Aggregated Unadjusted Characteristics of Proton Pump Inhibitor (PPI) New Users and Famotidine New Users in the Sentinel Distributed Database from April 1, 2020 to October 1, 2020, Sex: Male

	Medical Product				Covariate Balance	
	PPI New Users 15-Day Gap		Famotidine New Users 15-Day Gap			
Patient Characteristics[1]	Number/ Mean	Percent/ Standard Deviation[2]	Number/ Mean	Percent/ Standard Deviation[2]	Absolute Difference	Standardized Difference
Inhaled Corticosteroids	5,375	6.1%	577	7.1%	-0.939	-0.038
Insulin	4,137	4.7%	497	6.1%	-1.372	-0.061
NSAID	14,782	16.9%	1,360	16.7%	0.204	0.005
Statins	30,381	34.7%	3,398	41.7%	-6.986	-0.144
TNF Inhibitors[5]	426	0.5%	40	0.5%	-0.004	-0.001
Health Service Utilization Intensity Metrics						
Mean number of ambulatory encounters	7.9	10.0	9.0	11.4	-1.103	-0.103
Mean number of emergency room encounters	0.5	1.5	0.6	1.7	-0.085	-0.054
Mean number of inpatient hospital encounters[5]	0.2	0.5	0.2	0.6	-0.032	-0.059
Mean number of non-acute institutional encounters	0.0	0.3	0.1	0.3	-0.022	-0.075
Mean number of other ambulatory encounters	1.5	4.7	1.9	6.2	-0.351	-0.064
Mean number of filled prescriptions	12.2	11.8	13.6	12.0	-1.398	-0.117
Mean number of generics dispensed	6.2	4.3	6.9	4.4	-0.687	-0.158
Mean number of unique drug classes dispensed	5.9	3.9	6.6	4.0	-0.631	-0.159

[1]Covariates in blue show a standardized difference greater than 0.1.

[2]Value represents standard deviation where no % follows the value.

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

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

[5]Covariate not included in the propensity score logistic regression model.

N/A: Not applicable

Table 1f. Aggregated Weighted Characteristics of Proton Pump Inhibitor (PPI) New Users and Famotidine New Users (Inverse Probability of Treatment Weighted, Trimmed, Weight: Average Treatment Effect in the Treated (ATT), Truncation: 0%) in the Sentinel Distributed Database from April 1, 2020 to October 1, 2020, Sex: Male

	Medical Product				Covariate Balance	
	PPI New Users 15-Day Gap		Famotidine New Users 15-Day Gap			
Patient Characteristics[1,2]	Number/ Mean	Percent/ Standard Deviation[3]	Number/ Mean	Percent/ Standard Deviation[3]	Absolute Difference	Standardized Difference
Weighted patients	87,324	N/A	88,185	N/A	N/A	N/A
Demographic Characteristics						
Age (years)	54.0	14.8	53.3	15.6	0.767	0.050
Age						
18-64 years	62,551	71.6%	62,681	71.1%	0.553	0.014
≥ 65 years	24,773	28.4%	25,505	28.9%	-0.553	-0.014
Sex						
Female	0	0.0%	0	0.0%	NaN	NaN
Male	87,324	100.0%	88,185	100.0%	0.000	NaN
Race[4]						
American Indian or Alaska Native	74	0.1%	98	0.1%	-0.027	-0.008
Asian	872	1.0%	962	1.1%	-0.093	-0.009
Black or African American	3,897	4.5%	4,586	5.2%	-0.738	-0.036
Multi-racial	442	0.5%	294	0.3%	0.173	0.027
Native Hawaiian or Other Pacific Islander	328	0.4%	334	0.4%	-0.003	-0.000
Unknown	61,554	70.5%	61,653	69.9%	0.576	0.021
White	20,157	23.1%	20,257	23.0%	0.112	0.004
Hispanic origin						
Yes	1,568	1.8%	1,457	1.7%	0.143	0.011
No	16,309	18.7%	16,359	18.6%	0.126	0.008
Unknown	69,447	79.5%	70,369	79.8%	-0.269	-0.015
Year						
2020	87,324	100.0%	88,185	100.0%	0.000	NaN
Health Characteristics						
Charlson/Elixhauser combined comorbidity score[5]	1.1	2.3	1.1	2.3	-0.006	-0.003
Any Malignant Neoplasm	9,980	11.4%	9,920	11.2%	0.179	0.006
Asthma without COPD	6,219	7.1%	6,537	7.4%	-0.291	-0.011
Atrial Fibrillation	5,323	6.1%	5,250	6.0%	0.143	0.006
Chronic Kidney Disease	14,283	16.4%	14,076	16.0%	0.395	0.011

Table 1f. Aggregated Weighted Characteristics of Proton Pump Inhibitor (PPI) New Users and Famotidine New Users (Inverse Probability of Treatment Weighted, Trimmed, Weight: Average Treatment Effect in the Treated (ATT), Truncation: 0%) in the Sentinel Distributed Database from April 1, 2020 to October 1, 2020, Sex: Male

	Medical Product				Covariate Balance	
	PPI New Users 15-Day Gap		Famotidine New Users 15-Day Gap			
Patient Characteristics[1,2]	Number/ Mean	Percent/ Standard Deviation[3]	Number/ Mean	Percent/ Standard Deviation[3]	Absolute Difference	Standardized Difference
Chronic Liver Disease	5,548	6.4%	5,676	6.4%	-0.083	-0.003
Chronic Obstructive Pulmonary Disease	7,659	8.8%	7,963	9.0%	-0.259	-0.009
Congestive Heart Failure	4,986	5.7%	4,929	5.6%	0.121	0.005
Coronary Artery Disease	14,835	17.0%	14,393	16.3%	0.667	0.019
Coronary Revascularization[6]	1,131	1.3%	1,250	1.4%	-0.122	-0.011
Dementia	1,350	1.5%	1,352	1.5%	0.012	0.001
Depression	10,629	12.2%	11,813	13.4%	-1.224	-0.037
Diabetes	17,468	20.0%	18,349	20.8%	-0.803	-0.020
Hemiplegia[6]	906	1.0%	1,027	1.2%	-0.127	-0.012
HIV[6]	503	0.6%	796	0.9%	-0.327	-0.038
Hospitalized Acute Myocardial Infarction[6]	1,111	1.3%	1,034	1.2%	0.100	0.009
Hospitalized Stroke/Transient Ischemic Attack[6]	933	1.1%	1,010	1.1%	-0.077	-0.007
Hyperlipidemia	39,976	45.8%	39,931	45.3%	0.498	0.010
Hypertension	43,891	50.3%	43,888	49.8%	0.494	0.010
Immunodeficiency	6,849	7.8%	6,806	7.7%	0.125	0.005
Multiple Sclerosis[6]	171	0.2%	90	0.1%	0.094	0.024
Neurological/Neurodegenerative Conditions[6]	477	0.5%	663	0.8%	-0.206	-0.026
Obesity	19,333	22.1%	19,705	22.3%	-0.206	-0.005
Other Cerebrovascular Disease (excluding stroke and TIA)	3,734	4.3%	3,764	4.3%	0.007	0.000
Rheumatic Disorders	1,008	1.2%	1,002	1.1%	0.018	0.002
Schizophrenia[6]	462	0.5%	522	0.6%	-0.062	-0.008
Smoking or Nicotine Use[6]	19,217	22.0%	18,404	20.9%	1.137	0.028
Medical Product Use						
ACEI/ARB	30,541	35.0%	30,784	34.9%	0.066	0.001
Acetaminophen[6]	11,046	12.6%	9,842	11.2%	1.488	0.046
Anti-depressants	18,168	20.8%	19,452	22.1%	-1.253	-0.031
Anti-Diabetic Oral Drugs	12,267	14.0%	12,545	14.2%	-0.178	-0.005
Anticoagulants	4,920	5.6%	5,065	5.7%	-0.110	-0.005

Table 1f. Aggregated Weighted Characteristics of Proton Pump Inhibitor (PPI) New Users and Famotidine New Users (Inverse Probability of Treatment Weighted, Trimmed, Weight: Average Treatment Effect in the Treated (ATT), Truncation: 0%) in the Sentinel Distributed Database from April 1, 2020 to October 1, 2020, Sex: Male

	Medical Product				Covariate Balance	
	PPI New Users 15-Day Gap		Famotidine New Users 15-Day Gap			
Patient Characteristics[1,2]	Number/ Mean	Percent/ Standard Deviation[3]	Number/ Mean	Percent/ Standard Deviation[3]	Absolute Difference	Standardized Difference
Antihypertensive Drugs	32,574	37.3%	32,713	37.1%	0.206	0.004
Aspirin[6]	1,359	1.6%	1,579	1.8%	-0.234	-0.018
Glucocorticoids	13,820	15.8%	13,972	15.8%	-0.018	-0.001
Immunosuppressants	3,345	3.8%	3,244	3.7%	0.151	0.008
Inhaled Corticosteroids	5,362	6.1%	5,320	6.0%	0.108	0.005
Insulin	4,073	4.7%	4,722	5.4%	-0.690	-0.032
NSAID	14,773	16.9%	14,650	16.6%	0.305	0.008
Statins	30,334	34.7%	30,100	34.1%	0.604	0.013
TNF Inhibitors[6]	424	0.5%	420	0.5%	0.010	0.001
Health Service Utilization Intensity Metrics						
Mean number of ambulatory encounters	7.9	10.0	7.8	9.9	0.060	0.006
Mean number of emergency room encounters	0.5	1.4	0.5	1.6	-0.013	-0.009
Mean number of inpatient hospital encounters[6]	0.2	0.5	0.1	0.5	0.016	0.033
Mean number of non-acute institutional encounters	0.0	0.3	0.0	0.3	-0.002	-0.006
Mean number of other ambulatory encounters	1.5	4.5	1.5	4.6	0.019	0.004
Mean number of filled prescriptions	12.1	11.8	12.1	11.2	0.043	0.004
Mean number of generics dispensed	6.2	4.3	6.2	4.1	0.057	0.014
Mean number of unique drug classes dispensed	5.9	3.9	5.9	3.8	0.062	0.016

[1]Covariates in blue show a standardized difference greater than 0.1.

[2]Weighted patient characteristics tables facilitate the assessment of covariate balance after inverse probability weighting and should not be interpreted as a description of the unweighted population. Treated patients are assigned a weight of 1. Reference patients are weighted by their propensity score (PS) divided by 1 minus their PS.

[3]Value represents standard deviation where no % follows the value.

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

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

[6]Covariate not included in the propensity score logistic regression model.

N/A: Not applicable

Table 1g. Aggregated Unadjusted Characteristics of Proton Pump Inhibitor (PPI) New Users and Famotidine New Users in the Sentinel Distributed Database from April 1, 2020 to October 1, 2020, Age Group: 18-64 years

	Medical Product				Covariate Balance	
	PPI New Users 15-Day Gap		Famotidine New Users 15-Day Gap			
Patient Characteristics[1]	Number/ Mean	Percent/ Standard Deviation[2]	Number/ Mean	Percent/ Standard Deviation[2]	Absolute Difference	Standardized Difference
Unique patients	148,215	100.0%	13,024	100.0%	N/A	N/A
Demographic Characteristics						
Age (years)	46.6	12.2	46.7	12.7	-0.073	-0.006
Age						
18-64 years	148,215	100.0%	13,024	100.0%	0.000	NaN
≥ 65 years	0	0.0%	0	0.0%	NaN	NaN
Sex						
Female	85,565	57.7%	8,139	62.5%	-4.762	-0.097
Male	62,650	42.3%	4,885	37.5%	4.762	0.097
Race[3]						
American Indian or Alaska Native	92	0.1%	16	0.1%	-0.061	-0.020
Asian	941	0.6%	95	0.7%	-0.095	-0.011
Black or African American	4,299	2.9%	591	4.5%	-1.637	-0.087
Multi-racial	996	0.7%	93	0.7%	-0.042	-0.005
Native Hawaiian or Other Pacific Islander	88	0.1%	10	0.1%	-0.017	-0.007
Unknown	126,106	85.1%	10,509	80.7%	4.394	0.117
White	15,693	10.6%	1,710	13.1%	-2.542	-0.079
Hispanic origin						
Yes	2,458	1.7%	251	1.9%	-0.269	-0.020
No	9,635	6.5%	1,301	10.0%	-3.489	-0.127
Unknown	136,122	91.8%	11,472	88.1%	3.757	0.125
Year						
2020	148,215	100.0%	13,024	100.0%	0.000	NaN
Health Characteristics						
Charlson/Elixhauser combined comorbidity score[4]	0.7	1.7	0.8	1.8	-0.147	-0.084
Any Malignant Neoplasm	8,979	6.1%	872	6.7%	-0.637	-0.026
Asthma without COPD	15,476	10.4%	1,595	12.2%	-1.805	-0.057
Atrial Fibrillation	2,399	1.6%	264	2.0%	-0.408	-0.031
Chronic Kidney Disease	12,951	8.7%	1,387	10.6%	-1.912	-0.065
Chronic Liver Disease	8,785	5.9%	714	5.5%	0.445	0.019
Chronic Obstructive Pulmonary Disease	6,830	4.6%	757	5.8%	-1.204	-0.054

Table 1g. Aggregated Unadjusted Characteristics of Proton Pump Inhibitor (PPI) New Users and Famotidine New Users in the Sentinel Distributed Database from April 1, 2020 to October 1, 2020, Age Group: 18-64 years

	Medical Product				Covariate Balance	
	PPI New Users 15-Day Gap		Famotidine New Users 15-Day Gap			
Patient Characteristics[1]	Number/ Mean	Percent/ Standard Deviation[2]	Number/ Mean	Percent/ Standard Deviation[2]	Absolute Difference	Standardized Difference
Congestive Heart Failure	3,046	2.1%	348	2.7%	-0.617	-0.041
Coronary Artery Disease	9,542	6.4%	920	7.1%	-0.626	-0.025
Coronary Revascularization[5]	728	0.5%	80	0.6%	-0.123	-0.017
Dementia	256	0.2%	38	0.3%	-0.119	-0.025
Depression	24,923	16.8%	2,467	18.9%	-2.127	-0.056
Diabetes	20,147	13.6%	1,959	15.0%	-1.448	-0.041
Hemiplegia[5]	644	0.4%	111	0.9%	-0.418	-0.052
HIV[5]	576	0.4%	73	0.6%	-0.172	-0.025
Hospitalized Acute Myocardial Infarction[5]	713	0.5%	78	0.6%	-0.118	-0.016
Hospitalized Stroke/Transient Ischemic Attack[5]	585	0.4%	91	0.7%	-0.304	-0.041
Hyperlipidemia	47,602	32.1%	4,370	33.6%	-1.437	-0.031
Hypertension	53,025	35.8%	4,922	37.8%	-2.016	-0.042
Immunodeficiency	11,213	7.6%	1,167	9.0%	-1.395	-0.051
Multiple Sclerosis[5]	664	0.4%	80	0.6%	-0.166	-0.023
Neurological/Neurodegenerative Conditions[5]	163	0.1%	32	0.2%	-0.136	-0.032
Obesity	37,943	25.6%	3,369	25.9%	-0.268	-0.006
Other Cerebrovascular Disease (excluding stroke and TIA)	2,284	1.5%	296	2.3%	-0.732	-0.054
Rheumatic Disorders	2,599	1.8%	258	2.0%	-0.227	-0.017
Schizophrenia[5]	830	0.6%	135	1.0%	-0.477	-0.054
Smoking or Nicotine Use[5]	24,511	16.5%	2,227	17.1%	-0.562	-0.015
Medical Product Use						
ACEI/ARB	34,760	23.5%	3,081	23.7%	-0.204	-0.005
Acetaminophen[5]	19,743	13.3%	1,782	13.7%	-0.362	-0.011
Anti-depressants	44,259	29.9%	4,071	31.3%	-1.396	-0.030
Anti-Diabetic Oral Drugs	15,230	10.3%	1,461	11.2%	-0.942	-0.030
Anticoagulants	3,157	2.1%	348	2.7%	-0.542	-0.035
Antihypertensive Drugs	38,488	26.0%	3,471	26.7%	-0.683	-0.016
Aspirin[5]	2,138	1.4%	251	1.9%	-0.485	-0.038
Glucocorticoids	26,770	18.1%	2,579	19.8%	-1.740	-0.044
Immunosuppressants	5,220	3.5%	518	4.0%	-0.455	-0.024

Table 1g. Aggregated Unadjusted Characteristics of Proton Pump Inhibitor (PPI) New Users and Famotidine New Users in the Sentinel Distributed Database from April 1, 2020 to October 1, 2020, Age Group: 18-64 years

	Medical Product				Covariate Balance	
	PPI New Users 15-Day Gap		Famotidine New Users 15-Day Gap			
Patient Characteristics[1]	Number/ Mean	Percent/ Standard Deviation[2]	Number/ Mean	Percent/ Standard Deviation[2]	Absolute Difference	Standardized Difference
Inhaled Corticosteroids	10,204	6.9%	1,012	7.8%	-0.886	-0.034
Insulin	5,139	3.5%	514	3.9%	-0.479	-0.025
NSAID	29,834	20.1%	2,660	20.4%	-0.295	-0.007
Statins	30,692	20.7%	2,914	22.4%	-1.666	-0.041
TNF Inhibitors[5]	1,156	0.8%	103	0.8%	-0.011	-0.001
Health Service Utilization Intensity Metrics						
Mean number of ambulatory encounters	7.7	8.7	8.4	9.6	-0.722	-0.079
Mean number of emergency room encounters	0.4	1.2	0.5	1.4	-0.066	-0.050
Mean number of inpatient hospital encounters[5]	0.1	0.4	0.1	0.4	-0.015	-0.035
Mean number of non-acute institutional encounters	0.0	0.2	0.0	0.2	-0.009	-0.045
Mean number of other ambulatory encounters	1.5	3.9	1.7	4.9	-0.272	-0.062
Mean number of filled prescriptions	12.5	12.5	13.2	12.8	-0.721	-0.057
Mean number of generics dispensed	6.3	4.5	6.7	4.6	-0.402	-0.088
Mean number of unique drug classes dispensed	6.0	4.1	6.4	4.2	-0.377	-0.091

[1]Covariates in blue show a standardized difference greater than 0.1.

[2]Value represents standard deviation where no % follows the value.

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

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

[5]Covariate not included in the propensity score logistic regression model.

N/A: Not applicable

Table 1h. Aggregated Weighted Characteristics of Proton Pump Inhibitor (PPI) New Users and Famotidine New Users (Inverse Probability of Treatment Weighted, Trimmed, Weight: Average Treatment Effect in the Treated (ATT), Truncation: 0%) in the Sentinel Distributed Database from April 1, 2020 to October 1, 2020, Age Group: 18-64 years

Patient Characteristics[1,2]	Medical Product				Covariate Balance	
	PPI New Users 15-Day Gap		Famotidine New Users 15-Day Gap			
	Number/ Mean	Percent/ Standard Deviation[3]	Number/ Mean	Percent/ Standard Deviation[3]	Absolute Difference	Standardized Difference
Weighted patients	148,095	N/A	147,880	N/A	N/A	N/A
Demographic Characteristics						
Age (years)	46.6	12.2	46.6	12.6	-0.057	-0.005
Age						
18-64 years	148,095	100.0%	147,880	100.0%	0.000	NaN
≥ 65 years	0	0.0%	0	0.0%	NaN	NaN
Sex						
Female	85,503	57.7%	85,044	57.5%	0.227	0.005
Male	62,592	42.3%	62,836	42.5%	-0.227	-0.005
Race[4]						
American Indian or Alaska Native	92	0.1%	156	0.1%	-0.044	-0.015
Asian	941	0.6%	1,052	0.7%	-0.076	-0.009
Black or African American	4,298	2.9%	4,957	3.4%	-0.450	-0.027
Multi-racial	996	0.7%	989	0.7%	0.004	0.001
Native Hawaiian or Other Pacific Islander	88	0.1%	90	0.1%	-0.001	-0.001
Unknown	125,991	85.1%	124,631	84.3%	0.796	0.031
White	15,689	10.6%	16,005	10.8%	-0.229	-0.009
Hispanic origin						
Yes	2,458	1.7%	2,555	1.7%	-0.068	-0.005
No	9,631	6.5%	9,963	6.7%	-0.234	-0.016
Unknown	136,006	91.8%	135,361	91.5%	0.302	0.016
Year						
2020	148,095	100.0%	147,880	100.0%	0.000	NaN
Health Characteristics						
Charlson/Elixhauser combined comorbidity score[5]	0.7	1.7	0.7	1.6	-0.006	-0.004
Any Malignant Neoplasm	8,972	6.1%	9,039	6.1%	-0.054	-0.002
Asthma without COPD	15,472	10.4%	15,735	10.6%	-0.193	-0.006
Atrial Fibrillation	2,393	1.6%	2,400	1.6%	-0.007	-0.001
Chronic Kidney Disease	12,938	8.7%	13,349	9.0%	-0.291	-0.010
Chronic Liver Disease	8,740	5.9%	9,040	6.1%	-0.211	-0.009

Table 1h. Aggregated Weighted Characteristics of Proton Pump Inhibitor (PPI) New Users and Famotidine New Users (Inverse Probability of Treatment Weighted, Trimmed, Weight: Average Treatment Effect in the Treated (ATT), Truncation: 0%) in the Sentinel Distributed Database from April 1, 2020 to October 1, 2020, Age Group: 18-64 years

	Medical Product				Covariate Balance	
	PPI New Users 15-Day Gap		Famotidine New Users 15-Day Gap			
Patient Characteristics[1,2]	Number/ Mean	Percent/ Standard Deviation[3]	Number/ Mean	Percent/ Standard Deviation[3]	Absolute Difference	Standardized Difference
Chronic Obstructive Pulmonary Disease	6,821	4.6%	6,665	4.5%	0.099	0.005
Congestive Heart Failure	3,036	2.1%	3,035	2.1%	-0.002	-0.000
Coronary Artery Disease	9,524	6.4%	9,530	6.4%	-0.014	-0.001
Coronary Revascularization[6]	725	0.5%	760	0.5%	-0.024	-0.003
Dementia	256	0.2%	241	0.2%	0.010	0.002
Depression	24,893	16.8%	24,325	16.4%	0.359	0.010
Diabetes	20,113	13.6%	20,164	13.6%	-0.054	-0.002
Hemiplegia[6]	643	0.4%	683	0.5%	-0.028	-0.004
HIV[6]	576	0.4%	1,096	0.7%	-0.352	-0.047
Hospitalized Acute Myocardial Infarction[6]	710	0.5%	723	0.5%	-0.010	-0.001
Hospitalized Stroke/Transient Ischemic Attack[6]	584	0.4%	714	0.5%	-0.088	-0.013
Hyperlipidemia	47,572	32.1%	47,982	32.4%	-0.324	-0.007
Hypertension	52,954	35.8%	53,649	36.3%	-0.522	-0.011
Immunodeficiency	11,202	7.6%	11,698	7.9%	-0.346	-0.013
Multiple Sclerosis[6]	664	0.4%	576	0.4%	0.059	0.009
Neurological/Neurodegenerative Conditions[6]	163	0.1%	454	0.3%	-0.197	-0.043
Obesity	37,902	25.6%	38,093	25.8%	-0.167	-0.004
Other Cerebrovascular Disease (excluding stroke and TIA)	2,283	1.5%	2,280	1.5%	-0.000	-0.000
Rheumatic Disorders	2,597	1.8%	2,694	1.8%	-0.068	-0.005
Schizophrenia[6]	830	0.6%	989	0.7%	-0.108	-0.014
Smoking or Nicotine Use[6]	24,483	16.5%	22,799	15.4%	1.114	0.031
Medical Product Use						
ACEI/ARB	34,709	23.4%	35,084	23.7%	-0.288	-0.007
Acetaminophen[6]	19,717	13.3%	18,299	12.4%	0.939	0.028
Anti-depressants	44,191	29.8%	43,976	29.7%	0.102	0.002
Anti-Diabetic Oral Drugs	15,221	10.3%	15,098	10.2%	0.068	0.002
Anticoagulants	3,155	2.1%	3,202	2.2%	-0.035	-0.002
Antihypertensive Drugs	38,432	26.0%	38,708	26.2%	-0.225	-0.005
Aspirin[6]	2,131	1.4%	2,909	2.0%	-0.528	-0.041

Table 1h. Aggregated Weighted Characteristics of Proton Pump Inhibitor (PPI) New Users and Famotidine New Users (Inverse Probability of Treatment Weighted, Trimmed, Weight: Average Treatment Effect in the Treated (ATT), Truncation: 0%) in the Sentinel Distributed Database from April 1, 2020 to October 1, 2020, Age Group: 18-64 years

	Medical Product				Covariate Balance	
	PPI New Users 15-Day Gap		Famotidine New Users 15-Day Gap			
Patient Characteristics[1,2]	Number/ Mean	Percent/ Standard Deviation[3]	Number/ Mean	Percent/ Standard Deviation[3]	Absolute Difference	Standardized Difference
Glucocorticoids	26,762	18.1%	27,278	18.4%	-0.375	-0.010
Immunosuppressants	5,211	3.5%	5,215	3.5%	-0.008	-0.000
Inhaled Corticosteroids	10,195	6.9%	10,409	7.0%	-0.154	-0.006
Insulin	5,122	3.5%	5,038	3.4%	0.052	0.003
NSAID	29,817	20.1%	30,228	20.4%	-0.307	-0.008
Statins	30,614	20.7%	30,920	20.9%	-0.237	-0.006
TNF Inhibitors[6]	1,153	0.8%	1,341	0.9%	-0.128	-0.014
Health Service Utilization Intensity Metrics						
Mean number of ambulatory encounters	7.7	8.7	7.8	8.5	-0.123	-0.014
Mean number of emergency room encounters	0.4	1.2	0.4	1.2	-0.010	-0.008
Mean number of inpatient hospital encounters[6]	0.1	0.4	0.1	0.4	0.007	0.018
Mean number of non-acute institutional encounters	0.0	0.2	0.0	0.1	-0.000	-0.000
Mean number of other ambulatory encounters	1.5	3.7	1.5	3.8	-0.018	-0.005
Mean number of filled prescriptions	12.5	12.5	12.6	12.1	-0.123	-0.010
Mean number of generics dispensed	6.3	4.5	6.4	4.5	-0.045	-0.010
Mean number of unique drug classes dispensed	6.0	4.1	6.1	4.1	-0.040	-0.010

[1]Covariates in blue show a standardized difference greater than 0.1.

[2]Weighted patient characteristics tables facilitate the assessment of covariate balance after inverse probability weighting and should not be interpreted as a description of the unweighted population. Treated patients are assigned a weight of 1. Reference patients are weighted by their propensity score (PS) divided by 1 minus their PS.

[3]Value represents standard deviation where no % follows the value.

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

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

[6]Covariate not included in the propensity score logistic regression model.

N/A: Not applicable

Table 1i. Aggregated Unadjusted Characteristics of Proton Pump Inhibitor (PPI) New Users and Famotidine New Users in the Sentinel Distributed Database from April 1, 2020 to October 1, 2020, Age Group: ≥ 65 years

	Medical Product				Covariate Balance	
	PPI New Users 15-Day Gap		Famotidine New Users 15-Day Gap			
Patient Characteristics[1]	Number/ Mean	Percent/ Standard Deviation[2]	Number/ Mean	Percent/ Standard Deviation[2]	Absolute Difference	Standardized Difference
Unique patients	64,984	100.0%	9,854	100.0%	N/A	N/A
Demographic Characteristics						
Age (years)	74.3	6.9	75.1	7.2	-0.801	-0.114
Age						
18-64 years	0	0.0%	0	0.0%	NaN	NaN
≥ 65 years	64,984	100.0%	9,854	100.0%	0.000	NaN
Sex						
Female	40,203	61.9%	6,597	66.9%	-5.081	-0.106
Male	24,781	38.1%	3,257	33.1%	5.081	0.106
Race[3]						
American Indian or Alaska Native	117	0.2%	20	0.2%	-0.023	-0.005
Asian	1,064	1.6%	166	1.7%	-0.047	-0.004
Black or African American	7,740	11.9%	1,290	13.1%	-1.181	-0.036
Multi-racial	70	0.1%	3	0.0%	0.077	0.029
Native Hawaiian or Other Pacific Islander	567	0.9%	95	1.0%	-0.092	-0.010
Unknown	20,335	31.3%	2,951	29.9%	1.345	0.029
White	35,091	54.0%	5,329	54.1%	-0.080	-0.002
Hispanic origin						
Yes	1,401	2.2%	199	2.0%	0.136	0.010
No	33,382	51.4%	5,145	52.2%	-0.843	-0.017
Unknown	30,201	46.5%	4,510	45.8%	0.706	0.014
Year						
2020	64,984	100.0%	9,854	100.0%	0.000	NaN
Health Characteristics						
Charlson/Elixhauser combined comorbidity score[4]	2.2	3.1	2.2	3.0	-0.032	-0.010
Any Malignant Neoplasm	13,785	21.2%	2,069	21.0%	0.216	0.005
Asthma without COPD	5,847	9.0%	941	9.5%	-0.552	-0.019
Atrial Fibrillation	8,029	12.4%	1,229	12.5%	-0.117	-0.004
Chronic Kidney Disease	18,983	29.2%	3,112	31.6%	-2.369	-0.052
Chronic Liver Disease	4,544	7.0%	575	5.8%	1.157	0.047
Chronic Obstructive Pulmonary Disease	11,438	17.6%	1,713	17.4%	0.217	0.006
Congestive Heart Failure	7,911	12.2%	1,257	12.8%	-0.582	-0.018

Table 1i. Aggregated Unadjusted Characteristics of Proton Pump Inhibitor (PPI) New Users and Famotidine New Users in the Sentinel Distributed Database from April 1, 2020 to October 1, 2020, Age Group: ≥ 65 years

	Medical Product				Covariate Balance	
	PPI New Users 15-Day Gap		Famotidine New Users 15-Day Gap			
Patient Characteristics[1]	Number/ Mean	Percent/ Standard Deviation[2]	Number/ Mean	Percent/ Standard Deviation[2]	Absolute Difference	Standardized Difference
Coronary Artery Disease	19,633	30.2%	2,930	29.7%	0.478	0.010
Coronary Revascularization[5]	1,101	1.7%	173	1.8%	-0.061	-0.005
Dementia	3,285	5.1%	582	5.9%	-0.851	-0.037
Depression	13,514	20.8%	2,007	20.4%	0.429	0.011
Diabetes	20,133	31.0%	3,161	32.1%	-1.097	-0.024
Hemiplegia[5]	1,299	2.0%	236	2.4%	-0.396	-0.027
HIV[5]	94	0.1%	20	0.2%	-0.058	-0.014
Hospitalized Acute Myocardial Infarction[5]	1,330	2.0%	192	1.9%	0.098	0.007
Hospitalized Stroke/Transient Ischemic Attack[5]	1,457	2.2%	262	2.7%	-0.417	-0.027
Hyperlipidemia	44,869	69.0%	6,854	69.6%	-0.509	-0.011
Hypertension	49,192	75.7%	7,638	77.5%	-1.813	-0.043
Immunodeficiency	8,235	12.7%	1,254	12.7%	-0.053	-0.002
Multiple Sclerosis[5]	219	0.3%	30	0.3%	0.033	0.006
Neurological/Neurodegenerative Conditions[5]	756	1.2%	119	1.2%	-0.044	-0.004
Obesity	15,614	24.0%	2,277	23.1%	0.920	0.022
Other Cerebrovascular Disease (excluding stroke and TIA)	5,893	9.1%	991	10.1%	-0.988	-0.034
Rheumatic Disorders	2,081	3.2%	307	3.1%	0.087	0.005
Schizophrenia[5]	262	0.4%	52	0.5%	-0.125	-0.018
Smoking or Nicotine Use[5]	15,744	24.2%	2,192	22.2%	1.983	0.047
Medical Product Use						
ACEI/ARB	32,517	50.0%	5,001	50.8%	-0.712	-0.014
Acetaminophen[5]	10,394	16.0%	1,418	14.4%	1.605	0.045
Anti-depressants	19,793	30.5%	2,876	29.2%	1.272	0.028
Anti-Diabetic Oral Drugs	13,339	20.5%	1,975	20.0%	0.484	0.012
Anticoagulants	7,120	11.0%	1,050	10.7%	0.301	0.010
Antihypertensive Drugs	34,951	53.8%	5,374	54.5%	-0.752	-0.015
Aspirin[5]	398	0.6%	68	0.7%	-0.078	-0.010
Glucocorticoids	11,785	18.1%	1,817	18.4%	-0.304	-0.008
Immunosuppressants	4,548	7.0%	714	7.2%	-0.247	-0.010
Inhaled Corticosteroids	5,709	8.8%	887	9.0%	-0.216	-0.008
Insulin	4,223	6.5%	660	6.7%	-0.199	-0.008

Table 1i. Aggregated Unadjusted Characteristics of Proton Pump Inhibitor (PPI) New Users and Famotidine New Users in the Sentinel Distributed Database from April 1, 2020 to October 1, 2020, Age Group: ≥ 65 years

	Medical Product				Covariate Balance	
	PPI New Users 15-Day Gap		Famotidine New Users 15-Day Gap			
Patient Characteristics[1]	Number/ Mean	Percent/ Standard Deviation[2]	Number/ Mean	Percent/ Standard Deviation[2]	Absolute Difference	Standardized Difference
NSAID	12,177	18.7%	1,685	17.1%	1.639	0.043
Statins	36,523	56.2%	5,630	57.1%	-0.931	-0.019
TNF Inhibitors[5]	209	0.3%	32	0.3%	-0.003	-0.001
Health Service Utilization Intensity Metrics						
Mean number of ambulatory encounters	10.8	11.4	10.9	11.2	-0.105	-0.009
Mean number of emergency room encounters	0.7	1.7	0.7	1.6	0.036	0.022
Mean number of inpatient hospital encounters[5]	0.2	0.6	0.2	0.6	0.020	0.032
Mean number of non-acute institutional encounters	0.1	0.4	0.1	0.4	-0.007	-0.020
Mean number of other ambulatory encounters	2.0	5.8	2.2	6.7	-0.154	-0.024
Mean number of filled prescriptions	16.5	12.5	16.6	12.5	-0.088	-0.007
Mean number of generics dispensed	8.5	4.6	8.5	4.5	-0.010	-0.002
Mean number of unique drug classes dispensed	8.1	4.2	8.1	4.1	-0.015	-0.004

[1]Covariates in blue show a standardized difference greater than 0.1.

[2]Value represents standard deviation where no % follows the value.

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

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

[5]Covariate not included in the propensity score logistic regression model.

N/A: Not applicable

Table 1j. Aggregated Weighted Characteristics of Proton Pump Inhibitor (PPI) New Users and Famotidine New Users (Inverse Probability of Treatment Weighted, Trimmed, Weight: Average Treatment Effect in the Treated (ATT), Truncation: 0%) in the Sentinel Distributed Database from April 1, 2020 to October 1, 2020, Age Group: ≥ 65 years

	Medical Product				Covariate Balance	
	PPI New Users 15-Day Gap		Famotidine New Users 15-Day Gap			
Patient Characteristics[1,2]	Number/ Mean	Percent/ Standard Deviation[3]	Number/ Mean	Percent/ Standard Deviation[3]	Absolute Difference	Standardized Difference
Weighted patients	64,483	N/A	64,344	N/A	N/A	N/A
Demographic Characteristics						
Age (years)	74.3	6.9	74.3	6.9	0.039	0.006
Age						
18-64 years	0	0.0%	0	0.0%	NaN	NaN
≥ 65 years	64,483	100.0%	64,344	100.0%	0.000	NaN
Sex						
Female	40,027	62.1%	39,905	62.0%	0.055	0.001
Male	24,456	37.9%	24,438	38.0%	-0.055	-0.001
Race[4]						
American Indian or Alaska Native	117	0.2%	121	0.2%	-0.006	-0.001
Asian	1,064	1.7%	1,073	1.7%	-0.017	-0.001
Black or African American	7,733	12.0%	8,226	12.8%	-0.792	-0.025
Multi-racial	70	0.1%	15	0.0%	0.085	0.033
Native Hawaiian or Other Pacific Islander	567	0.9%	623	1.0%	-0.089	-0.009
Unknown	19,873	30.8%	19,764	30.7%	0.103	0.004
White	35,059	54.4%	34,522	53.7%	0.716	0.017
Hispanic origin						
Yes	1,399	2.2%	1,322	2.1%	0.115	0.008
No	33,345	51.7%	33,391	51.9%	-0.183	-0.013
Unknown	29,739	46.1%	29,631	46.1%	0.068	0.007
Year						
2020	64,483	100.0%	64,344	100.0%	0.000	NaN
Health Characteristics						
Charlson/Elixhauser combined comorbidity score[5]	2.2	3.1	2.2	3.0	-0.003	-0.001
Any Malignant Neoplasm	13,657	21.2%	13,845	21.5%	-0.338	-0.008
Asthma without COPD	5,785	9.0%	5,702	8.9%	0.110	0.004
Atrial Fibrillation	7,892	12.2%	7,824	12.2%	0.079	0.002
Chronic Kidney Disease	18,803	29.2%	18,805	29.2%	-0.066	-0.001
Chronic Liver Disease	4,474	6.9%	4,418	6.9%	0.071	0.003
Chronic Obstructive Pulmonary Disease	11,345	17.6%	11,365	17.7%	-0.070	-0.002

Table 1j. Aggregated Weighted Characteristics of Proton Pump Inhibitor (PPI) New Users and Famotidine New Users (Inverse Probability of Treatment Weighted, Trimmed, Weight: Average Treatment Effect in the Treated (ATT), Truncation: 0%) in the Sentinel Distributed Database from April 1, 2020 to October 1, 2020, Age Group: ≥ 65 years

	Medical Product				Covariate Balance	
	PPI New Users 15-Day Gap		Famotidine New Users 15-Day Gap			
Patient Characteristics[1,2]	Number/ Mean	Percent/ Standard Deviation[3]	Number/ Mean	Percent/ Standard Deviation[3]	Absolute Difference	Standardized Difference
Congestive Heart Failure	7,839	12.2%	7,949	12.4%	-0.197	-0.006
Coronary Artery Disease	19,435	30.1%	19,360	30.1%	0.051	0.001
Coronary Revascularization[6]	1,088	1.7%	1,129	1.8%	-0.068	-0.005
Dementia	3,271	5.1%	3,219	5.0%	0.070	0.003
Depression	13,343	20.7%	13,237	20.6%	0.120	0.003
Diabetes	19,990	31.0%	19,937	31.0%	0.015	0.000
Hemiplegia[6]	1,285	2.0%	1,359	2.1%	-0.119	-0.008
HIV[6]	94	0.1%	136	0.2%	-0.066	-0.016
Hospitalized Acute Myocardial Infarction[6]	1,308	2.0%	1,195	1.9%	0.171	0.012
Hospitalized Stroke/Transient Ischemic Attack[6]	1,437	2.2%	1,522	2.4%	-0.138	-0.009
Hyperlipidemia	44,488	69.0%	44,553	69.2%	-0.251	-0.005
Hypertension	48,745	75.6%	48,652	75.6%	-0.019	-0.000
Immunodeficiency	8,138	12.6%	8,107	12.6%	0.021	0.001
Multiple Sclerosis[6]	215	0.3%	199	0.3%	0.024	0.004
Neurological/Neurodegenerative Conditions[6]	753	1.2%	754	1.2%	-0.005	-0.000
Obesity	15,482	24.0%	15,559	24.2%	-0.171	-0.004
Other Cerebrovascular Disease (excluding stroke and TIA)	5,814	9.0%	5,726	8.9%	0.117	0.004
Rheumatic Disorders	2,061	3.2%	2,055	3.2%	0.002	0.000
Schizophrenia[6]	257	0.4%	339	0.5%	-0.128	-0.019
Smoking or Nicotine Use[6]	15,577	24.2%	14,861	23.1%	1.060	0.025
Medical Product Use						
ACEI/ARB	32,247	50.0%	32,338	50.3%	-0.249	-0.005
Acetaminophen[6]	10,290	16.0%	9,700	15.1%	0.882	0.024
Anti-depressants	19,591	30.4%	19,533	30.4%	0.024	0.001
Anti-Diabetic Oral Drugs	13,224	20.5%	13,280	20.6%	-0.132	-0.003
Anticoagulants	6,940	10.8%	6,894	10.7%	0.049	0.002
Antihypertensive Drugs	34,649	53.7%	34,723	54.0%	-0.232	-0.005
Aspirin[6]	367	0.6%	453	0.7%	-0.136	-0.017
Glucocorticoids	11,621	18.0%	11,615	18.1%	-0.030	-0.001
Immunosuppressants	4,497	7.0%	4,440	6.9%	0.073	0.003

Table 1j. Aggregated Weighted Characteristics of Proton Pump Inhibitor (PPI) New Users and Famotidine New Users (Inverse Probability of Treatment Weighted, Trimmed, Weight: Average Treatment Effect in the Treated (ATT), Truncation: 0%) in the Sentinel Distributed Database from April 1, 2020 to October 1, 2020, Age Group: ≥ 65 years

	Medical Product				Covariate Balance	
	PPI New Users 15-Day Gap		Famotidine New Users 15-Day Gap			
Patient Characteristics[1,2]	Number/ Mean	Percent/ Standard Deviation[3]	Number/ Mean	Percent/ Standard Deviation[3]	Absolute Difference	Standardized Difference
Inhaled Corticosteroids	5,679	8.8%	5,610	8.7%	0.089	0.003
Insulin	4,194	6.5%	4,255	6.6%	-0.109	-0.004
NSAID	12,082	18.7%	11,917	18.5%	0.215	0.006
Statins	36,222	56.2%	35,974	55.9%	0.264	0.005
TNF Inhibitors[6]	205	0.3%	192	0.3%	0.019	0.003
Health Service Utilization Intensity Metrics						
Mean number of ambulatory encounters	10.8	11.4	10.8	11.1	-0.016	-0.001
Mean number of emergency room encounters	0.7	1.6	0.7	1.8	-0.017	-0.010
Mean number of inpatient hospital encounters[6]	0.2	0.6	0.2	0.6	0.022	0.036
Mean number of non-acute institutional encounters	0.1	0.4	0.1	0.4	-0.002	-0.005
Mean number of other ambulatory encounters	2.0	5.8	2.0	6.1	-0.010	-0.002
Mean number of filled prescriptions	16.5	12.5	16.5	12.3	-0.023	-0.002
Mean number of generics dispensed	8.4	4.6	8.4	4.5	0.001	0.000
Mean number of unique drug classes dispensed	8.1	4.2	8.0	4.1	0.003	0.001

[1]Covariates in blue show a standardized difference greater than 0.1.

[2]Weighted patient characteristics tables facilitate the assessment of covariate balance after inverse probability weighting and should not be interpreted as a description of the unweighted population. Treated patients are assigned a weight of 1. Reference patients are weighted by their propensity score (PS) divided by 1 minus their PS.

[3]Value represents standard deviation where no % follows the value.

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

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

[6]Covariate not included in the propensity score logistic regression model.

N/A: Not applicable

Table 2a. Effect Estimates for COVID-19 Hospitalization Among Proton Pump Inhibitor (PPI) and Famotidine New Users (15-Day Gap) in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, by Analysis Type

Medical Product	Number of New Users	Total Person-Years at Risk	Average Person-Days at Risk	Average Person-Years at Risk	Number of Events	Incidence Rate per 1,000 Person-Years	Risk per 1,000 New Users	Hazard Ratio (95% Confidence Interval)	Wald P-Value
Site-Adjusted Analysis, Unweighted									
PPI New Users 15-Day Gap	213,987	34,378.61	58.68	0.16	472	13.73	2.21	1.32 (0.95, 1.84)	0.095
Famotidine New Users 15-Day Gap	22,884	3,180.67	50.77	0.14	39	12.26	1.70		
Inverse Probability of Treatment Weighted Analysis[1]; Weight = ATT, Trimmed[2]									
PPI New Users 15-Day Gap	213,199	34,247.29	58.67	0.16	469	13.69	2.20	1.55 (1.11, 2.18)	N/A
Famotidine New Users 15-Day Gap	213,731	29,462.18	50.35	0.14	260	8.84	1.22		

[1]All values in this section are weighted.

[2]ATT = Average Treatment Effect in the Treated.

N/A: Not applicable

Table 2b. Effect Estimates for COVID-19 Hospitalization Among Proton Pump Inhibitor (PPI) and Famotidine New Users (15-Day Gap) in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, by Analysis Type and Age Group

Medical Product	Number of New Users	Total Person-Years at Risk	Average Person-Days at Risk	Average Person-Years at Risk	Number of Events	Incidence Rate per 1,000 Person-Years	Risk per 1,000 New Users	Hazard Ratio (95% Confidence Interval)	Wald P-Value
Hospitalization 15-Day Gap									
Site-Adjusted Analysis, Unweighted									
PPI New Users 15-Day Gap	213,987	34,378.61	58.68	0.16	472	13.73	2.21	1.32 (0.95, 1.84)	0.095
Famotidine New Users 15-Day Gap	22,884	3,180.67	50.77	0.14	39	12.26	1.70		
Inverse Probability of Treatment Weighted Analysis [1]; Weight = ATT, Trimmed [2]									
PPI New Users 15-Day Gap	213,199	34,247.29	58.67	0.16	469	13.69	2.20	1.55 (1.11, 2.18)	N/A
Famotidine New Users 15-Day Gap	213,731	29,462.18	50.35	0.14	260	8.84	1.22		
Hospitalization 15-Day Gap , Age Group: 18-64 years									
Site-Adjusted Analysis, Unweighted									
PPI New Users 15-Day Gap	148,215	23,213.90	57.21	0.16	211	9.09	1.42	1.19 (0.70, 2.01)	0.523
Famotidine New Users 15-Day Gap	13,024	1,708.64	47.92	0.13	15	8.78	1.15		
Inverse Probability of Treatment Weighted Analysis [1]; Weight = ATT, Trimmed [2]									
PPI New Users 15-Day Gap	148,095	23,194.92	57.21	0.16	211	9.10	1.42	1.50 (0.88, 2.56)	N/A
Famotidine New Users 15-Day Gap	147,880	19,817.28	48.95	0.13	120	6.08	0.81		
Hospitalization 15-Day Gap , Age Group: ≥ 65 years									
Site-Adjusted Analysis, Unweighted									
PPI New Users 15-Day Gap	64,984	11,033.39	62.01	0.17	258	23.38	3.97	1.47 (0.97, 2.24)	0.07
Famotidine New Users 15-Day Gap	9,854	1,471.12	54.53	0.15	24	16.31	2.44		

Table 2b. Effect Estimates for COVID-19 Hospitalization Among Proton Pump Inhibitor (PPI) and Famotidine New Users (15-Day Gap) in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, by Analysis Type and Age Group

Medical Product	Number of New Users	Total Person-Years at Risk	Average Person-Days at Risk	Average Person-Years at Risk	Number of Events	Incidence Rate per 1,000 Person-Years	Risk per 1,000 New Users	Hazard Ratio (95% Confidence Interval)	Wald P-Value
Inverse Probability of Treatment Weighted Analysis [1]; Weight = ATT, Trimmed [2]									
PPI New Users 15-Day Gap	64,483	10,947.64	62.01	0.17	256	23.38	3.97	1.59 (1.03, 2.46)	N/A
Famotidine New Users 15-Day Gap	64,344	9,590.41	54.44	0.15	142	14.82	2.21		

[1]All values in this section are weighted.

[2]ATT = Average Treatment Effect in the Treated.

N/A: Not applicable

Table 2c. Effect Estimates for COVID-19 Hospitalization Among Proton Pump Inhibitor (PPI) and Famotidine New Users (15-Day Gap) in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, by Analysis Type and Sex

Medical Product	Number of New Users	Total Person-Years at Risk	Average Person-Days at Risk	Average Person-Years at Risk	Number of Events	Incidence Rate per 1,000 Person-Years	Risk per 1,000 New Users	Hazard Ratio (95% Confidence Interval)	Wald P-Value
Hospitalization 15-Day Gap									
Site-Adjusted Analysis, Unweighted									
PPI New Users 15-Day Gap	213,987	34,378.61	58.68	0.16	472	13.73	2.21	1.32 (0.95, 1.84)	0.095
Famotidine New Users 15-Day Gap	22,884	3,180.67	50.77	0.14	39	12.26	1.70		
Inverse Probability of Treatment Weighted Analysis [1]; Weight = ATT, Trimmed [2]									
PPI New Users 15-Day Gap	213,199	34,247.29	58.67	0.16	469	13.69	2.20	1.55 (1.11, 2.18)	N/A
Famotidine New Users 15-Day Gap	213,731	29,462.18	50.35	0.14	260	8.84	1.22		
Hospitalization 15-Day Gap , Sex: Female									
Site-Adjusted Analysis, Unweighted									
PPI New Users 15-Day Gap	125,768	20,142.84	58.50	0.16	272	13.50	2.16	1.52 (0.97, 2.38)	0.065
Famotidine New Users 15-Day Gap	14,736	2,048.02	50.76	0.14	21	10.25	1.43		
Inverse Probability of Treatment Weighted Analysis [1]; Weight = ATT, Trimmed [2]									
PPI New Users 15-Day Gap	125,571	20,110.02	58.49	0.16	272	13.53	2.17	1.79 (1.13, 2.82)	N/A
Famotidine New Users 15-Day Gap	125,725	17,503.57	50.85	0.14	131	7.46	1.04		
Hospitalization 15-Day Gap , Sex: Male									
Site-Adjusted Analysis, Unweighted									
PPI New Users 15-Day Gap	87,431	14,104.45	58.92	0.16	197	13.97	2.25	1.07 (0.66, 1.74)	0.776
Famotidine New Users 15-Day Gap	8,142	1,131.74	50.77	0.14	18	15.90	2.21		

Table 2c. Effect Estimates for COVID-19 Hospitalization Among Proton Pump Inhibitor (PPI) and Famotidine New Users (15-Day Gap) in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, by Analysis Type and Sex

Medical Product	Number of New Users	Total Person-Years at Risk	Average Person-Days at Risk	Average Person-Years at Risk	Number of Events	Incidence Rate per 1,000 Person-Years	Risk per 1,000 New Users	Hazard Ratio (95% Confidence Interval)	Wald P-Value
Inverse Probability of Treatment Weighted Analysis [1]; Weight = ATT, Trimmed [2]									
PPI New Users 15-Day Gap	87,324	14,086.44	58.92	0.16	197	13.99	2.26	1.40 (0.85, 2.31)	N/A
Famotidine New Users 15-Day Gap	88,185	12,030.64	49.83	0.14	123	10.20	1.39		

[1]All values in this section are weighted.

[2]ATT = Average Treatment Effect in the Treated.

N/A: Not applicable

Table 3a. Effect Estimates for Severe COVID/Inpatient Death Among Proton Pump Inhibitor (PPI) and Famotidine New Users (15-Day Gap) in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, by Analysis Type

Medical Product	Number of New Users	Total Person-Years at Risk	Average Person-Days at Risk	Average Person-Years at Risk	Number of Events	Incidence Rate per 1,000 Person-Years	Risk per 1,000 New Users	Hazard Ratio (95% Confidence Interval)	Wald P-Value
Site-Adjusted Analysis, Unweighted									
PPI New Users 15-Day Gap	213,987	34,407.86	58.73	0.16	199	5.78	0.93	1.52 (0.88, 2.63)	0.129
Famotidine New Users 15-Day Gap	22,884	3,183.31	50.81	0.14	14	4.40	0.61		
Inverse Probability of Treatment Weighted Analysis[1]; Weight = ATT, Trimmed[2]									
PPI New Users 15-Day Gap	213,199	34,276.18	58.72	0.16	197	5.75	0.92	2.03 (1.16, 3.54)	N/A
Famotidine New Users 15-Day Gap	213,731	29,480.79	50.38	0.14	85	2.87	0.40		

[1]All values in this section are weighted.

[2]ATT = Average Treatment Effect in the Treated.

N/A: Not applicable

Table 3b. Effect Estimates for Severe COVID/Inpatient Death Among Proton Pump Inhibitor (PPI) and Famotidine New Users (15-Day Gap) in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, by Analysis Type and Age Group

Medical Product	Number of New Users	Total Person-Years at Risk	Average Person-Days at Risk	Average Person-Years at Risk	Number of Events	Incidence Rate per 1,000 Person-Years	Risk per 1,000 New Users	Hazard Ratio (95% Confidence Interval)	Wald P-Value
Severe COVID/Inpatient Death 15-Day Gap									
Site-Adjusted Analysis, Unweighted									
PPI New Users 15-Day Gap	213,987	34,407.86	58.73	0.16	199	5.78	0.93	1.52 (0.88, 2.63)	0.129
Famotidine New Users 15-Day Gap	22,884	3,183.31	50.81	0.14	14	4.40	0.61		
Inverse Probability of Treatment Weighted Analysis [1]; Weight = ATT, Trimmed [2]									
PPI New Users 15-Day Gap	213,199	34,276.18	58.72	0.16	197	5.75	0.92	2.03 (1.16, 3.54)	N/A
Famotidine New Users 15-Day Gap	213,731	29,480.79	50.38	0.14	85	2.87	0.40		
Severe COVID/Inpatient Death 15-Day Gap , Age Group: 18-64 years									
Site-Adjusted Analysis, Unweighted									
PPI New Users 15-Day Gap	148,215	23,226.67	57.24	0.16	89	3.83	0.60	2.34 (0.74, 7.44)	0.149
Famotidine New Users 15-Day Gap	13,024	1,709.92	47.95	0.13	3	1.75	0.23		
Inverse Probability of Treatment Weighted Analysis [1]; Weight = ATT, Trimmed [2]									
PPI New Users 15-Day Gap	148,095	23,207.69	57.24	0.16	89	3.83	0.60	3.77 (1.19, 11.94)	N/A
Famotidine New Users 15-Day Gap	147,880	19,827.43	48.97	0.13	20	1.01	0.14		
Severe COVID/Inpatient Death 15-Day Gap , Age Group: ≥ 65 years									
Site-Adjusted Analysis, Unweighted									
PPI New Users 15-Day Gap	64,984	11,049.52	62.11	0.17	108	9.77	1.66	1.34 (0.72, 2.50)	0.352
Famotidine New Users 15-Day Gap	9,854	1,472.48	54.58	0.15	11	7.47	1.12		

Table 3b. Effect Estimates for Severe COVID/Inpatient Death Among Proton Pump Inhibitor (PPI) and Famotidine New Users (15-Day Gap) in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, by Analysis Type and Age Group

Medical Product	Number of New Users	Total Person-Years at Risk	Average Person-Days at Risk	Average Person-Years at Risk	Number of Events	Incidence Rate per 1,000 Person-Years	Risk per 1,000 New Users	Hazard Ratio (95% Confidence Interval)	Wald P-Value
Inverse Probability of Treatment Weighted Analysis [1]; Weight = ATT, Trimmed [2]									
PPI New Users 15-Day Gap	64,483	10,963.74	62.10	0.17	107	9.76	1.66	1.43 (0.75, 2.73)	N/A
Famotidine New Users 15-Day Gap	64,344	9,598.62	54.49	0.15	67	6.95	1.04		

[1]All values in this section are weighted.

[2]ATT = Average Treatment Effect in the Treated.

N/A: Not applicable

Table 3c. Effect Estimates for Severe COVID/Inpatient Death Among Proton Pump Inhibitor (PPI) and Famotidine New Users (15-Day Gap) in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, by Analysis Type and Sex

Medical Product	Number of New Users	Total Person-Years at Risk	Average Person-Days at Risk	Average Person-Years at Risk	Number of Events	Incidence Rate per 1,000 Person-Years	Risk per 1,000 New Users	Hazard Ratio (95% Confidence Interval)	Wald P-Value
Severe COVID/Inpatient Death 15-Day Gap									
Site-Adjusted Analysis, Unweighted									
PPI New Users 15-Day Gap	213,987	34,407.86	58.73	0.16	199	5.78	0.93	1.52 (0.88, 2.63)	0.129
Famotidine New Users 15-Day Gap	22,884	3,183.31	50.81	0.14	14	4.40	0.61		
Inverse Probability of Treatment Weighted Analysis [1]; Weight = ATT, Trimmed [2]									
PPI New Users 15-Day Gap	213,199	34,276.18	58.72	0.16	197	5.75	0.92	2.03 (1.16, 3.54)	N/A
Famotidine New Users 15-Day Gap	213,731	29,480.79	50.38	0.14	85	2.87	0.40		
Severe COVID/Inpatient Death 15-Day Gap , Sex: Female									
Site-Adjusted Analysis, Unweighted									
PPI New Users 15-Day Gap	125,768	20,159.39	58.55	0.16	111	5.51	0.88	1.83 (0.85, 3.95)	0.121
Famotidine New Users 15-Day Gap	14,736	2,049.48	50.80	0.14	7	3.42	0.48		
Inverse Probability of Treatment Weighted Analysis [1]; Weight = ATT, Trimmed [2]									
PPI New Users 15-Day Gap	125,571	20,126.57	58.54	0.16	111	5.52	0.88	2.39 (1.08, 5.28)	N/A
Famotidine New Users 15-Day Gap	125,725	17,512.96	50.88	0.14	40	2.31	0.32		
Severe COVID/Inpatient Death 15-Day Gap , Sex: Male									
Site-Adjusted Analysis, Unweighted									
PPI New Users 15-Day Gap	87,431	14,116.79	58.97	0.16	86	6.09	0.98	1.18 (0.55, 2.57)	0.669
Famotidine New Users 15-Day Gap	8,142	1,132.92	50.82	0.14	7	6.18	0.86		

Table 3c. Effect Estimates for Severe COVID/Inpatient Death Among Proton Pump Inhibitor (PPI) and Famotidine New Users (15-Day Gap) in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, by Analysis Type and Sex

Medical Product	Number of New Users	Total Person-Years at Risk	Average Person-Days at Risk	Average Person-Years at Risk	Number of Events	Incidence Rate per 1,000 Person-Years	Risk per 1,000 New Users	Hazard Ratio (95% Confidence Interval)	Wald P-Value
Inverse Probability of Treatment Weighted Analysis [1]; Weight = ATT, Trimmed [2]									
PPI New Users 15-Day Gap	87,324	14,098.78	58.97	0.16	86	6.10	0.98	1.66 (0.74, 3.73)	N/A
Famotidine New Users 15-Day Gap	88,185	12,038.96	49.86	0.14	45	3.76	0.51		

[1]All values in this section are weighted.

[2]ATT = Average Treatment Effect in the Treated.

N/A: Not applicable

Table 4a. Effect Estimates for COVID-19 Hospitalization Among Proton Pump Inhibitor (PPI) and Famotidine New Users (7-Day Gap) in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, by Analysis Type

Medical Product	Number of New Users	Total Person-Years at Risk	Average Person-Days at Risk	Average Person-Years at Risk	Number of Events	Incidence Rate per 1,000 Person-Years	Risk per 1,000 New Users	Hazard Ratio (95% Confidence Interval)	Wald P-Value
Site-Adjusted Analysis, Unweighted									
PPI New Users 7-Day Gap	213,987	31,389.66	53.58	0.15	430	13.70	2.01	1.29 (0.91, 1.81)	0.149
Famotidine New Users 7-Day Gap	22,884	2,861.69	45.68	0.13	36	12.58	1.57		
Inverse Probability of Treatment Weighted Analysis[1]; Weight = ATT, Trimmed[2]									
PPI New Users 7-Day Gap	213,199	31,270.79	53.57	0.15	427	13.65	2.00	1.55 (1.09, 2.19)	N/A
Famotidine New Users 7-Day Gap	213,731	26,388.44	45.10	0.12	234	8.87	1.10		

[1]All values in this section are weighted.

[2]ATT = Average Treatment Effect in the Treated.

N/A: Not applicable

Table 4b. Effect Estimates for COVID-19 Hospitalization Among Proton Pump Inhibitor (PPI) and Famotidine New Users (7-Day Gap) in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, by Analysis Type and Age Group

Medical Product	Number of New Users	Total Person-Years at Risk	Average Person-Days at Risk	Average Person-Years at Risk	Number of Events	Incidence Rate per 1,000 Person-Years	Risk per 1,000 New Users	Hazard Ratio (95% Confidence Interval)	Wald P-Value
Hospitalization 7-Day Gap									
Site-Adjusted Analysis, Unweighted									
PPI New Users 7-Day Gap	213,987	31,389.66	53.58	0.15	430	13.70	2.01	1.29 (0.91, 1.81)	0.149
Famotidine New Users 7-Day Gap	22,884	2,861.69	45.68	0.13	36	12.58	1.57		
Inverse Probability of Treatment Weighted Analysis [1]; Weight = ATT, Trimmed [2]									
PPI New Users 7-Day Gap	213,199	31,270.79	53.57	0.15	427	13.65	2.00	1.55 (1.09, 2.19)	N/A
Famotidine New Users 7-Day Gap	213,731	26,388.44	45.10	0.12	234	8.87	1.10		
Hospitalization 7-Day Gap , Age Group: 18-64 years									
Site-Adjusted Analysis, Unweighted									
PPI New Users 7-Day Gap	148,215	20,957.88	51.65	0.14	187	8.92	1.26	1.19 (0.68, 2.10)	0.544
Famotidine New Users 7-Day Gap	13,024	1,511.45	42.39	0.12	13	8.60	1.00		
Inverse Probability of Treatment Weighted Analysis [1]; Weight = ATT, Trimmed [2]									
PPI New Users 7-Day Gap	148,095	20,940.29	51.65	0.14	187	8.93	1.26	1.63 (0.92, 2.87)	N/A
Famotidine New Users 7-Day Gap	147,880	17,541.17	43.33	0.12	96	5.49	0.65		
Hospitalization 7-Day Gap , Age Group: ≥ 65 years									
Site-Adjusted Analysis, Unweighted									
PPI New Users 7-Day Gap	64,984	10,312.90	57.96	0.16	240	23.27	3.69	1.40 (0.92, 2.16)	0.12
Famotidine New Users 7-Day Gap	9,854	1,349.40	50.02	0.14	23	17.04	2.33		

Table 4b. Effect Estimates for COVID-19 Hospitalization Among Proton Pump Inhibitor (PPI) and Famotidine New Users (7-Day Gap) in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, by Analysis Type and Age Group

Medical Product	Number of New Users	Total Person-Years at Risk	Average Person-Days at Risk	Average Person-Years at Risk	Number of Events	Incidence Rate per 1,000 Person-Years	Risk per 1,000 New Users	Hazard Ratio (95% Confidence Interval)	Wald P-Value
Inverse Probability of Treatment Weighted Analysis [1]; Weight = ATT, Trimmed [2]									
PPI New Users 7-Day Gap	64,483	10,234.99	57.97	0.16	239	23.35	3.71	1.53 (0.98, 2.39)	N/A
Famotidine New Users 7-Day Gap	64,344	8,799.03	49.95	0.14	135	15.36	2.10		

[1]All values in this section are weighted.

[2]ATT = Average Treatment Effect in the Treated.

N/A: Not applicable

Table 4c. Effect Estimates for COVID-19 Hospitalization Among Proton Pump Inhibitor (PPI) and Famotidine New Users (7-Day Gap) in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, by Analysis Type and Sex

Medical Product	Number of New Users	Total Person-Years at Risk	Average Person-Days at Risk	Average Person-Years at Risk	Number of Events	Incidence Rate per 1,000 Person-Years	Risk per 1,000 New Users	Hazard Ratio (95% Confidence Interval)	Wald P-Value
Hospitalization 7-Day Gap									
Site-Adjusted Analysis, Unweighted									
PPI New Users 7-Day Gap	213,987	31,389.66	53.58	0.15	430	13.70	2.01	1.29 (0.91, 1.81)	0.149
Famotidine New Users 7-Day Gap	22,884	2,861.69	45.68	0.13	36	12.58	1.57		
Inverse Probability of Treatment Weighted Analysis [1]; Weight = ATT, Trimmed [2]									
PPI New Users 7-Day Gap	213,199	31,270.79	53.57	0.15	427	13.65	2.00	1.55 (1.09, 2.19)	N/A
Famotidine New Users 7-Day Gap	213,731	26,388.44	45.10	0.12	234	8.87	1.10		
Hospitalization 7-Day Gap , Sex: Female									
Site-Adjusted Analysis, Unweighted									
PPI New Users 7-Day Gap	125,768	18,413.33	53.48	0.15	247	13.41	1.96	1.42 (0.90, 2.25)	0.13
Famotidine New Users 7-Day Gap	14,736	1,841.79	45.65	0.12	20	10.86	1.36		
Inverse Probability of Treatment Weighted Analysis [1]; Weight = ATT, Trimmed [2]									
PPI New Users 7-Day Gap	125,571	18,383.17	53.47	0.15	247	13.44	1.97	1.69 (1.06, 2.69)	N/A
Famotidine New Users 7-Day Gap	125,725	15,616.13	45.37	0.12	123	7.88	0.98		
Hospitalization 7-Day Gap , Sex: Male									
Site-Adjusted Analysis, Unweighted									
PPI New Users 7-Day Gap	87,431	12,857.46	53.71	0.15	180	14.00	2.06	1.09 (0.65, 1.83)	0.735
Famotidine New Users 7-Day Gap	8,142	1,019.06	45.71	0.13	16	15.70	1.97		

Table 4c. Effect Estimates for COVID-19 Hospitalization Among Proton Pump Inhibitor (PPI) and Famotidine New Users (7-Day Gap) in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, by Analysis Type and Sex

Medical Product	Number of New Users	Total Person-Years at Risk	Average Person-Days at Risk	Average Person-Years at Risk	Number of Events	Incidence Rate per 1,000 Person-Years	Risk per 1,000 New Users	Hazard Ratio (95% Confidence Interval)	Wald P-Value
Inverse Probability of Treatment Weighted Analysis [1]; Weight = ATT, Trimmed [2]									
PPI New Users 7-Day Gap	87,324	12,841.69	53.71	0.15	180	14.02	2.06	1.45 (0.86, 2.45)	N/A
Famotidine New Users 7-Day Gap	88,185	10,815.57	44.80	0.12	107	9.92	1.22		

[1]All values in this section are weighted.

[2]ATT = Average Treatment Effect in the Treated.

N/A: Not applicable

Table 5. Summary of Patient Level Cohort Attrition in the Sentinel Distributed Database from April 1, 2020 to October 1, 2020

	COVID-19 Hospitalization 15-Day Gap				Severe COVID/Inpatient Death 15-Day Gap			
	PPI New Users 15-Day Gap		Famotidine New Users 15-Day Gap		PPI New Users 15-Day Gap		Famotidine New Users 15-Day Gap	
	Remaining	Excluded	Remaining	Excluded	Remaining	Excluded	Remaining	Excluded
Members meeting enrollment and demographic requirements								
Enrolled at any point during the query period	73,407,460	N/A	73,407,460	N/A	73,407,460	N/A	73,407,460	N/A
Had required coverage type (medical and/or drug coverage)	42,047,700	31,359,760	42,047,700	31,359,760	42,047,700	31,359,760	42,047,700	31,359,760
Enrolled during specified age range	34,800,271	7,247,429	34,800,271	7,247,429	34,800,271	7,247,429	34,800,271	7,247,429
Had requestable medical charts	34,800,271	0	34,800,271	0	34,800,271	0	34,800,271	0
Met demographic requirements (sex, race, and Hispanic origin)	34,777,269	23,002	34,777,269	23,002	34,777,269	23,002	34,777,269	23,002
Members with a valid index event								
Had any cohort-defining claim during the query period	2,933,634	31,843,635	369,078	34,408,191	2,933,634	31,843,635	369,078	34,408,191
Claim recorded during specified age range	2,932,689	945	368,902	176	2,932,689	945	368,902	176
Episode defining index claim recorded during the query period	874,698	2,057,991	197,606	171,296	874,698	2,057,991	197,606	171,296
Members with required pre-index history								
Had sufficient pre-index continuous enrollment	595,087	279,611	151,182	46,424	595,087	279,611	151,182	46,424
Met inclusion and exclusion criteria[1]	213,987	381,100	22,884	128,298	213,987	381,100	22,884	128,298
Evidence of a COVID-19 or SARS-CoV-2 diagnosis code	N/A	13,148	N/A	3,817	N/A	13,148	N/A	3,817
Evidence of a positive SARS-CoV-2 NAAT laboratory test result	N/A	3,471	N/A	989	N/A	3,471	N/A	989
Evidence of a single-agent H2 receptor antagonist (H2RA) dispensing	N/A	49,288	N/A	N/A	N/A	49,288	N/A	N/A
Evidence of a single-agent H2 receptor antagonist (H2RA) (not including Famotidine) or a proton pump inhibitor (PPI) dispensing	N/A	N/A	N/A	78,099	N/A	N/A	N/A	78,099
No evidence of Gastroesophageal reflux disease (GERD)	N/A	350,885	N/A	86,502	N/A	350,885	N/A	86,502
Met event incidence criteria	213,987	0	22,884	0	213,987	0	22,884	0
Final cohort								
Number of members	213,987	N/A	22,884	N/A	213,987	N/A	22,884	N/A
Number of episodes	213,987	N/A	22,884	N/A	213,987	N/A	22,884	N/A
Members meeting comparative cohort eligibility requirements								
Excluded due to same-day initiation of both exposure groups	213,987	0	22,884	0	213,987	0	22,884	0
Excluded due to prior initiation of other exposure group	213,987	0	22,884	0	213,987	0	22,884	0
Excluded due to propensity score trimming	213,199	788	22,878	6	213,199	788	22,878	6
Included in comparative analysis	213,199	0	22,878	0	213,199	0	22,878	0
Additional information								
Number of events in comparative analysis	469	N/A	39	N/A	197	N/A	14	N/A

Table 5. Summary of Patient Level Cohort Attrition in the Sentinel Distributed Database from April 1, 2020 to October 1, 2020

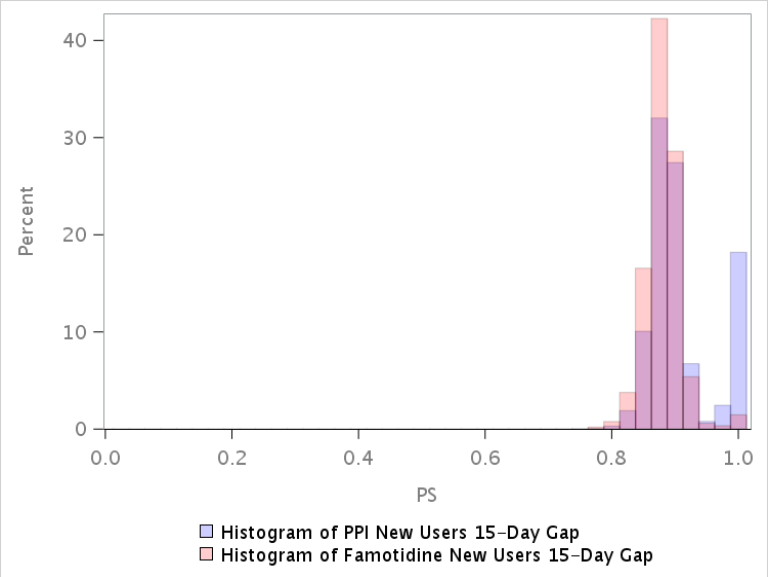
	COVID-19 Hospitalization 7-Day Gap			
	PPI New Users 7-Day		Famotidine New Users	
	Remaining	Excluded	Remaining	Excluded
Members meeting enrollment and demographic requirements				
Enrolled at any point during the query period	73,407,460	N/A	73,407,460	N/A
Had required coverage type (medical and/or drug coverage)	42,047,700	31,359,760	42,047,700	31,359,760
Enrolled during specified age range	34,800,271	7,247,429	34,800,271	7,247,429
Had requestable medical charts	34,800,271	0	34,800,271	0
Met demographic requirements (sex, race, and Hispanic origin)	34,777,269	23,002	34,777,269	23,002
Members with a valid index event				
Had any cohort-defining claim during the query period	2,933,634	31,843,635	369,078	34,408,191
Claim recorded during specified age range	2,932,689	945	368,902	176
Episode defining index claim recorded during the query period	874,698	2,057,991	197,606	171,296
Members with required pre-index history				
Had sufficient pre-index continuous enrollment	595,087	279,611	151,182	46,424
Met inclusion and exclusion criteria[1]	213,987	381,100	22,884	128,298
Evidence of a COVID-19 or SARS-CoV-2 diagnosis code	N/A	13,148	N/A	3,817
Evidence of a positive SARS-CoV-2 NAAT laboratory test result	N/A	3,471	N/A	989
Evidence of a single-agent H2 receptor antagonist (H2RA) dispensing	N/A	49,288	N/A	N/A
Evidence of a single-agent H2 receptor antagonist (H2RA) (not including Famotidine) or a proton pump inhibitor (PPI) dispensing	N/A	N/A	N/A	78,099
No evidence of Gastroesophageal reflux disease (GERD)	N/A	350,885	N/A	86,502
Met event incidence criteria	213,987	0	22,884	0
Final cohort				
Number of members	213,987	N/A	22,884	N/A
Number of episodes	213,987	N/A	22,884	N/A
Members meeting comparative cohort eligibility requirements				
Excluded due to same-day initiation of both exposure groups	213,987	0	22,884	0
Excluded due to prior initiation of other exposure group	213,987	0	22,884	0
Excluded due to propensity score trimming	213,199	788	22,878	6
Included in comparative analysis	213,199	0	22,878	0
Additional information				
Number of events in comparative analysis	427	N/A	36	N/A

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

N/A: Not applicable

Figure 1a. Histograms Depicting Propensity Score Distributions Before and After Adjustment for COVID-19 Hospitalization 15-Day Gap in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020

Unweighted Propensity Score Distribution Before Trimming



Unweighted Propensity Score Distribution After Trimming

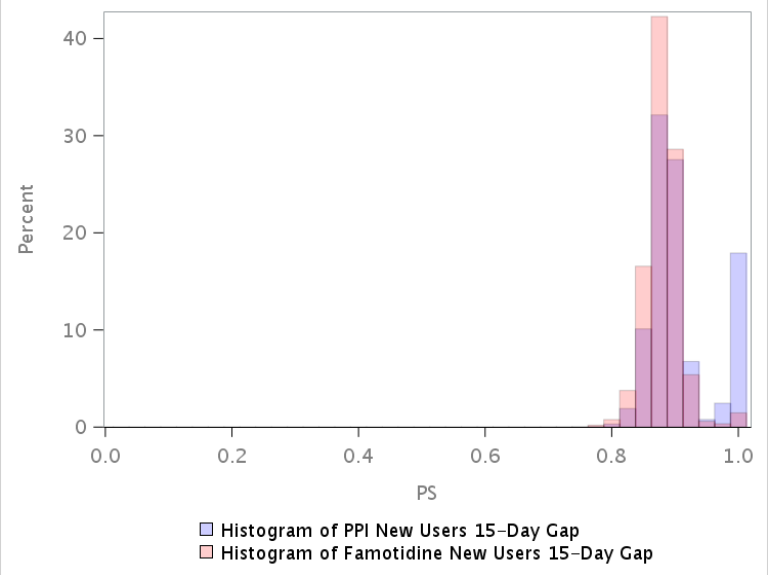


Figure 1a. Histograms Depicting Propensity Score Distributions Before and After Adjustment for COVID-19 Hospitalization 15-Day Gap in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020

Weighted Propensity Score Distribution After Trimming, Inverse Probability of Treatment Weighted, Average Treatment Effect in the Treated (ATT)

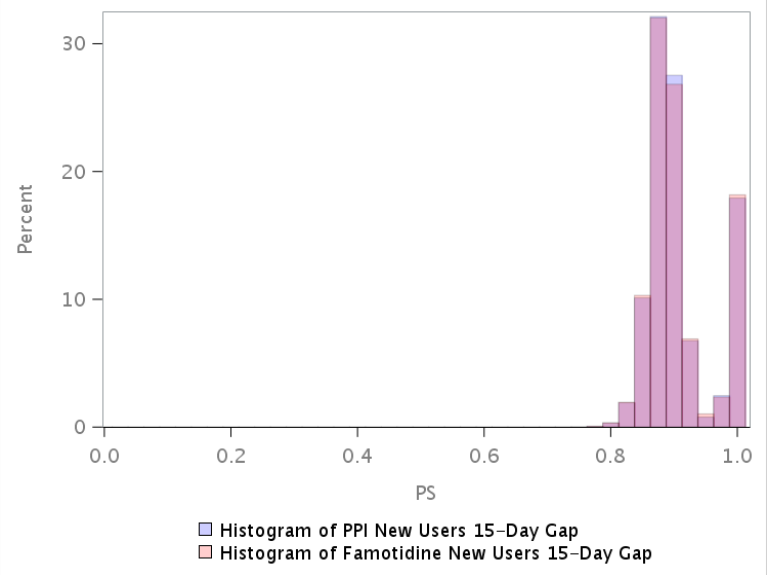
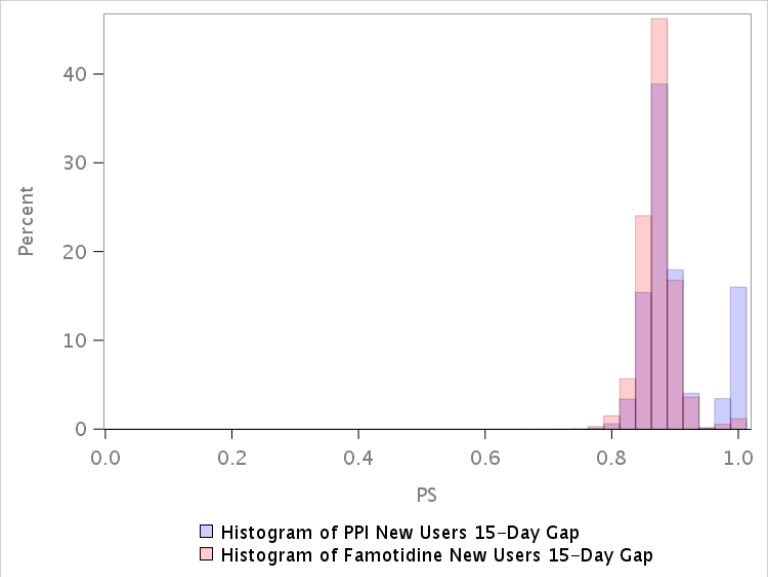


Figure 1b. Histograms Depicting Propensity Score Distributions Before and After Adjustment for COVID-19 Hospitalization 15-Day Gap in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Sex: Female

Unweighted Propensity Score Distribution Before Trimming



Unweighted Propensity Score Distribution After Trimming

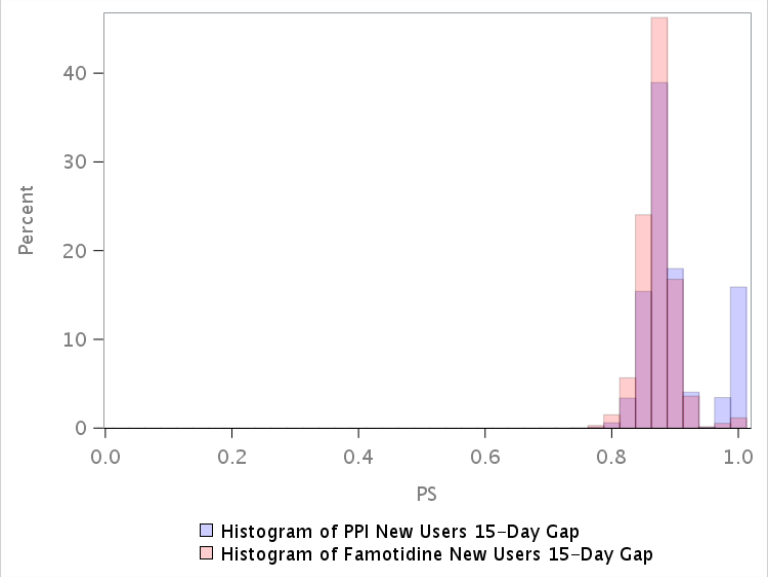


Figure 1b. Histograms Depicting Propensity Score Distributions Before and After Adjustment for COVID-19 Hospitalization 15-Day Gap in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Sex: Female

Weighted Propensity Score Distribution After Trimming, Inverse Probability of Treatment Weighted, Average Treatment Effect in the Treated (ATT)

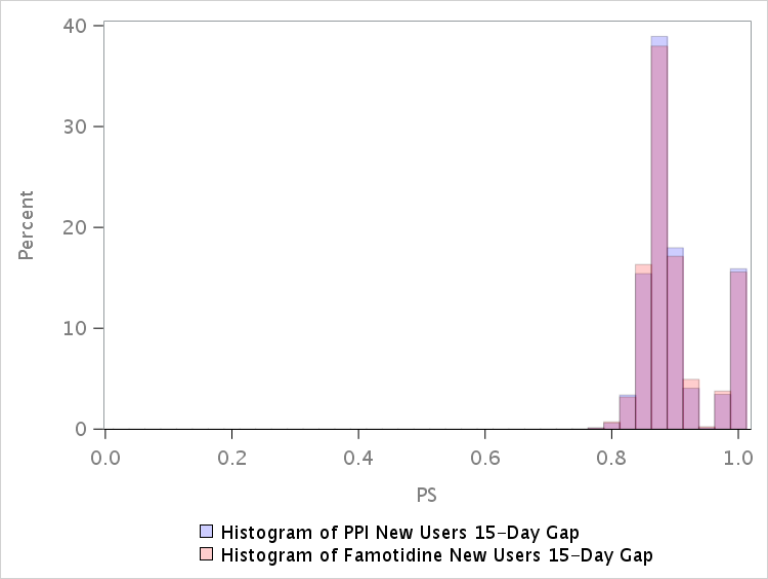
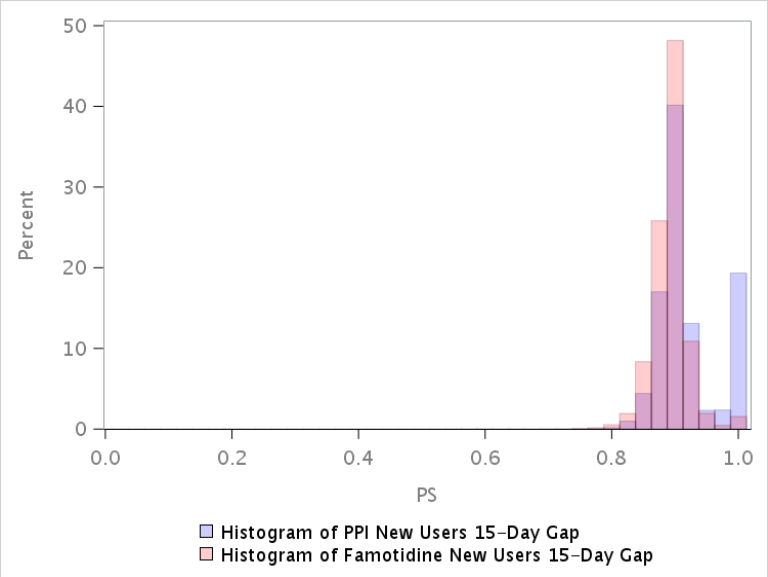


Figure 1c. Histograms Depicting Propensity Score Distributions Before and After Adjustment for COVID-19 Hospitalization 15-Day Gap in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Sex: Male

Unweighted Propensity Score Distribution Before Trimming



Unweighted Propensity Score Distribution After Trimming

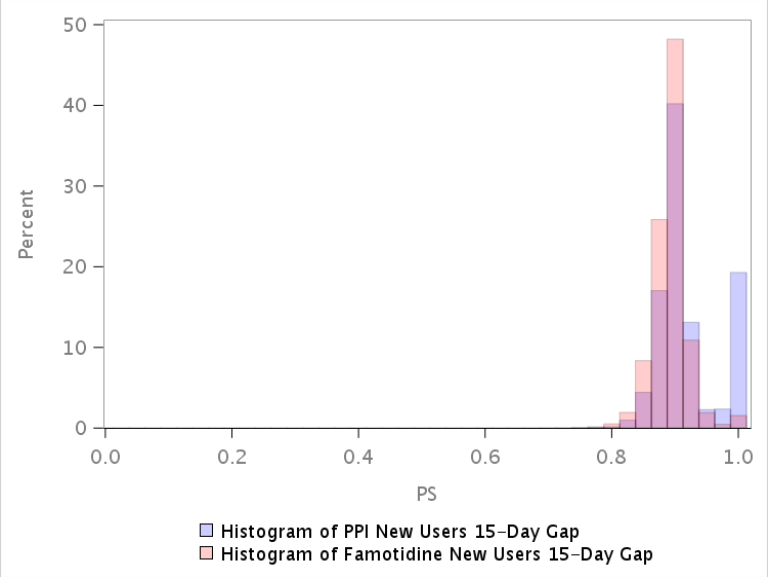


Figure 1c. Histograms Depicting Propensity Score Distributions Before and After Adjustment for COVID-19 Hospitalization 15-Day Gap in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Sex: Male

Weighted Propensity Score Distribution After Trimming, Inverse Probability of Treatment Weighted, Average Treatment Effect in the Treated(ATT)

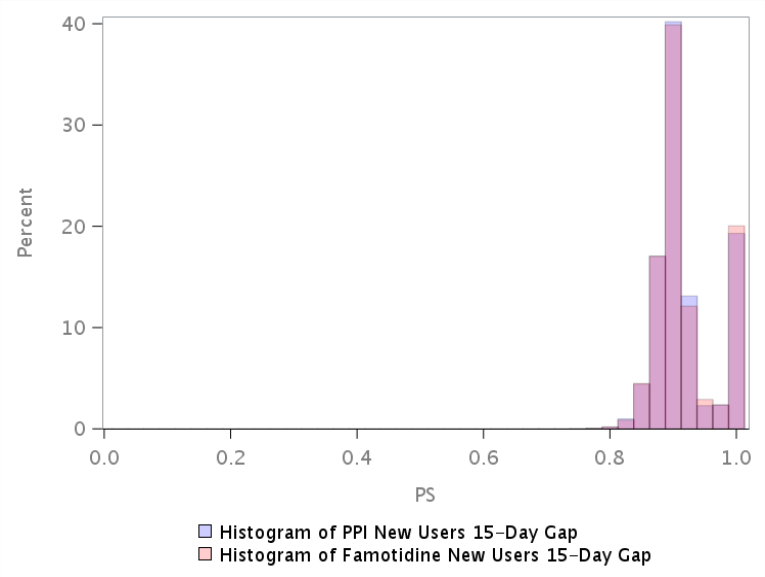
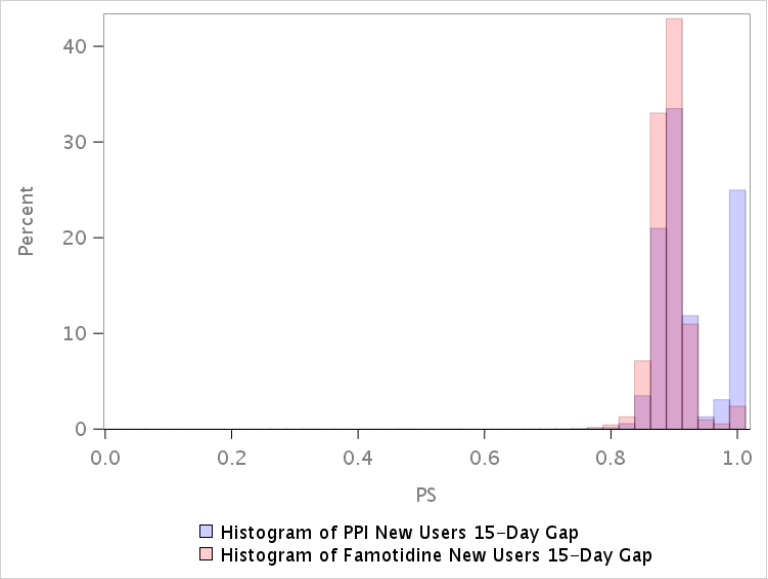


Figure 1d. Histograms Depicting Propensity Score Distributions Before and After Adjustment for COVID-19 Hospitalization 15-Day Gap in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Age Group: 18-64 years

Unweighted Propensity Score Distribution Before Trimming



Unweighted Propensity Score Distribution After Trimming

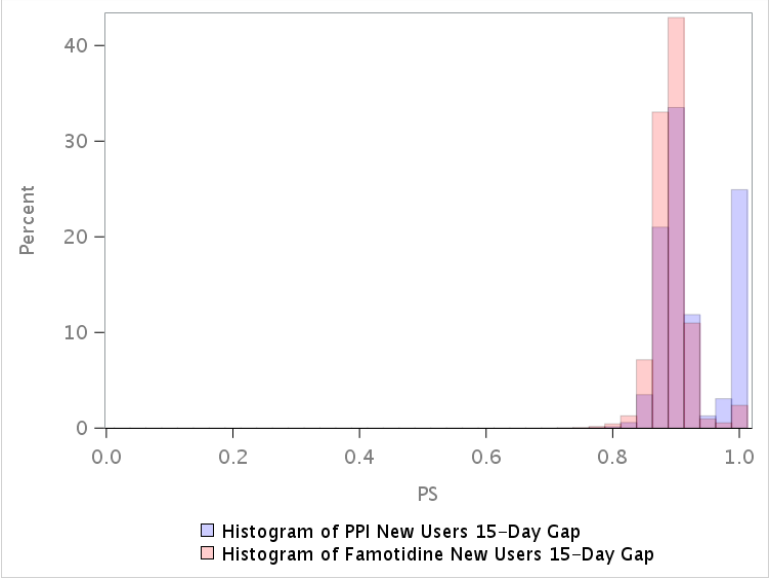


Figure 1d. Histograms Depicting Propensity Score Distributions Before and After Adjustment for COVID-19 Hospitalization 15-Day Gap in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Age Group: 18-64 years

Weighted Propensity Score Distribution After Trimming, Inverse Probability of Treatment Weighted, Average Treatment Effect in the Treated (ATT)

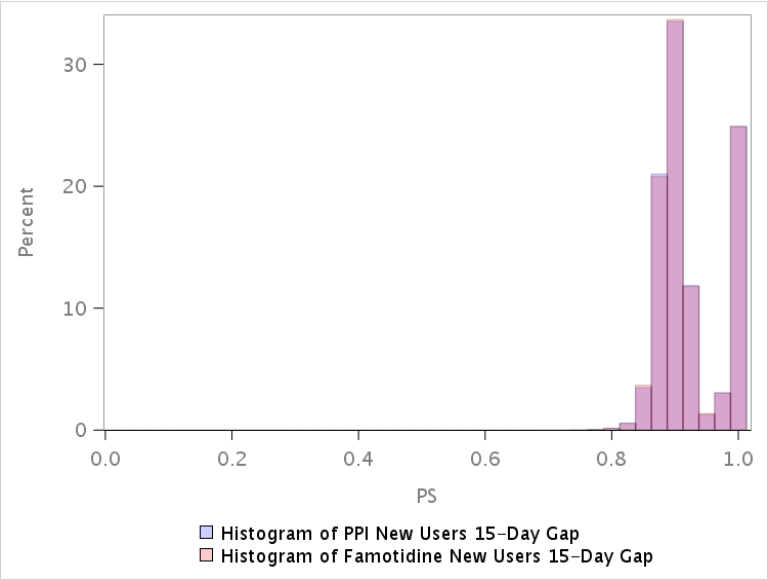
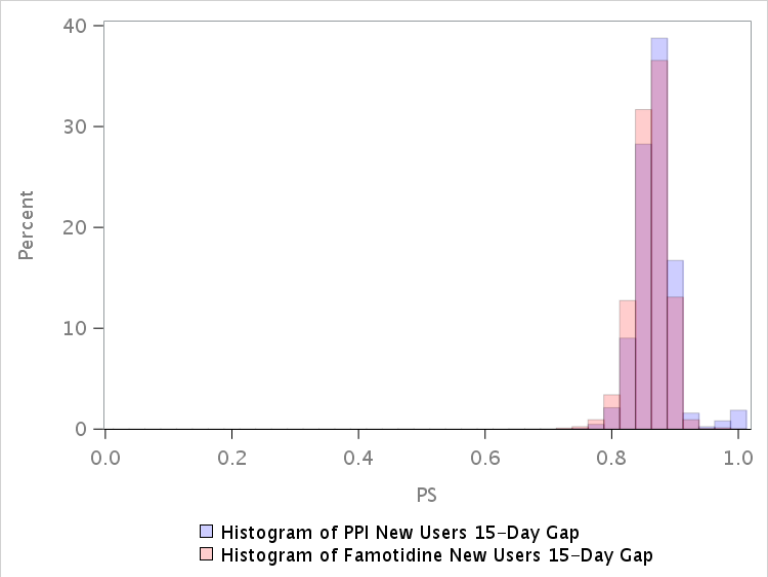


Figure 1e. Histograms Depicting Propensity Score Distributions Before and After Adjustment for COVID-19 Hospitalization 15-Day Gap in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Age Group: ≥ 65 years

Unweighted Propensity Score Distribution Before Trimming



Unweighted Propensity Score Distribution After Trimming

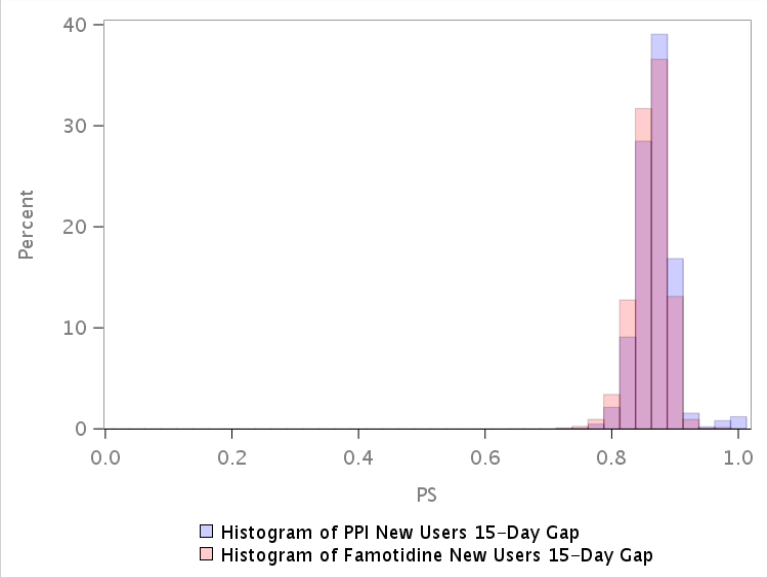


Figure 1e. Histograms Depicting Propensity Score Distributions Before and After Adjustment for COVID-19 Hospitalization 15-Day Gap in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Age Group: ≥ 65 years

Weighted Propensity Score Distribution After Trimming, Inverse Probability of Treatment Weighted, Average Treatment Effect in the Treated (ATT)

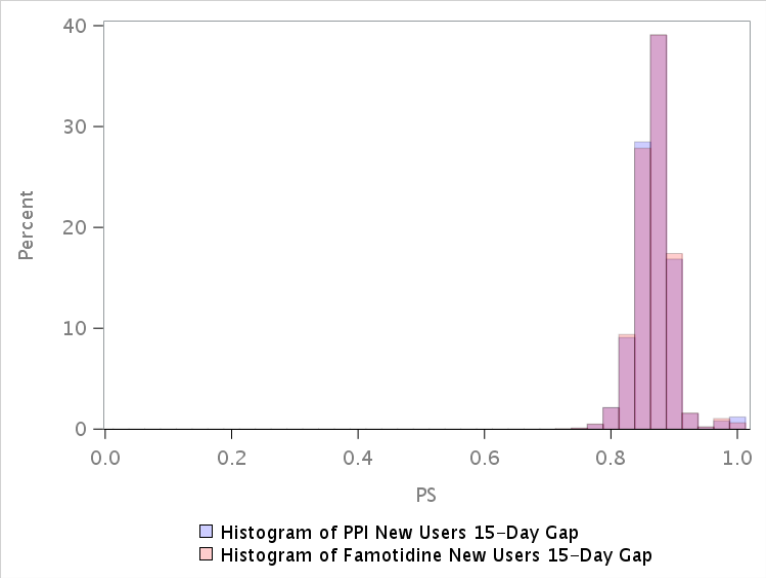
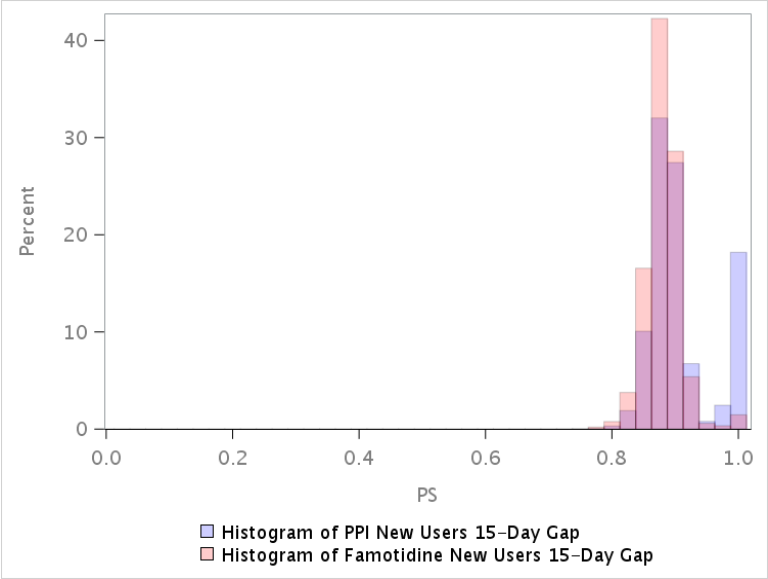


Figure 2a. Histograms Depicting Propensity Score Distributions Before and After Adjustment for COVID-19 Hospitalization 7-Day Gap in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020

Unweighted Propensity Score Distribution Before Trimming



Unweighted Propensity Score Distribution After Trimming

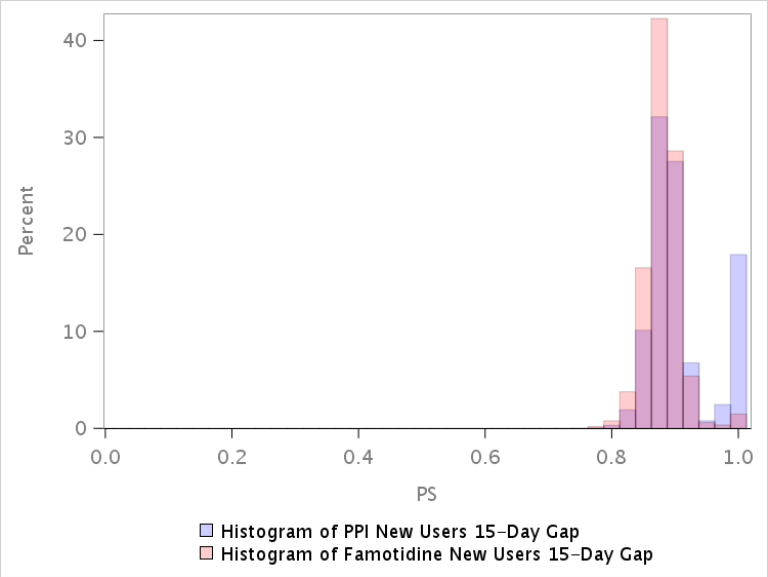


Figure 2a. Histograms Depicting Propensity Score Distributions Before and After Adjustment for COVID-19 Hospitalization 7-Day Gap in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020

Weighted Propensity Score Distribution After Trimming, Inverse Probability of Treatment Weighted, Average Treatment Effect in the Treated (ATT)

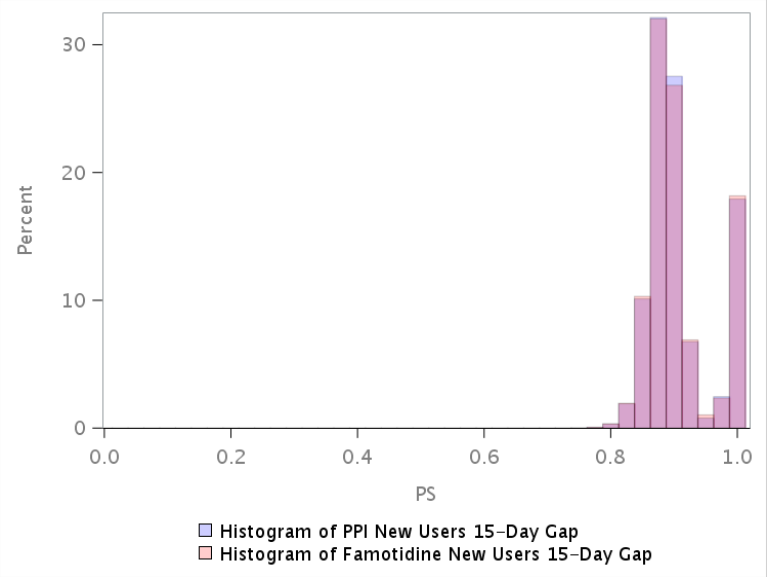
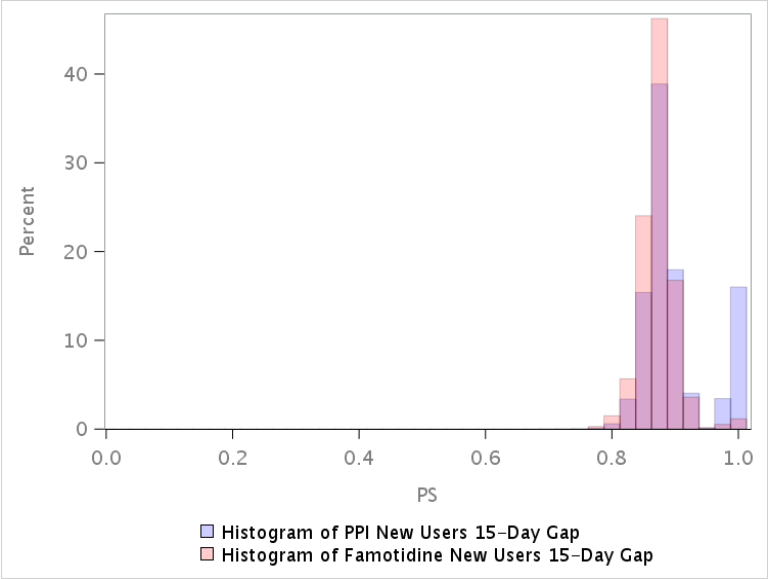


Figure 2b. Histograms Depicting Propensity Score Distributions Before and After Adjustment for COVID-19 Hospitalization 7-Day Gap in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Sex: Female

Unweighted Propensity Score Distribution Before Trimming



Unweighted Propensity Score Distribution After Trimming

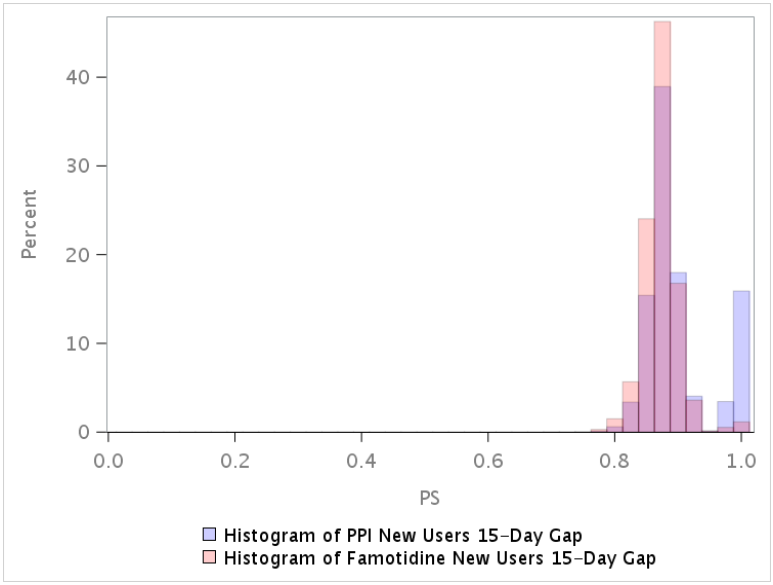


Figure 2b. Histograms Depicting Propensity Score Distributions Before and After Adjustment for COVID-19 Hospitalization 7-Day Gap in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Sex: Female

Weighted Propensity Score Distribution After Trimming, Inverse Probability of Treatment Weighted, Average Treatment Effect in the Treated (ATT)

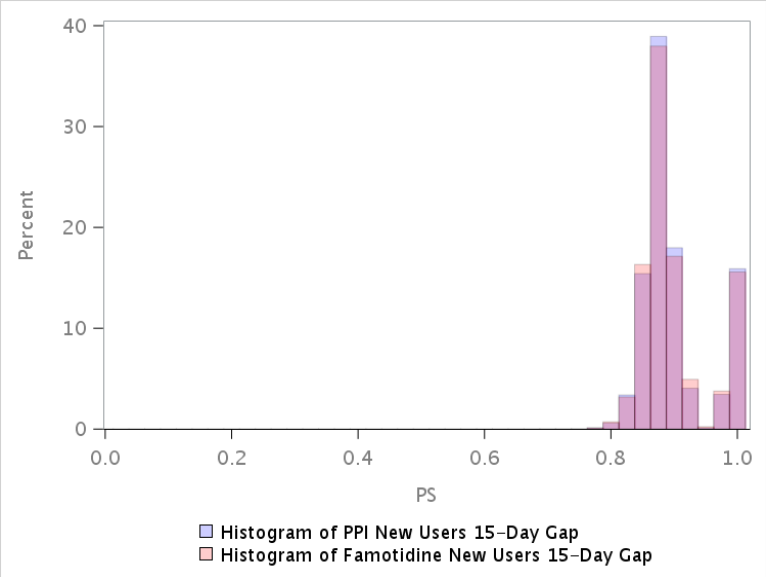
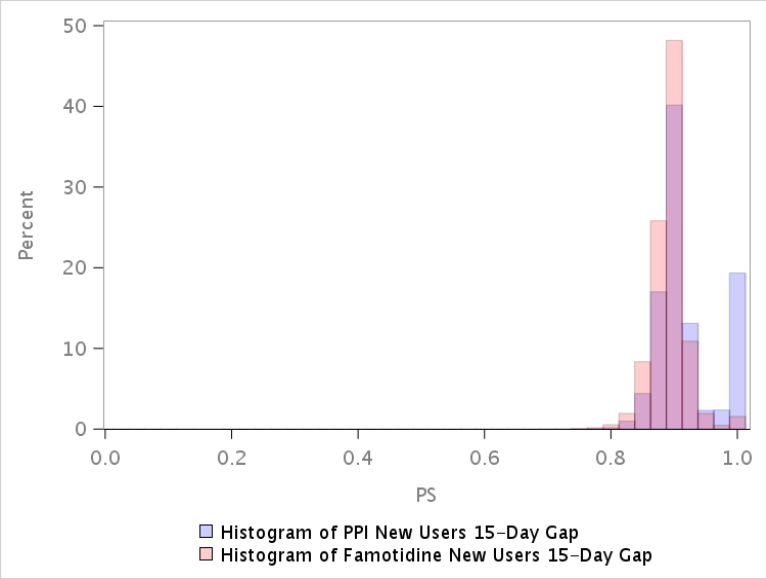


Figure 2c. Histograms Depicting Propensity Score Distributions Before and After Adjustment for COVID-19 Hospitalization 7-Day Gap in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Sex: Male

Unweighted Propensity Score Distribution Before Trimming



Unweighted Propensity Score Distribution After Trimming

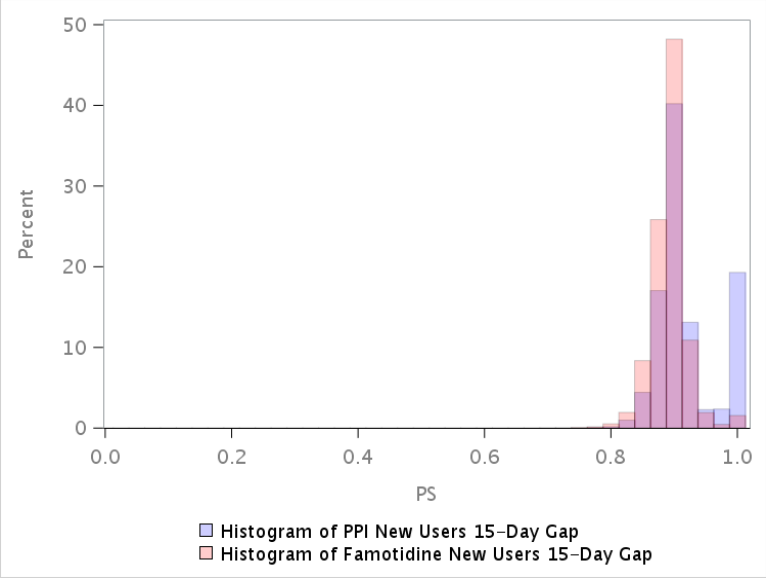


Figure 2c. Histograms Depicting Propensity Score Distributions Before and After Adjustment for COVID-19 Hospitalization 7-Day Gap in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Sex: Male

Weighted Propensity Score Distribution After Trimming, Inverse Probability of Treatment Weighted, Average Treatment Effect in the Treated (ATT)

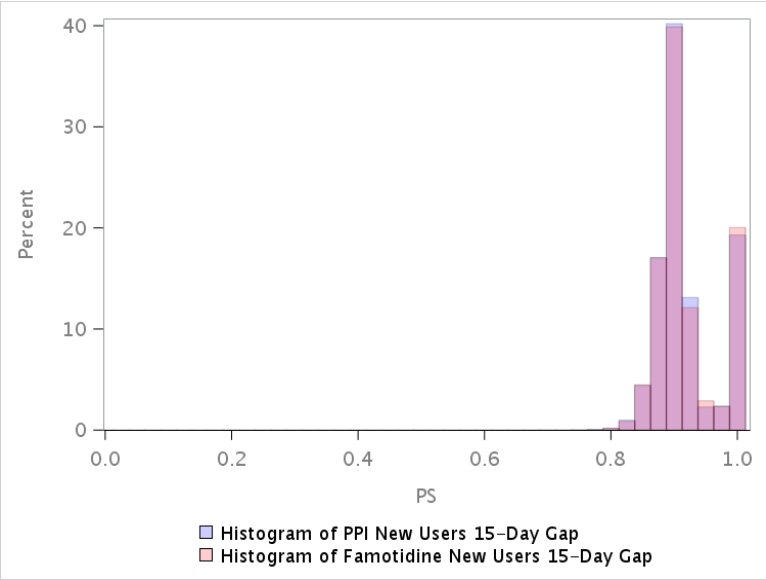
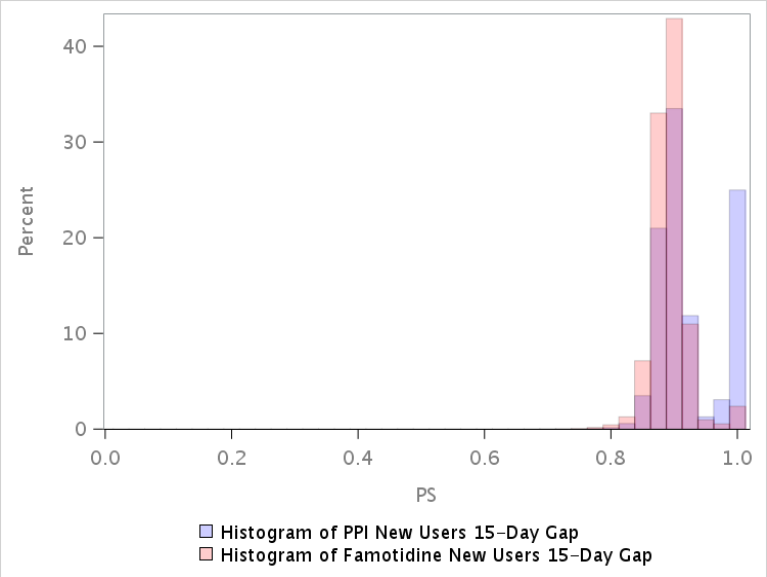


Figure 2d. Histograms Depicting Propensity Score Distributions Before and After Adjustment for COVID-19 Hospitalization 7-Day Gap in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Age Group: 18-64 years

Unweighted Propensity Score Distribution Before Trimming



Unweighted Propensity Score Distribution After Trimming

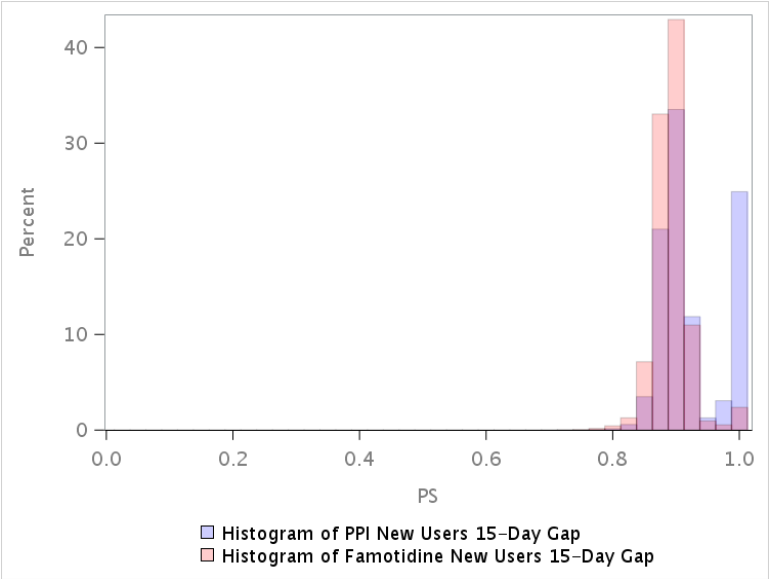


Figure 2d. Histograms Depicting Propensity Score Distributions Before and After Adjustment for COVID-19 Hospitalization 7-Day Gap in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Age Group: 18-64 years

Weighted Propensity Score Distribution After Trimming, Inverse Probability of Treatment Weighted, Average Treatment Effect in the Treated (ATT)

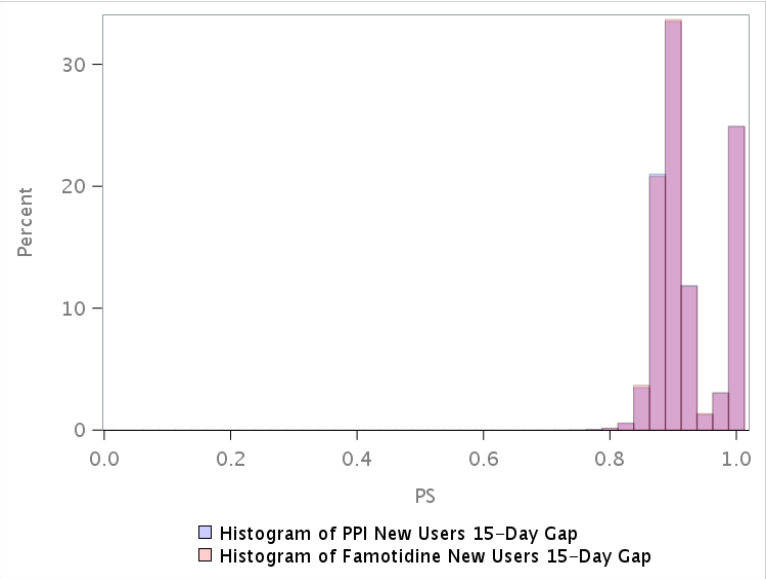
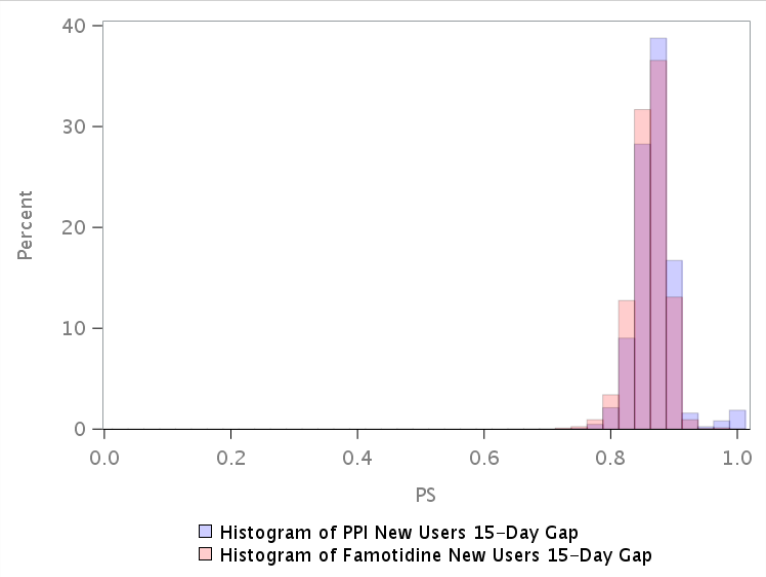


Figure 2e. Histograms Depicting Propensity Score Distributions Before and After Adjustment for COVID-19 Hospitalization 7-Day Gap in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Age Group: ≥ 65 years

Unweighted Propensity Score Distribution Before Trimming



Unweighted Propensity Score Distribution After Trimming

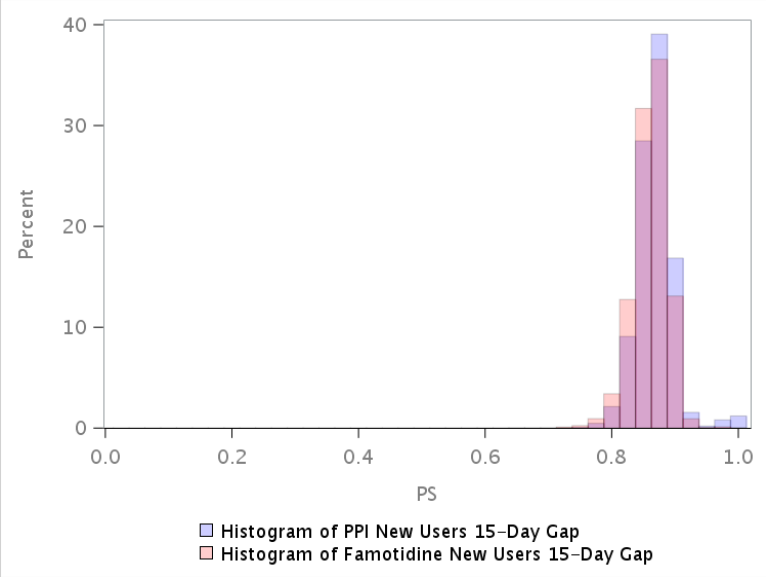


Figure 2e. Histograms Depicting Propensity Score Distributions Before and After Adjustment for COVID-19 Hospitalization 7-Day Gap in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Age Group: ≥ 65 years

Weighted Propensity Score Distribution After Trimming, Inverse Probability of Treatment Weighted, Average Treatment Effect in the Treated (ATT)

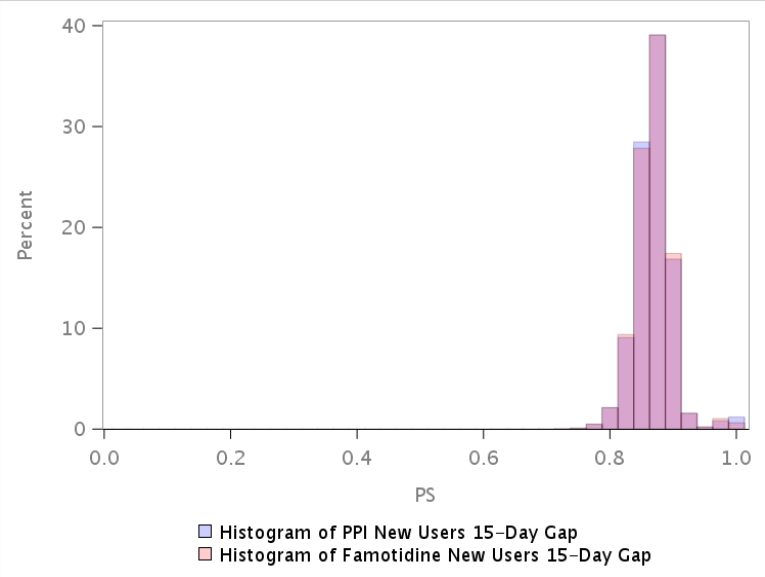


Figure 3a. Forest Plot of Hazard Ratios (HR) and 95% Confidence Intervals (CI) for Site-Adjusted Analyses in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020

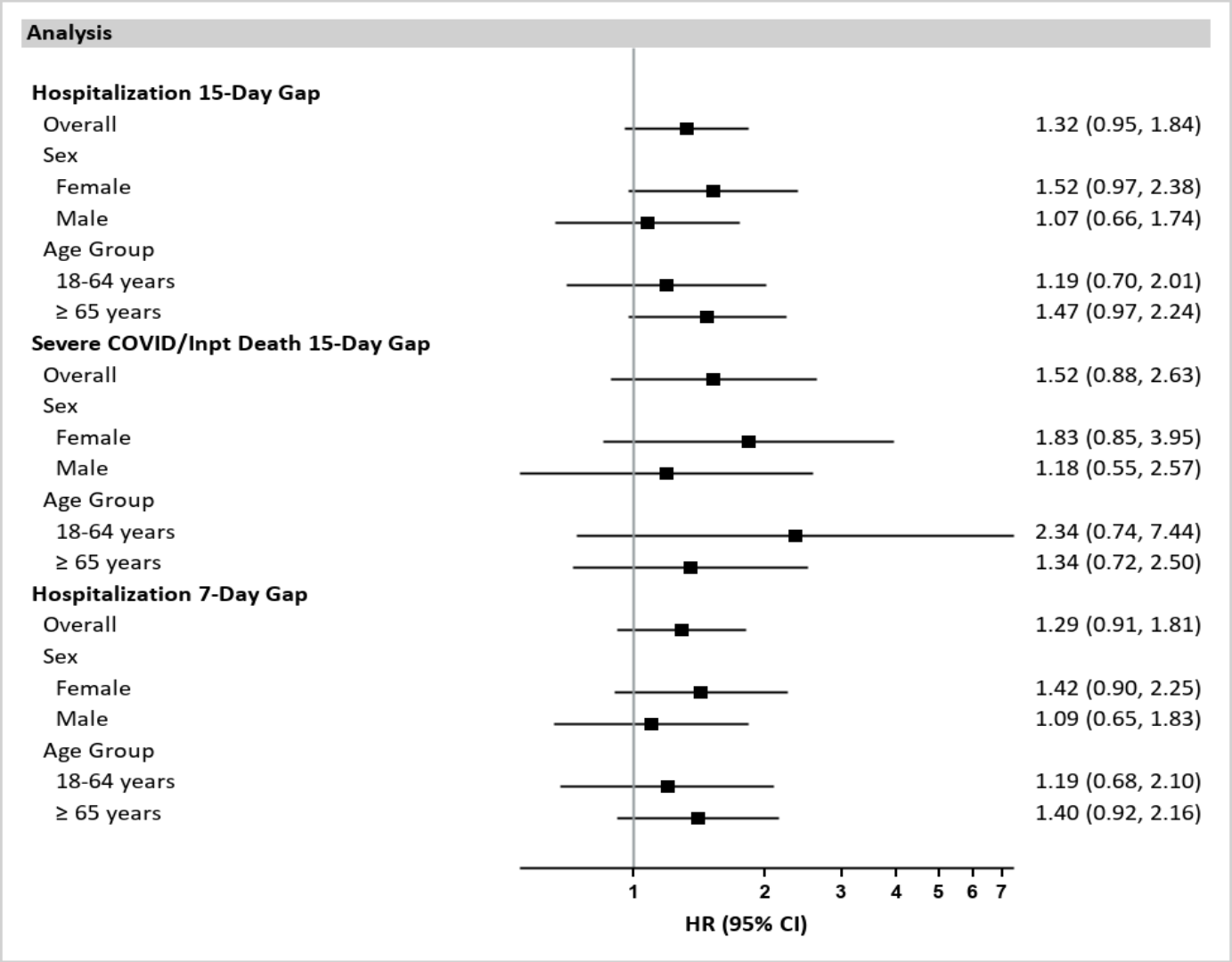
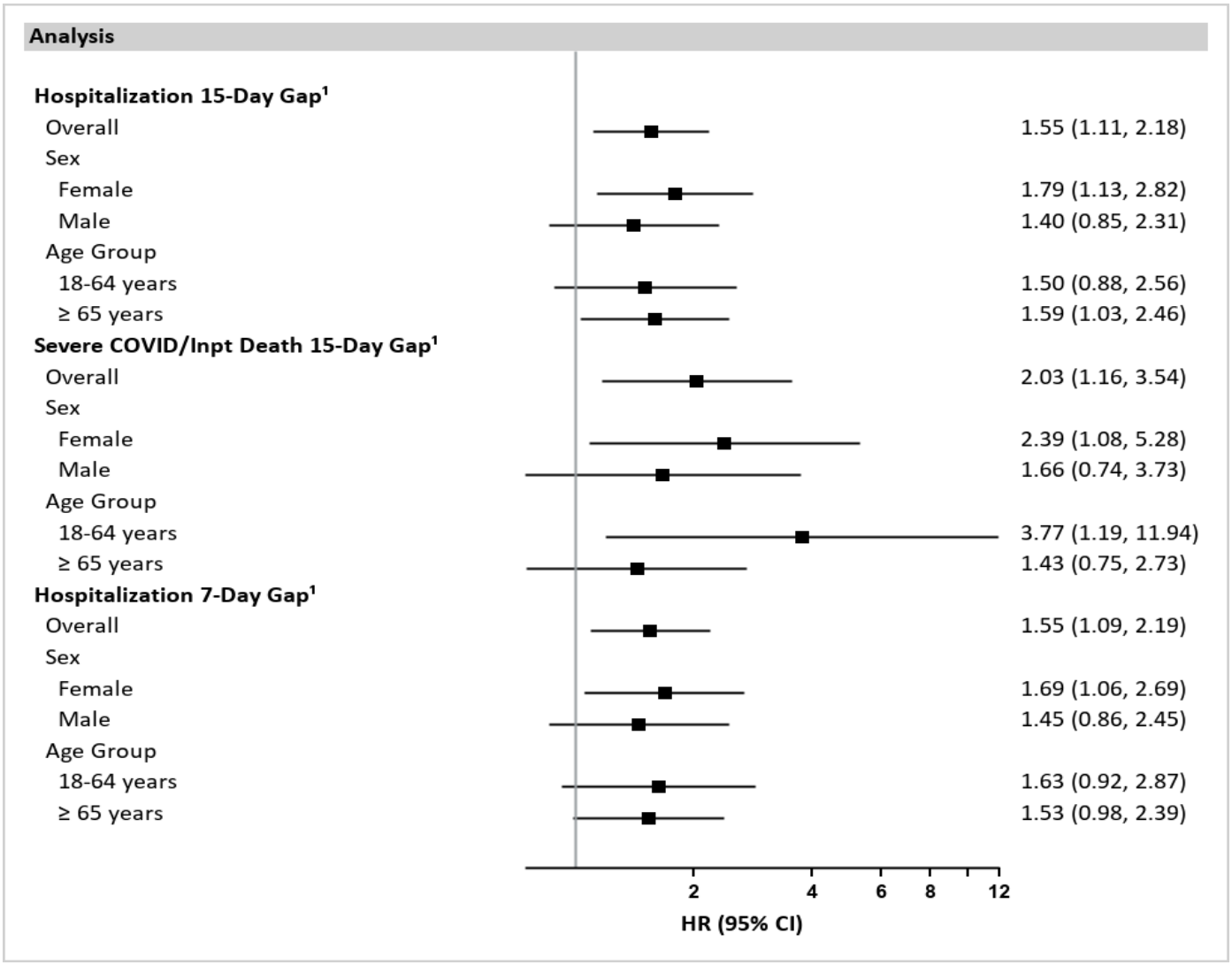


Figure 3b. Forest Plot of Hazard Ratios (HR) and 95% Confidence Intervals (CI) for Inverse Probability of Treatment Weighted Analyses in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020



[1]Weighted using Average Treatment Effect in the Treated, (ATT)

Figure 4a. Aggregated Unadjusted Kaplan-Meier Estimate and 95% Confidence Interval of COVID-19 Hospitalization Not Occurring Among PPI and Famotidine New Users from the Whole Population in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020

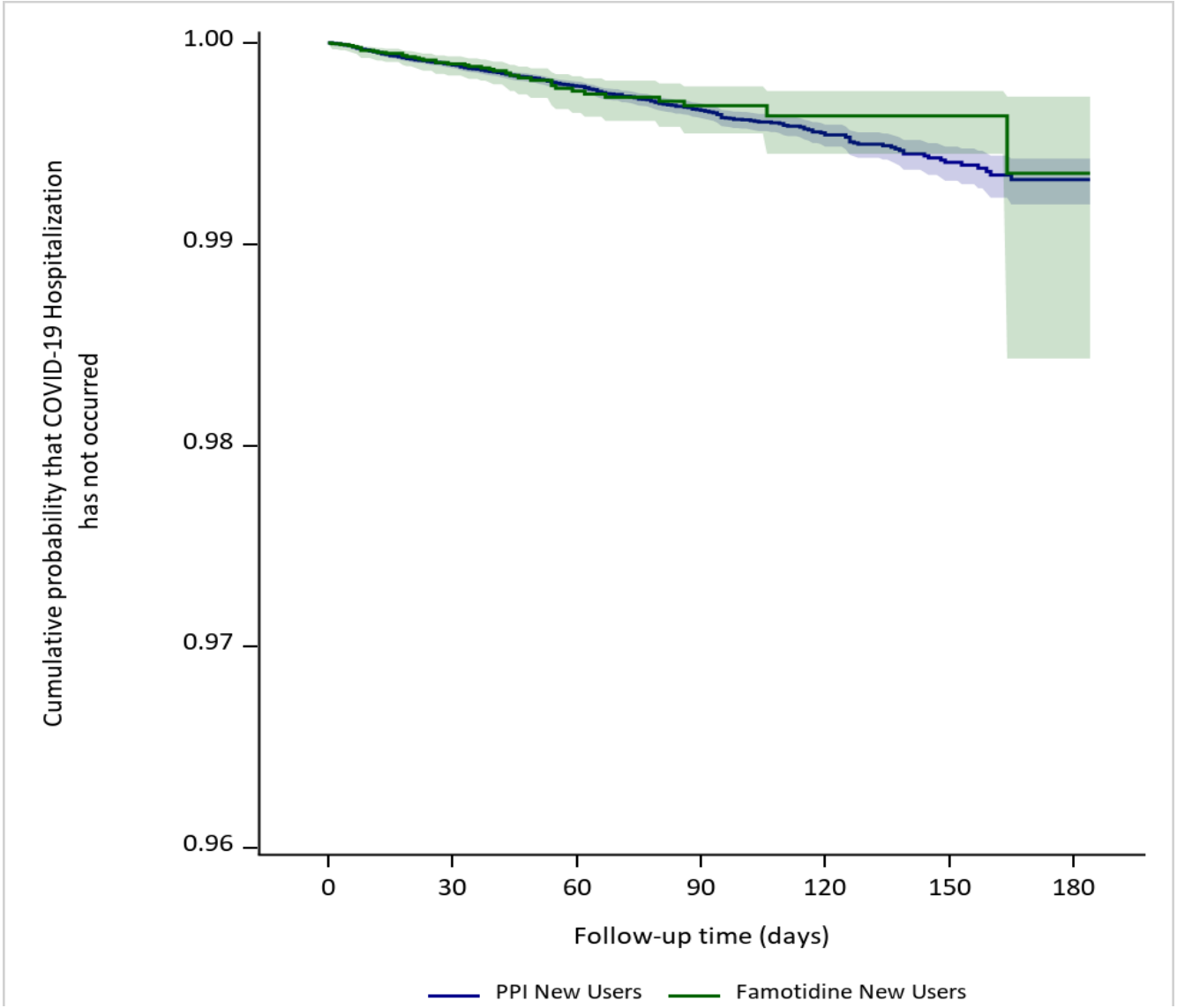


Figure 4b. Aggregated Adjusted Kaplan-Meier Estimate and 95% Confidence Interval of COVID-19 Hospitalization Not Occurring Among PPI and Famotidine New Users from the Weighted Population after Inverse Probability of Treatment Weighting in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020

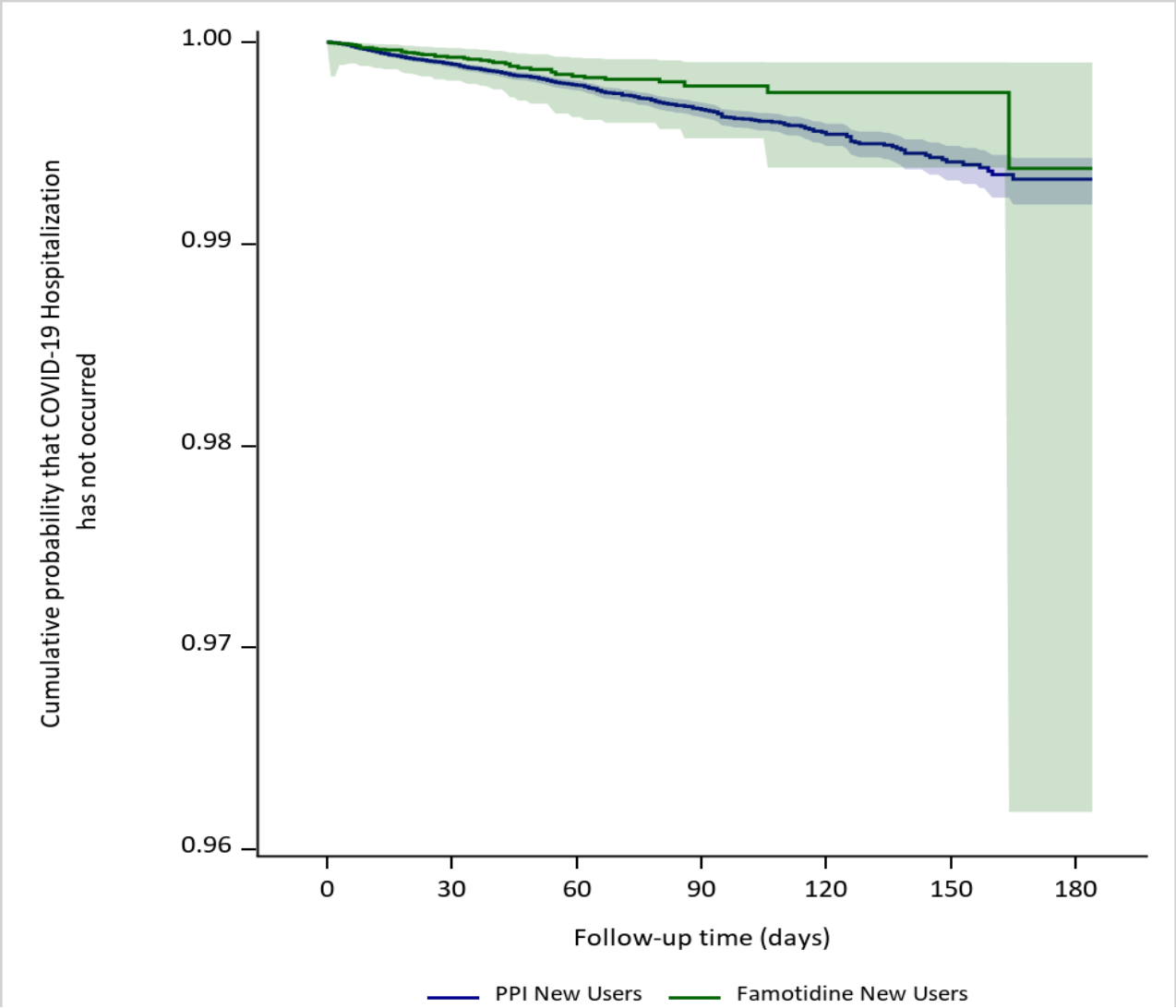


Figure 4c. Aggregated Unadjusted Kaplan-Meier Estimate and 95% Confidence Interval of COVID-19 Hospitalization Not Occurring Among PPI and Famotidine New Users from the Whole Population in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Sex: Female

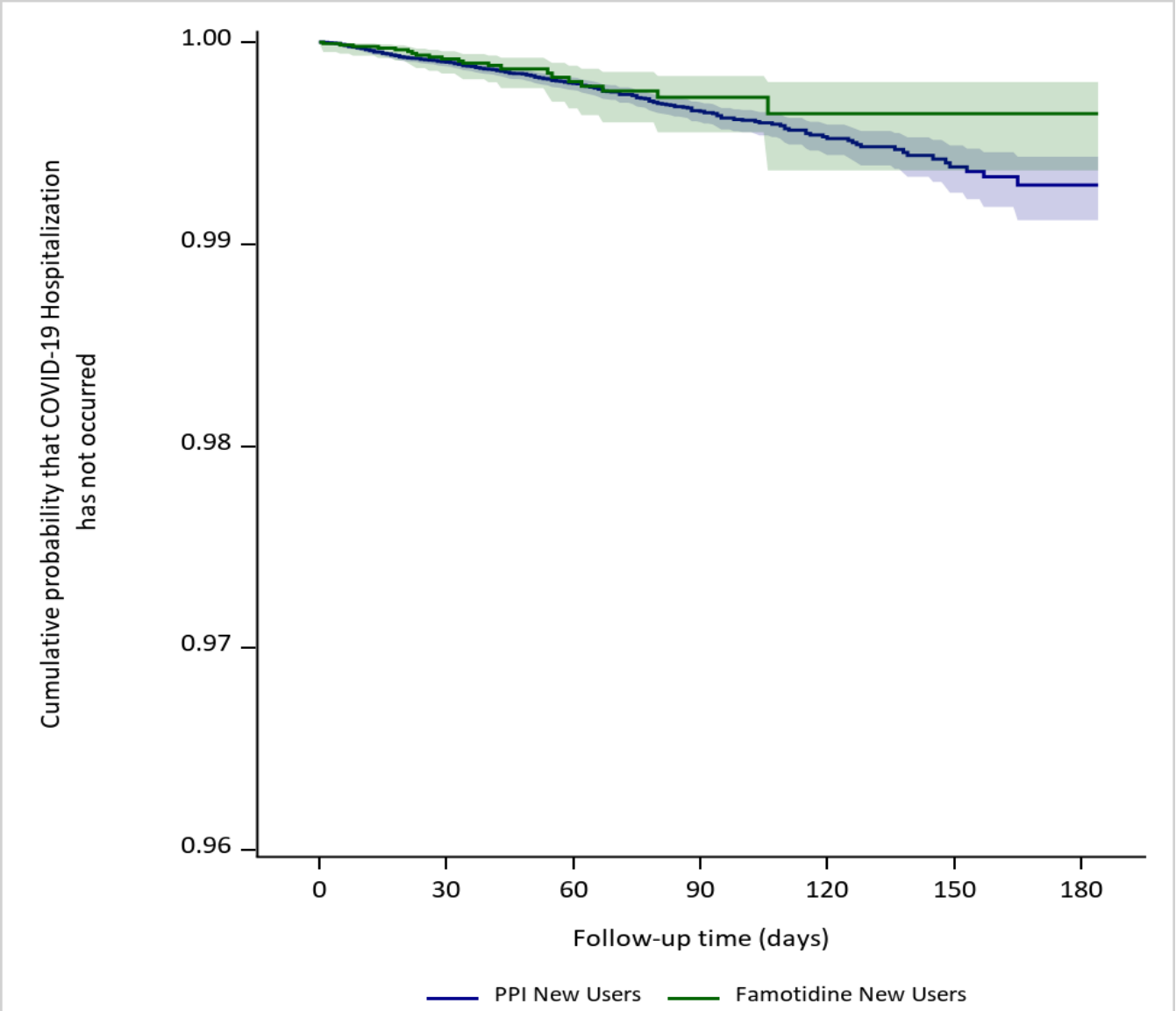


Figure 4d. Aggregated Adjusted Kaplan-Meier Estimate and 95% Confidence Interval of COVID-19 Hospitalization Not Occurring Among PPI and Famotidine New Users from the Weighted Population after Inverse Probability of Treatment Weighting in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Sex: Female

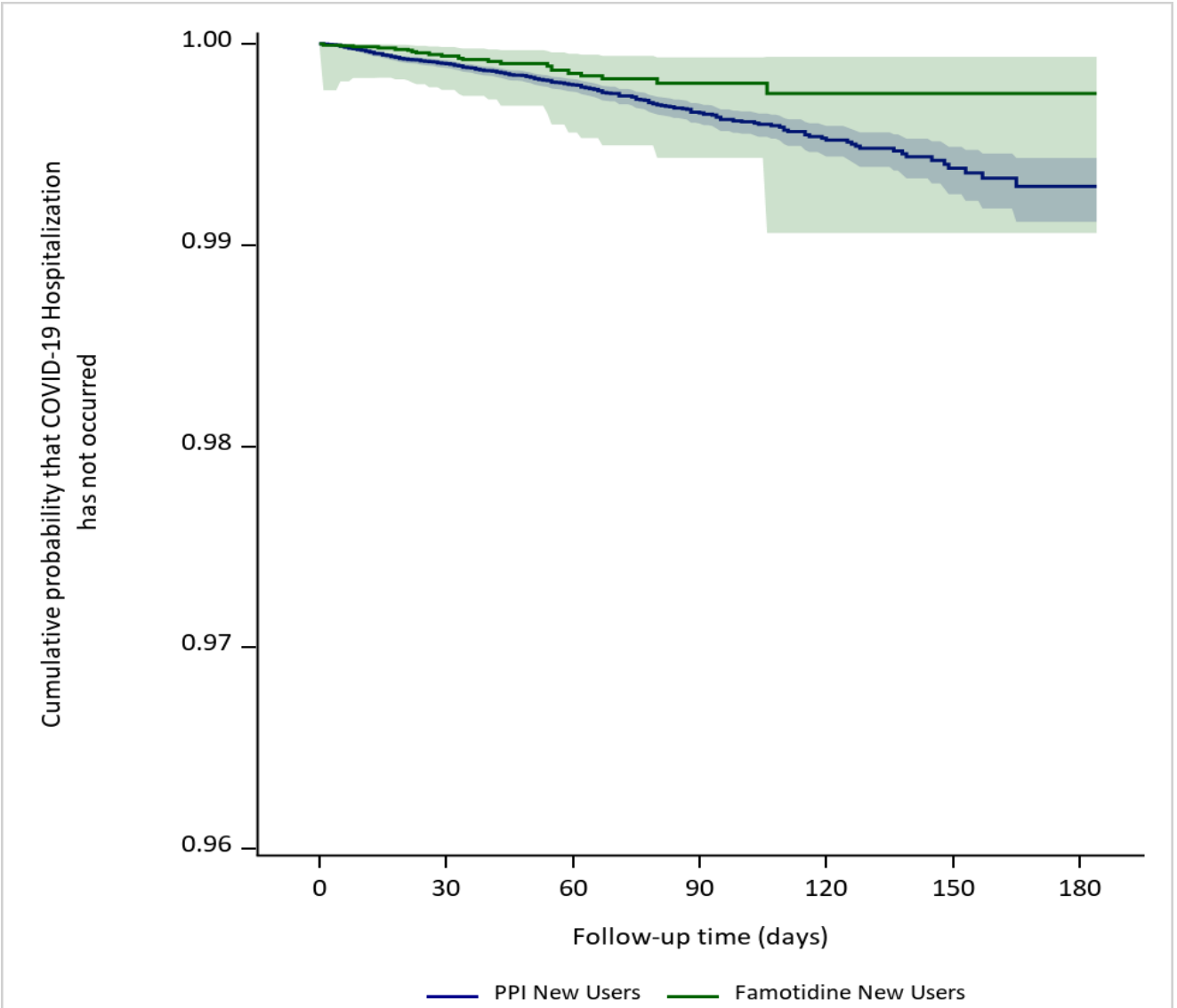


Figure 4e. Aggregated Unadjusted Kaplan-Meier Estimate and 95% Confidence Interval of COVID-19 Hospitalization Not Occurring Among PPI and Famotidine New Users from the Whole Population in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Sex: Male

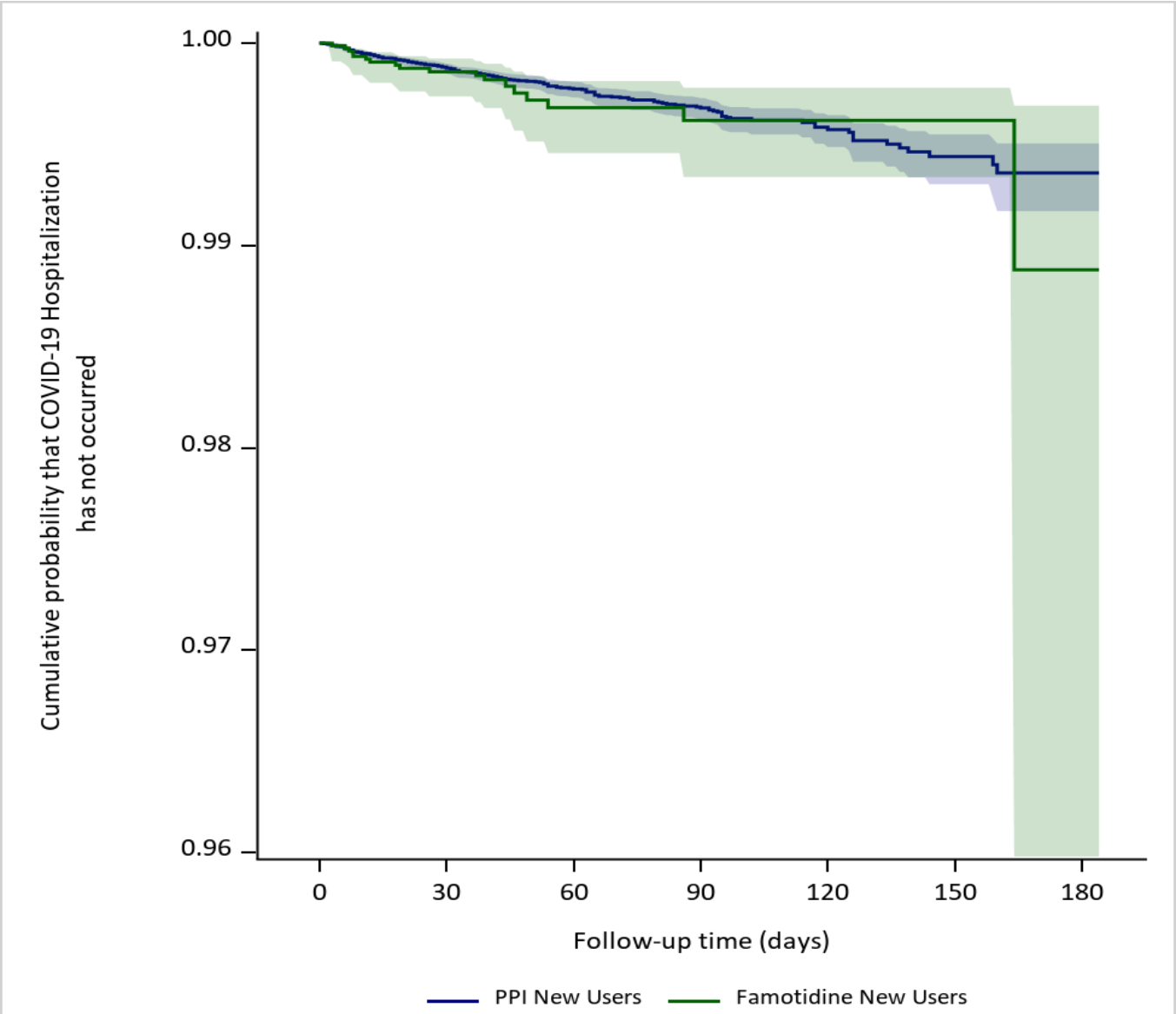


Figure 4f. Aggregated Adjusted Kaplan-Meier Estimate and 95% Confidence Interval of COVID-19 Hospitalization Not Occurring Among PPI and Famotidine New Users from the Weighted Population after Inverse Probability of Treatment Weighting in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Sex: Male

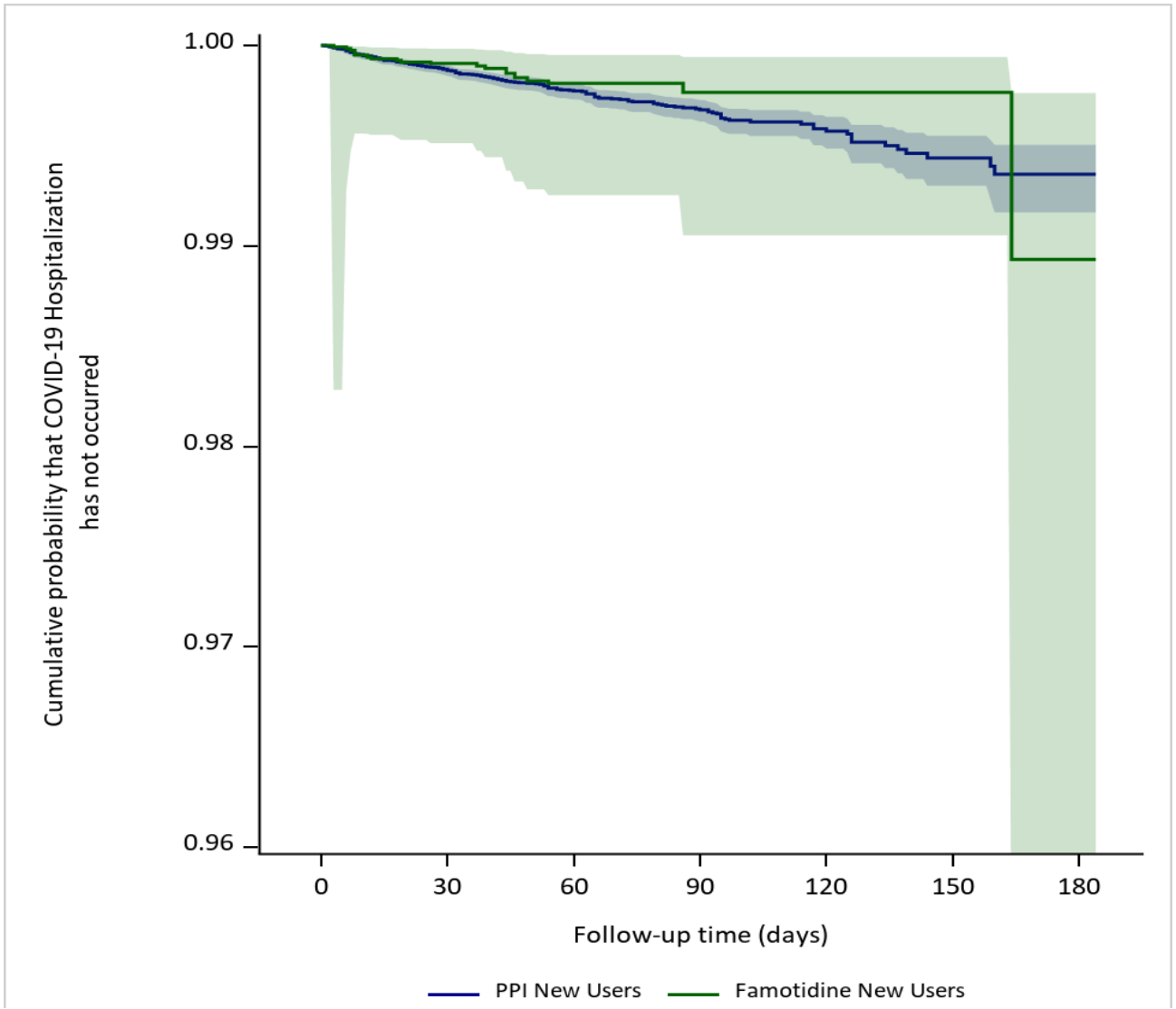


Figure 4g. Aggregated Unadjusted Kaplan-Meier Estimate and 95% Confidence Interval of COVID-19 Hospitalization Not Occurring Among PPI and Famotidine New Users from the Whole Population in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Age Group: 18-64 years

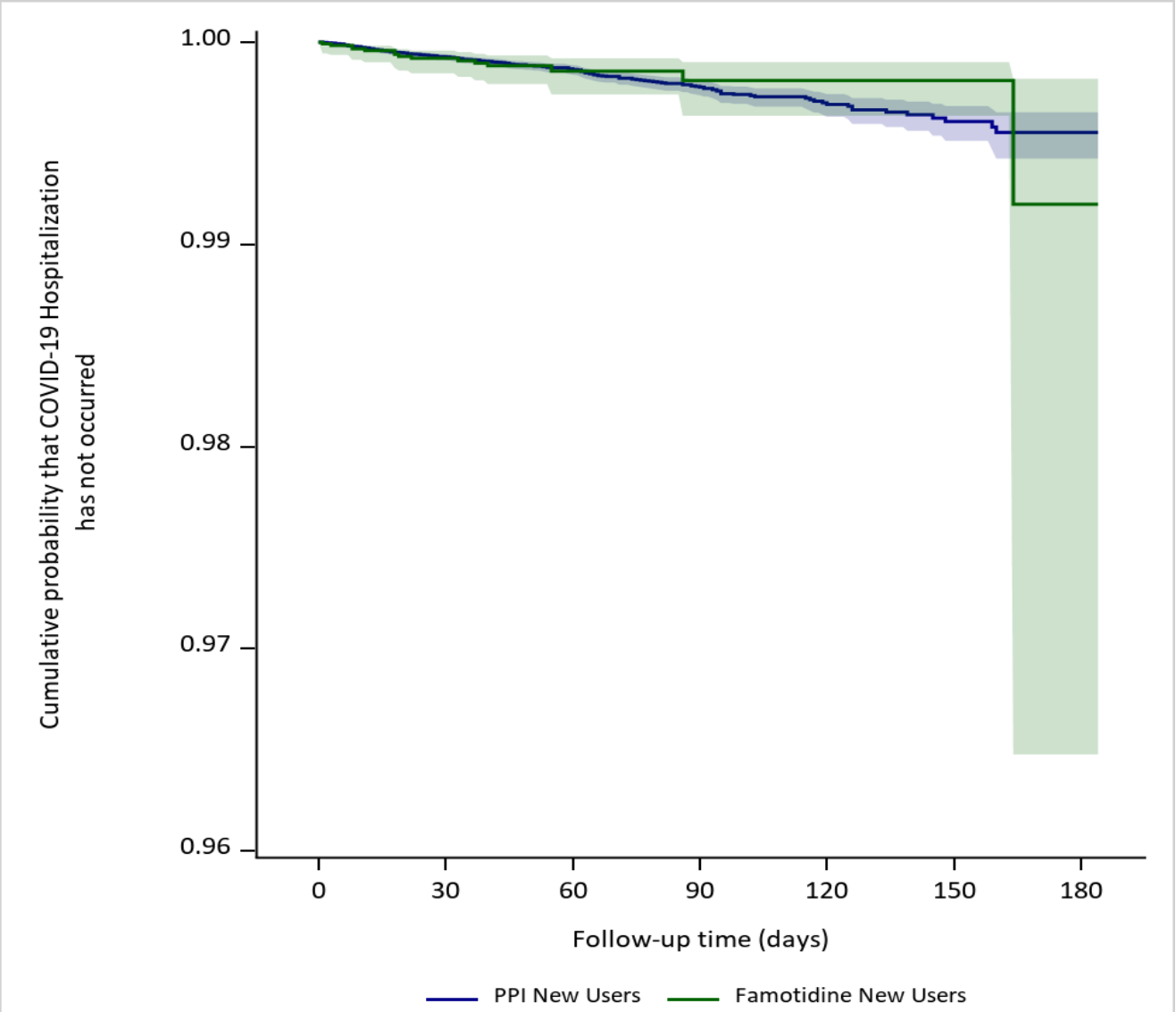


Figure 4h. Aggregated Adjusted Kaplan-Meier Estimate and 95% Confidence Interval of COVID-19 Hospitalization Not Occurring Among PPI and Famotidine New Users from the Weighted Population after Inverse Probability of Treatment Weighting in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Age Group: 18-64 years

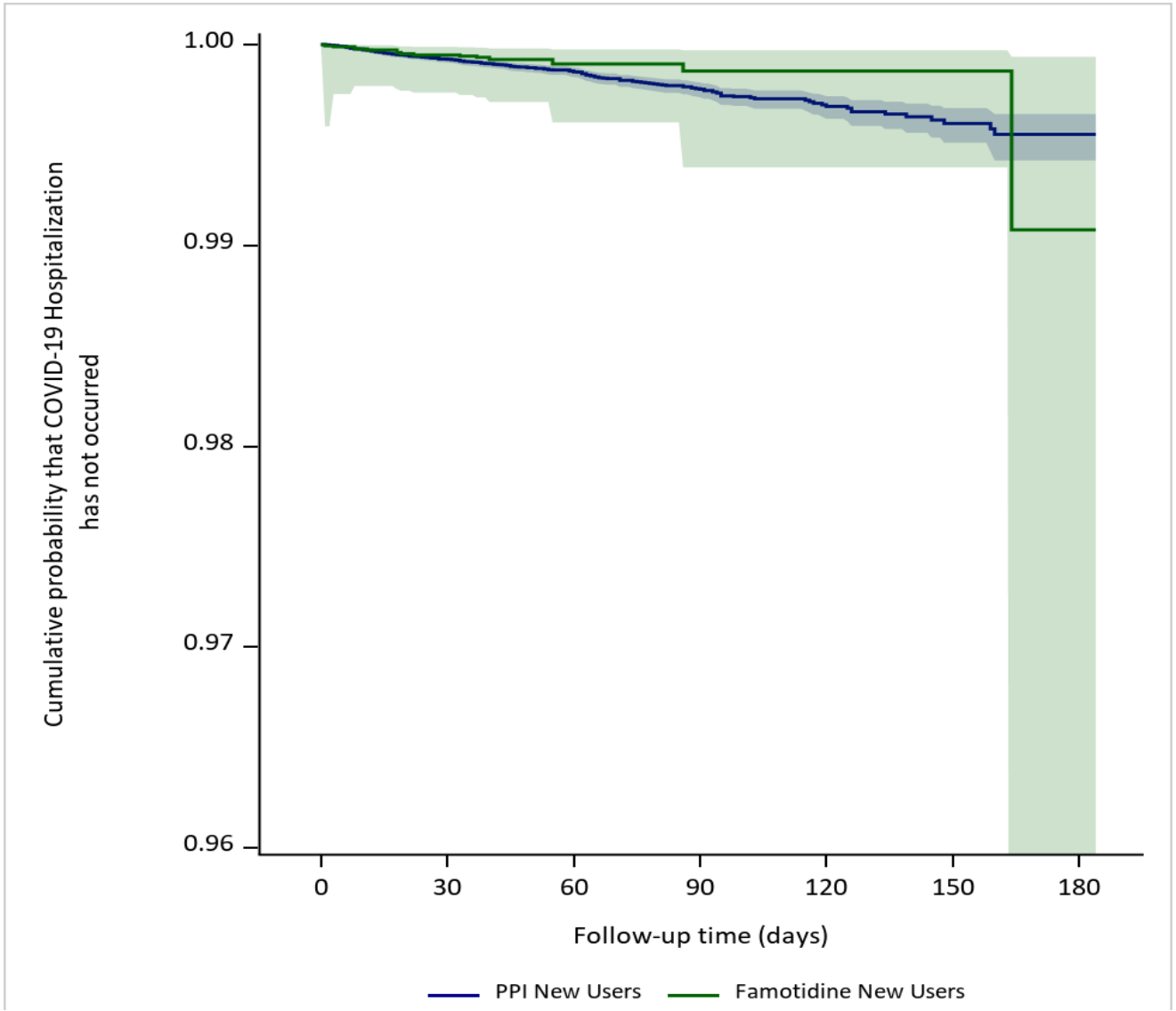


Figure 4i. Aggregated Unadjusted Kaplan-Meier Estimate and 95% Confidence Interval of COVID-19 Hospitalization Not Occurring Among PPI and Famotidine New Users from the Whole Population in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Age Group: ≥ 65 years

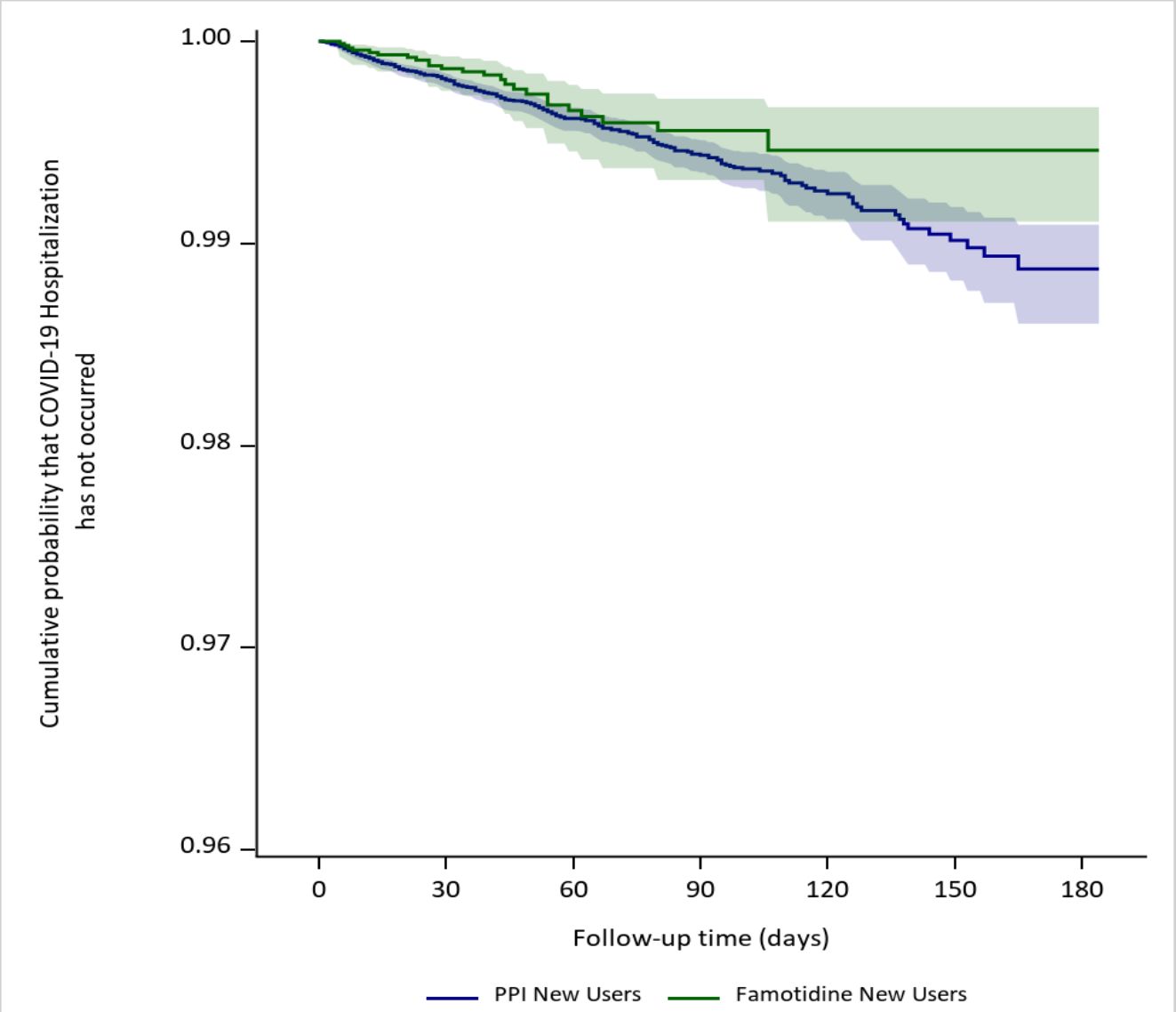


Figure 4j. Aggregated Adjusted Kaplan-Meier Estimate and 95% Confidence Interval of COVID-19 Hospitalization Not Occurring Among PPI and Famotidine New Users from the Weighted Population after Inverse Probability of Treatment Weighting in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Age Group: ≥ 65 years

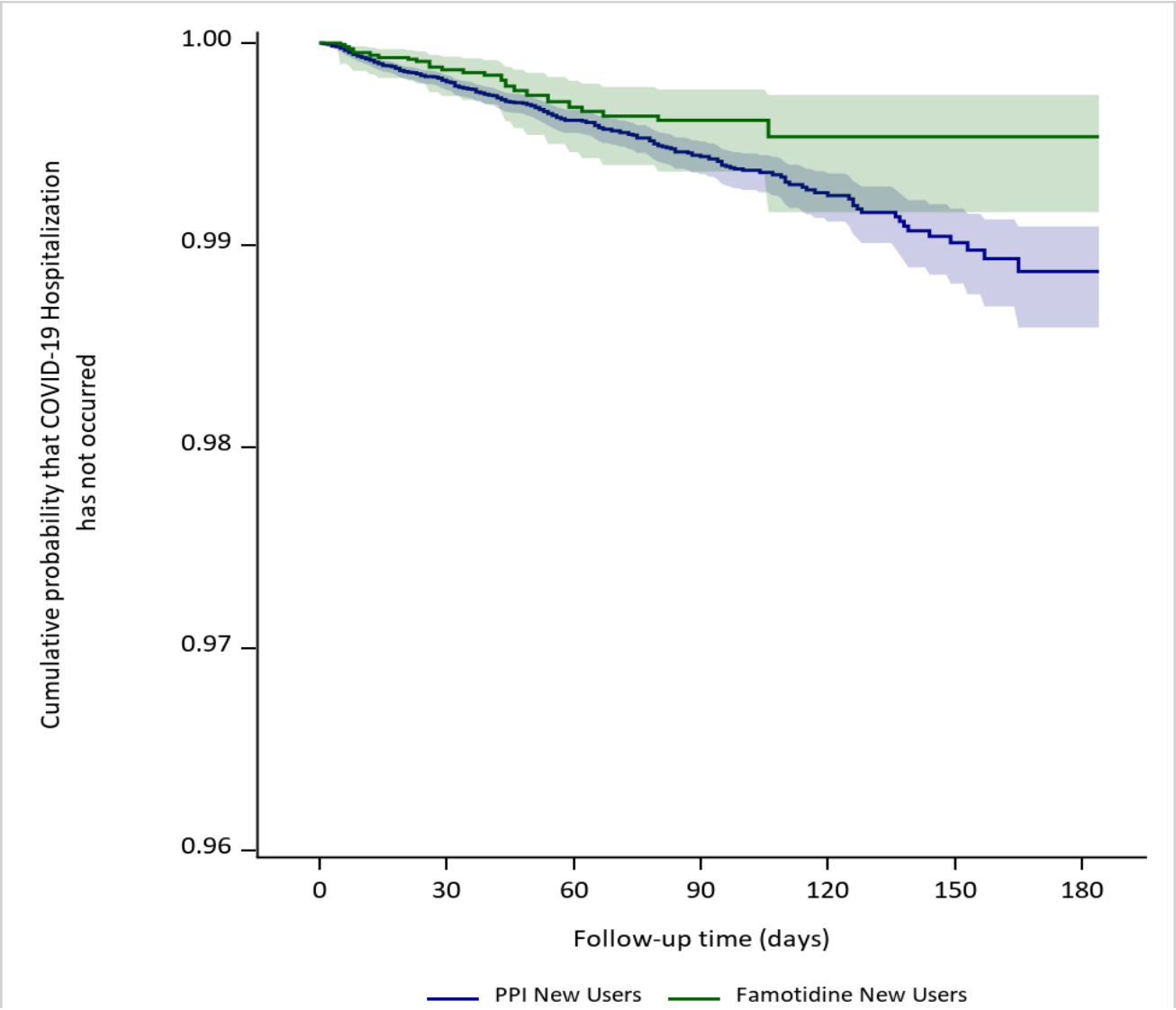


Figure 5a. Aggregated Unadjusted Kaplan-Meier Estimate and 95% Confidence Interval of Severe COVID-19 or Inpatient Death Not Occurring Among PPI and Famotidine New Users from the Whole Population in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020

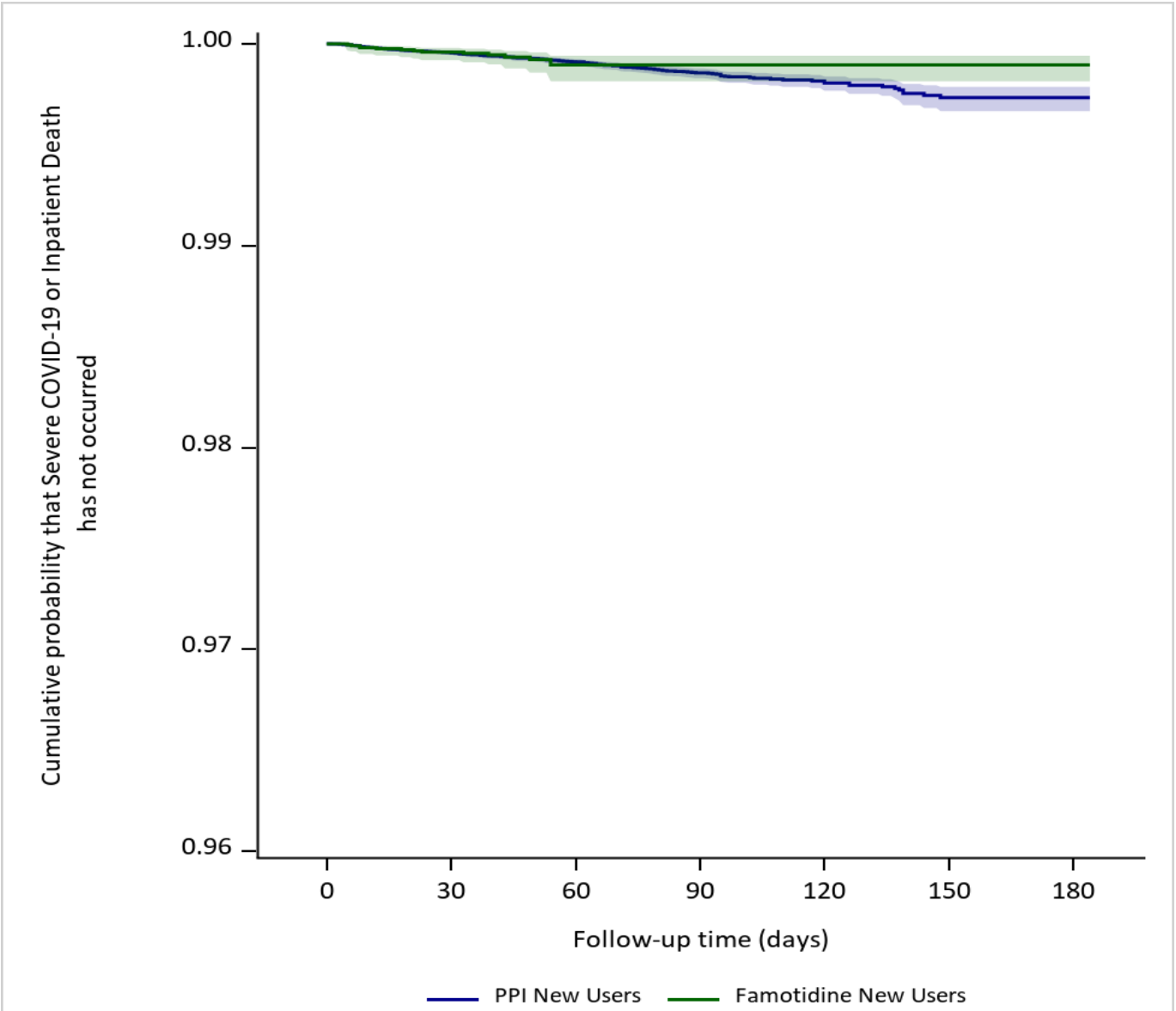


Figure 5b. Aggregated Adjusted Kaplan-Meier Estimate and 95% Confidence Interval of Severe COVID-19 or Inpatient Death Not Occurring Among PPI and Famotidine New Users from the Weighted Population after Inverse Probability of Treatment Weighting in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020

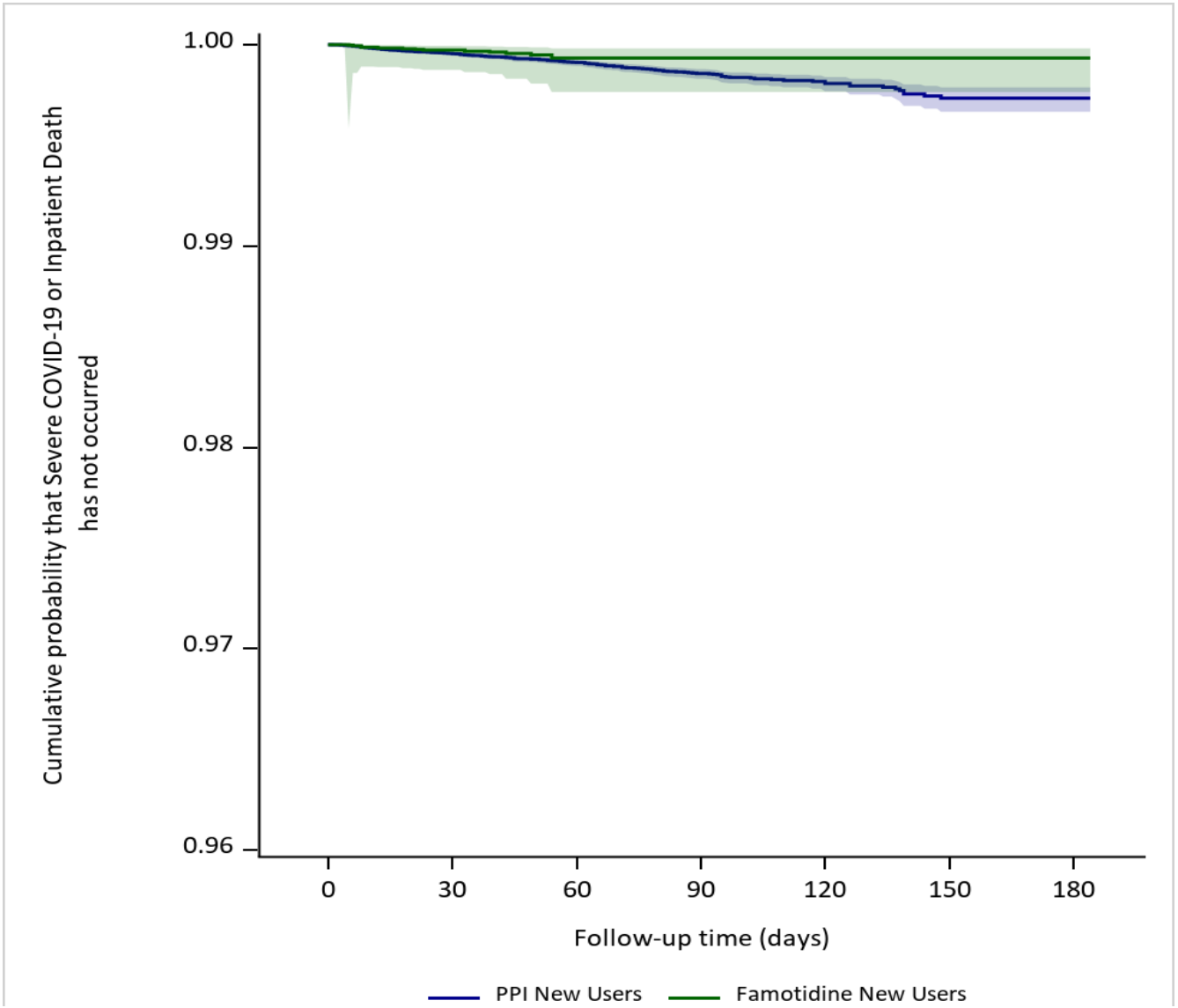


Figure 5c. Aggregated Unadjusted Kaplan-Meier Estimate and 95% Confidence Interval of Severe COVID-19 or Inpatient Death Not Occurring Among PPI and Famotidine New Users from the Whole Population in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Sex: Female

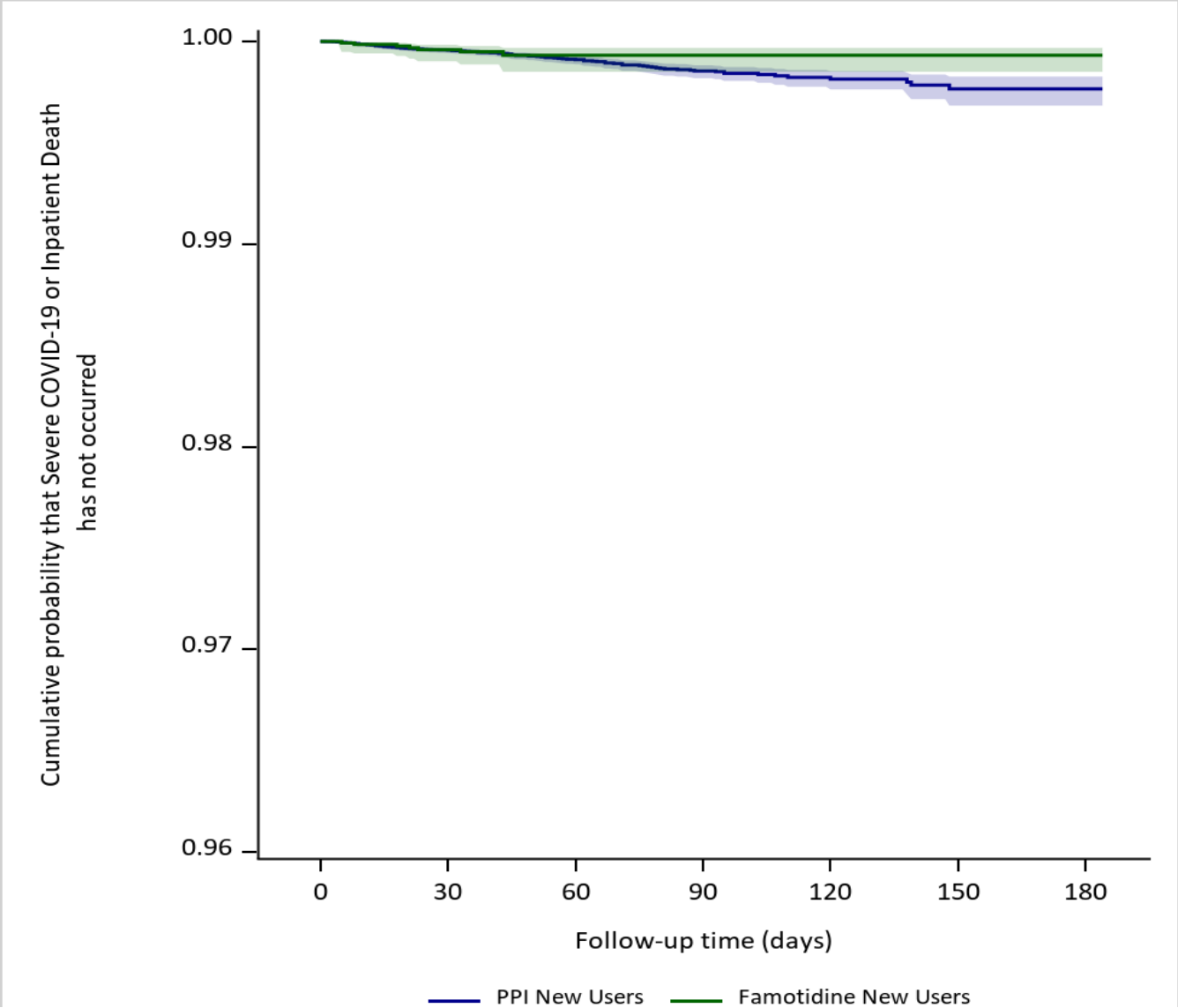


Figure 5d. Aggregated Adjusted Kaplan-Meier Estimate and 95% Confidence Interval of Severe COVID-19 or Inpatient Death Not Occurring Among PPI and Famotidine New Users from the Weighted Population after Inverse Probability of Treatment Weighting in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Sex: Female

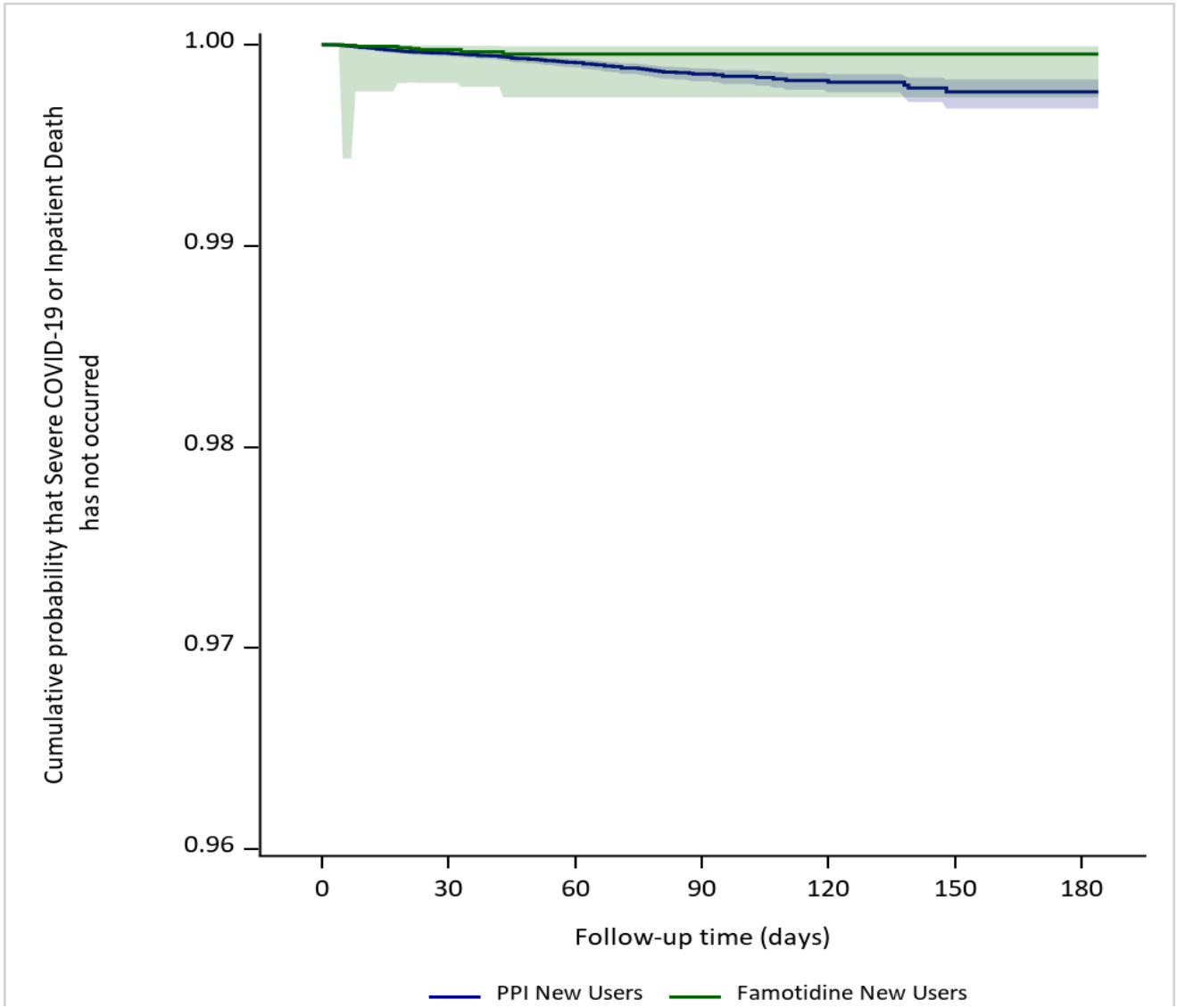


Figure 5e. Aggregated Unadjusted Kaplan-Meier Estimate and 95% Confidence Interval of Severe COVID-19 or Inpatient Death Not Occurring Among PPI and Famotidine New Users from the Whole Population in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Sex: Male

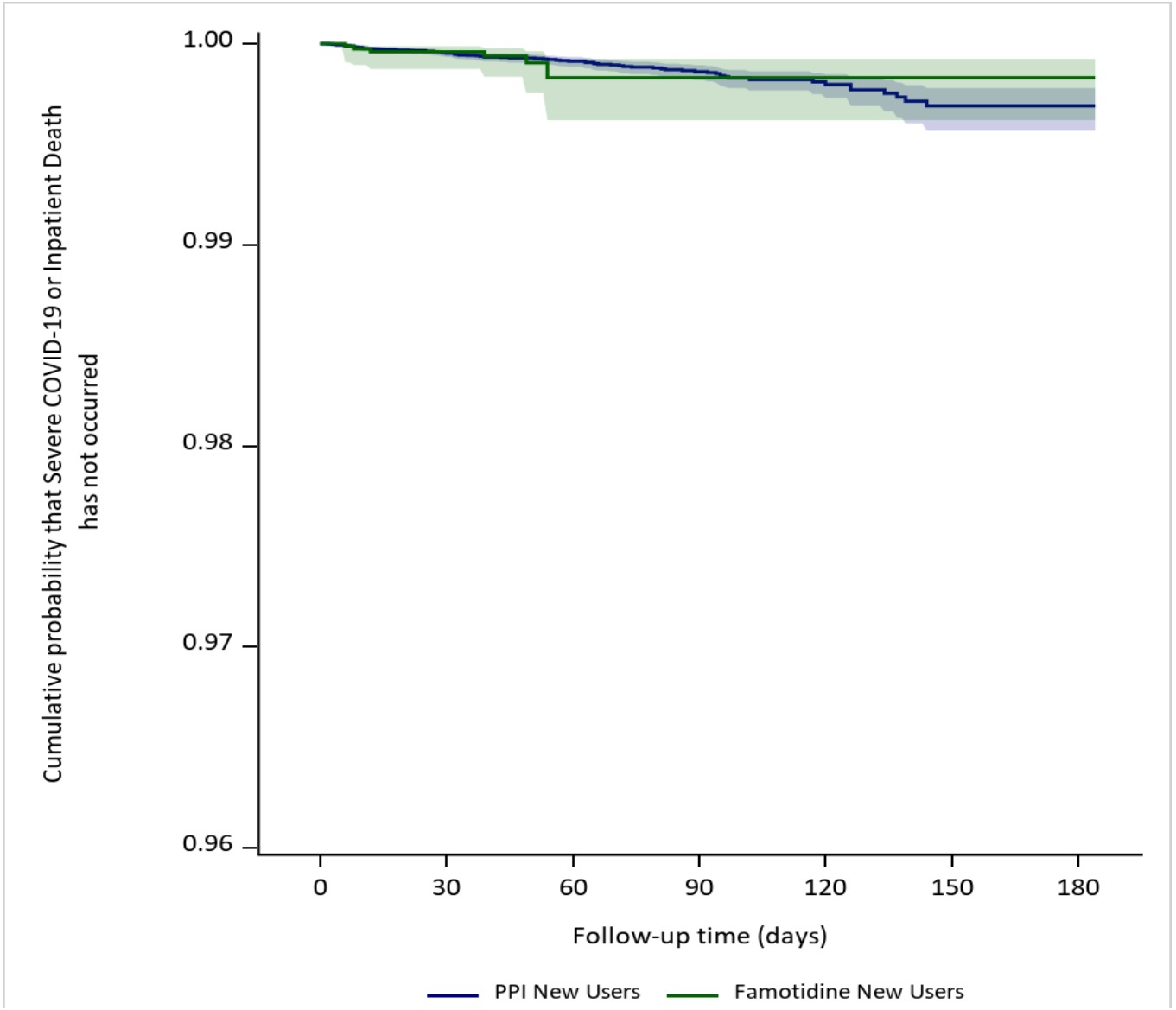


Figure 5f. Aggregated Adjusted Kaplan-Meier Estimate and 95% Confidence Interval of Severe COVID-19 or Inpatient Death Not Occurring Among PPI and Famotidine New Users from the Weighted Population after Inverse Probability of Treatment Weighting in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Sex: Male

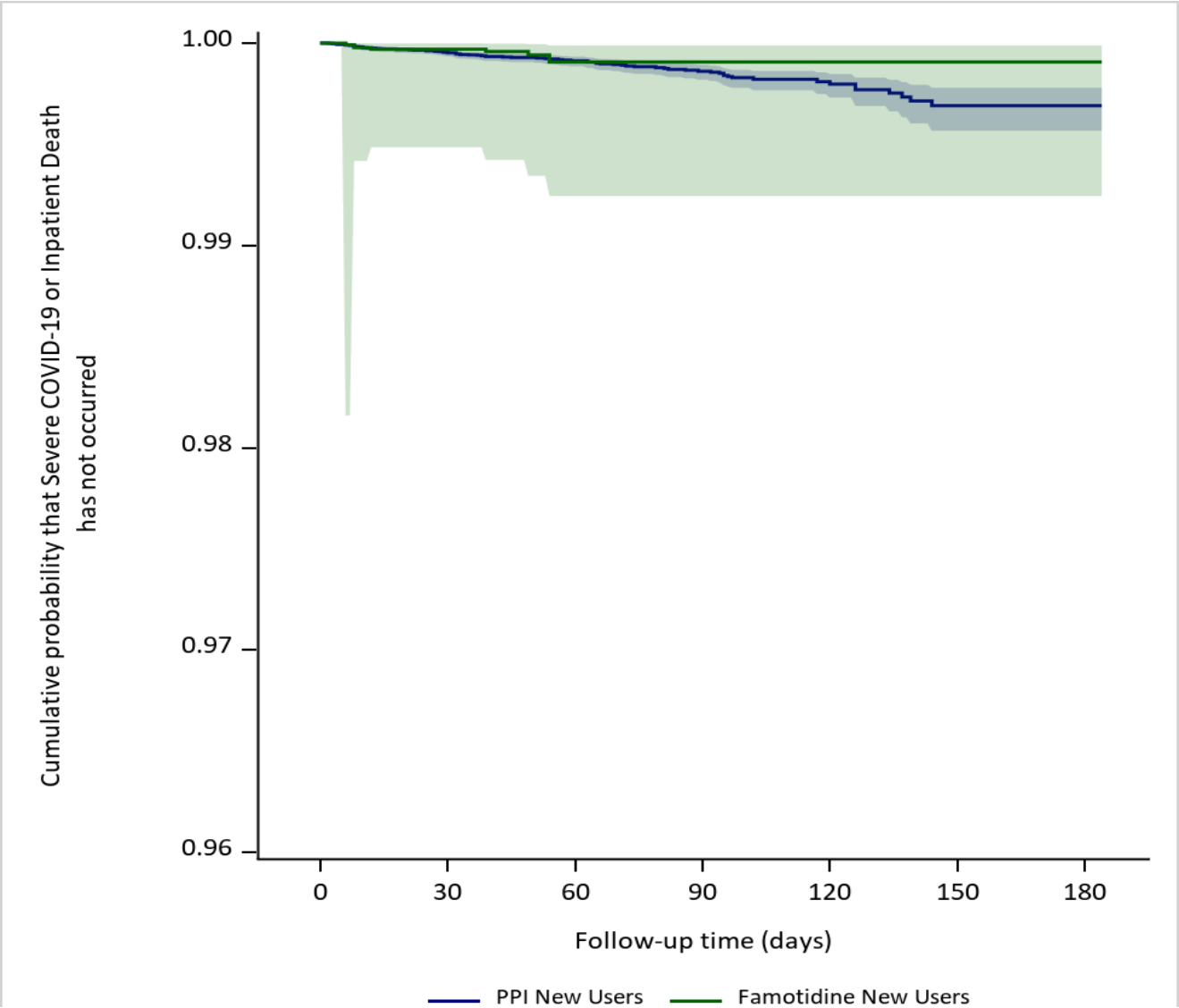


Figure 5g. Aggregated Unadjusted Kaplan-Meier Estimate and 95% Confidence Interval of Severe COVID-19 or Inpatient Death Not Occurring Among PPI and Famotidine New Users from the Whole Population in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Age Group: 18-64 years

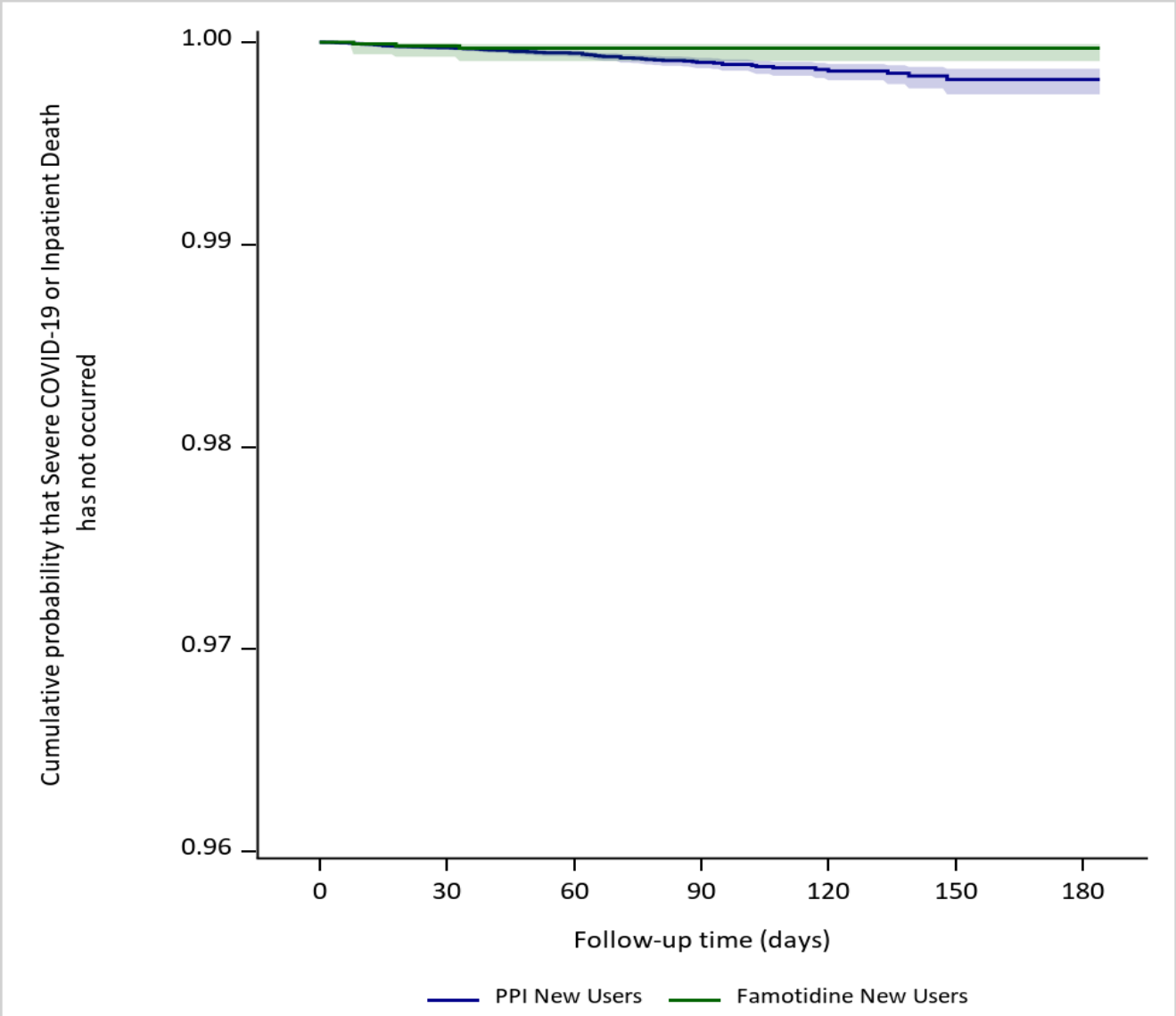


Figure 5h. Aggregated Adjusted Kaplan-Meier Estimate and 95% Confidence Interval of Severe COVID-19 or Inpatient Death Not Occurring Among PPI and Famotidine New Users from the Weighted Population after Inverse Probability of Treatment Weighting in the SentinelDistributed Database from April 1, 2020 to December 15, 2020, Age Group: 18-64 years

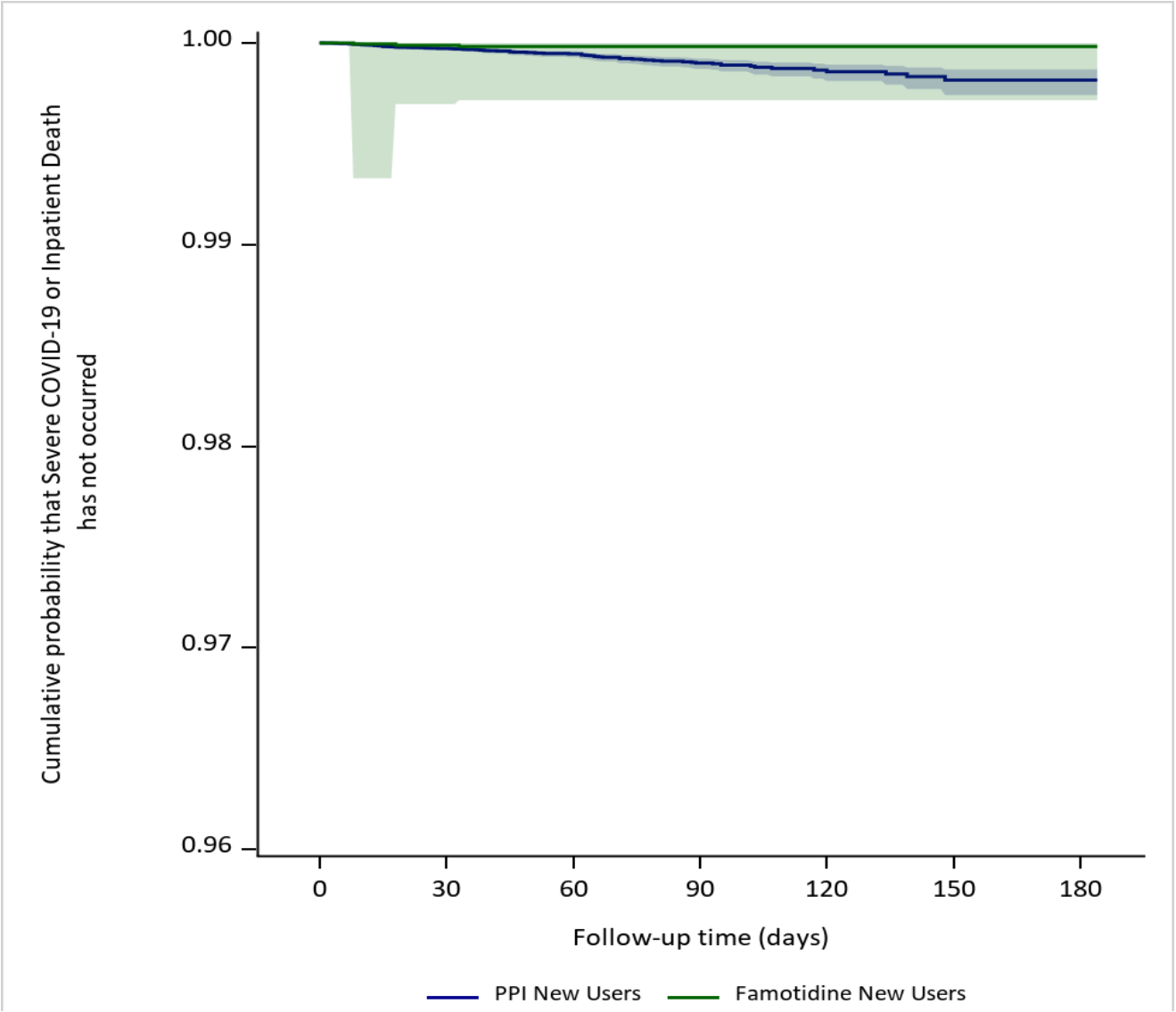


Figure 5i. Aggregated Unadjusted Kaplan-Meier Estimate and 95% Confidence Interval of Severe COVID-19 or Inpatient Death Not Occurring Among PPI and Famotidine New Users from the Whole Population in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Age Group: ≥ 65 years

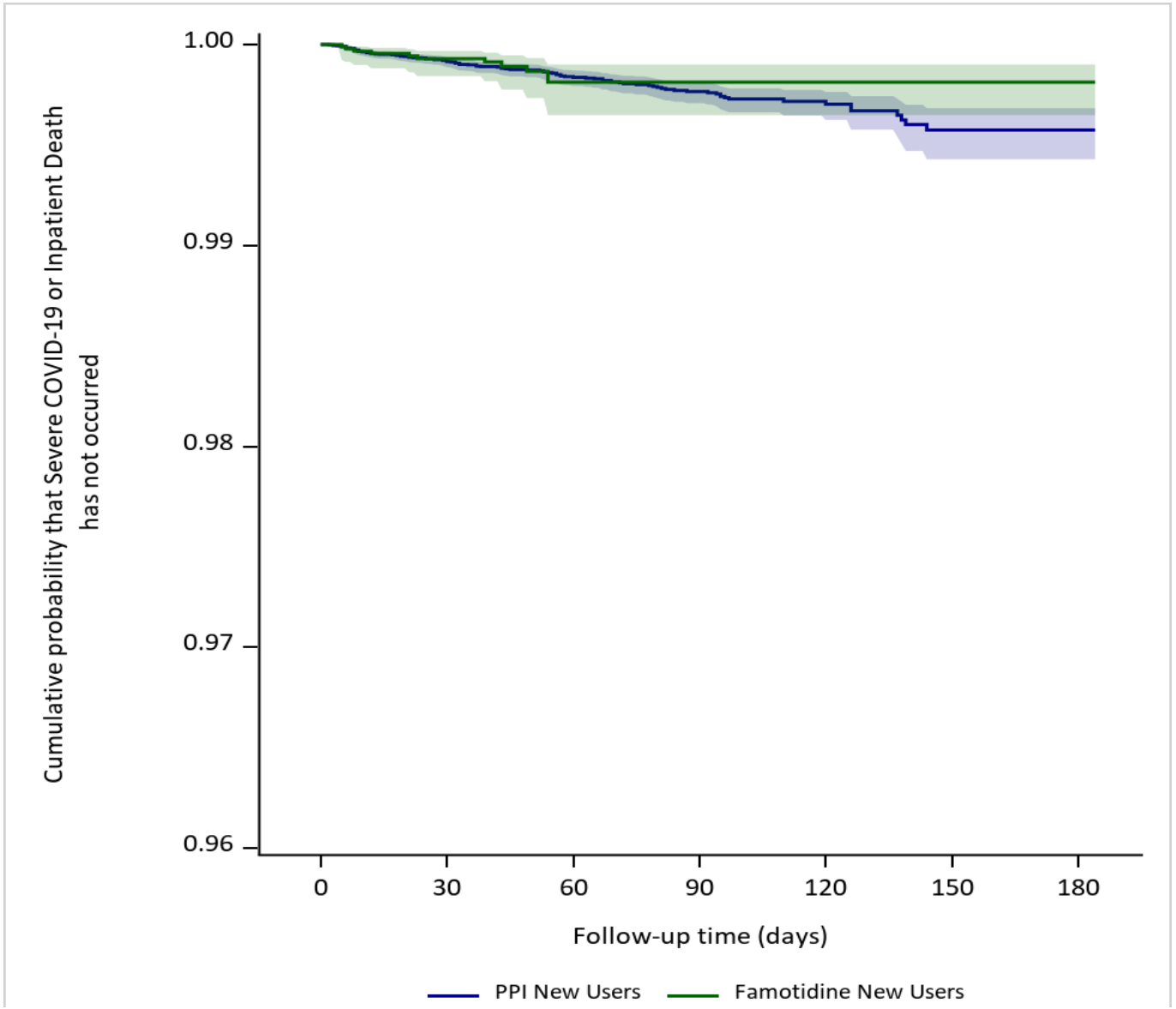
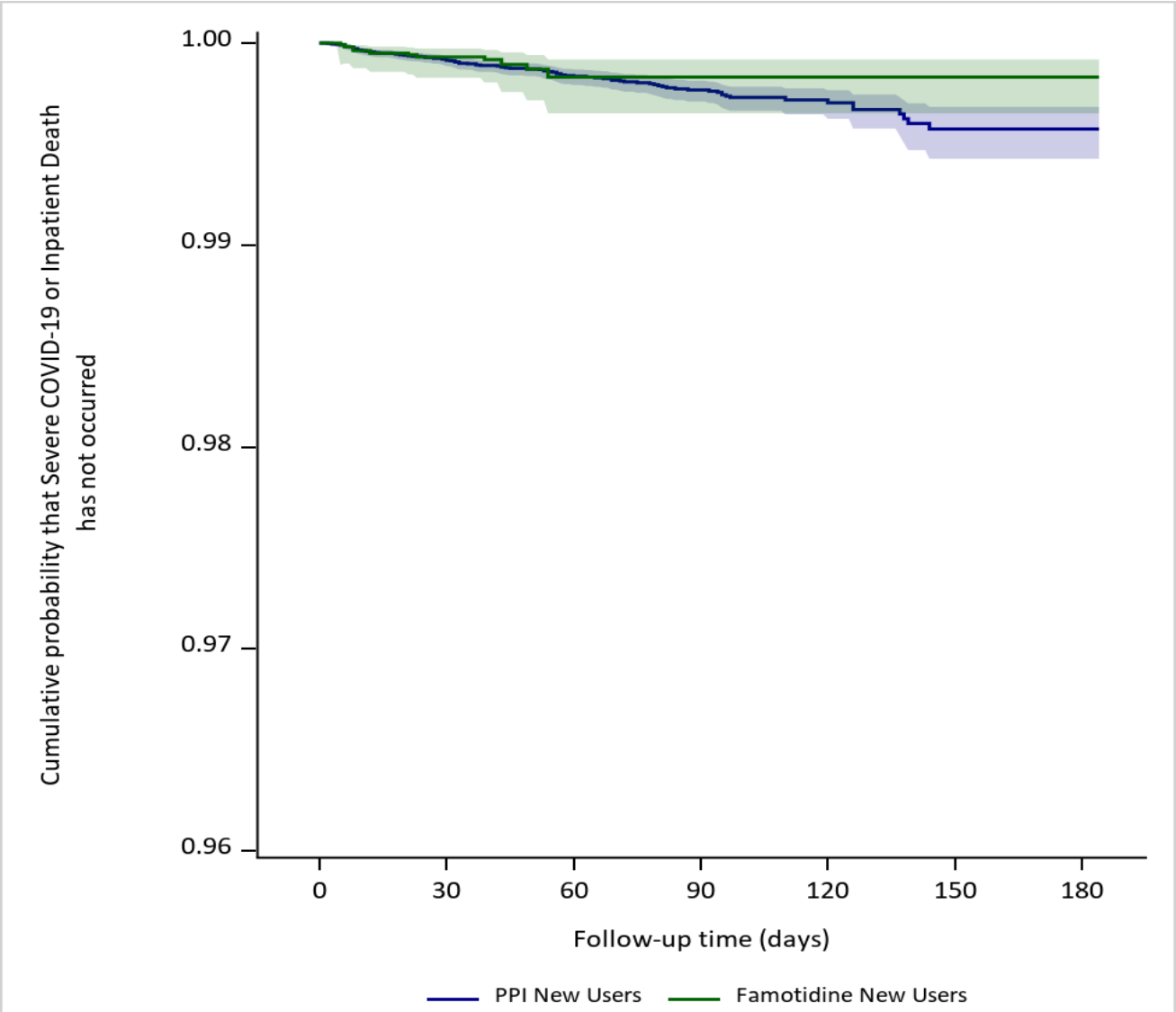


Figure 5j. Aggregated Adjusted Kaplan-Meier Estimate and 95% Confidence Interval of Severe COVID-19 or Inpatient Death Not Occurring Among PPI and Famotidine New Users from the Weighted Population after Inverse Probability of Treatment Weighting in the Sentinel Distributed Database from April 1, 2020 to December 15, 2020, Age Group: ≥ 65 years



Appendix A. Dates of Available Data for Each Data Partner (DP) as of June 1, 2023

Masked DP ID	DP Start Date	DP End Date[1]
DP01	01/01/2008	12/15/2020
DP02	01/01/2006	12/15/2020
DP03	01/01/2008	12/15/2020
DP04	01/01/2007	12/15/2020

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

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

Generic Name	Brand Name
Proton Pump Inhibitors	
LANSOPRAZOLE	FIRST-Lansoprazole
OMEPRAZOLE	FIRST-Omeprazole
OMEPRAZOLE	Omeprazole+SyrSpend SF Alka
dexlansoprazole	Dexilant
dexlansoprazole	dexlansoprazole
esomeprazole magnesium	Nexium
esomeprazole magnesium	Nexium 24HR
esomeprazole magnesium	Nexium Packet
esomeprazole magnesium	esomeprazole magnesium
esomeprazole magnesium/glycerin	Esomep-EZS
esomeprazole strontium	esomeprazole strontium
lansoprazole	Heartburn Treatment 24 Hour
lansoprazole	Prevacid
lansoprazole	Prevacid 24Hr
lansoprazole	Prevacid SoluTab
lansoprazole	lansoprazole
naproxen/esomeprazole magnesium	Vimovo
naproxen/esomeprazole magnesium	naproxen-esomeprazole
omeprazole	omeprazole
omeprazole magnesium	Acid Reducer (omeprazole)
omeprazole magnesium	Prilosec
omeprazole magnesium	Prilosec OTC
omeprazole magnesium	omeprazole magnesium
omeprazole/sodium bicarbonate	OmePPi
omeprazole/sodium bicarbonate	Zegerid
omeprazole/sodium bicarbonate	Zegerid OTC
omeprazole/sodium bicarbonate	omeprazole-sodium bicarbonate
pantoprazole sodium	Protonix
pantoprazole sodium	pantoprazole
rabeprazole sodium	AcipHex
rabeprazole sodium	AcipHex Sprinkle
rabeprazole sodium	rabeprazole
Famotidine	
famotidine	Acid Controller
famotidine	Acid Reducer (famotidine)
famotidine	Acid-Pep
famotidine	Heartburn Prevention
famotidine	Heartburn Relief (famotidine)
famotidine	Pepcid
famotidine	Pepcid AC
famotidine	Pepcid AC Maximum Strength
famotidine	Zantac-360 (famotidine)
famotidine	famotidine
famotidine/calcium carbonate/magnesium hydroxide	Acid Controller Complete
famotidine/calcium carbonate/magnesium hydroxide	Acid Reducer Complete (famot)
famotidine/calcium carbonate/magnesium hydroxide	Complete
famotidine/calcium carbonate/magnesium hydroxide	Dual Action Complete
famotidine/calcium carbonate/magnesium hydroxide	Pepcid Complete
famotidine/calcium carbonate/magnesium hydroxide	Tums Dual Action (famotidine)

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

Generic Name	Brand Name
Histamine-2 Receptor Antagonists	
RANITIDINE HCL	Deprizine
cimetidine	Acid Reducer (cimetidine)
cimetidine	Heartburn Relief (cimetidine)
cimetidine	Tagamet HB
cimetidine	cimetidine
cimetidine HCl	cimetidine HCl
famotidine	Acid Controller
famotidine	Acid Reducer (famotidine)
famotidine	Acid-Pep
famotidine	Heartburn Prevention
famotidine	Heartburn Relief (famotidine)
famotidine	Pepcid
famotidine	Pepcid AC
famotidine	Pepcid AC Maximum Strength
famotidine	Zantac-360 (famotidine)
famotidine	famotidine
famotidine/calcium carbonate/magnesium hydroxide	Acid Controller Complete
famotidine/calcium carbonate/magnesium hydroxide	Acid Reducer Complete (famot)
famotidine/calcium carbonate/magnesium hydroxide	Complete
famotidine/calcium carbonate/magnesium hydroxide	Dual Action Complete
famotidine/calcium carbonate/magnesium hydroxide	Pepcid Complete
famotidine/calcium carbonate/magnesium hydroxide	Tums Dual Action (famotidine)
nizatidine	nizatidine
ranitidine HCl	Acid Control (ranitidine)
ranitidine HCl	Acid Reducer (ranitidine)
ranitidine HCl	Heartburn Relief (ranitidine)
ranitidine HCl	Wal-Zan 150
ranitidine HCl	Wal-Zan 75
ranitidine HCl	Zantac
ranitidine HCl	Zantac 75
ranitidine HCl	Zantac Maximum Strength
ranitidine HCl	ranitidine HCl
Histamine-2 Receptor Antagonists(excluding Famotidine)	
RANITIDINE HCL	Deprizine
cimetidine	Acid Reducer (cimetidine)
cimetidine	nizatidine
cimetidine	Tagamet HB
cimetidine	cimetidine
cimetidine HCl	cimetidine HCl
nizatidine	nizatidine
ranitidine HCl	Acid Control (ranitidine)
ranitidine HCl	Acid Reducer (ranitidine)
ranitidine HCl	Heartburn Relief (ranitidine)
ranitidine HCl	Wal-Zan 150
ranitidine HCl	Wal-Zan 75

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

Generic Name	Brand Name
ranitidine HCl	Zantac
ranitidine HCl	Zantac 75
ranitidine HCl	Zantac Maximum Strength
ranitidine HCl	ranitidine HCl

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

Code	Description	Code Category	Code Type
	COVID-19 Diagnosis		
U07.1	COVID-19	Diagnosis	ICD-10-CM
	Evidence of Intensive Care Unit Stay		
0188T	Remote real-time interactive video-conferenced critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	Procedure	CPT-3
0189T	Remote real-time interactive video-conferenced critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)	Procedure	CPT-3
0200	General classification for intensive care unit (ICU)	Procedure	RE
0201	Surgical ICU	Procedure	RE
0202	Medical ICU	Procedure	RE
0203	Pediatric ICU	Procedure	RE
0204	Psychiatric ICU	Procedure	RE
0206	Intermediate ICU	Procedure	RE
0207	Burn care	Procedure	RE
0208	Trauma care	Procedure	RE
0209	Other intensive care	Procedure	RE
0210	General classification cardiac care unit (CCU)	Procedure	RE
0211	Myocardial infarction care	Procedure	RE
0212	Pulmonary care	Procedure	RE
0213	Heart transplant	Procedure	RE
0214	Intermediate CCU	Procedure	RE
0219	Other coronary care	Procedure	RE
0581F	Patient transferred directly from anesthetizing location to critical care unit (Peri2)	Procedure	CPT-2
0582F	Patient not transferred directly from anesthetizing location to critical care unit (Peri2)	Procedure	CPT-2
33946	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous	Procedure	CPT-4
33947	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial	Procedure	CPT-4
33948	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous	Procedure	CPT-4
33949	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial	Procedure	CPT-4
33952	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Procedure	CPT-4

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

Code	Description	Code Category	Code Type
33954	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Procedure	CPT-4
33956	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Procedure	CPT-4
33958	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Procedure	CPT-4
33960	Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial day	Procedure	CPT-4
33961	Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each subsequent day	Procedure	CPT-4
33962	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)	Procedure	CPT-4
33964	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)	Procedure	CPT-4
33966	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older	Procedure	CPT-4
33984	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Procedure	CPT-4
33986	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Procedure	CPT-4
33987	Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)	Procedure	CPT-4
33988	Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Procedure	CPT-4
33989	Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Procedure	CPT-4
36822	Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure)	Procedure	CPT-4
3E030XZ	Introduction of Vasopressor into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
3E033XZ	Introduction of Vasopressor into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
3E040XZ	Introduction of Vasopressor into Central Vein, Open Approach	Procedure	ICD-10-PCS
3E043XZ	Introduction of Vasopressor into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
3E050XZ	Introduction of Vasopressor into Peripheral Artery, Open Approach	Procedure	ICD-10-PCS
3E053XZ	Introduction of Vasopressor into Peripheral Artery, Percutaneous Approach	Procedure	ICD-10-PCS
3E060XZ	Introduction of Vasopressor into Central Artery, Open Approach	Procedure	ICD-10-PCS
3E063XZ	Introduction of Vasopressor into Central Artery, Percutaneous Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
99160	Critical Care, Initial, Including The Diagnostic And Therapeutic Services And Direction Of Care Of The Critically Ill Or Multiply Injured Or Comatose Patient, Requiring The Prolonged Presence Of The Physician; First Hour	Procedure	CPT-4
99162	Critical Care, Initial, Including The Diagnostic And Therapeutic Services And Direction Of Care Of The Critically Ill Or Multiply Injured Or Comatose Patient, Requiring The Prolonged Presence Of The Physician; Each Additional 30 Minutes	Procedure	CPT-4
99171	Critical Care, Subsequent Follow-up Visit; Brief Examination, Evaluation And/or Treatment For Same Illness	Procedure	CPT-4
99289	Critical care services delivered by a physician, face-to-face, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or less; first 30-74 minutes of hands on care during transport	Procedure	CPT-4
99290	Critical care services delivered by a physician, face-to-face, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or less; each additional 30 minutes (List separately in addition to code for primary service)	Procedure	CPT-4
99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	Procedure	CPT-4
99292	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)	Procedure	CPT-4
99293	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age	Procedure	CPT-4
99294	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age	Procedure	CPT-4
99295	Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or less	Procedure	CPT-4
99296	Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or less	Procedure	CPT-4
99466	Critical care face-to-face services, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or younger; first 30-74 minutes of hands-on care during transport	Procedure	CPT-4
99467	Critical care face-to-face services, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or younger; each additional 30 minutes (List separately in addition to code for primary service)	Procedure	CPT-4
99468	Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger	Procedure	CPT-4
99469	Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger	Procedure	CPT-4
99471	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age	Procedure	CPT-4
99472	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age	Procedure	CPT-4

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

Code	Description	Code Category	Code Type
99475	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age	Procedure	CPT-4
99476	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age	Procedure	CPT-4
99477	Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or younger, who requires intensive observation, frequent interventions, and other intensive care services	Procedure	CPT-4
99478	Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 grams)	Procedure	CPT-4
99479	Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams)	Procedure	CPT-4
99480	Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)	Procedure	CPT-4
99485	Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; first 30 minutes	Procedure	CPT-4
99486	Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)	Procedure	CPT-4
G0240	Critical care service delivered by a physician, face to face; during interfacility transport of a critically ill or critically injured patient: first 30-74 minutes of active transport	Procedure	HCPCS
G0390	Trauma response team associated with hospital critical care service	Procedure	HCPCS
G0508	Telehealth consultation, critical care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth	Procedure	HCPCS
G0509	Telehealth consultation, critical care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth	Procedure	HCPCS
J0171	Injection, adrenalin, epinephrine, 0.1 mg	Procedure	HCPCS
J1250	Injection, dobutamine HCl, per 250 mg	Procedure	HCPCS
J1265	Injection, dopamine HCl, 40 mg	Procedure	HCPCS
	Mechanical Ventilation		
Z99.1	Dependence on respirator	Diagnosis	ICD-10-CM
Z99.11	Dependence on respirator [ventilator] status	Diagnosis	ICD-10-CM
Z99.12	Encounter for respirator [ventilator] dependence during power failure	Diagnosis	ICD-10-CM
09HN7BZ	Insertion of Airway into Nasopharynx, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
09HN8BZ	Insertion of Airway into Nasopharynx, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS

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Code	Description	Code Category	Code Type
0BH13EZ	Insertion of Endotracheal Airway into Trachea, Percutaneous Approach	Procedure	ICD-10-PCS
0BH17EZ	Insertion of Endotracheal Airway into Trachea, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0BH18EZ	Insertion of Endotracheal Airway into Trachea, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0CHY7BZ	Insertion of Airway into Mouth and Throat, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0CHY8BZ	Insertion of Airway into Mouth and Throat, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0DH57BZ	Insertion of Airway into Esophagus, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0DH58BZ	Insertion of Airway into Esophagus, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0WHQ73Z	Insertion of Infusion Device into Respiratory Tract, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0WHQ7YZ	Insertion of Other Device into Respiratory Tract, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
31500	Intubation, endotracheal, emergency procedure	Procedure	CPT-4
94002	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day	Procedure	CPT-4
94003	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day	Procedure	CPT-4
A0396	ALS specialized service disposable supplies; esophageal intubation	Procedure	HCPCS
A4483	Moisture exchanger, disposable, for use with invasive mechanical ventilation	Procedure	HCPCS
E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	Procedure	HCPCS
E0481	Intrapulmonary percussive ventilation system and related accessories	Procedure	HCPCS
G8569	Prolonged postoperative intubation (> 24 hrs) required	Procedure	HCPCS

Appendix E. List of Current Procedural Terminology, Second Edition (CPT-2) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Codes Used to Define Inclusion Criteria in this Request

Code	Description	Code Category	Code Type
	Gastroesophageal reflux disease (GERD)		
K21	Gastro-esophageal reflux disease	Diagnosis	ICD-10-CM
K21.0	Gastro-esophageal reflux disease with esophagitis	Diagnosis	ICD-10-CM
K21.00	Gastro-esophageal reflux disease with esophagitis, without bleeding	Diagnosis	ICD-10-CM
K21.01	Gastro-esophageal reflux disease with esophagitis, with bleeding	Diagnosis	ICD-10-CM
K21.9	Gastro-esophageal reflux disease without esophagitis	Diagnosis	ICD-10-CM
1118F	GERD symptoms assessed after 12 months of therapy (GERD)	Procedure	CPT-2
	COVID-19/SARS Diagnosis		
B97.29	Other coronavirus as the cause of diseases classified elsewhere	Diagnosis	ICD-10-CM
U07.1	COVID-19	Diagnosis	ICD-10-CM

Appendix F. List of SARS-CoV-2 Laboratory Tests Used to Define Exclusion Criteria in this Request

Laboratory Test Name	Laboratory Test Type	Specimen Source	Lab Result
SARS-CoV-2	Polymerase Chain Reaction (PCR)	bronchoalveolar lavage	Positive
SARS-CoV-2	Polymerase Chain Reaction (PCR)	blood	Positive
SARS-CoV-2	Polymerase Chain Reaction (PCR)	nasopharyngeal swab	Positive
SARS-CoV-2	Polymerase Chain Reaction (PCR)	nasopharyngeal wash	Positive
SARS-CoV-2	Polymerase Chain Reaction (PCR)	plasma	Positive
SARS-CoV-2	Polymerase Chain Reaction (PCR)	saliva	Positive
SARS-CoV-2	Polymerase Chain Reaction (PCR)	serum	Positive
SARS-CoV-2	Polymerase Chain Reaction (PCR)	sputum	Positive
SARS-CoV-2	Polymerase Chain Reaction (PCR)	serum/plasma	Positive
SARS-CoV-2	Polymerase Chain Reaction (PCR)	throat swab, oropharyngeal swab	Positive
SARS-CoV-2	Polymerase Chain Reaction (PCR)	unknown/missing	Positive

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

Code	Description	Code Category	Code Type
	Any Malignant Neoplasm		
B08.72	Yaba pox virus disease	Diagnosis	ICD-10-CM
C00.0	Malignant neoplasm of external upper lip	Diagnosis	ICD-10-CM
C00.1	Malignant neoplasm of external lower lip	Diagnosis	ICD-10-CM
C00.2	Malignant neoplasm of external lip, unspecified	Diagnosis	ICD-10-CM
C00.3	Malignant neoplasm of upper lip, inner aspect	Diagnosis	ICD-10-CM
C00.4	Malignant neoplasm of lower lip, inner aspect	Diagnosis	ICD-10-CM
C00.5	Malignant neoplasm of lip, unspecified, inner aspect	Diagnosis	ICD-10-CM
C00.6	Malignant neoplasm of commissure of lip, unspecified	Diagnosis	ICD-10-CM
C00.8	Malignant neoplasm of overlapping sites of lip	Diagnosis	ICD-10-CM
C00.9	Malignant neoplasm of lip, unspecified	Diagnosis	ICD-10-CM
C01	Malignant neoplasm of base of tongue	Diagnosis	ICD-10-CM
C02.0	Malignant neoplasm of dorsal surface of tongue	Diagnosis	ICD-10-CM
C02.1	Malignant neoplasm of border of tongue	Diagnosis	ICD-10-CM
C02.2	Malignant neoplasm of ventral surface of tongue	Diagnosis	ICD-10-CM
C02.3	Malignant neoplasm of anterior two-thirds of tongue, part unspecified	Diagnosis	ICD-10-CM
C02.4	Malignant neoplasm of lingual tonsil	Diagnosis	ICD-10-CM
C02.8	Malignant neoplasm of overlapping sites of tongue	Diagnosis	ICD-10-CM
C02.9	Malignant neoplasm of tongue, unspecified	Diagnosis	ICD-10-CM
C03.0	Malignant neoplasm of upper gum	Diagnosis	ICD-10-CM
C03.1	Malignant neoplasm of lower gum	Diagnosis	ICD-10-CM
C03.9	Malignant neoplasm of gum, unspecified	Diagnosis	ICD-10-CM
C04.0	Malignant neoplasm of anterior floor of mouth	Diagnosis	ICD-10-CM
C04.1	Malignant neoplasm of lateral floor of mouth	Diagnosis	ICD-10-CM
C04.8	Malignant neoplasm of overlapping sites of floor of mouth	Diagnosis	ICD-10-CM
C04.9	Malignant neoplasm of floor of mouth, unspecified	Diagnosis	ICD-10-CM
C05.0	Malignant neoplasm of hard palate	Diagnosis	ICD-10-CM
C05.1	Malignant neoplasm of soft palate	Diagnosis	ICD-10-CM
C05.2	Malignant neoplasm of uvula	Diagnosis	ICD-10-CM
C05.8	Malignant neoplasm of overlapping sites of palate	Diagnosis	ICD-10-CM
C05.9	Malignant neoplasm of palate, unspecified	Diagnosis	ICD-10-CM
C06.0	Malignant neoplasm of cheek mucosa	Diagnosis	ICD-10-CM
C06.1	Malignant neoplasm of vestibule of mouth	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
C06.2	Malignant neoplasm of retromolar area	Diagnosis	ICD-10-CM
C06.80	Malignant neoplasm of overlapping sites of unspecified parts of mouth	Diagnosis	ICD-10-CM
C06.89	Malignant neoplasm of overlapping sites of other parts of mouth	Diagnosis	ICD-10-CM
C06.9	Malignant neoplasm of mouth, unspecified	Diagnosis	ICD-10-CM
C07	Malignant neoplasm of parotid gland	Diagnosis	ICD-10-CM
C08.0	Malignant neoplasm of submandibular gland	Diagnosis	ICD-10-CM
C08.1	Malignant neoplasm of sublingual gland	Diagnosis	ICD-10-CM
C08.9	Malignant neoplasm of major salivary gland, unspecified	Diagnosis	ICD-10-CM
C09.0	Malignant neoplasm of tonsillar fossa	Diagnosis	ICD-10-CM
C09.1	Malignant neoplasm of tonsillar pillar (anterior) (posterior)	Diagnosis	ICD-10-CM
C09.8	Malignant neoplasm of overlapping sites of tonsil	Diagnosis	ICD-10-CM
C09.9	Malignant neoplasm of tonsil, unspecified	Diagnosis	ICD-10-CM
C10.0	Malignant neoplasm of vallecula	Diagnosis	ICD-10-CM
C10.1	Malignant neoplasm of anterior surface of epiglottis	Diagnosis	ICD-10-CM
C10.2	Malignant neoplasm of lateral wall of oropharynx	Diagnosis	ICD-10-CM
C10.3	Malignant neoplasm of posterior wall of oropharynx	Diagnosis	ICD-10-CM
C10.4	Malignant neoplasm of branchial cleft	Diagnosis	ICD-10-CM
C10.8	Malignant neoplasm of overlapping sites of oropharynx	Diagnosis	ICD-10-CM
C10.9	Malignant neoplasm of oropharynx, unspecified	Diagnosis	ICD-10-CM
C11.0	Malignant neoplasm of superior wall of nasopharynx	Diagnosis	ICD-10-CM
C11.1	Malignant neoplasm of posterior wall of nasopharynx	Diagnosis	ICD-10-CM
C11.2	Malignant neoplasm of lateral wall of nasopharynx	Diagnosis	ICD-10-CM
C11.3	Malignant neoplasm of anterior wall of nasopharynx	Diagnosis	ICD-10-CM
C11.8	Malignant neoplasm of overlapping sites of nasopharynx	Diagnosis	ICD-10-CM
C11.9	Malignant neoplasm of nasopharynx, unspecified	Diagnosis	ICD-10-CM
C12	Malignant neoplasm of pyriform sinus	Diagnosis	ICD-10-CM
C13.0	Malignant neoplasm of postcricoid region	Diagnosis	ICD-10-CM
C13.1	Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect	Diagnosis	ICD-10-CM
C13.2	Malignant neoplasm of posterior wall of hypopharynx	Diagnosis	ICD-10-CM
C13.8	Malignant neoplasm of overlapping sites of hypopharynx	Diagnosis	ICD-10-CM
C13.9	Malignant neoplasm of hypopharynx, unspecified	Diagnosis	ICD-10-CM
C14.0	Malignant neoplasm of pharynx, unspecified	Diagnosis	ICD-10-CM
C14.2	Malignant neoplasm of Waldeyer's ring	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
C14.8	Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx	Diagnosis	ICD-10-CM
C15.3	Malignant neoplasm of upper third of esophagus	Diagnosis	ICD-10-CM
C15.4	Malignant neoplasm of middle third of esophagus	Diagnosis	ICD-10-CM
C15.5	Malignant neoplasm of lower third of esophagus	Diagnosis	ICD-10-CM
C15.8	Malignant neoplasm of overlapping sites of esophagus	Diagnosis	ICD-10-CM
C15.9	Malignant neoplasm of esophagus, unspecified	Diagnosis	ICD-10-CM
C16.0	Malignant neoplasm of cardia	Diagnosis	ICD-10-CM
C16.1	Malignant neoplasm of fundus of stomach	Diagnosis	ICD-10-CM
C16.2	Malignant neoplasm of body of stomach	Diagnosis	ICD-10-CM
C16.3	Malignant neoplasm of pyloric antrum	Diagnosis	ICD-10-CM
C16.4	Malignant neoplasm of pylorus	Diagnosis	ICD-10-CM
C16.5	Malignant neoplasm of lesser curvature of stomach, unspecified	Diagnosis	ICD-10-CM
C16.6	Malignant neoplasm of greater curvature of stomach, unspecified	Diagnosis	ICD-10-CM
C16.8	Malignant neoplasm of overlapping sites of stomach	Diagnosis	ICD-10-CM
C16.9	Malignant neoplasm of stomach, unspecified	Diagnosis	ICD-10-CM
C17.0	Malignant neoplasm of duodenum	Diagnosis	ICD-10-CM
C17.1	Malignant neoplasm of jejunum	Diagnosis	ICD-10-CM
C17.2	Malignant neoplasm of ileum	Diagnosis	ICD-10-CM
C17.3	Meckel's diverticulum, malignant	Diagnosis	ICD-10-CM
C17.8	Malignant neoplasm of overlapping sites of small intestine	Diagnosis	ICD-10-CM
C17.9	Malignant neoplasm of small intestine, unspecified	Diagnosis	ICD-10-CM
C18.0	Malignant neoplasm of cecum	Diagnosis	ICD-10-CM
C18.1	Malignant neoplasm of appendix	Diagnosis	ICD-10-CM
C18.2	Malignant neoplasm of ascending colon	Diagnosis	ICD-10-CM
C18.3	Malignant neoplasm of hepatic flexure	Diagnosis	ICD-10-CM
C18.4	Malignant neoplasm of transverse colon	Diagnosis	ICD-10-CM
C18.5	Malignant neoplasm of splenic flexure	Diagnosis	ICD-10-CM
C18.6	Malignant neoplasm of descending colon	Diagnosis	ICD-10-CM
C18.7	Malignant neoplasm of sigmoid colon	Diagnosis	ICD-10-CM
C18.8	Malignant neoplasm of overlapping sites of colon	Diagnosis	ICD-10-CM
C18.9	Malignant neoplasm of colon, unspecified	Diagnosis	ICD-10-CM
C19	Malignant neoplasm of rectosigmoid junction	Diagnosis	ICD-10-CM
C20	Malignant neoplasm of rectum	Diagnosis	ICD-10-CM

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

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

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

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

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

Code	Description	Code Category	Code Type
C39.0	Malignant neoplasm of upper respiratory tract, part unspecified	Diagnosis	ICD-10-CM
C39.9	Malignant neoplasm of lower respiratory tract, part unspecified	Diagnosis	ICD-10-CM
C40.00	Malignant neoplasm of scapula and long bones of unspecified upper limb	Diagnosis	ICD-10-CM
C40.01	Malignant neoplasm of scapula and long bones of right upper limb	Diagnosis	ICD-10-CM
C40.02	Malignant neoplasm of scapula and long bones of left upper limb	Diagnosis	ICD-10-CM
C40.10	Malignant neoplasm of short bones of unspecified upper limb	Diagnosis	ICD-10-CM
C40.11	Malignant neoplasm of short bones of right upper limb	Diagnosis	ICD-10-CM
C40.12	Malignant neoplasm of short bones of left upper limb	Diagnosis	ICD-10-CM
C40.20	Malignant neoplasm of long bones of unspecified lower limb	Diagnosis	ICD-10-CM
C40.21	Malignant neoplasm of long bones of right lower limb	Diagnosis	ICD-10-CM
C40.22	Malignant neoplasm of long bones of left lower limb	Diagnosis	ICD-10-CM
C40.30	Malignant neoplasm of short bones of unspecified lower limb	Diagnosis	ICD-10-CM
C40.31	Malignant neoplasm of short bones of right lower limb	Diagnosis	ICD-10-CM
C40.32	Malignant neoplasm of short bones of left lower limb	Diagnosis	ICD-10-CM
C40.80	Malignant neoplasm of overlapping sites of bone and articular cartilage of unspecified limb	Diagnosis	ICD-10-CM
C40.81	Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb	Diagnosis	ICD-10-CM
C40.82	Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb	Diagnosis	ICD-10-CM
C40.90	Malignant neoplasm of unspecified bones and articular cartilage of unspecified limb	Diagnosis	ICD-10-CM
C40.91	Malignant neoplasm of unspecified bones and articular cartilage of right limb	Diagnosis	ICD-10-CM
C40.92	Malignant neoplasm of unspecified bones and articular cartilage of left limb	Diagnosis	ICD-10-CM
C41.0	Malignant neoplasm of bones of skull and face	Diagnosis	ICD-10-CM
C41.1	Malignant neoplasm of mandible	Diagnosis	ICD-10-CM
C41.2	Malignant neoplasm of vertebral column	Diagnosis	ICD-10-CM
C41.3	Malignant neoplasm of ribs, sternum and clavicle	Diagnosis	ICD-10-CM
C41.4	Malignant neoplasm of pelvic bones, sacrum and coccyx	Diagnosis	ICD-10-CM
C41.9	Malignant neoplasm of bone and articular cartilage, unspecified	Diagnosis	ICD-10-CM
C43.0	Malignant melanoma of lip	Diagnosis	ICD-10-CM
C43.10	Malignant melanoma of unspecified eyelid, including canthus	Diagnosis	ICD-10-CM
C43.11	Malignant melanoma of right eyelid, including canthus	Diagnosis	ICD-10-CM
C43.12	Malignant melanoma of left eyelid, including canthus	Diagnosis	ICD-10-CM
C43.20	Malignant melanoma of unspecified ear and external auricular canal	Diagnosis	ICD-10-CM
C43.21	Malignant melanoma of right ear and external auricular canal	Diagnosis	ICD-10-CM
C43.22	Malignant melanoma of left ear and external auricular canal	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
C43.30	Malignant melanoma of unspecified part of face	Diagnosis	ICD-10-CM
C43.31	Malignant melanoma of nose	Diagnosis	ICD-10-CM
C43.39	Malignant melanoma of other parts of face	Diagnosis	ICD-10-CM
C43.4	Malignant melanoma of scalp and neck	Diagnosis	ICD-10-CM
C43.51	Malignant melanoma of anal skin	Diagnosis	ICD-10-CM
C43.52	Malignant melanoma of skin of breast	Diagnosis	ICD-10-CM
C43.59	Malignant melanoma of other part of trunk	Diagnosis	ICD-10-CM
C43.60	Malignant melanoma of unspecified upper limb, including shoulder	Diagnosis	ICD-10-CM
C43.61	Malignant melanoma of right upper limb, including shoulder	Diagnosis	ICD-10-CM
C43.62	Malignant melanoma of left upper limb, including shoulder	Diagnosis	ICD-10-CM
C43.70	Malignant melanoma of unspecified lower limb, including hip	Diagnosis	ICD-10-CM
C43.71	Malignant melanoma of right lower limb, including hip	Diagnosis	ICD-10-CM
C43.72	Malignant melanoma of left lower limb, including hip	Diagnosis	ICD-10-CM
C43.8	Malignant melanoma of overlapping sites of skin	Diagnosis	ICD-10-CM
C43.9	Malignant melanoma of skin, unspecified	Diagnosis	ICD-10-CM
C44.00	Unspecified malignant neoplasm of skin of lip	Diagnosis	ICD-10-CM
C44.01	Basal cell carcinoma of skin of lip	Diagnosis	ICD-10-CM
C44.02	Squamous cell carcinoma of skin of lip	Diagnosis	ICD-10-CM
C44.09	Other specified malignant neoplasm of skin of lip	Diagnosis	ICD-10-CM
C44.101	Unspecified malignant neoplasm of skin of unspecified eyelid, including canthus	Diagnosis	ICD-10-CM
C44.102	Unspecified malignant neoplasm of skin of right eyelid, including canthus	Diagnosis	ICD-10-CM
C44.109	Unspecified malignant neoplasm of skin of left eyelid, including canthus	Diagnosis	ICD-10-CM
C44.111	Basal cell carcinoma of skin of unspecified eyelid, including canthus	Diagnosis	ICD-10-CM
C44.112	Basal cell carcinoma of skin of right eyelid, including canthus	Diagnosis	ICD-10-CM
C44.119	Basal cell carcinoma of skin of left eyelid, including canthus	Diagnosis	ICD-10-CM
C44.121	Squamous cell carcinoma of skin of unspecified eyelid, including canthus	Diagnosis	ICD-10-CM
C44.122	Squamous cell carcinoma of skin of right eyelid, including canthus	Diagnosis	ICD-10-CM
C44.129	Squamous cell carcinoma of skin of left eyelid, including canthus	Diagnosis	ICD-10-CM
C44.191	Other specified malignant neoplasm of skin of unspecified eyelid, including canthus	Diagnosis	ICD-10-CM
C44.192	Other specified malignant neoplasm of skin of right eyelid, including canthus	Diagnosis	ICD-10-CM
C44.199	Other specified malignant neoplasm of skin of left eyelid, including canthus	Diagnosis	ICD-10-CM
C44.201	Unspecified malignant neoplasm of skin of unspecified ear and external auricular canal	Diagnosis	ICD-10-CM
C44.202	Unspecified malignant neoplasm of skin of right ear and external auricular canal	Diagnosis	ICD-10-CM

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

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

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

Code	Description	Code Category	Code Type
C44.521	Squamous cell carcinoma of skin of breast	Diagnosis	ICD-10-CM
C44.529	Squamous cell carcinoma of skin of other part of trunk	Diagnosis	ICD-10-CM
C44.590	Other specified malignant neoplasm of anal skin	Diagnosis	ICD-10-CM
C44.591	Other specified malignant neoplasm of skin of breast	Diagnosis	ICD-10-CM
C44.599	Other specified malignant neoplasm of skin of other part of trunk	Diagnosis	ICD-10-CM
C44.601	Unspecified malignant neoplasm of skin of unspecified upper limb, including shoulder	Diagnosis	ICD-10-CM
C44.602	Unspecified malignant neoplasm of skin of right upper limb, including shoulder	Diagnosis	ICD-10-CM
C44.609	Unspecified malignant neoplasm of skin of left upper limb, including shoulder	Diagnosis	ICD-10-CM
C44.611	Basal cell carcinoma of skin of unspecified upper limb, including shoulder	Diagnosis	ICD-10-CM
C44.612	Basal cell carcinoma of skin of right upper limb, including shoulder	Diagnosis	ICD-10-CM
C44.619	Basal cell carcinoma of skin of left upper limb, including shoulder	Diagnosis	ICD-10-CM
C44.621	Squamous cell carcinoma of skin of unspecified upper limb, including shoulder	Diagnosis	ICD-10-CM
C44.622	Squamous cell carcinoma of skin of right upper limb, including shoulder	Diagnosis	ICD-10-CM
C44.629	Squamous cell carcinoma of skin of left upper limb, including shoulder	Diagnosis	ICD-10-CM
C44.691	Other specified malignant neoplasm of skin of unspecified upper limb, including shoulder	Diagnosis	ICD-10-CM
C44.692	Other specified malignant neoplasm of skin of right upper limb, including shoulder	Diagnosis	ICD-10-CM
C44.699	Other specified malignant neoplasm of skin of left upper limb, including shoulder	Diagnosis	ICD-10-CM
C44.701	Unspecified malignant neoplasm of skin of unspecified lower limb, including hip	Diagnosis	ICD-10-CM
C44.702	Unspecified malignant neoplasm of skin of right lower limb, including hip	Diagnosis	ICD-10-CM
C44.709	Unspecified malignant neoplasm of skin of left lower limb, including hip	Diagnosis	ICD-10-CM
C44.711	Basal cell carcinoma of skin of unspecified lower limb, including hip	Diagnosis	ICD-10-CM
C44.712	Basal cell carcinoma of skin of right lower limb, including hip	Diagnosis	ICD-10-CM
C44.719	Basal cell carcinoma of skin of left lower limb, including hip	Diagnosis	ICD-10-CM
C44.721	Squamous cell carcinoma of skin of unspecified lower limb, including hip	Diagnosis	ICD-10-CM
C44.722	Squamous cell carcinoma of skin of right lower limb, including hip	Diagnosis	ICD-10-CM
C44.729	Squamous cell carcinoma of skin of left lower limb, including hip	Diagnosis	ICD-10-CM
C44.791	Other specified malignant neoplasm of skin of unspecified lower limb, including hip	Diagnosis	ICD-10-CM
C44.792	Other specified malignant neoplasm of skin of right lower limb, including hip	Diagnosis	ICD-10-CM
C44.799	Other specified malignant neoplasm of skin of left lower limb, including hip	Diagnosis	ICD-10-CM
C44.80	Unspecified malignant neoplasm of overlapping sites of skin	Diagnosis	ICD-10-CM
C44.81	Basal cell carcinoma of overlapping sites of skin	Diagnosis	ICD-10-CM
C44.82	Squamous cell carcinoma of overlapping sites of skin	Diagnosis	ICD-10-CM
C44.89	Other specified malignant neoplasm of overlapping sites of skin	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
C44.90	Unspecified malignant neoplasm of skin, unspecified	Diagnosis	ICD-10-CM
C44.91	Basal cell carcinoma of skin, unspecified	Diagnosis	ICD-10-CM
C44.92	Squamous cell carcinoma of skin, unspecified	Diagnosis	ICD-10-CM
C44.99	Other specified malignant neoplasm of skin, unspecified	Diagnosis	ICD-10-CM
C45.0	Mesothelioma of pleura	Diagnosis	ICD-10-CM
C45.1	Mesothelioma of peritoneum	Diagnosis	ICD-10-CM
C45.2	Mesothelioma of pericardium	Diagnosis	ICD-10-CM
C45.7	Mesothelioma of other sites	Diagnosis	ICD-10-CM
C45.9	Mesothelioma, unspecified	Diagnosis	ICD-10-CM
C46.0	Kaposi's sarcoma of skin	Diagnosis	ICD-10-CM
C46.1	Kaposi's sarcoma of soft tissue	Diagnosis	ICD-10-CM
C46.2	Kaposi's sarcoma of palate	Diagnosis	ICD-10-CM
C46.3	Kaposi's sarcoma of lymph nodes	Diagnosis	ICD-10-CM
C46.4	Kaposi's sarcoma of gastrointestinal sites	Diagnosis	ICD-10-CM
C46.50	Kaposi's sarcoma of unspecified lung	Diagnosis	ICD-10-CM
C46.51	Kaposi's sarcoma of right lung	Diagnosis	ICD-10-CM
C46.52	Kaposi's sarcoma of left lung	Diagnosis	ICD-10-CM
C46.7	Kaposi's sarcoma of other sites	Diagnosis	ICD-10-CM
C46.9	Kaposi's sarcoma, unspecified	Diagnosis	ICD-10-CM
C47.0	Malignant neoplasm of peripheral nerves of head, face and neck	Diagnosis	ICD-10-CM
C47.10	Malignant neoplasm of peripheral nerves of unspecified upper limb, including shoulder	Diagnosis	ICD-10-CM
C47.11	Malignant neoplasm of peripheral nerves of right upper limb, including shoulder	Diagnosis	ICD-10-CM
C47.12	Malignant neoplasm of peripheral nerves of left upper limb, including shoulder	Diagnosis	ICD-10-CM
C47.20	Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip	Diagnosis	ICD-10-CM
C47.21	Malignant neoplasm of peripheral nerves of right lower limb, including hip	Diagnosis	ICD-10-CM
C47.22	Malignant neoplasm of peripheral nerves of left lower limb, including hip	Diagnosis	ICD-10-CM
C47.3	Malignant neoplasm of peripheral nerves of thorax	Diagnosis	ICD-10-CM
C47.4	Malignant neoplasm of peripheral nerves of abdomen	Diagnosis	ICD-10-CM
C47.5	Malignant neoplasm of peripheral nerves of pelvis	Diagnosis	ICD-10-CM
C47.6	Malignant neoplasm of peripheral nerves of trunk, unspecified	Diagnosis	ICD-10-CM
C47.8	Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system	Diagnosis	ICD-10-CM
C47.9	Malignant neoplasm of peripheral nerves and autonomic nervous system, unspecified	Diagnosis	ICD-10-CM
C48.0	Malignant neoplasm of retroperitoneum	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
C48.1	Malignant neoplasm of specified parts of peritoneum	Diagnosis	ICD-10-CM
C48.2	Malignant neoplasm of peritoneum, unspecified	Diagnosis	ICD-10-CM
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum	Diagnosis	ICD-10-CM
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck	Diagnosis	ICD-10-CM
C49.10	Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder	Diagnosis	ICD-10-CM
C49.11	Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder	Diagnosis	ICD-10-CM
C49.12	Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder	Diagnosis	ICD-10-CM
C49.20	Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip	Diagnosis	ICD-10-CM
C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip	Diagnosis	ICD-10-CM
C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip	Diagnosis	ICD-10-CM
C49.3	Malignant neoplasm of connective and soft tissue of thorax	Diagnosis	ICD-10-CM
C49.4	Malignant neoplasm of connective and soft tissue of abdomen	Diagnosis	ICD-10-CM
C49.5	Malignant neoplasm of connective and soft tissue of pelvis	Diagnosis	ICD-10-CM
C49.6	Malignant neoplasm of connective and soft tissue of trunk, unspecified	Diagnosis	ICD-10-CM
C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue	Diagnosis	ICD-10-CM
C49.9	Malignant neoplasm of connective and soft tissue, unspecified	Diagnosis	ICD-10-CM
C49.A0	Gastrointestinal stromal tumor, unspecified site	Diagnosis	ICD-10-CM
C49.A1	Gastrointestinal stromal tumor of esophagus	Diagnosis	ICD-10-CM
C49.A2	Gastrointestinal stromal tumor of stomach	Diagnosis	ICD-10-CM
C49.A3	Gastrointestinal stromal tumor of small intestine	Diagnosis	ICD-10-CM
C49.A4	Gastrointestinal stromal tumor of large intestine	Diagnosis	ICD-10-CM
C49.A5	Gastrointestinal stromal tumor of rectum	Diagnosis	ICD-10-CM
C49.A9	Gastrointestinal stromal tumor of other sites	Diagnosis	ICD-10-CM
C50.011	Malignant neoplasm of nipple and areola, right female breast	Diagnosis	ICD-10-CM
C50.012	Malignant neoplasm of nipple and areola, left female breast	Diagnosis	ICD-10-CM
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast	Diagnosis	ICD-10-CM
C50.021	Malignant neoplasm of nipple and areola, right male breast	Diagnosis	ICD-10-CM
C50.022	Malignant neoplasm of nipple and areola, left male breast	Diagnosis	ICD-10-CM
C50.029	Malignant neoplasm of nipple and areola, unspecified male breast	Diagnosis	ICD-10-CM
C50.111	Malignant neoplasm of central portion of right female breast	Diagnosis	ICD-10-CM
C50.112	Malignant neoplasm of central portion of left female breast	Diagnosis	ICD-10-CM
C50.119	Malignant neoplasm of central portion of unspecified female breast	Diagnosis	ICD-10-CM
C50.121	Malignant neoplasm of central portion of right male breast	Diagnosis	ICD-10-CM

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

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

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

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

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

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

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

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

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

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

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

Code	Description	Code Category	Code Type
C71.8	Malignant neoplasm of overlapping sites of brain	Diagnosis	ICD-10-CM
C71.9	Malignant neoplasm of brain, unspecified	Diagnosis	ICD-10-CM
C72.0	Malignant neoplasm of spinal cord	Diagnosis	ICD-10-CM
C72.1	Malignant neoplasm of cauda equina	Diagnosis	ICD-10-CM
C72.20	Malignant neoplasm of unspecified olfactory nerve	Diagnosis	ICD-10-CM
C72.21	Malignant neoplasm of right olfactory nerve	Diagnosis	ICD-10-CM
C72.22	Malignant neoplasm of left olfactory nerve	Diagnosis	ICD-10-CM
C72.30	Malignant neoplasm of unspecified optic nerve	Diagnosis	ICD-10-CM
C72.31	Malignant neoplasm of right optic nerve	Diagnosis	ICD-10-CM
C72.32	Malignant neoplasm of left optic nerve	Diagnosis	ICD-10-CM
C72.40	Malignant neoplasm of unspecified acoustic nerve	Diagnosis	ICD-10-CM
C72.41	Malignant neoplasm of right acoustic nerve	Diagnosis	ICD-10-CM
C72.42	Malignant neoplasm of left acoustic nerve	Diagnosis	ICD-10-CM
C72.50	Malignant neoplasm of unspecified cranial nerve	Diagnosis	ICD-10-CM
C72.59	Malignant neoplasm of other cranial nerves	Diagnosis	ICD-10-CM
C72.9	Malignant neoplasm of central nervous system, unspecified	Diagnosis	ICD-10-CM
C73	Malignant neoplasm of thyroid gland	Diagnosis	ICD-10-CM
C74.00	Malignant neoplasm of cortex of unspecified adrenal gland	Diagnosis	ICD-10-CM
C74.01	Malignant neoplasm of cortex of right adrenal gland	Diagnosis	ICD-10-CM
C74.02	Malignant neoplasm of cortex of left adrenal gland	Diagnosis	ICD-10-CM
C74.10	Malignant neoplasm of medulla of unspecified adrenal gland	Diagnosis	ICD-10-CM
C74.11	Malignant neoplasm of medulla of right adrenal gland	Diagnosis	ICD-10-CM
C74.12	Malignant neoplasm of medulla of left adrenal gland	Diagnosis	ICD-10-CM
C74.90	Malignant neoplasm of unspecified part of unspecified adrenal gland	Diagnosis	ICD-10-CM
C74.91	Malignant neoplasm of unspecified part of right adrenal gland	Diagnosis	ICD-10-CM
C74.92	Malignant neoplasm of unspecified part of left adrenal gland	Diagnosis	ICD-10-CM
C75.0	Malignant neoplasm of parathyroid gland	Diagnosis	ICD-10-CM
C75.1	Malignant neoplasm of pituitary gland	Diagnosis	ICD-10-CM
C75.2	Malignant neoplasm of craniopharyngeal duct	Diagnosis	ICD-10-CM
C75.3	Malignant neoplasm of pineal gland	Diagnosis	ICD-10-CM
C75.4	Malignant neoplasm of carotid body	Diagnosis	ICD-10-CM
C75.5	Malignant neoplasm of aortic body and other paraganglia	Diagnosis	ICD-10-CM
C75.8	Malignant neoplasm with pluriglandular involvement, unspecified	Diagnosis	ICD-10-CM

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

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

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

Code	Description	Code Category	Code Type
C79.00	Secondary malignant neoplasm of unspecified kidney and renal pelvis	Diagnosis	ICD-10-CM
C79.01	Secondary malignant neoplasm of right kidney and renal pelvis	Diagnosis	ICD-10-CM
C79.02	Secondary malignant neoplasm of left kidney and renal pelvis	Diagnosis	ICD-10-CM
C79.10	Secondary malignant neoplasm of unspecified urinary organs	Diagnosis	ICD-10-CM
C79.11	Secondary malignant neoplasm of bladder	Diagnosis	ICD-10-CM
C79.19	Secondary malignant neoplasm of other urinary organs	Diagnosis	ICD-10-CM
C79.2	Secondary malignant neoplasm of skin	Diagnosis	ICD-10-CM
C79.31	Secondary malignant neoplasm of brain	Diagnosis	ICD-10-CM
C79.32	Secondary malignant neoplasm of cerebral meninges	Diagnosis	ICD-10-CM
C79.40	Secondary malignant neoplasm of unspecified part of nervous system	Diagnosis	ICD-10-CM
C79.49	Secondary malignant neoplasm of other parts of nervous system	Diagnosis	ICD-10-CM
C79.51	Secondary malignant neoplasm of bone	Diagnosis	ICD-10-CM
C79.52	Secondary malignant neoplasm of bone marrow	Diagnosis	ICD-10-CM
C79.60	Secondary malignant neoplasm of unspecified ovary	Diagnosis	ICD-10-CM
C79.61	Secondary malignant neoplasm of right ovary	Diagnosis	ICD-10-CM
C79.62	Secondary malignant neoplasm of left ovary	Diagnosis	ICD-10-CM
C79.70	Secondary malignant neoplasm of unspecified adrenal gland	Diagnosis	ICD-10-CM
C79.71	Secondary malignant neoplasm of right adrenal gland	Diagnosis	ICD-10-CM
C79.72	Secondary malignant neoplasm of left adrenal gland	Diagnosis	ICD-10-CM
C79.81	Secondary malignant neoplasm of breast	Diagnosis	ICD-10-CM
C79.82	Secondary malignant neoplasm of genital organs	Diagnosis	ICD-10-CM
C79.89	Secondary malignant neoplasm of other specified sites	Diagnosis	ICD-10-CM
C79.9	Secondary malignant neoplasm of unspecified site	Diagnosis	ICD-10-CM
C80.0	Disseminated malignant neoplasm, unspecified	Diagnosis	ICD-10-CM
C80.1	Malignant (primary) neoplasm, unspecified	Diagnosis	ICD-10-CM
C80.2	Malignant neoplasm associated with transplanted organ	Diagnosis	ICD-10-CM
C81.00	Nodular lymphocyte predominant Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C81.01	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.02	Nodular lymphocyte predominant Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.03	Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.04	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.05	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
C81.06	Nodular lymphocyte predominant Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.07	Nodular lymphocyte predominant Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C81.08	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.09	Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C81.10	Nodular sclerosis Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C81.11	Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.12	Nodular sclerosis Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.13	Nodular sclerosis Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.14	Nodular sclerosis Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.15	Nodular sclerosis Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C81.16	Nodular sclerosis Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.17	Nodular sclerosis Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C81.18	Nodular sclerosis Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.19	Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C81.20	Mixed cellularity Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C81.21	Mixed cellularity Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.22	Mixed cellularity Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.23	Mixed cellularity Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.24	Mixed cellularity Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.25	Mixed cellularity Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C81.26	Mixed cellularity Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.27	Mixed cellularity Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C81.28	Mixed cellularity Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.29	Mixed cellularity Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C81.30	Lymphocyte depleted Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C81.31	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.32	Lymphocyte depleted Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.33	Lymphocyte depleted Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.34	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.35	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C81.36	Lymphocyte depleted Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.37	Lymphocyte depleted Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C81.38	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
C81.39	Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C81.40	Lymphocyte-rich Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C81.41	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.42	Lymphocyte-rich Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.43	Lymphocyte-rich Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.44	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.45	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C81.46	Lymphocyte-rich Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.47	Lymphocyte-rich Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C81.48	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.49	Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C81.70	Other Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C81.71	Other Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.72	Other Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.73	Other Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.74	Other Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.75	Other Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C81.76	Other Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.77	Other Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C81.78	Other Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.79	Other Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C81.90	Hodgkin lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM
C81.91	Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.92	Hodgkin lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.93	Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.94	Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.95	Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C81.96	Hodgkin lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.97	Hodgkin lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM
C81.98	Hodgkin lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.99	Hodgkin lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.00	Follicular lymphoma grade I, unspecified site	Diagnosis	ICD-10-CM
C82.01	Follicular lymphoma grade I, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
C82.02	Follicular lymphoma grade I, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.03	Follicular lymphoma grade I, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.04	Follicular lymphoma grade I, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.05	Follicular lymphoma grade I, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.06	Follicular lymphoma grade I, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.07	Follicular lymphoma grade I, spleen	Diagnosis	ICD-10-CM
C82.08	Follicular lymphoma grade I, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.09	Follicular lymphoma grade I, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.10	Follicular lymphoma grade II, unspecified site	Diagnosis	ICD-10-CM
C82.11	Follicular lymphoma grade II, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.12	Follicular lymphoma grade II, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.13	Follicular lymphoma grade II, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.14	Follicular lymphoma grade II, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.15	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.16	Follicular lymphoma grade II, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.17	Follicular lymphoma grade II, spleen	Diagnosis	ICD-10-CM
C82.18	Follicular lymphoma grade II, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.19	Follicular lymphoma grade II, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.20	Follicular lymphoma grade III, unspecified, unspecified site	Diagnosis	ICD-10-CM
C82.21	Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.22	Follicular lymphoma grade III, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.23	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.24	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.25	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.26	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.27	Follicular lymphoma grade III, unspecified, spleen	Diagnosis	ICD-10-CM
C82.28	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.29	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.30	Follicular lymphoma grade IIIa, unspecified site	Diagnosis	ICD-10-CM
C82.31	Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.32	Follicular lymphoma grade IIIa, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.33	Follicular lymphoma grade IIIa, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.34	Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM

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

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

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

Code	Description	Code Category	Code Type
C82.68	Cutaneous follicle center lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.69	Cutaneous follicle center lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.80	Other types of follicular lymphoma, unspecified site	Diagnosis	ICD-10-CM
C82.81	Other types of follicular lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.82	Other types of follicular lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.83	Other types of follicular lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.84	Other types of follicular lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.85	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.86	Other types of follicular lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.87	Other types of follicular lymphoma, spleen	Diagnosis	ICD-10-CM
C82.88	Other types of follicular lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.89	Other types of follicular lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.90	Follicular lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM
C82.91	Follicular lymphoma, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.92	Follicular lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.93	Follicular lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.94	Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.95	Follicular lymphoma, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.96	Follicular lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.97	Follicular lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM
C82.98	Follicular lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.99	Follicular lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C83.00	Small cell B-cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
C83.01	Small cell B-cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C83.02	Small cell B-cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C83.03	Small cell B-cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C83.04	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C83.05	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C83.06	Small cell B-cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C83.07	Small cell B-cell lymphoma, spleen	Diagnosis	ICD-10-CM
C83.08	Small cell B-cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C83.09	Small cell B-cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C83.10	Mantle cell lymphoma, unspecified site	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
C83.11	Mantle cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C83.12	Mantle cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C83.13	Mantle cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C83.14	Mantle cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C83.15	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C83.16	Mantle cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C83.17	Mantle cell lymphoma, spleen	Diagnosis	ICD-10-CM
C83.18	Mantle cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C83.19	Mantle cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C83.30	Diffuse large B-cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C83.32	Diffuse large B-cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C83.33	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C83.34	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C83.35	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C83.36	Diffuse large B-cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C83.37	Diffuse large B-cell lymphoma, spleen	Diagnosis	ICD-10-CM
C83.38	Diffuse large B-cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C83.39	Diffuse large B-cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C83.50	Lymphoblastic (diffuse) lymphoma, unspecified site	Diagnosis	ICD-10-CM
C83.51	Lymphoblastic (diffuse) lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C83.52	Lymphoblastic (diffuse) lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C83.53	Lymphoblastic (diffuse) lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C83.54	Lymphoblastic (diffuse) lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C83.55	Lymphoblastic (diffuse) lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C83.56	Lymphoblastic (diffuse) lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C83.57	Lymphoblastic (diffuse) lymphoma, spleen	Diagnosis	ICD-10-CM
C83.58	Lymphoblastic (diffuse) lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C83.59	Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C83.70	Burkitt lymphoma, unspecified site	Diagnosis	ICD-10-CM
C83.71	Burkitt lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C83.72	Burkitt lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C83.73	Burkitt lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
C83.74	Burkitt lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C83.75	Burkitt lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C83.76	Burkitt lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C83.77	Burkitt lymphoma, spleen	Diagnosis	ICD-10-CM
C83.78	Burkitt lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C83.79	Burkitt lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C83.80	Other non-follicular lymphoma, unspecified site	Diagnosis	ICD-10-CM
C83.81	Other non-follicular lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C83.82	Other non-follicular lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C83.83	Other non-follicular lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C83.84	Other non-follicular lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C83.85	Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C83.86	Other non-follicular lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C83.87	Other non-follicular lymphoma, spleen	Diagnosis	ICD-10-CM
C83.88	Other non-follicular lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C83.89	Other non-follicular lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C83.90	Non-follicular (diffuse) lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM
C83.91	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C83.92	Non-follicular (diffuse) lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C83.93	Non-follicular (diffuse) lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C83.94	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C83.95	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C83.96	Non-follicular (diffuse) lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C83.97	Non-follicular (diffuse) lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM
C83.98	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C83.99	Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84.00	Mycosis fungoides, unspecified site	Diagnosis	ICD-10-CM
C84.01	Mycosis fungoides, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84.02	Mycosis fungoides, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84.03	Mycosis fungoides, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.04	Mycosis fungoides, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.05	Mycosis fungoides, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84.06	Mycosis fungoides, intrapelvic lymph nodes	Diagnosis	ICD-10-CM

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

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

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

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

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

Code	Description	Code Category	Code Type
C84.Z3	Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.Z4	Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.Z5	Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84.Z6	Other mature T/NK-cell lymphomas, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84.Z7	Other mature T/NK-cell lymphomas, spleen	Diagnosis	ICD-10-CM
C84.Z8	Other mature T/NK-cell lymphomas, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.Z9	Other mature T/NK-cell lymphomas, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C85.10	Unspecified B-cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
C85.11	Unspecified B-cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C85.12	Unspecified B-cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C85.13	Unspecified B-cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C85.14	Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C85.15	Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C85.16	Unspecified B-cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C85.17	Unspecified B-cell lymphoma, spleen	Diagnosis	ICD-10-CM
C85.18	Unspecified B-cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C85.19	Unspecified B-cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C85.20	Mediastinal (thymic) large B-cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
C85.21	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C85.22	Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C85.23	Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C85.24	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C85.25	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C85.26	Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C85.27	Mediastinal (thymic) large B-cell lymphoma, spleen	Diagnosis	ICD-10-CM
C85.28	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C85.29	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C85.80	Other specified types of non-Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C85.81	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C85.82	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C85.83	Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C85.84	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C85.85	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
C85.86	Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C85.87	Other specified types of non-Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C85.88	Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C85.90	Non-Hodgkin lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM
C85.91	Non-Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C85.92	Non-Hodgkin lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C85.93	Non-Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C85.94	Non-Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C85.95	Non-Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C85.96	Non-Hodgkin lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C85.97	Non-Hodgkin lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM
C85.98	Non-Hodgkin lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C85.99	Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C86.0	Extranodal NK/T-cell lymphoma, nasal type	Diagnosis	ICD-10-CM
C86.1	Hepatosplenic T-cell lymphoma	Diagnosis	ICD-10-CM
C86.2	Enteropathy-type (intestinal) T-cell lymphoma	Diagnosis	ICD-10-CM
C86.3	Subcutaneous panniculitis-like T-cell lymphoma	Diagnosis	ICD-10-CM
C86.4	Blastic NK-cell lymphoma	Diagnosis	ICD-10-CM
C86.5	Angioimmunoblastic T-cell lymphoma	Diagnosis	ICD-10-CM
C86.6	Primary cutaneous CD30-positive T-cell proliferations	Diagnosis	ICD-10-CM
C88.2	Heavy chain disease	Diagnosis	ICD-10-CM
C88.3	Immunoproliferative small intestinal disease	Diagnosis	ICD-10-CM
C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma]	Diagnosis	ICD-10-CM
C88.8	Other malignant immunoproliferative diseases	Diagnosis	ICD-10-CM
C88.9	Malignant immunoproliferative disease, unspecified	Diagnosis	ICD-10-CM
C90.00	Multiple myeloma not having achieved remission	Diagnosis	ICD-10-CM
C90.01	Multiple myeloma in remission	Diagnosis	ICD-10-CM
C90.02	Multiple myeloma in relapse	Diagnosis	ICD-10-CM
C90.10	Plasma cell leukemia not having achieved remission	Diagnosis	ICD-10-CM
C90.11	Plasma cell leukemia in remission	Diagnosis	ICD-10-CM
C90.12	Plasma cell leukemia in relapse	Diagnosis	ICD-10-CM

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

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

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

Code	Description	Code Category	Code Type
C92.00	Acute myeloblastic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C92.01	Acute myeloblastic leukemia, in remission	Diagnosis	ICD-10-CM
C92.02	Acute myeloblastic leukemia, in relapse	Diagnosis	ICD-10-CM
C92.10	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission	Diagnosis	ICD-10-CM
C92.11	Chronic myeloid leukemia, BCR/ABL-positive, in remission	Diagnosis	ICD-10-CM
C92.12	Chronic myeloid leukemia, BCR/ABL-positive, in relapse	Diagnosis	ICD-10-CM
C92.20	Atypical chronic myeloid leukemia, BCR/ABL-negative, not having achieved remission	Diagnosis	ICD-10-CM
C92.21	Atypical chronic myeloid leukemia, BCR/ABL-negative, in remission	Diagnosis	ICD-10-CM
C92.22	Atypical chronic myeloid leukemia, BCR/ABL-negative, in relapse	Diagnosis	ICD-10-CM
C92.30	Myeloid sarcoma, not having achieved remission	Diagnosis	ICD-10-CM
C92.31	Myeloid sarcoma, in remission	Diagnosis	ICD-10-CM
C92.32	Myeloid sarcoma, in relapse	Diagnosis	ICD-10-CM
C92.40	Acute promyelocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C92.41	Acute promyelocytic leukemia, in remission	Diagnosis	ICD-10-CM
C92.42	Acute promyelocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C92.50	Acute myelomonocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C92.51	Acute myelomonocytic leukemia, in remission	Diagnosis	ICD-10-CM
C92.52	Acute myelomonocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C92.60	Acute myeloid leukemia with 11q23-abnormality not having achieved remission	Diagnosis	ICD-10-CM
C92.61	Acute myeloid leukemia with 11q23-abnormality in remission	Diagnosis	ICD-10-CM
C92.62	Acute myeloid leukemia with 11q23-abnormality in relapse	Diagnosis	ICD-10-CM
C92.90	Myeloid leukemia, unspecified, not having achieved remission	Diagnosis	ICD-10-CM
C92.91	Myeloid leukemia, unspecified in remission	Diagnosis	ICD-10-CM
C92.92	Myeloid leukemia, unspecified in relapse	Diagnosis	ICD-10-CM
C92.A0	Acute myeloid leukemia with multilineage dysplasia, not having achieved remission	Diagnosis	ICD-10-CM
C92.A1	Acute myeloid leukemia with multilineage dysplasia, in remission	Diagnosis	ICD-10-CM
C92.A2	Acute myeloid leukemia with multilineage dysplasia, in relapse	Diagnosis	ICD-10-CM
C92.Z0	Other myeloid leukemia not having achieved remission	Diagnosis	ICD-10-CM
C92.Z1	Other myeloid leukemia, in remission	Diagnosis	ICD-10-CM
C92.Z2	Other myeloid leukemia, in relapse	Diagnosis	ICD-10-CM
C93.00	Acute monoblastic/monocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C93.01	Acute monoblastic/monocytic leukemia, in remission	Diagnosis	ICD-10-CM
C93.02	Acute monoblastic/monocytic leukemia, in relapse	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
C93.10	Chronic myelomonocytic leukemia not having achieved remission	Diagnosis	ICD-10-CM
C93.11	Chronic myelomonocytic leukemia, in remission	Diagnosis	ICD-10-CM
C93.12	Chronic myelomonocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C93.30	Juvenile myelomonocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C93.31	Juvenile myelomonocytic leukemia, in remission	Diagnosis	ICD-10-CM
C93.32	Juvenile myelomonocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C93.90	Monocytic leukemia, unspecified, not having achieved remission	Diagnosis	ICD-10-CM
C93.91	Monocytic leukemia, unspecified in remission	Diagnosis	ICD-10-CM
C93.92	Monocytic leukemia, unspecified in relapse	Diagnosis	ICD-10-CM
C93.Z0	Other monocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C93.Z1	Other monocytic leukemia, in remission	Diagnosis	ICD-10-CM
C93.Z2	Other monocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C94.00	Acute erythroid leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C94.01	Acute erythroid leukemia, in remission	Diagnosis	ICD-10-CM
C94.02	Acute erythroid leukemia, in relapse	Diagnosis	ICD-10-CM
C94.20	Acute megakaryoblastic leukemia not having achieved remission	Diagnosis	ICD-10-CM
C94.21	Acute megakaryoblastic leukemia, in remission	Diagnosis	ICD-10-CM
C94.22	Acute megakaryoblastic leukemia, in relapse	Diagnosis	ICD-10-CM
C94.30	Mast cell leukemia not having achieved remission	Diagnosis	ICD-10-CM
C94.31	Mast cell leukemia, in remission	Diagnosis	ICD-10-CM
C94.32	Mast cell leukemia, in relapse	Diagnosis	ICD-10-CM
C94.80	Other specified leukemias not having achieved remission	Diagnosis	ICD-10-CM
C94.81	Other specified leukemias, in remission	Diagnosis	ICD-10-CM
C94.82	Other specified leukemias, in relapse	Diagnosis	ICD-10-CM
C95.00	Acute leukemia of unspecified cell type not having achieved remission	Diagnosis	ICD-10-CM
C95.01	Acute leukemia of unspecified cell type, in remission	Diagnosis	ICD-10-CM
C95.02	Acute leukemia of unspecified cell type, in relapse	Diagnosis	ICD-10-CM
C95.10	Chronic leukemia of unspecified cell type not having achieved remission	Diagnosis	ICD-10-CM
C95.11	Chronic leukemia of unspecified cell type, in remission	Diagnosis	ICD-10-CM
C95.12	Chronic leukemia of unspecified cell type, in relapse	Diagnosis	ICD-10-CM
C95.90	Leukemia, unspecified not having achieved remission	Diagnosis	ICD-10-CM
C95.91	Leukemia, unspecified, in remission	Diagnosis	ICD-10-CM
C95.92	Leukemia, unspecified, in relapse	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
C96.0	Multifocal and multisystemic (disseminated) Langerhans-cell histiocytosis	Diagnosis	ICD-10-CM
C96.20	Malignant mast cell neoplasm, unspecified	Diagnosis	ICD-10-CM
C96.21	Aggressive systemic mastocytosis	Diagnosis	ICD-10-CM
C96.22	Mast cell sarcoma	Diagnosis	ICD-10-CM
C96.29	Other malignant mast cell neoplasm	Diagnosis	ICD-10-CM
C96.4	Sarcoma of dendritic cells (accessory cells)	Diagnosis	ICD-10-CM
C96.9	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified	Diagnosis	ICD-10-CM
C96.A	Histiocytic sarcoma	Diagnosis	ICD-10-CM
C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue	Diagnosis	ICD-10-CM
D03.0	Melanoma in situ of lip	Diagnosis	ICD-10-CM
D03.10	Melanoma in situ of unspecified eyelid, including canthus	Diagnosis	ICD-10-CM
D03.11	Melanoma in situ of right eyelid, including canthus	Diagnosis	ICD-10-CM
D03.12	Melanoma in situ of left eyelid, including canthus	Diagnosis	ICD-10-CM
D03.20	Melanoma in situ of unspecified ear and external auricular canal	Diagnosis	ICD-10-CM
D03.21	Melanoma in situ of right ear and external auricular canal	Diagnosis	ICD-10-CM
D03.22	Melanoma in situ of left ear and external auricular canal	Diagnosis	ICD-10-CM
D03.30	Melanoma in situ of unspecified part of face	Diagnosis	ICD-10-CM
D03.39	Melanoma in situ of other parts of face	Diagnosis	ICD-10-CM
D03.4	Melanoma in situ of scalp and neck	Diagnosis	ICD-10-CM
D03.51	Melanoma in situ of anal skin	Diagnosis	ICD-10-CM
D03.52	Melanoma in situ of breast (skin) (soft tissue)	Diagnosis	ICD-10-CM
D03.59	Melanoma in situ of other part of trunk	Diagnosis	ICD-10-CM
D03.60	Melanoma in situ of unspecified upper limb, including shoulder	Diagnosis	ICD-10-CM
D03.61	Melanoma in situ of right upper limb, including shoulder	Diagnosis	ICD-10-CM
D03.62	Melanoma in situ of left upper limb, including shoulder	Diagnosis	ICD-10-CM
D03.70	Melanoma in situ of unspecified lower limb, including hip	Diagnosis	ICD-10-CM
D03.71	Melanoma in situ of right lower limb, including hip	Diagnosis	ICD-10-CM
D03.72	Melanoma in situ of left lower limb, including hip	Diagnosis	ICD-10-CM
D03.8	Melanoma in situ of other sites	Diagnosis	ICD-10-CM
D03.9	Melanoma in situ, unspecified	Diagnosis	ICD-10-CM
D3A.00	Benign carcinoid tumor of unspecified site	Diagnosis	ICD-10-CM
D3A.010	Benign carcinoid tumor of the duodenum	Diagnosis	ICD-10-CM
D3A.011	Benign carcinoid tumor of the jejunum	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
D3A.012	Benign carcinoid tumor of the ileum	Diagnosis	ICD-10-CM
D3A.019	Benign carcinoid tumor of the small intestine, unspecified portion	Diagnosis	ICD-10-CM
D3A.020	Benign carcinoid tumor of the appendix	Diagnosis	ICD-10-CM
D3A.021	Benign carcinoid tumor of the cecum	Diagnosis	ICD-10-CM
D3A.022	Benign carcinoid tumor of the ascending colon	Diagnosis	ICD-10-CM
D3A.023	Benign carcinoid tumor of the transverse colon	Diagnosis	ICD-10-CM
D3A.024	Benign carcinoid tumor of the descending colon	Diagnosis	ICD-10-CM
D3A.025	Benign carcinoid tumor of the sigmoid colon	Diagnosis	ICD-10-CM
D3A.026	Benign carcinoid tumor of the rectum	Diagnosis	ICD-10-CM
D3A.029	Benign carcinoid tumor of the large intestine, unspecified portion	Diagnosis	ICD-10-CM
D3A.090	Benign carcinoid tumor of the bronchus and lung	Diagnosis	ICD-10-CM
D3A.091	Benign carcinoid tumor of the thymus	Diagnosis	ICD-10-CM
D3A.092	Benign carcinoid tumor of the stomach	Diagnosis	ICD-10-CM
D3A.093	Benign carcinoid tumor of the kidney	Diagnosis	ICD-10-CM
D3A.094	Benign carcinoid tumor of the foregut, unspecified	Diagnosis	ICD-10-CM
D3A.095	Benign carcinoid tumor of the midgut, unspecified	Diagnosis	ICD-10-CM
D3A.096	Benign carcinoid tumor of the hindgut, unspecified	Diagnosis	ICD-10-CM
D3A.098	Benign carcinoid tumors of other sites	Diagnosis	ICD-10-CM
D3A.8	Other benign neuroendocrine tumors	Diagnosis	ICD-10-CM
D45	Polycythemia vera	Diagnosis	ICD-10-CM
H40.50X0	Glaucoma secondary to other eye disorders, unspecified eye, stage unspecified	Diagnosis	ICD-10-CM
H40.50X1	Glaucoma secondary to other eye disorders, unspecified eye, mild stage	Diagnosis	ICD-10-CM
H40.50X2	Glaucoma secondary to other eye disorders, unspecified eye, moderate stage	Diagnosis	ICD-10-CM
H40.50X3	Glaucoma secondary to other eye disorders, unspecified eye, severe stage	Diagnosis	ICD-10-CM
H40.50X4	Glaucoma secondary to other eye disorders, unspecified eye, indeterminate stage	Diagnosis	ICD-10-CM
H40.51X0	Glaucoma secondary to other eye disorders, right eye, stage unspecified	Diagnosis	ICD-10-CM
H40.51X1	Glaucoma secondary to other eye disorders, right eye, mild stage	Diagnosis	ICD-10-CM
H40.51X2	Glaucoma secondary to other eye disorders, right eye, moderate stage	Diagnosis	ICD-10-CM
H40.51X3	Glaucoma secondary to other eye disorders, right eye, severe stage	Diagnosis	ICD-10-CM
H40.51X4	Glaucoma secondary to other eye disorders, right eye, indeterminate stage	Diagnosis	ICD-10-CM
H40.52X0	Glaucoma secondary to other eye disorders, left eye, stage unspecified	Diagnosis	ICD-10-CM
H40.52X1	Glaucoma secondary to other eye disorders, left eye, mild stage	Diagnosis	ICD-10-CM
H40.52X2	Glaucoma secondary to other eye disorders, left eye, moderate stage	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
H40.52X3	Glaucoma secondary to other eye disorders, left eye, severe stage	Diagnosis	ICD-10-CM
H40.52X4	Glaucoma secondary to other eye disorders, left eye, indeterminate stage	Diagnosis	ICD-10-CM
H40.53X0	Glaucoma secondary to other eye disorders, bilateral, stage unspecified	Diagnosis	ICD-10-CM
H40.53X1	Glaucoma secondary to other eye disorders, bilateral, mild stage	Diagnosis	ICD-10-CM
H40.53X2	Glaucoma secondary to other eye disorders, bilateral, moderate stage	Diagnosis	ICD-10-CM
H40.53X3	Glaucoma secondary to other eye disorders, bilateral, severe stage	Diagnosis	ICD-10-CM
H40.53X4	Glaucoma secondary to other eye disorders, bilateral, indeterminate stage	Diagnosis	ICD-10-CM
M88.0	Osteitis deformans of skull	Diagnosis	ICD-10-CM
M88.1	Osteitis deformans of vertebrae	Diagnosis	ICD-10-CM
M88.811	Osteitis deformans of right shoulder	Diagnosis	ICD-10-CM
M88.812	Osteitis deformans of left shoulder	Diagnosis	ICD-10-CM
M88.819	Osteitis deformans of unspecified shoulder	Diagnosis	ICD-10-CM
M88.821	Osteitis deformans of right upper arm	Diagnosis	ICD-10-CM
M88.822	Osteitis deformans of left upper arm	Diagnosis	ICD-10-CM
M88.829	Osteitis deformans of unspecified upper arm	Diagnosis	ICD-10-CM
M88.831	Osteitis deformans of right forearm	Diagnosis	ICD-10-CM
M88.832	Osteitis deformans of left forearm	Diagnosis	ICD-10-CM
M88.839	Osteitis deformans of unspecified forearm	Diagnosis	ICD-10-CM
M88.841	Osteitis deformans of right hand	Diagnosis	ICD-10-CM
M88.842	Osteitis deformans of left hand	Diagnosis	ICD-10-CM
M88.849	Osteitis deformans of unspecified hand	Diagnosis	ICD-10-CM
M88.851	Osteitis deformans of right thigh	Diagnosis	ICD-10-CM
M88.852	Osteitis deformans of left thigh	Diagnosis	ICD-10-CM
M88.859	Osteitis deformans of unspecified thigh	Diagnosis	ICD-10-CM
M88.861	Osteitis deformans of right lower leg	Diagnosis	ICD-10-CM
M88.862	Osteitis deformans of left lower leg	Diagnosis	ICD-10-CM
M88.869	Osteitis deformans of unspecified lower leg	Diagnosis	ICD-10-CM
M88.871	Osteitis deformans of right ankle and foot	Diagnosis	ICD-10-CM
M88.872	Osteitis deformans of left ankle and foot	Diagnosis	ICD-10-CM
M88.879	Osteitis deformans of unspecified ankle and foot	Diagnosis	ICD-10-CM
M88.88	Osteitis deformans of other bones	Diagnosis	ICD-10-CM
M88.89	Osteitis deformans of multiple sites	Diagnosis	ICD-10-CM
M88.9	Osteitis deformans of unspecified bone	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
O34.10	Maternal care for benign tumor of corpus uteri, unspecified trimester	Diagnosis	ICD-10-CM
O34.11	Maternal care for benign tumor of corpus uteri, first trimester	Diagnosis	ICD-10-CM
O34.12	Maternal care for benign tumor of corpus uteri, second trimester	Diagnosis	ICD-10-CM
O34.13	Maternal care for benign tumor of corpus uteri, third trimester	Diagnosis	ICD-10-CM
R97.8	Other abnormal tumor markers	Diagnosis	ICD-10-CM
Z85.00	Personal history of malignant neoplasm of unspecified digestive organ	Diagnosis	ICD-10-CM
Z85.01	Personal history of malignant neoplasm of esophagus	Diagnosis	ICD-10-CM
Z85.028	Personal history of other malignant neoplasm of stomach	Diagnosis	ICD-10-CM
Z85.038	Personal history of other malignant neoplasm of large intestine	Diagnosis	ICD-10-CM
Z85.048	Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus	Diagnosis	ICD-10-CM
Z85.05	Personal history of malignant neoplasm of liver	Diagnosis	ICD-10-CM
Z85.068	Personal history of other malignant neoplasm of small intestine	Diagnosis	ICD-10-CM
Z85.07	Personal history of malignant neoplasm of pancreas	Diagnosis	ICD-10-CM
Z85.09	Personal history of malignant neoplasm of other digestive organs	Diagnosis	ICD-10-CM
Z85.118	Personal history of other malignant neoplasm of bronchus and lung	Diagnosis	ICD-10-CM
Z85.12	Personal history of malignant neoplasm of trachea	Diagnosis	ICD-10-CM
Z85.20	Personal history of malignant neoplasm of unspecified respiratory organ	Diagnosis	ICD-10-CM
Z85.21	Personal history of malignant neoplasm of larynx	Diagnosis	ICD-10-CM
Z85.22	Personal history of malignant neoplasm of nasal cavities, middle ear, and accessory sinuses	Diagnosis	ICD-10-CM
Z85.238	Personal history of other malignant neoplasm of thymus	Diagnosis	ICD-10-CM
Z85.29	Personal history of malignant neoplasm of other respiratory and intrathoracic organs	Diagnosis	ICD-10-CM
Z85.3	Personal history of malignant neoplasm of breast	Diagnosis	ICD-10-CM
Z85.40	Personal history of malignant neoplasm of unspecified female genital organ	Diagnosis	ICD-10-CM
Z85.41	Personal history of malignant neoplasm of cervix uteri	Diagnosis	ICD-10-CM
Z85.42	Personal history of malignant neoplasm of other parts of uterus	Diagnosis	ICD-10-CM
Z85.43	Personal history of malignant neoplasm of ovary	Diagnosis	ICD-10-CM
Z85.44	Personal history of malignant neoplasm of other female genital organs	Diagnosis	ICD-10-CM
Z85.45	Personal history of malignant neoplasm of unspecified male genital organ	Diagnosis	ICD-10-CM
Z85.46	Personal history of malignant neoplasm of prostate	Diagnosis	ICD-10-CM
Z85.47	Personal history of malignant neoplasm of testis	Diagnosis	ICD-10-CM
Z85.48	Personal history of malignant neoplasm of epididymis	Diagnosis	ICD-10-CM
Z85.49	Personal history of malignant neoplasm of other male genital organs	Diagnosis	ICD-10-CM
Z85.50	Personal history of malignant neoplasm of unspecified urinary tract organ	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
Z85.51	Personal history of malignant neoplasm of bladder	Diagnosis	ICD-10-CM
Z85.528	Personal history of other malignant neoplasm of kidney	Diagnosis	ICD-10-CM
Z85.53	Personal history of malignant neoplasm of renal pelvis	Diagnosis	ICD-10-CM
Z85.54	Personal history of malignant neoplasm of ureter	Diagnosis	ICD-10-CM
Z85.59	Personal history of malignant neoplasm of other urinary tract organ	Diagnosis	ICD-10-CM
Z85.810	Personal history of malignant neoplasm of tongue	Diagnosis	ICD-10-CM
Z85.818	Personal history of malignant neoplasm of other sites of lip, oral cavity, and pharynx	Diagnosis	ICD-10-CM
Z85.819	Personal history of malignant neoplasm of unspecified site of lip, oral cavity, and pharynx	Diagnosis	ICD-10-CM
Z85.828	Personal history of other malignant neoplasm of skin	Diagnosis	ICD-10-CM
Z85.830	Personal history of malignant neoplasm of bone	Diagnosis	ICD-10-CM
Z85.831	Personal history of malignant neoplasm of soft tissue	Diagnosis	ICD-10-CM
Z85.840	Personal history of malignant neoplasm of eye	Diagnosis	ICD-10-CM
Z85.841	Personal history of malignant neoplasm of brain	Diagnosis	ICD-10-CM
Z85.848	Personal history of malignant neoplasm of other parts of nervous tissue	Diagnosis	ICD-10-CM
Z85.850	Personal history of malignant neoplasm of thyroid	Diagnosis	ICD-10-CM
Z85.858	Personal history of malignant neoplasm of other endocrine glands	Diagnosis	ICD-10-CM
Z85.89	Personal history of malignant neoplasm of other organs and systems	Diagnosis	ICD-10-CM
Z85.9	Personal history of malignant neoplasm, unspecified	Diagnosis	ICD-10-CM
	Asthma without COPD		
J45.20	Mild intermittent asthma, uncomplicated	Diagnosis	ICD-10-CM
J45.21	Mild intermittent asthma with (acute) exacerbation	Diagnosis	ICD-10-CM
J45.22	Mild intermittent asthma with status asthmaticus	Diagnosis	ICD-10-CM
J45.30	Mild persistent asthma, uncomplicated	Diagnosis	ICD-10-CM
J45.31	Mild persistent asthma with (acute) exacerbation	Diagnosis	ICD-10-CM
J45.32	Mild persistent asthma with status asthmaticus	Diagnosis	ICD-10-CM
J45.40	Moderate persistent asthma, uncomplicated	Diagnosis	ICD-10-CM
J45.41	Moderate persistent asthma with (acute) exacerbation	Diagnosis	ICD-10-CM
J45.42	Moderate persistent asthma with status asthmaticus	Diagnosis	ICD-10-CM
J45.50	Severe persistent asthma, uncomplicated	Diagnosis	ICD-10-CM
J45.51	Severe persistent asthma with (acute) exacerbation	Diagnosis	ICD-10-CM
J45.52	Severe persistent asthma with status asthmaticus	Diagnosis	ICD-10-CM
J45.901	Unspecified asthma with (acute) exacerbation	Diagnosis	ICD-10-CM
J45.902	Unspecified asthma with status asthmaticus	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
J45.909	Unspecified asthma, uncomplicated	Diagnosis	ICD-10-CM
J45.990	Exercise induced bronchospasm	Diagnosis	ICD-10-CM
J45.991	Cough variant asthma	Diagnosis	ICD-10-CM
J45.998	Other asthma	Diagnosis	ICD-10-CM
	Atrial Fibrillation		
I48.0	Paroxysmal atrial fibrillation	Diagnosis	ICD-10-CM
I48.1	Persistent atrial fibrillation	Diagnosis	ICD-10-CM
I48.2	Chronic atrial fibrillation	Diagnosis	ICD-10-CM
I48.91	Unspecified atrial fibrillation	Diagnosis	ICD-10-CM
	Chronic Kidney Disease		
A18.11	Tuberculosis of kidney and ureter	Diagnosis	ICD-10-CM
A52.75	Syphilis of kidney and ureter	Diagnosis	ICD-10-CM
B52.0	Plasmodium malariae malaria with nephropathy	Diagnosis	ICD-10-CM
C64.1	Malignant neoplasm of right kidney, except renal pelvis	Diagnosis	ICD-10-CM
C64.2	Malignant neoplasm of left kidney, except renal pelvis	Diagnosis	ICD-10-CM
C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis	Diagnosis	ICD-10-CM
C68.9	Malignant neoplasm of urinary organ, unspecified	Diagnosis	ICD-10-CM
D30.00	Benign neoplasm of unspecified kidney	Diagnosis	ICD-10-CM
D30.01	Benign neoplasm of right kidney	Diagnosis	ICD-10-CM
D30.02	Benign neoplasm of left kidney	Diagnosis	ICD-10-CM
D41.00	Neoplasm of uncertain behavior of unspecified kidney	Diagnosis	ICD-10-CM
D41.01	Neoplasm of uncertain behavior of right kidney	Diagnosis	ICD-10-CM
D41.02	Neoplasm of uncertain behavior of left kidney	Diagnosis	ICD-10-CM
D41.10	Neoplasm of uncertain behavior of unspecified renal pelvis	Diagnosis	ICD-10-CM
D41.11	Neoplasm of uncertain behavior of right renal pelvis	Diagnosis	ICD-10-CM
D41.12	Neoplasm of uncertain behavior of left renal pelvis	Diagnosis	ICD-10-CM
D41.20	Neoplasm of uncertain behavior of unspecified ureter	Diagnosis	ICD-10-CM
D41.21	Neoplasm of uncertain behavior of right ureter	Diagnosis	ICD-10-CM
D41.22	Neoplasm of uncertain behavior of left ureter	Diagnosis	ICD-10-CM
D59.3	Hemolytic-uremic syndrome	Diagnosis	ICD-10-CM
E08.21	Diabetes mellitus due to underlying condition with diabetic nephropathy	Diagnosis	ICD-10-CM
E08.22	Diabetes mellitus due to underlying condition with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E08.29	Diabetes mellitus due to underlying condition with other diabetic kidney complication	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
E08.65	Diabetes mellitus due to underlying condition with hyperglycemia	Diagnosis	ICD-10-CM
E09.21	Drug or chemical induced diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E09.22	Drug or chemical induced diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E09.29	Drug or chemical induced diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
E10.21	Type 1 diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E10.22	Type 1 diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E10.29	Type 1 diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
E10.65	Type 1 diabetes mellitus with hyperglycemia	Diagnosis	ICD-10-CM
E11.21	Type 2 diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E11.29	Type 2 diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
E11.65	Type 2 diabetes mellitus with hyperglycemia	Diagnosis	ICD-10-CM
E13.21	Other specified diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E13.22	Other specified diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E13.29	Other specified diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
E74.8	Other specified disorders of carbohydrate metabolism	Diagnosis	ICD-10-CM
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease	Diagnosis	ICD-10-CM
I13.11	Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease	Diagnosis	ICD-10-CM
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease	Diagnosis	ICD-10-CM
I70.1	Atherosclerosis of renal artery	Diagnosis	ICD-10-CM
I72.2	Aneurysm of renal artery	Diagnosis	ICD-10-CM
K76.7	Hepatorenal syndrome	Diagnosis	ICD-10-CM
M10.30	Gout due to renal impairment, unspecified site	Diagnosis	ICD-10-CM
M10.311	Gout due to renal impairment, right shoulder	Diagnosis	ICD-10-CM
M10.312	Gout due to renal impairment, left shoulder	Diagnosis	ICD-10-CM
M10.319	Gout due to renal impairment, unspecified shoulder	Diagnosis	ICD-10-CM
M10.321	Gout due to renal impairment, right elbow	Diagnosis	ICD-10-CM
M10.322	Gout due to renal impairment, left elbow	Diagnosis	ICD-10-CM
M10.329	Gout due to renal impairment, unspecified elbow	Diagnosis	ICD-10-CM
M10.331	Gout due to renal impairment, right wrist	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
M10.332	Gout due to renal impairment, left wrist	Diagnosis	ICD-10-CM
M10.339	Gout due to renal impairment, unspecified wrist	Diagnosis	ICD-10-CM
M10.341	Gout due to renal impairment, right hand	Diagnosis	ICD-10-CM
M10.342	Gout due to renal impairment, left hand	Diagnosis	ICD-10-CM
M10.349	Gout due to renal impairment, unspecified hand	Diagnosis	ICD-10-CM
M10.351	Gout due to renal impairment, right hip	Diagnosis	ICD-10-CM
M10.352	Gout due to renal impairment, left hip	Diagnosis	ICD-10-CM
M10.359	Gout due to renal impairment, unspecified hip	Diagnosis	ICD-10-CM
M10.361	Gout due to renal impairment, right knee	Diagnosis	ICD-10-CM
M10.362	Gout due to renal impairment, left knee	Diagnosis	ICD-10-CM
M10.369	Gout due to renal impairment, unspecified knee	Diagnosis	ICD-10-CM
M10.371	Gout due to renal impairment, right ankle and foot	Diagnosis	ICD-10-CM
M10.372	Gout due to renal impairment, left ankle and foot	Diagnosis	ICD-10-CM
M10.379	Gout due to renal impairment, unspecified ankle and foot	Diagnosis	ICD-10-CM
M10.38	Gout due to renal impairment, vertebrae	Diagnosis	ICD-10-CM
M10.39	Gout due to renal impairment, multiple sites	Diagnosis	ICD-10-CM
M32.14	Glomerular disease in systemic lupus erythematosus	Diagnosis	ICD-10-CM
M32.15	Tubulo-interstitial nephropathy in systemic lupus erythematosus	Diagnosis	ICD-10-CM
M35.04	Sicca syndrome with tubulo-interstitial nephropathy	Diagnosis	ICD-10-CM
N00.0	Acute nephritic syndrome with minor glomerular abnormality	Diagnosis	ICD-10-CM
N00.1	Acute nephritic syndrome with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N00.2	Acute nephritic syndrome with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N00.3	Acute nephritic syndrome with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N00.4	Acute nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N00.5	Acute nephritic syndrome with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N00.6	Acute nephritic syndrome with dense deposit disease	Diagnosis	ICD-10-CM
N00.7	Acute nephritic syndrome with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N00.8	Acute nephritic syndrome with other morphologic changes	Diagnosis	ICD-10-CM
N00.9	Acute nephritic syndrome with unspecified morphologic changes	Diagnosis	ICD-10-CM
N01.0	Rapidly progressive nephritic syndrome with minor glomerular abnormality	Diagnosis	ICD-10-CM
N01.1	Rapidly progressive nephritic syndrome with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N01.2	Rapidly progressive nephritic syndrome with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N01.3	Rapidly progressive nephritic syndrome with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM

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

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

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

Code	Description	Code Category	Code Type
N04.7	Nephrotic syndrome with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N04.8	Nephrotic syndrome with other morphologic changes	Diagnosis	ICD-10-CM
N04.9	Nephrotic syndrome with unspecified morphologic changes	Diagnosis	ICD-10-CM
N05.0	Unspecified nephritic syndrome with minor glomerular abnormality	Diagnosis	ICD-10-CM
N05.1	Unspecified nephritic syndrome with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N05.2	Unspecified nephritic syndrome with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N05.3	Unspecified nephritic syndrome with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N05.4	Unspecified nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N05.5	Unspecified nephritic syndrome with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N05.6	Unspecified nephritic syndrome with dense deposit disease	Diagnosis	ICD-10-CM
N05.7	Unspecified nephritic syndrome with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N05.8	Unspecified nephritic syndrome with other morphologic changes	Diagnosis	ICD-10-CM
N05.9	Unspecified nephritic syndrome with unspecified morphologic changes	Diagnosis	ICD-10-CM
N06.0	Isolated proteinuria with minor glomerular abnormality	Diagnosis	ICD-10-CM
N06.1	Isolated proteinuria with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N06.2	Isolated proteinuria with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N06.3	Isolated proteinuria with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N06.4	Isolated proteinuria with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N06.5	Isolated proteinuria with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N06.6	Isolated proteinuria with dense deposit disease	Diagnosis	ICD-10-CM
N06.7	Isolated proteinuria with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N06.8	Isolated proteinuria with other morphologic lesion	Diagnosis	ICD-10-CM
N06.9	Isolated proteinuria with unspecified morphologic lesion	Diagnosis	ICD-10-CM
N07.0	Hereditary nephropathy, not elsewhere classified with minor glomerular abnormality	Diagnosis	ICD-10-CM
N07.1	Hereditary nephropathy, not elsewhere classified with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N07.2	Hereditary nephropathy, not elsewhere classified with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N07.3	Hereditary nephropathy, not elsewhere classified with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N07.4	Hereditary nephropathy, not elsewhere classified with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N07.5	Hereditary nephropathy, not elsewhere classified with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N07.6	Hereditary nephropathy, not elsewhere classified with dense deposit disease	Diagnosis	ICD-10-CM
N07.7	Hereditary nephropathy, not elsewhere classified with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
N07.8	Hereditary nephropathy, not elsewhere classified with other morphologic lesions	Diagnosis	ICD-10-CM
N07.9	Hereditary nephropathy, not elsewhere classified with unspecified morphologic lesions	Diagnosis	ICD-10-CM
N08	Glomerular disorders in diseases classified elsewhere	Diagnosis	ICD-10-CM
N13.0	Hydronephrosis with ureteropelvic junction obstruction	Diagnosis	ICD-10-CM
N13.1	Hydronephrosis with ureteral stricture, not elsewhere classified	Diagnosis	ICD-10-CM
N13.2	Hydronephrosis with renal and ureteral calculous obstruction	Diagnosis	ICD-10-CM
N13.30	Unspecified hydronephrosis	Diagnosis	ICD-10-CM
N13.39	Other hydronephrosis	Diagnosis	ICD-10-CM
N14.0	Analgesic nephropathy	Diagnosis	ICD-10-CM
N14.1	Nephropathy induced by other drugs, medicaments and biological substances	Diagnosis	ICD-10-CM
N14.2	Nephropathy induced by unspecified drug, medicament or biological substance	Diagnosis	ICD-10-CM
N14.3	Nephropathy induced by heavy metals	Diagnosis	ICD-10-CM
N14.4	Toxic nephropathy, not elsewhere classified	Diagnosis	ICD-10-CM
N15.0	Balkan nephropathy	Diagnosis	ICD-10-CM
N15.8	Other specified renal tubulo-interstitial diseases	Diagnosis	ICD-10-CM
N15.9	Renal tubulo-interstitial disease, unspecified	Diagnosis	ICD-10-CM
N16	Renal tubulo-interstitial disorders in diseases classified elsewhere	Diagnosis	ICD-10-CM
N17.0	Acute kidney failure with tubular necrosis	Diagnosis	ICD-10-CM
N17.1	Acute kidney failure with acute cortical necrosis	Diagnosis	ICD-10-CM
N17.2	Acute kidney failure with medullary necrosis	Diagnosis	ICD-10-CM
N17.8	Other acute kidney failure	Diagnosis	ICD-10-CM
N17.9	Acute kidney failure, unspecified	Diagnosis	ICD-10-CM
N18.1	Chronic kidney disease, stage 1	Diagnosis	ICD-10-CM
N18.2	Chronic kidney disease, stage 2 (mild)	Diagnosis	ICD-10-CM
N18.3	Chronic kidney disease, stage 3 (moderate)	Diagnosis	ICD-10-CM
N18.4	Chronic kidney disease, stage 4 (severe)	Diagnosis	ICD-10-CM
N18.5	Chronic kidney disease, stage 5	Diagnosis	ICD-10-CM
N18.6	End stage renal disease	Diagnosis	ICD-10-CM
N18.9	Chronic kidney disease, unspecified	Diagnosis	ICD-10-CM
N19	Unspecified kidney failure	Diagnosis	ICD-10-CM
N25.0	Renal osteodystrophy	Diagnosis	ICD-10-CM
N25.1	Nephrogenic diabetes insipidus	Diagnosis	ICD-10-CM
N25.81	Secondary hyperparathyroidism of renal origin	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
N25.89	Other disorders resulting from impaired renal tubular function	Diagnosis	ICD-10-CM
N25.9	Disorder resulting from impaired renal tubular function, unspecified	Diagnosis	ICD-10-CM
N26.1	Atrophy of kidney (terminal)	Diagnosis	ICD-10-CM
N26.9	Renal sclerosis, unspecified	Diagnosis	ICD-10-CM
Q61.02	Congenital multiple renal cysts	Diagnosis	ICD-10-CM
Q61.11	Cystic dilatation of collecting ducts	Diagnosis	ICD-10-CM
Q61.19	Other polycystic kidney, infantile type	Diagnosis	ICD-10-CM
Q61.2	Polycystic kidney, adult type	Diagnosis	ICD-10-CM
Q61.3	Polycystic kidney, unspecified	Diagnosis	ICD-10-CM
Q61.4	Renal dysplasia	Diagnosis	ICD-10-CM
Q61.5	Medullary cystic kidney	Diagnosis	ICD-10-CM
Q61.8	Other cystic kidney diseases	Diagnosis	ICD-10-CM
Q62.0	Congenital hydronephrosis	Diagnosis	ICD-10-CM
Q62.10	Congenital occlusion of ureter, unspecified	Diagnosis	ICD-10-CM
Q62.11	Congenital occlusion of ureteropelvic junction	Diagnosis	ICD-10-CM
Q62.12	Congenital occlusion of ureterovesical orifice	Diagnosis	ICD-10-CM
Q62.2	Congenital megaureter	Diagnosis	ICD-10-CM
Q62.31	Congenital ureterocele, orthotopic	Diagnosis	ICD-10-CM
Q62.32	Cecoureterocele	Diagnosis	ICD-10-CM
Q62.39	Other obstructive defects of renal pelvis and ureter	Diagnosis	ICD-10-CM
R94.4	Abnormal results of kidney function studies	Diagnosis	ICD-10-CM
	Chronic Liver Disease		
K70	Alcoholic liver disease	Diagnosis	ICD-10-CM
K70.0	Alcoholic fatty liver	Diagnosis	ICD-10-CM
K70.1	Alcoholic hepatitis	Diagnosis	ICD-10-CM
K70.10	Alcoholic hepatitis without ascites	Diagnosis	ICD-10-CM
K70.11	Alcoholic hepatitis with ascites	Diagnosis	ICD-10-CM
K70.2	Alcoholic fibrosis and sclerosis of liver	Diagnosis	ICD-10-CM
K70.3	Alcoholic cirrhosis of liver	Diagnosis	ICD-10-CM
K70.30	Alcoholic cirrhosis of liver without ascites	Diagnosis	ICD-10-CM
K70.31	Alcoholic cirrhosis of liver with ascites	Diagnosis	ICD-10-CM
K70.4	Alcoholic hepatic failure	Diagnosis	ICD-10-CM
K70.40	Alcoholic hepatic failure without coma	Diagnosis	ICD-10-CM

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

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

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

Code	Description	Code Category	Code Type
K74	Fibrosis and cirrhosis of liver	Diagnosis	ICD-10-CM
K74.0	Hepatic fibrosis	Diagnosis	ICD-10-CM
K74.00	Hepatic fibrosis, unspecified	Diagnosis	ICD-10-CM
K74.01	Hepatic fibrosis, early fibrosis	Diagnosis	ICD-10-CM
K74.02	Hepatic fibrosis, advanced fibrosis	Diagnosis	ICD-10-CM
K74.1	Hepatic sclerosis	Diagnosis	ICD-10-CM
K74.2	Hepatic fibrosis with hepatic sclerosis	Diagnosis	ICD-10-CM
K74.3	Primary biliary cirrhosis	Diagnosis	ICD-10-CM
K74.4	Secondary biliary cirrhosis	Diagnosis	ICD-10-CM
K74.5	Biliary cirrhosis, unspecified	Diagnosis	ICD-10-CM
K74.6	Other and unspecified cirrhosis of liver	Diagnosis	ICD-10-CM
K74.60	Unspecified cirrhosis of liver	Diagnosis	ICD-10-CM
K74.69	Other cirrhosis of liver	Diagnosis	ICD-10-CM
K75	Other inflammatory liver diseases	Diagnosis	ICD-10-CM
K75.0	Abscess of liver	Diagnosis	ICD-10-CM
K75.1	Phlebitis of portal vein	Diagnosis	ICD-10-CM
K75.2	Nonspecific reactive hepatitis	Diagnosis	ICD-10-CM
K75.3	Granulomatous hepatitis, not elsewhere classified	Diagnosis	ICD-10-CM
K75.4	Autoimmune hepatitis	Diagnosis	ICD-10-CM
K75.8	Other specified inflammatory liver diseases	Diagnosis	ICD-10-CM
K75.81	Nonalcoholic steatohepatitis (NASH)	Diagnosis	ICD-10-CM
K75.89	Other specified inflammatory liver diseases	Diagnosis	ICD-10-CM
K75.9	Inflammatory liver disease, unspecified	Diagnosis	ICD-10-CM
K76	Other diseases of liver	Diagnosis	ICD-10-CM
K76.0	Fatty (change of) liver, not elsewhere classified	Diagnosis	ICD-10-CM
K76.1	Chronic passive congestion of liver	Diagnosis	ICD-10-CM
K76.2	Central hemorrhagic necrosis of liver	Diagnosis	ICD-10-CM
K76.3	Infarction of liver	Diagnosis	ICD-10-CM
K76.4	Peliosis hepatis	Diagnosis	ICD-10-CM
K76.5	Hepatic veno-occlusive disease	Diagnosis	ICD-10-CM
K76.6	Portal hypertension	Diagnosis	ICD-10-CM
K76.7	Hepatorenal syndrome	Diagnosis	ICD-10-CM
K76.8	Other specified diseases of liver	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
K76.81	Hepatopulmonary syndrome	Diagnosis	ICD-10-CM
K76.89	Other specified diseases of liver	Diagnosis	ICD-10-CM
K76.9	Liver disease, unspecified	Diagnosis	ICD-10-CM
K77	Liver disorders in diseases classified elsewhere	Diagnosis	ICD-10-CM
	Chronic Obstructive Pulmonary Disease		
J41.0	Simple chronic bronchitis	Diagnosis	ICD-10-CM
J41.1	Mucopurulent chronic bronchitis	Diagnosis	ICD-10-CM
J41.8	Mixed simple and mucopurulent chronic bronchitis	Diagnosis	ICD-10-CM
J42	Unspecified chronic bronchitis	Diagnosis	ICD-10-CM
J43	Emphysema	Diagnosis	ICD-10-CM
J43.0	Unilateral pulmonary emphysema [MacLeod's syndrome]	Diagnosis	ICD-10-CM
J43.1	Panlobular emphysema	Diagnosis	ICD-10-CM
J43.2	Centrilobular emphysema	Diagnosis	ICD-10-CM
J43.8	Other emphysema	Diagnosis	ICD-10-CM
J43.9	Emphysema, unspecified	Diagnosis	ICD-10-CM
J44.0	Chronic obstructive pulmonary disease with (acute) lower respiratory infection	Diagnosis	ICD-10-CM
J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation	Diagnosis	ICD-10-CM
J44.9	Chronic obstructive pulmonary disease, unspecified	Diagnosis	ICD-10-CM
	Congestive Heart Failure		
I50.1	Left ventricular failure, unspecified	Diagnosis	ICD-10-CM
I50.20	Unspecified systolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.21	Acute systolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.22	Chronic systolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.23	Acute on chronic systolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.30	Unspecified diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.31	Acute diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.32	Chronic diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.33	Acute on chronic diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.40	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.810	Right heart failure, unspecified	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
I50.811	Acute right heart failure	Diagnosis	ICD-10-CM
I50.812	Chronic right heart failure	Diagnosis	ICD-10-CM
I50.813	Acute on chronic right heart failure	Diagnosis	ICD-10-CM
I50.814	Right heart failure due to left heart failure	Diagnosis	ICD-10-CM
I50.82	Biventricular heart failure	Diagnosis	ICD-10-CM
I50.83	High output heart failure	Diagnosis	ICD-10-CM
I50.84	End stage heart failure	Diagnosis	ICD-10-CM
I50.89	Other heart failure	Diagnosis	ICD-10-CM
I50.9	Heart failure, unspecified	Diagnosis	ICD-10-CM
	Coronary Artery Disase		
0210083	Bypass Coronary Artery, One Artery from Coronary Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0210088	Bypass Coronary Artery, One Artery from Right Internal Mammary with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0210089	Bypass Coronary Artery, One Artery from Left Internal Mammary with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021008C	Bypass Coronary Artery, One Artery from Thoracic Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021008F	Bypass Coronary Artery, One Artery from Abdominal Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021008W	Bypass Coronary Artery, One Artery from Aorta with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0210093	Bypass Coronary Artery, One Artery from Coronary Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
0210098	Bypass Coronary Artery, One Artery from Right Internal Mammary with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
0210099	Bypass Coronary Artery, One Artery from Left Internal Mammary with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021009C	Bypass Coronary Artery, One Artery from Thoracic Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021009F	Bypass Coronary Artery, One Artery from Abdominal Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
021009W	Bypass Coronary Artery, One Artery from Aorta with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
02100A3	Bypass Coronary Artery, One Artery from Coronary Artery with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02100A8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02100A9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02100AC	Bypass Coronary Artery, One Artery from Thoracic Artery with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02100AF	Bypass Coronary Artery, One Artery from Abdominal Artery with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02100AW	Bypass Coronary Artery, One Artery from Aorta with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02100J3	Bypass Coronary Artery, One Artery from Coronary Artery with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02100J8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02100J9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02100JC	Bypass Coronary Artery, One Artery from Thoracic Artery with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02100JF	Bypass Coronary Artery, One Artery from Abdominal Artery with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02100JW	Bypass Coronary Artery, One Artery from Aorta with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02100K3	Bypass Coronary Artery, One Artery from Coronary Artery with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02100K8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02100K9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
02100KC	Bypass Coronary Artery, One Artery from Thoracic Artery with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02100KF	Bypass Coronary Artery, One Artery from Abdominal Artery with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02100KW	Bypass Coronary Artery, One Artery from Aorta with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02100Z3	Bypass Coronary Artery, One Artery from Coronary Artery, Open Approach	Procedure	ICD-10-PCS
02100Z8	Bypass Coronary Artery, One Artery from Right Internal Mammary, Open Approach	Procedure	ICD-10-PCS
02100Z9	Bypass Coronary Artery, One Artery from Left Internal Mammary, Open Approach	Procedure	ICD-10-PCS
02100ZC	Bypass Coronary Artery, One Artery from Thoracic Artery, Open Approach	Procedure	ICD-10-PCS
02100ZF	Bypass Coronary Artery, One Artery from Abdominal Artery, Open Approach	Procedure	ICD-10-PCS
0210483	Bypass Coronary Artery, One Artery from Coronary Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0210488	Bypass Coronary Artery, One Artery from Right Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0210489	Bypass Coronary Artery, One Artery from Left Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021048C	Bypass Coronary Artery, One Artery from Thoracic Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021048F	Bypass Coronary Artery, One Artery from Abdominal Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021048W	Bypass Coronary Artery, One Artery from Aorta with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0210493	Bypass Coronary Artery, One Artery from Coronary Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0210498	Bypass Coronary Artery, One Artery from Right Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
0210499	Bypass Coronary Artery, One Artery from Left Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021049C	Bypass Coronary Artery, One Artery from Thoracic Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021049F	Bypass Coronary Artery, One Artery from Abdominal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021049W	Bypass Coronary Artery, One Artery from Aorta with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104A3	Bypass Coronary Artery, One Artery from Coronary Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104A8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104A9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104AC	Bypass Coronary Artery, One Artery from Thoracic Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104AF	Bypass Coronary Artery, One Artery from Abdominal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104AW	Bypass Coronary Artery, One Artery from Aorta with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104J3	Bypass Coronary Artery, One Artery from Coronary Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104J8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104J9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104JC	Bypass Coronary Artery, One Artery from Thoracic Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104JF	Bypass Coronary Artery, One Artery from Abdominal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104JW	Bypass Coronary Artery, One Artery from Aorta with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
02104K3	Bypass Coronary Artery, One Artery from Coronary Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104K8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104K9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104KC	Bypass Coronary Artery, One Artery from Thoracic Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104KF	Bypass Coronary Artery, One Artery from Abdominal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104KW	Bypass Coronary Artery, One Artery from Aorta with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104Z3	Bypass Coronary Artery, One Artery from Coronary Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104Z8	Bypass Coronary Artery, One Artery from Right Internal Mammary, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104Z9	Bypass Coronary Artery, One Artery from Left Internal Mammary, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104ZC	Bypass Coronary Artery, One Artery from Thoracic Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104ZF	Bypass Coronary Artery, One Artery from Abdominal Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0211083	Bypass Coronary Artery, Two Arteries from Coronary Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0211088	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0211089	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021108C	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021108F	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
021108W	Bypass Coronary Artery, Two Arteries from Aorta with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0211093	Bypass Coronary Artery, Two Arteries from Coronary Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
0211098	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
0211099	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021109C	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021109F	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021109W	Bypass Coronary Artery, Two Arteries from Aorta with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
02110A3	Bypass Coronary Artery, Two Arteries from Coronary Artery with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02110A8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02110A9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02110AC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02110AF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02110AW	Bypass Coronary Artery, Two Arteries from Aorta with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02110J3	Bypass Coronary Artery, Two Arteries from Coronary Artery with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02110J8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02110J9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
02110JC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02110JF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02110JW	Bypass Coronary Artery, Two Arteries from Aorta with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02110K3	Bypass Coronary Artery, Two Arteries from Coronary Artery with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02110K8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02110K9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02110KC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02110KF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02110KW	Bypass Coronary Artery, Two Arteries from Aorta with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02110Z3	Bypass Coronary Artery, Two Arteries from Coronary Artery, Open Approach	Procedure	ICD-10-PCS
02110Z8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary, Open Approach	Procedure	ICD-10-PCS
02110Z9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary, Open Approach	Procedure	ICD-10-PCS
02110ZC	Bypass Coronary Artery, Two Arteries from Thoracic Artery, Open Approach	Procedure	ICD-10-PCS
02110ZF	Bypass Coronary Artery, Two Arteries from Abdominal Artery, Open Approach	Procedure	ICD-10-PCS
0211483	Bypass Coronary Artery, Two Arteries from Coronary Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0211488	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
0211489	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021148C	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021148F	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021148W	Bypass Coronary Artery, Two Arteries from Aorta with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0211493	Bypass Coronary Artery, Two Arteries from Coronary Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0211498	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0211499	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021149C	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021149F	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021149W	Bypass Coronary Artery, Two Arteries from Aorta with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114A3	Bypass Coronary Artery, Two Arteries from Coronary Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114A8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114A9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114AC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114AF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114AW	Bypass Coronary Artery, Two Arteries from Aorta with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
02114J3	Bypass Coronary Artery, Two Arteries from Coronary Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114J8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114J9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114JC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114JF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114JW	Bypass Coronary Artery, Two Arteries from Aorta with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114K3	Bypass Coronary Artery, Two Arteries from Coronary Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114K8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114K9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114KC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114KF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114KW	Bypass Coronary Artery, Two Arteries from Aorta with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114Z3	Bypass Coronary Artery, Two Arteries from Coronary Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114Z8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114Z9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114ZC	Bypass Coronary Artery, Two Arteries from Thoracic Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
02114ZF	Bypass Coronary Artery, Two Arteries from Abdominal Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0212083	Bypass Coronary Artery, Three Arteries from Coronary Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0212088	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0212089	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021208C	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021208F	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021208W	Bypass Coronary Artery, Three Arteries from Aorta with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0212093	Bypass Coronary Artery, Three Arteries from Coronary Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
0212098	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
0212099	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021209C	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021209F	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021209W	Bypass Coronary Artery, Three Arteries from Aorta with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
02120A3	Bypass Coronary Artery, Three Arteries from Coronary Artery with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02120A8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02120A9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
02120AC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02120AF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02120AW	Bypass Coronary Artery, Three Arteries from Aorta with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02120J3	Bypass Coronary Artery, Three Arteries from Coronary Artery with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02120J8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02120J9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02120JC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02120JF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02120JW	Bypass Coronary Artery, Three Arteries from Aorta with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02120K3	Bypass Coronary Artery, Three Arteries from Coronary Artery with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02120K8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02120K9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02120KC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02120KF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02120KW	Bypass Coronary Artery, Three Arteries from Aorta with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02120Z3	Bypass Coronary Artery, Three Arteries from Coronary Artery, Open Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
02120Z8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary, Open Approach	Procedure	ICD-10-PCS
02120Z9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary, Open Approach	Procedure	ICD-10-PCS
02120ZC	Bypass Coronary Artery, Three Arteries from Thoracic Artery, Open Approach	Procedure	ICD-10-PCS
02120ZF	Bypass Coronary Artery, Three Arteries from Abdominal Artery, Open Approach	Procedure	ICD-10-PCS
0212483	Bypass Coronary Artery, Three Arteries from Coronary Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0212488	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0212489	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021248C	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021248F	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021248W	Bypass Coronary Artery, Three Arteries from Aorta with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0212493	Bypass Coronary Artery, Three Arteries from Coronary Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0212498	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0212499	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021249C	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021249F	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021249W	Bypass Coronary Artery, Three Arteries from Aorta with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
02124A3	Bypass Coronary Artery, Three Arteries from Coronary Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124A8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124A9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124AC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124AF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124AW	Bypass Coronary Artery, Three Arteries from Aorta with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124J3	Bypass Coronary Artery, Three Arteries from Coronary Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124J8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124J9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124JC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124JF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124JW	Bypass Coronary Artery, Three Arteries from Aorta with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124K3	Bypass Coronary Artery, Three Arteries from Coronary Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124K8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124K9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124KC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
02124KF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124KW	Bypass Coronary Artery, Three Arteries from Aorta with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124Z3	Bypass Coronary Artery, Three Arteries from Coronary Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124Z8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124Z9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124ZC	Bypass Coronary Artery, Three Arteries from Thoracic Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124ZF	Bypass Coronary Artery, Three Arteries from Abdominal Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0213083	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0213088	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0213089	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021308C	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021308F	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021308W	Bypass Coronary Artery, Four or More Arteries from Aorta with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0213093	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
0213098	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
0213099	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS

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

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

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

Code	Description	Code Category	Code Type
02130K8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02130K9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02130KC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02130KF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02130KW	Bypass Coronary Artery, Four or More Arteries from Aorta with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02130Z3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery, Open Approach	Procedure	ICD-10-PCS
02130Z8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary, Open Approach	Procedure	ICD-10-PCS
02130Z9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary, Open Approach	Procedure	ICD-10-PCS
02130ZC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery, Open Approach	Procedure	ICD-10-PCS
02130ZF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery, Open Approach	Procedure	ICD-10-PCS
0213483	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0213488	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0213489	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021348C	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021348F	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021348W	Bypass Coronary Artery, Four or More Arteries from Aorta with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
0213493	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0213498	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0213499	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021349C	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021349F	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021349W	Bypass Coronary Artery, Four or More Arteries from Aorta with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134A3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134A8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134A9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134AC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134AF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134AW	Bypass Coronary Artery, Four or More Arteries from Aorta with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134J3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134J8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134J9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134JC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

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

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

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

Code	Description	Code Category	Code Type
021K0ZF	Bypass Right Ventricle to Abdominal Artery, Open Approach	Procedure	ICD-10-PCS
021K0ZW	Bypass Right Ventricle to Aorta, Open Approach	Procedure	ICD-10-PCS
021K4Z8	Bypass Right Ventricle to Right Internal Mammary, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021K4Z9	Bypass Right Ventricle to Left Internal Mammary, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021K4ZC	Bypass Right Ventricle to Thoracic Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021K4ZF	Bypass Right Ventricle to Abdominal Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021K4ZW	Bypass Right Ventricle to Aorta, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021L08P	Bypass Left Ventricle to Pulmonary Trunk with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021L08Q	Bypass Left Ventricle to Right Pulmonary Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021L08R	Bypass Left Ventricle to Left Pulmonary Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021L09P	Bypass Left Ventricle to Pulmonary Trunk with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021L09Q	Bypass Left Ventricle to Right Pulmonary Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021L09R	Bypass Left Ventricle to Left Pulmonary Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021L0AP	Bypass Left Ventricle to Pulmonary Trunk with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
021L0AQ	Bypass Left Ventricle to Right Pulmonary Artery with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
021L0AR	Bypass Left Ventricle to Left Pulmonary Artery with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
021L0JP	Bypass Left Ventricle to Pulmonary Trunk with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
021L0JQ	Bypass Left Ventricle to Right Pulmonary Artery with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
021L0JR	Bypass Left Ventricle to Left Pulmonary Artery with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
021L0KP	Bypass Left Ventricle to Pulmonary Trunk with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
021L0KQ	Bypass Left Ventricle to Right Pulmonary Artery with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
021L0KR	Bypass Left Ventricle to Left Pulmonary Artery with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
021L0Z8	Bypass Left Ventricle to Right Internal Mammary, Open Approach	Procedure	ICD-10-PCS
021L0Z9	Bypass Left Ventricle to Left Internal Mammary, Open Approach	Procedure	ICD-10-PCS
021L0ZC	Bypass Left Ventricle to Thoracic Artery, Open Approach	Procedure	ICD-10-PCS
021L0ZF	Bypass Left Ventricle to Abdominal Artery, Open Approach	Procedure	ICD-10-PCS
021L0ZP	Bypass Left Ventricle to Pulmonary Trunk, Open Approach	Procedure	ICD-10-PCS
021L0ZQ	Bypass Left Ventricle to Right Pulmonary Artery, Open Approach	Procedure	ICD-10-PCS
021L0ZR	Bypass Left Ventricle to Left Pulmonary Artery, Open Approach	Procedure	ICD-10-PCS
021L48P	Bypass Left Ventricle to Pulmonary Trunk with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021L48Q	Bypass Left Ventricle to Right Pulmonary Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021L48R	Bypass Left Ventricle to Left Pulmonary Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

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

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

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

Code	Description	Code Category	Code Type
021L4ZP	Bypass Left Ventricle to Pulmonary Trunk, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021L4ZQ	Bypass Left Ventricle to Right Pulmonary Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021L4ZR	Bypass Left Ventricle to Left Pulmonary Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0270046	Dilation of Coronary Artery, One Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
027004Z	Dilation of Coronary Artery, One Artery with Drug-eluting Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
0270056	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027005Z	Dilation of Coronary Artery, One Artery with Two Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
0270066	Dilation of Coronary Artery, One Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027006Z	Dilation of Coronary Artery, One Artery with Three Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
0270076	Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027007Z	Dilation of Coronary Artery, One Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02700D6	Dilation of Coronary Artery, One Artery, Bifurcation, with Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02700DZ	Dilation of Coronary Artery, One Artery with Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02700E6	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02700EZ	Dilation of Coronary Artery, One Artery with Two Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02700F6	Dilation of Coronary Artery, One Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS

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

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

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

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

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

Code	Description	Code Category	Code Type
027047Z	Dilation of Coronary Artery, One Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02704D6	Dilation of Coronary Artery, One Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02704DZ	Dilation of Coronary Artery, One Artery with Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02704E6	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02704EZ	Dilation of Coronary Artery, One Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02704F6	Dilation of Coronary Artery, One Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02704FZ	Dilation of Coronary Artery, One Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02704G6	Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02704GZ	Dilation of Coronary Artery, One Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02704T6	Dilation of Coronary Artery, One Artery, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02704TZ	Dilation of Coronary Artery, One Artery with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0271046	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
027104Z	Dilation of Coronary Artery, Two Arteries with Drug-eluting Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
0271056	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027105Z	Dilation of Coronary Artery, Two Arteries with Two Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
0271066	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
027106Z	Dilation of Coronary Artery, Two Arteries with Three Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
0271076	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027107Z	Dilation of Coronary Artery, Two Arteries with Four or More Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02710D6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02710DZ	Dilation of Coronary Artery, Two Arteries with Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02710E6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02710EZ	Dilation of Coronary Artery, Two Arteries with Two Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02710F6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02710FZ	Dilation of Coronary Artery, Two Arteries with Three Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02710G6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02710GZ	Dilation of Coronary Artery, Two Arteries with Four or More Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02710T6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Radioactive Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02710TZ	Dilation of Coronary Artery, Two Arteries with Radioactive Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02710Z6	Dilation of Coronary Artery, Two Arteries, Bifurcation, Open Approach	Procedure	ICD-10-PCS
02710ZZ	Dilation of Coronary Artery, Two Arteries, Open Approach	Procedure	ICD-10-PCS
0271346	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS

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

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

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

Code	Description	Code Category	Code Type
02713TZ	Dilation of Coronary Artery, Two Arteries with Radioactive Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
0271446	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027144Z	Dilation of Coronary Artery, Two Arteries with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0271456	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027145Z	Dilation of Coronary Artery, Two Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0271466	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027146Z	Dilation of Coronary Artery, Two Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0271476	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027147Z	Dilation of Coronary Artery, Two Arteries with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02714D6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02714DZ	Dilation of Coronary Artery, Two Arteries with Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02714E6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02714EZ	Dilation of Coronary Artery, Two Arteries with Two Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02714F6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02714FZ	Dilation of Coronary Artery, Two Arteries with Three Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02714G6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
02714GZ	Dilation of Coronary Artery, Two Arteries with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02714T6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02714TZ	Dilation of Coronary Artery, Two Arteries with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0272046	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
027204Z	Dilation of Coronary Artery, Three Arteries with Drug-eluting Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
0272056	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027205Z	Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
0272066	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027206Z	Dilation of Coronary Artery, Three Arteries with Three Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
0272076	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027207Z	Dilation of Coronary Artery, Three Arteries with Four or More Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02720D6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02720DZ	Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02720E6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02720EZ	Dilation of Coronary Artery, Three Arteries with Two Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02720F6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS

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

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

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

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

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

Code	Description	Code Category	Code Type
027247Z	Dilation of Coronary Artery, Three Arteries with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02724D6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02724DZ	Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02724E6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02724EZ	Dilation of Coronary Artery, Three Arteries with Two Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02724F6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02724FZ	Dilation of Coronary Artery, Three Arteries with Three Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02724G6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02724GZ	Dilation of Coronary Artery, Three Arteries with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02724T6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02724TZ	Dilation of Coronary Artery, Three Arteries with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0273046	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
027304Z	Dilation of Coronary Artery, Four or More Arteries with Drug-eluting Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
0273056	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027305Z	Dilation of Coronary Artery, Four or More Arteries with Two Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
0273066	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
027306Z	Dilation of Coronary Artery, Four or More Arteries with Three Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
0273076	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027307Z	Dilation of Coronary Artery, Four or More Arteries with Four or More Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02730D6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02730DZ	Dilation of Coronary Artery, Four or More Arteries with Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02730E6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02730EZ	Dilation of Coronary Artery, Four or More Arteries with Two Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02730F6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02730FZ	Dilation of Coronary Artery, Four or More Arteries with Three Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02730G6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02730GZ	Dilation of Coronary Artery, Four or More Arteries with Four or More Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02730T6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Radioactive Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02730TZ	Dilation of Coronary Artery, Four or More Arteries with Radioactive Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02730Z6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, Open Approach	Procedure	ICD-10-PCS
02730ZZ	Dilation of Coronary Artery, Four or More Arteries, Open Approach	Procedure	ICD-10-PCS
0273346	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS

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

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

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

Code	Description	Code Category	Code Type
02733TZ	Dilation of Coronary Artery, Four or More Arteries with Radioactive Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
0273446	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027344Z	Dilation of Coronary Artery, Four or More Arteries with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0273456	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027345Z	Dilation of Coronary Artery, Four or More Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0273466	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027346Z	Dilation of Coronary Artery, Four or More Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0273476	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027347Z	Dilation of Coronary Artery, Four or More Arteries with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734D6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734DZ	Dilation of Coronary Artery, Four or More Arteries with Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734E6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734EZ	Dilation of Coronary Artery, Four or More Arteries with Two Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734F6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734FZ	Dilation of Coronary Artery, Four or More Arteries with Three Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734G6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

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

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

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

Code	Description	Code Category	Code Type
02C20ZZ	Extirpation of Matter from Coronary Artery, Three Arteries, Open Approach	Procedure	ICD-10-PCS
02C23Z6	Extirpation of Matter from Coronary Artery, Three Arteries, Bifurcation, Percutaneous Approach	Procedure	ICD-10-PCS
02C23ZZ	Extirpation of Matter from Coronary Artery, Three Arteries, Percutaneous Approach	Procedure	ICD-10-PCS
02C24Z6	Extirpation of Matter from Coronary Artery, Three Arteries, Bifurcation, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02C24ZZ	Extirpation of Matter from Coronary Artery, Three Arteries, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02C30Z6	Extirpation of Matter from Coronary Artery, Four or More Arteries, Bifurcation, Open Approach	Procedure	ICD-10-PCS
02C30ZZ	Extirpation of Matter from Coronary Artery, Four or More Arteries, Open Approach	Procedure	ICD-10-PCS
02C33Z6	Extirpation of Matter from Coronary Artery, Four or More Arteries, Bifurcation, Percutaneous Approach	Procedure	ICD-10-PCS
02C33ZZ	Extirpation of Matter from Coronary Artery, Four or More Arteries, Percutaneous Approach	Procedure	ICD-10-PCS
02C34Z6	Extirpation of Matter from Coronary Artery, Four or More Arteries, Bifurcation, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02C34ZZ	Extirpation of Matter from Coronary Artery, Four or More Arteries, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
33510	Coronary artery bypass, vein only; single coronary venous graft	Procedure	CPT-4
33511	Coronary artery bypass, vein only; 2 coronary venous grafts	Procedure	CPT-4
33512	Coronary artery bypass, vein only; 3 coronary venous grafts	Procedure	CPT-4
33513	Coronary artery bypass, vein only; 4 coronary venous grafts	Procedure	CPT-4
33514	Coronary artery bypass, vein only; 5 coronary venous grafts	Procedure	CPT-4
33516	Coronary artery bypass, vein only; 6 or more coronary venous grafts	Procedure	CPT-4
33517	Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (List separately in addition to code for primary procedure)	Procedure	CPT-4
33518	Coronary artery bypass, using venous graft(s) and arterial graft(s); 2 venous grafts (List separately in addition to code for primary procedure)	Procedure	CPT-4

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

Code	Description	Code Category	Code Type
33519	Coronary artery bypass, using venous graft(s) and arterial graft(s); 3 venous grafts (List separately in addition to code for primary procedure)	Procedure	CPT-4
33520	Coronary Artery Bypass, Nonautogenous Graft (eg, Synthetic Or Cadaver); Single Graft	Procedure	CPT-4
33521	Coronary artery bypass, using venous graft(s) and arterial graft(s); 4 venous grafts (List separately in addition to code for primary procedure)	Procedure	CPT-4
33522	Coronary artery bypass, using venous graft(s) and arterial graft(s); 5 venous grafts (List separately in addition to code for primary procedure)	Procedure	CPT-4
33523	Coronary artery bypass, using venous graft(s) and arterial graft(s); 6 or more venous grafts (List separately in addition to code for primary procedure)	Procedure	CPT-4
33525	Coronary Artery Bypass, Nonautogenous Graft (eg, Synthetic Or Cadaver); Two Coronary Grafts	Procedure	CPT-4
33528	Coronary Artery Bypass, Nonautogenous Graft (eg, Synthetic Or Cadaver); Three Or More Coronary Grafts	Procedure	CPT-4
33530	Reoperation, coronary artery bypass procedure or valve procedure, more than 1 month after original operation (List separately in addition to code for primary procedure)	Procedure	CPT-4
33533	Coronary artery bypass, using arterial graft(s); single arterial graft	Procedure	CPT-4
33534	Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts	Procedure	CPT-4
33535	Coronary artery bypass, using arterial graft(s); 3 coronary arterial grafts	Procedure	CPT-4
33536	Coronary artery bypass, using arterial graft(s); 4 or more coronary arterial grafts	Procedure	CPT-4
33560	Myocardial Operation Combined With Coronary Bypass Procedure	Procedure	CPT-4
33570	CORONARY ANGIOPLASTY W/BYPASS	Procedure	CPT-4
33572	Coronary endarterectomy, open, any method, of left anterior descending, circumflex, or right coronary artery performed in conjunction with coronary artery bypass graft procedure, each vessel (List separately in addition to primary procedure)	Procedure	CPT-4
33575	CORON ANGIOPLSTY W/BYPASS; COMBO W/VASCULARIZAT	Procedure	CPT-4
34701	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	Procedure	CPT-4

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

Code	Description	Code Category	Code Type
34702	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulc	Procedure	CPT-4
34703	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	Procedure	CPT-4
34704	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissec	Procedure	CPT-4
34705	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	Procedure	CPT-4
34706	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissect	Procedure	CPT-4

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

Code	Description	Code Category	Code Type
34707	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)	Procedure	CPT-4
34708	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)	Procedure	CPT-4
34709	Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)	Procedure	CPT-4
34710	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; initial vessel treated	Procedure	CPT-4
34711	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; each additional vessel treated (List separately in addition to code for primary procedure)	Procedure	CPT-4

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

Code	Description	Code Category	Code Type
34717	Endovascular repair of iliac artery at the time of aorto-iliac artery endograft placement by deployment of an iliac branched endograft including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for rupture or other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, art	Procedure	CPT-4
34718	Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for other than rupture (eg, for aneurysm, pseudoan	Procedure	CPT-4
34841	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)	Procedure	CPT-4
34842	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	Procedure	CPT-4
34843	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	Procedure	CPT-4

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

Code	Description	Code Category	Code Type
34844	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	Procedure	CPT-4
34845	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)	Procedure	CPT-4
34846	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	Procedure	CPT-4
34847	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	Procedure	CPT-4
34848	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	Procedure	CPT-4
35450	Transluminal balloon angioplasty, open; renal or other visceral artery	Procedure	CPT-4
35452	Transluminal balloon angioplasty, open; aortic	Procedure	CPT-4

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

Code	Description	Code Category	Code Type
35454	Transluminal balloon angioplasty, open; iliac	Procedure	CPT-4
35456	Transluminal balloon angioplasty, open; femoral-popliteal	Procedure	CPT-4
35458	Transluminal balloon angioplasty, open; brachiocephalic trunk or branches, each vessel	Procedure	CPT-4
35459	Transluminal balloon angioplasty, open; tibioperoneal trunk and branches	Procedure	CPT-4
35460	Transluminal balloon angioplasty, open; venous	Procedure	CPT-4
35470	Transluminal balloon angioplasty, percutaneous; tibioperoneal trunk or branches, each vessel	Procedure	CPT-4
35471	Transluminal balloon angioplasty, percutaneous; renal or visceral artery	Procedure	CPT-4
35472	Transluminal balloon angioplasty, percutaneous; aortic	Procedure	CPT-4
35473	Transluminal balloon angioplasty, percutaneous; iliac	Procedure	CPT-4
35474	Transluminal balloon angioplasty, percutaneous; femoral-popliteal	Procedure	CPT-4
35475	Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel	Procedure	CPT-4
35476	Transluminal balloon angioplasty, percutaneous; venous	Procedure	CPT-4
35600	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure (List separately in addition to code for primary procedure)	Procedure	CPT-4
35879	Revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty	Procedure	CPT-4
36902	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessar	Procedure	CPT-4
36903	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interp	Procedure	CPT-4

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

Code	Description	Code Category	Code Type
36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	Procedure	CPT-4
36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit	Procedure	CPT-4
36907	Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)	Procedure	CPT-4
36908	Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)	Procedure	CPT-4
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection	Procedure	CPT-4
37216	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection	Procedure	CPT-4
37217	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation	Procedure	CPT-4
37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	Procedure	CPT-4

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

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

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

Code	Description	Code Category	Code Type
37233	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	Procedure	CPT-4
37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	Procedure	CPT-4
37235	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	Procedure	CPT-4
37236	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery	Procedure	CPT-4
37237	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)	Procedure	CPT-4
37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein	Procedure	CPT-4
37239	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)	Procedure	CPT-4
37246	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery	Procedure	CPT-4
37247	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)	Procedure	CPT-4

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

Code	Description	Code Category	Code Type
37248	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein	Procedure	CPT-4
37249	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)	Procedure	CPT-4
3E07017	Introduction of Other Thrombolytic into Coronary Artery, Open Approach	Procedure	ICD-10-PCS
3E070PZ	Introduction of Platelet Inhibitor into Coronary Artery, Open Approach	Procedure	ICD-10-PCS
3E07317	Introduction of Other Thrombolytic into Coronary Artery, Percutaneous Approach	Procedure	ICD-10-PCS
3E073PZ	Introduction of Platelet Inhibitor into Coronary Artery, Percutaneous Approach	Procedure	ICD-10-PCS
4A020N7	Measurement of Cardiac Sampling and Pressure, Left Heart, Open Approach	Procedure	ICD-10-PCS
4A020N8	Measurement of Cardiac Sampling and Pressure, Bilateral, Open Approach	Procedure	ICD-10-PCS
4A023N7	Measurement of Cardiac Sampling and Pressure, Left Heart, Percutaneous Approach	Procedure	ICD-10-PCS
4A023N8	Measurement of Cardiac Sampling and Pressure, Bilateral, Percutaneous Approach	Procedure	ICD-10-PCS
4A12XSH	Monitoring of Cardiac Vascular Perfusion using Indocyanine Green Dye, External Approach	Procedure	ICD-10-PCS
61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous	Procedure	CPT-4
61635	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed	Procedure	CPT-4
75962	Transluminal balloon angioplasty, peripheral artery other than renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation	Procedure	CPT-4
75963	Percutaneous Transluminal Angioplasty, Any Method, Peripheral Artery; Complete Procedure	Procedure	CPT-4

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

Code	Description	Code Category	Code Type
75964	Transluminal balloon angioplasty, each additional peripheral artery other than renal or other visceral artery, iliac or lower extremity, radiological supervision and interpretation (List separately in addition to code for primary procedure)	Procedure	CPT-4
75965	Percutaneous Transluminal Angioplasty, Any Method, Each Additional Peripheral Artery; Complete Procedure	Procedure	CPT-4
75966	Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation	Procedure	CPT-4
75967	Percutaneous Transluminal Angioplasty, Any Method, Renal Or Other Visceral Artery; Complete Procedure	Procedure	CPT-4
75968	Transluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)	Procedure	CPT-4
75969	Percutaneous Transluminal Angioplasty, Any Method, Each Additional Visceral Artery; Complete Procedure	Procedure	CPT-4
75970	Transcatheter biopsy, radiological supervision and interpretation	Procedure	CPT-4
75972	Percutaneous Transluminal Angioplasty, Unilateral;	Procedure	CPT-4
75973	Percutaneous Transluminal Angioplasty, Unilateral;	Procedure	CPT-4
75974	Percutaneous Transluminal Angioplasty, Bilateral, Single Catheter;	Procedure	CPT-4
75975	Percutaneous Transluminal Angioplasty, Bilateral, Single Catheter;	Procedure	CPT-4
75976	Percutaneous Transluminal Angioplasty, Bilateral, Dual Catheters;	Procedure	CPT-4
75977	Percutaneous Transluminal Angioplasty, Bilateral, Dual Catheters;	Procedure	CPT-4
75978	Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation	Procedure	CPT-4
75979	Percutaneous Transluminal Angioplasty, Venous (eg, Subclavian Stenosis); Complete Procedure	Procedure	CPT-4
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	Procedure	CPT-4
92921	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	Procedure	CPT-4
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	Procedure	CPT-4
92925	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	Procedure	CPT-4

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

Code	Description	Code Category	Code Type
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	Procedure	CPT-4
92929	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	Procedure	CPT-4
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	Procedure	CPT-4
92934	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	Procedure	CPT-4
92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	Procedure	CPT-4
92938	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)	Procedure	CPT-4
92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	Procedure	CPT-4
92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	Procedure	CPT-4
92944	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)	Procedure	CPT-4
92973	Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)	Procedure	CPT-4
92974	Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)	Procedure	CPT-4

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

Code	Description	Code Category	Code Type
92977	Thrombolysis, coronary; by intravenous infusion	Procedure	CPT-4
92980	Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel	Procedure	CPT-4
92981	Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel (List separately in addition to code for primary procedure)	Procedure	CPT-4
92982	Percutaneous transluminal coronary balloon angioplasty; single vessel	Procedure	CPT-4
92984	Percutaneous transluminal coronary balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)	Procedure	CPT-4
92995	Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel	Procedure	CPT-4
92996	Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)	Procedure	CPT-4
92997	Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel	Procedure	CPT-4
92998	Percutaneous transluminal pulmonary artery balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)	Procedure	CPT-4
93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	Procedure	CPT-4
93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	Procedure	CPT-4
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	Procedure	CPT-4
93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography	Procedure	CPT-4
93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	Procedure	CPT-4

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

Code	Description	Code Category	Code Type
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	Procedure	CPT-4
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	Procedure	CPT-4
93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	Procedure	CPT-4
93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	Procedure	CPT-4
93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	Procedure	CPT-4
C1034	Catheter, coronary angioplasty, surpass superfusion catheter, long 30 surpass superfusion catheter	Procedure	HCPCS
C1100	Guide wire, percutaneous transluminal coronary angioplasty, medtronic ave gt1 guide wire, medtronic ave gt2 fusion guide wire, interventional technologies trackwire, interventional technologies trackwire support, interventional technologies trackwire extra support	Procedure	HCPCS
C1101	Catheter, percutaneous transluminal coronary angioplasty guide, medtronic ave 5f, 6f, 7f, 8f, 9f zuma guide catheter, medtronic ave z2 5f, 6f, 7f, 8f, 9f zuma guide catheter, medtronic ave vector guide catheter, medtronic ave vector x guide catheter. note: only the medtronic ave z2 zuma guide catheters are effective october 1, 2000. the medtronic ave zuma guide catheters were effective august 1, 2000.	Procedure	HCPCS

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

Code	Description	Code Category	Code Type
C1366	Guide wire, percutaneous transluminal coronary angioplasty, hi-torque iron man, hi-torque balance middleweight, hi-torque all star, hi-torque balance heavyweight, hi-torque balance trek	Procedure	HCPCS
C1367	Guide wire, percutaneous transluminal coronary angioplasty, hi-torque cross it, hi-torque cross-it 100xt, hi-torque cross-it 200xt, hi-torque cross-it 300xt, hi-torque wiggle	Procedure	HCPCS
C1500	Atherectomy system, peripheral, rotablator rotational angioplasty system with rotalink exchangeable catheter, advancer, and guide wire	Procedure	HCPCS
C1725	Catheter, transluminal angioplasty, nonlaser (may include guidance, infusion/perfusion capability)	Procedure	HCPCS
C1885	Catheter, transluminal angioplasty, laser	Procedure	HCPCS
C1930	Catheter, percutaneous transluminal coronary angioplasty, coyote dilatation catheter 20mm/30mm/40mm	Procedure	HCPCS
C1933	Catheter, opti-plast centurion 5.5f pta catheter (shaft length 50 cm to 120 cm), opti-plast xl 5.5f pta catheter (shaft length 75 cm to 120 cm), opti-plast pta catheter (5.5 fr), tru trac 5fr percutaneous transluminal angioplasty balloon dilatation catheter, optiplast xt 5 fr percutaneous transluminal angioplasty catheter (various sizes)	Procedure	HCPCS
C1948	Catheter, pursuit balloon angioplasty catheter, cook accent balloon angioplasty catheter	Procedure	HCPCS
C1981	Catheter ,coronary angioplasty balloon, adante, bonnie, bonnie 15mm, bonnie monorail 30mm or 40mm, bonnie sliding rail, bypass speedy, chubby, chubby sliding rail, coyote 20mm, coyote 9/15/25mm, maxxum, nc ranger, nc ranger 9mm, ranger 20mm, long ranger 30mm or 40mm, nc ranger 16/18mm, nc ranger 22/25/30mm, nc big ranger, quantum ranger, quantum ranger 1/4 sizes, quantum ranger 9/16/18mm, quantum ranger 22/30mm, quantum ranger 25mm, ranger lp 20/30/40, viva/long viva, ace - 1cm, ace - 2cm, ace graft, long ace, pivot cobra (10, 14, 18, 30, 40mm in lengths) note: only the bonnie monorail 30mm or	Procedure	HCPCS
C2605	Catheter, spectranetics extreme laser catheter, spectranetics extreme 0.9mm coronary angioplasty catheter (model 110-001)	Procedure	HCPCS
C2623	Catheter, transluminal angioplasty, drug-coated, nonlaser	Procedure	HCPCS
C3551	Guide wire, percutaneous transluminal coronary angioplasty, choice, luge, patriot, pt graphix intermediate, trooper, mailman 182/300 cm, glidewire gold guidewire, platinum plus guidewire, platinum plus guidewire with glidex hydrophilic coating, jagwire single-use high performance guide wire, merit medical systems extender guidewire, merit medical systems tomcat ptca guidewire, platinum plus guidewire (0.014 and 0.018 in diameters)	Procedure	HCPCS
C8526	Optiplast xt 5f percutaneous transluminal angioplasty catheter (various sizes)	Procedure	HCPCS

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

Code	Description	Code Category	Code Type
C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	Procedure	HCPCS
C9601	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	Procedure	HCPCS
C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	Procedure	HCPCS
C9603	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	Procedure	HCPCS
C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	Procedure	HCPCS
C9605	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)	Procedure	HCPCS
C9606	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	Procedure	HCPCS
C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel	Procedure	HCPCS
C9608	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)	Procedure	HCPCS
C9754	Creation of arteriovenous fistula, percutaneous; direct, any site, including all imaging and radiologic supervision and interpretation, when performed and secondary procedures to redirect blood flow (e.g., transluminal balloon angioplasty, coil embolization, when performed)	Procedure	HCPCS

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

Code	Description	Code Category	Code Type
G0290	Transcatheter placement of a drug eluting intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel	Procedure	HCPCS
G0291	Transcatheter placement of a drug eluting intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel	Procedure	HCPCS
G0392	Transluminal balloon angioplasty, percutaneous; for maintenance of hemodialysis access, arteriovenous fistula or graft; arterial	Procedure	HCPCS
G0393	Transluminal balloon angioplasty, percutaneous; for maintenance of hemodialysis access, arteriovenous fistula or graft; venous	Procedure	HCPCS
I20	Angina pectoris	Diagnosis	ICD-10-CM
I20.0	Unstable angina	Diagnosis	ICD-10-CM
I20.1	Angina pectoris with documented spasm	Diagnosis	ICD-10-CM
I20.8	Other forms of angina pectoris	Diagnosis	ICD-10-CM
I20.9	Angina pectoris, unspecified	Diagnosis	ICD-10-CM
I23.7	Postinfarction angina	Diagnosis	ICD-10-CM
I24	Other acute ischemic heart diseases	Diagnosis	ICD-10-CM
I24.0	Acute coronary thrombosis not resulting in myocardial infarction	Diagnosis	ICD-10-CM
I24.8	Other forms of acute ischemic heart disease	Diagnosis	ICD-10-CM
I24.9	Acute ischemic heart disease, unspecified	Diagnosis	ICD-10-CM
I25	Chronic ischemic heart disease	Diagnosis	ICD-10-CM
I25.1	Atherosclerotic heart disease of native coronary artery	Diagnosis	ICD-10-CM
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris	Diagnosis	ICD-10-CM
I25.11	Atherosclerotic heart disease of native coronary artery with angina pectoris	Diagnosis	ICD-10-CM
I25.110	Atherosclerotic heart disease of native coronary artery with unstable angina pectoris	Diagnosis	ICD-10-CM
I25.111	Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm	Diagnosis	ICD-10-CM
I25.118	Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris	Diagnosis	ICD-10-CM
I25.119	Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris	Diagnosis	ICD-10-CM
I25.2	Old myocardial infarction	Diagnosis	ICD-10-CM
I25.4	Coronary artery aneurysm and dissection	Diagnosis	ICD-10-CM
I25.41	Coronary artery aneurysm	Diagnosis	ICD-10-CM
I25.42	Coronary artery dissection	Diagnosis	ICD-10-CM
I25.5	Ischemic cardiomyopathy	Diagnosis	ICD-10-CM
I25.6	Silent myocardial ischemia	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
I25.7	Atherosclerosis of coronary artery bypass graft(s) and coronary artery of transplanted heart with angina pectoris	Diagnosis	ICD-10-CM
I25.70	Atherosclerosis of coronary artery bypass graft(s), unspecified, with angina pectoris	Diagnosis	ICD-10-CM
I25.700	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unstable angina pectoris	Diagnosis	ICD-10-CM
I25.701	Atherosclerosis of coronary artery bypass graft(s), unspecified, with angina pectoris with documented spasm	Diagnosis	ICD-10-CM
I25.708	Atherosclerosis of coronary artery bypass graft(s), unspecified, with other forms of angina pectoris	Diagnosis	ICD-10-CM
I25.709	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unspecified angina pectoris	Diagnosis	ICD-10-CM
I25.71	Atherosclerosis of autologous vein coronary artery bypass graft(s) with angina pectoris	Diagnosis	ICD-10-CM
I25.710	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unstable angina pectoris	Diagnosis	ICD-10-CM
I25.711	Atherosclerosis of autologous vein coronary artery bypass graft(s) with angina pectoris with documented spasm	Diagnosis	ICD-10-CM
I25.718	Atherosclerosis of autologous vein coronary artery bypass graft(s) with other forms of angina pectoris	Diagnosis	ICD-10-CM
I25.719	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unspecified angina pectoris	Diagnosis	ICD-10-CM
I25.72	Atherosclerosis of autologous artery coronary artery bypass graft(s) with angina pectoris	Diagnosis	ICD-10-CM
I25.720	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unstable angina pectoris	Diagnosis	ICD-10-CM
I25.721	Atherosclerosis of autologous artery coronary artery bypass graft(s) with angina pectoris with documented spasm	Diagnosis	ICD-10-CM
I25.728	Atherosclerosis of autologous artery coronary artery bypass graft(s) with other forms of angina pectoris	Diagnosis	ICD-10-CM
I25.729	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unspecified angina pectoris	Diagnosis	ICD-10-CM
I25.73	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with angina pectoris	Diagnosis	ICD-10-CM
I25.730	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unstable angina pectoris	Diagnosis	ICD-10-CM
I25.731	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with angina pectoris with documented spasm	Diagnosis	ICD-10-CM
I25.738	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with other forms of angina pectoris	Diagnosis	ICD-10-CM
I25.739	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unspecified angina pectoris	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
I25.75	Atherosclerosis of native coronary artery of transplanted heart with angina pectoris	Diagnosis	ICD-10-CM
I25.750	Atherosclerosis of native coronary artery of transplanted heart with unstable angina	Diagnosis	ICD-10-CM
I25.751	Atherosclerosis of native coronary artery of transplanted heart with angina pectoris with documented spasm	Diagnosis	ICD-10-CM
I25.758	Atherosclerosis of native coronary artery of transplanted heart with other forms of angina pectoris	Diagnosis	ICD-10-CM
I25.759	Atherosclerosis of native coronary artery of transplanted heart with unspecified angina pectoris	Diagnosis	ICD-10-CM
I25.76	Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris	Diagnosis	ICD-10-CM
I25.760	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina	Diagnosis	ICD-10-CM
I25.761	Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris with documented spasm	Diagnosis	ICD-10-CM
I25.768	Atherosclerosis of bypass graft of coronary artery of transplanted heart with other forms of angina pectoris	Diagnosis	ICD-10-CM
I25.769	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unspecified angina pectoris	Diagnosis	ICD-10-CM
I25.79	Atherosclerosis of other coronary artery bypass graft(s) with angina pectoris	Diagnosis	ICD-10-CM
I25.790	Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris	Diagnosis	ICD-10-CM
I25.791	Atherosclerosis of other coronary artery bypass graft(s) with angina pectoris with documented spasm	Diagnosis	ICD-10-CM
I25.798	Atherosclerosis of other coronary artery bypass graft(s) with other forms of angina pectoris	Diagnosis	ICD-10-CM
I25.799	Atherosclerosis of other coronary artery bypass graft(s) with unspecified angina pectoris	Diagnosis	ICD-10-CM
I25.8	Other forms of chronic ischemic heart disease	Diagnosis	ICD-10-CM
I25.81	Atherosclerosis of other coronary vessels without angina pectoris	Diagnosis	ICD-10-CM
I25.810	Atherosclerosis of coronary artery bypass graft(s) without angina pectoris	Diagnosis	ICD-10-CM
I25.811	Atherosclerosis of native coronary artery of transplanted heart without angina pectoris	Diagnosis	ICD-10-CM
I25.812	Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pectoris	Diagnosis	ICD-10-CM
I25.82	Chronic total occlusion of coronary artery	Diagnosis	ICD-10-CM
I25.83	Coronary atherosclerosis due to lipid rich plaque	Diagnosis	ICD-10-CM
I25.84	Coronary atherosclerosis due to calcified coronary lesion	Diagnosis	ICD-10-CM
I25.89	Other forms of chronic ischemic heart disease	Diagnosis	ICD-10-CM
I25.9	Chronic ischemic heart disease, unspecified	Diagnosis	ICD-10-CM
I46.2	Cardiac arrest due to underlying cardiac condition	Diagnosis	ICD-10-CM
I46.8	Cardiac arrest due to other underlying condition	Diagnosis	ICD-10-CM
I46.9	Cardiac arrest, cause unspecified	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
I47.0	Re-entry ventricular arrhythmia	Diagnosis	ICD-10-CM
I47.2	Ventricular tachycardia	Diagnosis	ICD-10-CM
I70	Atherosclerosis	Diagnosis	ICD-10-CM
I70.0	Atherosclerosis of aorta	Diagnosis	ICD-10-CM
I70.1	Atherosclerosis of renal artery	Diagnosis	ICD-10-CM
I70.8	Atherosclerosis of other arteries	Diagnosis	ICD-10-CM
I70.9	Other and unspecified atherosclerosis	Diagnosis	ICD-10-CM
I70.90	Unspecified atherosclerosis	Diagnosis	ICD-10-CM
I70.91	Generalized atherosclerosis	Diagnosis	ICD-10-CM
S2205	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using arterial graft(s), single coronary arterial graft	Procedure	HCPCS
S2206	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using arterial graft(s), 2 coronary arterial grafts	Procedure	HCPCS
S2207	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using venous graft only, single coronary venous graft	Procedure	HCPCS
S2208	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using single arterial and venous graft(s), single venous graft	Procedure	HCPCS
S2209	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using 2 arterial grafts and single venous graft	Procedure	HCPCS
T82.211A	Breakdown (mechanical) of coronary artery bypass graft, initial encounter	Diagnosis	ICD-10-CM
T82.212A	Displacement of coronary artery bypass graft, initial encounter	Diagnosis	ICD-10-CM
T82.213A	Leakage of coronary artery bypass graft, initial encounter	Diagnosis	ICD-10-CM
T82.218A	Other mechanical complication of coronary artery bypass graft, initial encounter	Diagnosis	ICD-10-CM
X2C0361	Extirpation of Matter from Coronary Artery, One Artery using Orbital Atherectomy Technology, Percutaneous Approach, New Technology Group 1	Procedure	ICD-10-PCS
X2C1361	Extirpation of Matter from Coronary Artery, Two Arteries using Orbital Atherectomy Technology, Percutaneous Approach, New Technology Group 1	Procedure	ICD-10-PCS

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Code	Description	Code Category	Code Type
X2C2361	Extirpation of Matter from Coronary Artery, Three Arteries using Orbital Atherectomy Technology, Percutaneous Approach, New Technology Group 1	Procedure	ICD-10-PCS
X2C3361	Extirpation of Matter from Coronary Artery, Four or More Arteries using Orbital Atherectomy Technology, Percutaneous Approach, New Technology Group 1	Procedure	ICD-10-PCS
Z95.1	Presence of aortocoronary bypass graft	Diagnosis	ICD-10-CM
Z95.5	Presence of coronary angioplasty implant and graft	Diagnosis	ICD-10-CM
Z98.61	Coronary angioplasty status	Diagnosis	ICD-10-CM
	Coronary Revascularization		
00566	Anesthesia for direct coronary artery bypass grafting; without pump oxygenator	Procedure	CPT-4
00567	Anesthesia for direct coronary artery bypass grafting; with pump oxygenator	Procedure	CPT-4
01921	Anesthesia for angioplasty	Procedure	CPT-4
0210088	Bypass Coronary Artery, One Artery from Right Internal Mammary with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0210089	Bypass Coronary Artery, One Artery from Left Internal Mammary with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021008C	Bypass Coronary Artery, One Artery from Thoracic Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021008F	Bypass Coronary Artery, One Artery from Abdominal Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0210098	Bypass Coronary Artery, One Artery from Right Internal Mammary with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
0210099	Bypass Coronary Artery, One Artery from Left Internal Mammary with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021009C	Bypass Coronary Artery, One Artery from Thoracic Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021009F	Bypass Coronary Artery, One Artery from Abdominal Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
02100A8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02100A9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS

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

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

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

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

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

Code	Description	Code Category	Code Type
02104KC	Bypass Coronary Artery, One Artery from Thoracic Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104KF	Bypass Coronary Artery, One Artery from Abdominal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104Z8	Bypass Coronary Artery, One Artery from Right Internal Mammary, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104Z9	Bypass Coronary Artery, One Artery from Left Internal Mammary, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104ZC	Bypass Coronary Artery, One Artery from Thoracic Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104ZF	Bypass Coronary Artery, One Artery from Abdominal Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0211088	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0211089	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021108C	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021108F	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0211098	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
0211099	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021109C	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021109F	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
02110A8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02110A9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS

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

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

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

Code	Description	Code Category	Code Type
021148C	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021148F	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0211498	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0211499	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021149C	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021149F	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114A8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114A9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114AC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114AF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114J8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114J9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114JC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114JF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114K8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114K9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
02114KC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114KF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114Z8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114Z9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114ZC	Bypass Coronary Artery, Two Arteries from Thoracic Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114ZF	Bypass Coronary Artery, Two Arteries from Abdominal Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0212088	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0212089	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021208C	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021208F	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0212098	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
0212099	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021209C	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021209F	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
02120A8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02120A9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS

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

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

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

Code	Description	Code Category	Code Type
021248C	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021248F	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0212498	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0212499	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021249C	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021249F	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124A8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124A9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124AC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124AF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124J8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124J9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124JC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124JF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124K8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124K9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
02124KC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124KF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124Z8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124Z9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124ZC	Bypass Coronary Artery, Three Arteries from Thoracic Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124ZF	Bypass Coronary Artery, Three Arteries from Abdominal Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0213088	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0213089	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021308C	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021308F	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0213098	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
0213099	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021309C	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021309F	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
02130A8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02130A9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS

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

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

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

Code	Description	Code Category	Code Type
021348C	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021348F	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0213498	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0213499	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021349C	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021349F	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134A8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134A9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134AC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134AF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134J8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134J9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134JC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134JF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134K8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134K9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
02134KC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134KF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134Z8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134Z9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134ZC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134ZF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0270046	Dilation of Coronary Artery, One Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
027004Z	Dilation of Coronary Artery, One Artery with Drug-eluting Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
0270056	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027005Z	Dilation of Coronary Artery, One Artery with Two Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
0270066	Dilation of Coronary Artery, One Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027006Z	Dilation of Coronary Artery, One Artery with Three Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
0270076	Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027007Z	Dilation of Coronary Artery, One Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02700D6	Dilation of Coronary Artery, One Artery, Bifurcation, with Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02700DZ	Dilation of Coronary Artery, One Artery with Intraluminal Device, Open Approach	Procedure	ICD-10-PCS

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

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

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

Code	Description	Code Category	Code Type
0270376	Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
027037Z	Dilation of Coronary Artery, One Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02703D6	Dilation of Coronary Artery, One Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02703DZ	Dilation of Coronary Artery, One Artery with Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02703E6	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02703EZ	Dilation of Coronary Artery, One Artery with Two Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02703F6	Dilation of Coronary Artery, One Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02703FZ	Dilation of Coronary Artery, One Artery with Three Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02703G6	Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02703GZ	Dilation of Coronary Artery, One Artery with Four or More Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02703T6	Dilation of Coronary Artery, One Artery, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02703TZ	Dilation of Coronary Artery, One Artery with Radioactive Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02703Z6	Dilation of Coronary Artery, One Artery, Bifurcation, Percutaneous Approach	Procedure	ICD-10-PCS
02703ZZ	Dilation of Coronary Artery, One Artery, Percutaneous Approach	Procedure	ICD-10-PCS
0270446	Dilation of Coronary Artery, One Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027044Z	Dilation of Coronary Artery, One Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

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

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

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

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

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

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

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

Code	Description	Code Category	Code Type
02713E6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02713EZ	Dilation of Coronary Artery, Two Arteries with Two Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02713F6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02713FZ	Dilation of Coronary Artery, Two Arteries with Three Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02713G6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02713GZ	Dilation of Coronary Artery, Two Arteries with Four or More Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02713T6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02713TZ	Dilation of Coronary Artery, Two Arteries with Radioactive Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02713Z6	Dilation of Coronary Artery, Two Arteries, Bifurcation, Percutaneous Approach	Procedure	ICD-10-PCS
02713ZZ	Dilation of Coronary Artery, Two Arteries, Percutaneous Approach	Procedure	ICD-10-PCS
0271446	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027144Z	Dilation of Coronary Artery, Two Arteries with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0271456	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027145Z	Dilation of Coronary Artery, Two Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0271466	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027146Z	Dilation of Coronary Artery, Two Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

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

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

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

Code	Description	Code Category	Code Type
0272056	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027205Z	Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
0272066	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027206Z	Dilation of Coronary Artery, Three Arteries with Three Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
0272076	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027207Z	Dilation of Coronary Artery, Three Arteries with Four or More Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02720D6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02720DZ	Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02720E6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02720EZ	Dilation of Coronary Artery, Three Arteries with Two Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02720F6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02720FZ	Dilation of Coronary Artery, Three Arteries with Three Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02720G6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02720GZ	Dilation of Coronary Artery, Three Arteries with Four or More Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02720T6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Radioactive Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02720TZ	Dilation of Coronary Artery, Three Arteries with Radioactive Intraluminal Device, Open Approach	Procedure	ICD-10-PCS

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

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

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

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

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

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

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

Code	Description	Code Category	Code Type
0273076	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027307Z	Dilation of Coronary Artery, Four or More Arteries with Four or More Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02730D6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02730DZ	Dilation of Coronary Artery, Four or More Arteries with Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02730E6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02730EZ	Dilation of Coronary Artery, Four or More Arteries with Two Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02730F6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02730FZ	Dilation of Coronary Artery, Four or More Arteries with Three Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02730G6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02730GZ	Dilation of Coronary Artery, Four or More Arteries with Four or More Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02730T6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Radioactive Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02730TZ	Dilation of Coronary Artery, Four or More Arteries with Radioactive Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02730Z6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, Open Approach	Procedure	ICD-10-PCS
02730ZZ	Dilation of Coronary Artery, Four or More Arteries, Open Approach	Procedure	ICD-10-PCS
0273346	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
027334Z	Dilation of Coronary Artery, Four or More Arteries with Drug-eluting Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS

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

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

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

Code	Description	Code Category	Code Type
02733Z6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, Percutaneous Approach	Procedure	ICD-10-PCS
02733ZZ	Dilation of Coronary Artery, Four or More Arteries, Percutaneous Approach	Procedure	ICD-10-PCS
0273446	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027344Z	Dilation of Coronary Artery, Four or More Arteries with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0273456	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027345Z	Dilation of Coronary Artery, Four or More Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0273466	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027346Z	Dilation of Coronary Artery, Four or More Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0273476	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027347Z	Dilation of Coronary Artery, Four or More Arteries with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734D6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734DZ	Dilation of Coronary Artery, Four or More Arteries with Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734E6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734EZ	Dilation of Coronary Artery, Four or More Arteries with Two Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734F6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734FZ	Dilation of Coronary Artery, Four or More Arteries with Three Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
02734G6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734GZ	Dilation of Coronary Artery, Four or More Arteries with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734T6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734TZ	Dilation of Coronary Artery, Four or More Arteries with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734Z6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734ZZ	Dilation of Coronary Artery, Four or More Arteries, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02C00Z6	Extirpation of Matter from Coronary Artery, One Artery, Bifurcation, Open Approach	Procedure	ICD-10-PCS
02C00ZZ	Extirpation of Matter from Coronary Artery, One Artery, Open Approach	Procedure	ICD-10-PCS
02C10Z6	Extirpation of Matter from Coronary Artery, Two Arteries, Bifurcation, Open Approach	Procedure	ICD-10-PCS
02C10ZZ	Extirpation of Matter from Coronary Artery, Two Arteries, Open Approach	Procedure	ICD-10-PCS
02C20Z6	Extirpation of Matter from Coronary Artery, Three Arteries, Bifurcation, Open Approach	Procedure	ICD-10-PCS
02C20ZZ	Extirpation of Matter from Coronary Artery, Three Arteries, Open Approach	Procedure	ICD-10-PCS
02C30Z6	Extirpation of Matter from Coronary Artery, Four or More Arteries, Bifurcation, Open Approach	Procedure	ICD-10-PCS
02C30ZZ	Extirpation of Matter from Coronary Artery, Four or More Arteries, Open Approach	Procedure	ICD-10-PCS
33508	Endoscopy, surgical, including video-assisted harvest of vein(s) for coronary artery bypass procedure (List separately in addition to code for primary procedure)	Procedure	CPT-4
33510	Coronary artery bypass, vein only; single coronary venous graft	Procedure	CPT-4
33511	Coronary artery bypass, vein only; 2 coronary venous grafts	Procedure	CPT-4

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

Code	Description	Code Category	Code Type
33512	Coronary artery bypass, vein only; 3 coronary venous grafts	Procedure	CPT-4
33513	Coronary artery bypass, vein only; 4 coronary venous grafts	Procedure	CPT-4
33514	Coronary artery bypass, vein only; 5 coronary venous grafts	Procedure	CPT-4
33516	Coronary artery bypass, vein only; 6 or more coronary venous grafts	Procedure	CPT-4
33517	Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (List separately in addition to code for primary procedure)	Procedure	CPT-4
33518	Coronary artery bypass, using venous graft(s) and arterial graft(s); 2 venous grafts (List separately in addition to code for primary procedure)	Procedure	CPT-4
33519	Coronary artery bypass, using venous graft(s) and arterial graft(s); 3 venous grafts (List separately in addition to code for primary procedure)	Procedure	CPT-4
33520	Coronary Artery Bypass, Nonautogenous Graft (eg, Synthetic Or Cadaver); Single Graft	Procedure	CPT-4
33521	Coronary artery bypass, using venous graft(s) and arterial graft(s); 4 venous grafts (List separately in addition to code for primary procedure)	Procedure	CPT-4
33522	Coronary artery bypass, using venous graft(s) and arterial graft(s); 5 venous grafts (List separately in addition to code for primary procedure)	Procedure	CPT-4
33523	Coronary artery bypass, using venous graft(s) and arterial graft(s); 6 or more venous grafts (List separately in addition to code for primary procedure)	Procedure	CPT-4
33525	Coronary Artery Bypass, Nonautogenous Graft (eg, Synthetic Or Cadaver); Two Coronary Grafts	Procedure	CPT-4
33528	Coronary Artery Bypass, Nonautogenous Graft (eg, Synthetic Or Cadaver); Three Or More Coronary Grafts	Procedure	CPT-4
33530	Reoperation, coronary artery bypass procedure or valve procedure, more than 1 month after original operation (List separately in addition to code for primary procedure)	Procedure	CPT-4
33533	Coronary artery bypass, using arterial graft(s); single arterial graft	Procedure	CPT-4
33534	Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts	Procedure	CPT-4
33535	Coronary artery bypass, using arterial graft(s); 3 coronary arterial grafts	Procedure	CPT-4
33536	Coronary artery bypass, using arterial graft(s); 4 or more coronary arterial grafts	Procedure	CPT-4
33570	CORONARY ANGIOPLASTY W/BYPASS	Procedure	CPT-4
33572	Coronary endarterectomy, open, any method, of left anterior descending, circumflex, or right coronary artery performed in conjunction with coronary artery bypass graft procedure, each vessel (List separately in addition to primary procedure)	Procedure	CPT-4
35500	Harvest of upper extremity vein, 1 segment, for lower extremity or coronary artery bypass procedure (List separately in addition to code for primary procedure)	Procedure	CPT-4

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

Code	Description	Code Category	Code Type
35600	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure (List separately in addition to code for primary procedure)	Procedure	CPT-4
37236	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery	Procedure	CPT-4
37237	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)	Procedure	CPT-4
37246	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery	Procedure	CPT-4
37247	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)	Procedure	CPT-4
4110F	Internal mammary artery graft performed for primary, isolated coronary artery bypass graft procedure (CABG)	Procedure	CPT-2
75972	Percutaneous Transluminal Angioplasty, Unilateral;	Procedure	CPT-4
75973	Percutaneous Transluminal Angioplasty, Unilateral;	Procedure	CPT-4
75974	Percutaneous Transluminal Angioplasty, Bilateral, Single Catheter;	Procedure	CPT-4
75975	Percutaneous Transluminal Angioplasty, Bilateral, Single Catheter;	Procedure	CPT-4
75976	Percutaneous Transluminal Angioplasty, Bilateral, Dual Catheters;	Procedure	CPT-4
75977	Percutaneous Transluminal Angioplasty, Bilateral, Dual Catheters;	Procedure	CPT-4
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	Procedure	CPT-4
92921	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	Procedure	CPT-4
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	Procedure	CPT-4

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

Code	Description	Code Category	Code Type
92925	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	Procedure	CPT-4
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	Procedure	CPT-4
92929	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	Procedure	CPT-4
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	Procedure	CPT-4
92934	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	Procedure	CPT-4
92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	Procedure	CPT-4
92938	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)	Procedure	CPT-4
92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	Procedure	CPT-4
92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	Procedure	CPT-4
92944	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)	Procedure	CPT-4
92982	Percutaneous transluminal coronary balloon angioplasty; single vessel	Procedure	CPT-4

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

Code	Description	Code Category	Code Type
92984	Percutaneous transluminal coronary balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)	Procedure	CPT-4
92995	Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel	Procedure	CPT-4
92996	Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)	Procedure	CPT-4
C1034	Catheter, coronary angioplasty, surpass superfusion catheter, long 30 surpass superfusion catheter	Procedure	HCPCS
C1100	Guide wire, percutaneous transluminal coronary angioplasty, medtronic ave gt1 guide wire, medtronic ave gt2 fusion guide wire, interventional technologies trackwire, interventional technologies trackwire support, interventional technologies trackwire extra support	Procedure	HCPCS
C1101	Catheter, percutaneous transluminal coronary angioplasty guide, medtronic ave 5f, 6f, 7f, 8f, 9f zuma guide catheter, medtronic ave z2 5f, 6f, 7f, 8f, 9f zuma guide catheter, medtronic ave vector guide catheter, medtronic ave vector x guide catheter. note: only the medtronic ave z2 zuma guide catheters are effective october 1, 2000. the medtronic ave zuma guide catheters were effective august 1, 2000.	Procedure	HCPCS
C1366	Guide wire, percutaneous transluminal coronary angioplasty, hi-torque iron man, hi-torque balance middleweight, hi-torque all star, hi-torque balance heavyweight, hi-torque balance trek	Procedure	HCPCS
C1367	Guide wire, percutaneous transluminal coronary angioplasty, hi-torque cross it, hi-torque cross-it 100xt, hi-torque cross-it 200xt, hi-torque cross-it 300xt, hi-torque wiggle	Procedure	HCPCS
C1725	Catheter, transluminal angioplasty, nonlaser (may include guidance, infusion/perfusion capability)	Procedure	HCPCS
C1885	Catheter, transluminal angioplasty, laser	Procedure	HCPCS
C1930	Catheter, percutaneous transluminal coronary angioplasty, coyote dilatation catheter 20mm/30mm/40mm	Procedure	HCPCS
C1933	Catheter, opti-plast centurion 5.5f pta catheter (shaft length 50 cm to 120 cm), opti-plast xl 5.5f pta catheter (shaft length 75 cm to 120 cm), opti-plast pta catheter (5.5 fr), tru trac 5fr percutaneous transluminal angioplasty balloon dilatation catheter, optiplast xt 5 fr percutaneous transluminal angioplasty catheter (various sizes)	Procedure	HCPCS
C1948	Catheter, pursuit balloon angioplasty catheter, cook accent balloon angioplasty catheter	Procedure	HCPCS

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

Code	Description	Code Category	Code Type
C1981	Catheter ,coronary angioplasty balloon, adante, bonnie, bonnie 15mm, bonnie monorail 30mm or 40mm, bonnie sliding rail, bypass speedy, chubby, chubby sliding rail, coyote 20mm, coyote 9/15/25mm, maxxum, nc ranger, nc ranger 9mm, ranger 20mm, long ranger 30mm or 40mm, nc ranger 16/18mm, nc ranger 22/25/30mm, nc big ranger, quantum ranger, quantum ranger 1/4 sizes, quantum ranger 9/16/18mm, quantum ranger 22/30mm, quantum ranger 25mm, ranger lp 20/30/40, viva/long viva, ace - 1cm, ace - 2cm, ace graft, long ace, pivot cobra (10, 14, 18, 30, 40mm in lengths) note: only the bonnie monorail 30mm or	Procedure	HCPCS
C2605	Catheter, spectranetics extreme laser catheter, spectranetics extreme 0.9mm coronary angioplasty catheter (model 110-001)	Procedure	HCPCS
C2623	Catheter, transluminal angioplasty, drug-coated, nonlaser	Procedure	HCPCS
C3551	Guide wire, percutaneous transluminal coronary angioplasty, choice, luge, patriot, pt graphix intermediate, trooper, mailman 182/300 cm, glidewire gold guidewire, platinum plus guidewire, platinum plus guidewire with glidex hydrophilic coating, jagwire single-use high performance guide wire, merit medical systems extender guidewire, merit medical systems tomcat ptca guidewire, platinum plus guidewire (0.014 and 0.018 in diameters)	Procedure	HCPCS
C8526	Optiplast xt 5f percutaneous transluminal angioplasty catheter (various sizes)	Procedure	HCPCS
C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	Procedure	HCPCS
C9601	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	Procedure	HCPCS
C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	Procedure	HCPCS
C9603	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	Procedure	HCPCS
C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	Procedure	HCPCS

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

Code	Description	Code Category	Code Type
C9605	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)	Procedure	HCPCS
C9606	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	Procedure	HCPCS
C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel	Procedure	HCPCS
C9608	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)	Procedure	HCPCS
G8158	Patient documented to have received coronary artery bypass graft with use of internal mammary artery	Procedure	HCPCS
G8159	Patient documented to have received coronary artery bypass graft without use of internal mammary artery	Procedure	HCPCS
G8160	Clinician documented that patient was not an eligible candidate for coronary artery bypass graft with use of internal mammary artery measure	Procedure	HCPCS
G8161	Patient with isolated coronary artery bypass graft documented to have received pre-operative beta-blockade	Procedure	HCPCS
G8162	Patient with isolated coronary artery bypass graft not documented to have received preoperative beta-blockade	Procedure	HCPCS
G8163	Clinician documented that patient with isolated coronary artery bypass graft was not an eligible candidate for pre-operative beta-blockade measure	Procedure	HCPCS
G8164	Patient with isolated coronary artery bypass graft documented to have prolonged intubation	Procedure	HCPCS
G8165	Patient with isolated coronary artery bypass graft not documented to have prolonged intubation	Procedure	HCPCS
G8166	Patient with isolated coronary artery bypass graft documented to have required surgical re-exploration	Procedure	HCPCS
G8167	Patient with isolated coronary artery bypass graft did not require surgical re-exploration	Procedure	HCPCS

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

Code	Description	Code Category	Code Type
G8170	Patient with isolated coronary artery bypass graft documented to have been discharged on aspirin or clopidogrel	Procedure	HCPCS
G8171	Patient with isolated coronary artery bypass graft not documented to have been discharged on aspirin or clopidogrel	Procedure	HCPCS
G8172	Clinician documented that patient with isolated coronary artery bypass graft was not an eligible candidate for antiplatelet therapy at discharge measure	Procedure	HCPCS
G8497	All quality actions for the applicable measures in the coronary artery bypass graft (CABG) measures group have been performed for this patient	Procedure	HCPCS
G8544	I intend to report the coronary artery bypass graft (CABG) measures group	Procedure	HCPCS
S2205	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using arterial graft(s), single coronary arterial graft	Procedure	HCPCS
S2206	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using arterial graft(s), two coronary arterial grafts	Procedure	HCPCS
S2207	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using venous graft only, single coronary venous graft	Procedure	HCPCS
S2208	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using single arterial and venous graft(s), single venous graft	Procedure	HCPCS
S2209	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using two arterial grafts and single venous graft	Procedure	HCPCS
	Dementia		
F01.50	Vascular dementia without behavioral disturbance	Diagnosis	ICD-10-CM
F01.51	Vascular dementia with behavioral disturbance	Diagnosis	ICD-10-CM
F02.80	Dementia in other diseases classified elsewhere without behavioral disturbance	Diagnosis	ICD-10-CM
F02.81	Dementia in other diseases classified elsewhere with behavioral disturbance	Diagnosis	ICD-10-CM
F03.90	Unspecified dementia without behavioral disturbance	Diagnosis	ICD-10-CM
F03.91	Unspecified dementia with behavioral disturbance	Diagnosis	ICD-10-CM
G30.0	Alzheimer's disease with early onset	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
G30.1	Alzheimer's disease with late onset	Diagnosis	ICD-10-CM
G30.8	Other Alzheimer's disease	Diagnosis	ICD-10-CM
G30.9	Alzheimer's disease, unspecified	Diagnosis	ICD-10-CM
G31.09	Other frontotemporal dementia	Diagnosis	ICD-10-CM
G31.83	Dementia with Lewy bodies	Diagnosis	ICD-10-CM
	Depression		
F31.31	Bipolar disorder, current episode depressed, mild	Diagnosis	ICD-10-CM
F31.32	Bipolar disorder, current episode depressed, moderate	Diagnosis	ICD-10-CM
F31.4	Bipolar disorder, current episode depressed, severe, without psychotic features	Diagnosis	ICD-10-CM
F31.5	Bipolar disorder, current episode depressed, severe, with psychotic features	Diagnosis	ICD-10-CM
F31.60	Bipolar disorder, current episode mixed, unspecified	Diagnosis	ICD-10-CM
F31.61	Bipolar disorder, current episode mixed, mild	Diagnosis	ICD-10-CM
F31.62	Bipolar disorder, current episode mixed, moderate	Diagnosis	ICD-10-CM
F31.63	Bipolar disorder, current episode mixed, severe, without psychotic features	Diagnosis	ICD-10-CM
F31.64	Bipolar disorder, current episode mixed, severe, with psychotic features	Diagnosis	ICD-10-CM
F31.75	Bipolar disorder, in partial remission, most recent episode depressed	Diagnosis	ICD-10-CM
F31.76	Bipolar disorder, in full remission, most recent episode depressed	Diagnosis	ICD-10-CM
F31.77	Bipolar disorder, in partial remission, most recent episode mixed	Diagnosis	ICD-10-CM
F31.78	Bipolar disorder, in full remission, most recent episode mixed	Diagnosis	ICD-10-CM
F31.81	Bipolar II disorder	Diagnosis	ICD-10-CM
F32.0	Major depressive disorder, single episode, mild	Diagnosis	ICD-10-CM
F32.1	Major depressive disorder, single episode, moderate	Diagnosis	ICD-10-CM
F32.2	Major depressive disorder, single episode, severe without psychotic features	Diagnosis	ICD-10-CM
F32.3	Major depressive disorder, single episode, severe with psychotic features	Diagnosis	ICD-10-CM
F32.4	Major depressive disorder, single episode, in partial remission	Diagnosis	ICD-10-CM
F32.5	Major depressive disorder, single episode, in full remission	Diagnosis	ICD-10-CM
F32.9	Major depressive disorder, single episode, unspecified	Diagnosis	ICD-10-CM
F33.0	Major depressive disorder, recurrent, mild	Diagnosis	ICD-10-CM
F33.1	Major depressive disorder, recurrent, moderate	Diagnosis	ICD-10-CM
F33.2	Major depressive disorder, recurrent severe without psychotic features	Diagnosis	ICD-10-CM
F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms	Diagnosis	ICD-10-CM
F33.40	Major depressive disorder, recurrent, in remission, unspecified	Diagnosis	ICD-10-CM
F33.41	Major depressive disorder, recurrent, in partial remission	Diagnosis	ICD-10-CM

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

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

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Code	Description	Code Category	Code Type
E08.3292	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E08.3293	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E08.3299	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E08.331	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E08.3311	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E08.3312	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E08.3313	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E08.3319	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E08.339	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E08.3391	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E08.3392	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E08.3393	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E08.3399	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E08.341	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E08.3411	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E08.3412	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
E08.3413	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E08.3419	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E08.349	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E08.3491	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E08.3492	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E08.3493	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E08.3499	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E08.351	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E08.3511	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E08.3512	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E08.3513	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E08.3519	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E08.3521	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	Diagnosis	ICD-10-CM
E08.3522	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	Diagnosis	ICD-10-CM
E08.3523	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	Diagnosis	ICD-10-CM
E08.3529	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	Diagnosis	ICD-10-CM

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

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

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

Code	Description	Code Category	Code Type
E08.37X1	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, right eye	Diagnosis	ICD-10-CM
E08.37X2	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, left eye	Diagnosis	ICD-10-CM
E08.37X3	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, bilateral	Diagnosis	ICD-10-CM
E08.37X9	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, unspecified eye	Diagnosis	ICD-10-CM
E08.39	Diabetes mellitus due to underlying condition with other diabetic ophthalmic complication	Diagnosis	ICD-10-CM
E08.40	Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified	Diagnosis	ICD-10-CM
E08.41	Diabetes mellitus due to underlying condition with diabetic mononeuropathy	Diagnosis	ICD-10-CM
E08.42	Diabetes mellitus due to underlying condition with diabetic polyneuropathy	Diagnosis	ICD-10-CM
E08.43	Diabetes mellitus due to underlying condition with diabetic autonomic (poly)neuropathy	Diagnosis	ICD-10-CM
E08.44	Diabetes mellitus due to underlying condition with diabetic amyotrophy	Diagnosis	ICD-10-CM
E08.49	Diabetes mellitus due to underlying condition with other diabetic neurological complication	Diagnosis	ICD-10-CM
E08.51	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy without gangrene	Diagnosis	ICD-10-CM
E08.52	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy with gangrene	Diagnosis	ICD-10-CM
E08.59	Diabetes mellitus due to underlying condition with other circulatory complications	Diagnosis	ICD-10-CM
E08.610	Diabetes mellitus due to underlying condition with diabetic neuropathic arthropathy	Diagnosis	ICD-10-CM
E08.618	Diabetes mellitus due to underlying condition with other diabetic arthropathy	Diagnosis	ICD-10-CM
E08.620	Diabetes mellitus due to underlying condition with diabetic dermatitis	Diagnosis	ICD-10-CM
E08.621	Diabetes mellitus due to underlying condition with foot ulcer	Diagnosis	ICD-10-CM
E08.622	Diabetes mellitus due to underlying condition with other skin ulcer	Diagnosis	ICD-10-CM
E08.628	Diabetes mellitus due to underlying condition with other skin complications	Diagnosis	ICD-10-CM
E08.630	Diabetes mellitus due to underlying condition with periodontal disease	Diagnosis	ICD-10-CM
E08.638	Diabetes mellitus due to underlying condition with other oral complications	Diagnosis	ICD-10-CM
E08.641	Diabetes mellitus due to underlying condition with hypoglycemia with coma	Diagnosis	ICD-10-CM
E08.649	Diabetes mellitus due to underlying condition with hypoglycemia without coma	Diagnosis	ICD-10-CM
E08.65	Diabetes mellitus due to underlying condition with hyperglycemia	Diagnosis	ICD-10-CM
E08.69	Diabetes mellitus due to underlying condition with other specified complication	Diagnosis	ICD-10-CM
E08.8	Diabetes mellitus due to underlying condition with unspecified complications	Diagnosis	ICD-10-CM
E08.9	Diabetes mellitus due to underlying condition without complications	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
E09.00	Drug or chemical induced diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	Diagnosis	ICD-10-CM
E09.01	Drug or chemical induced diabetes mellitus with hyperosmolarity with coma	Diagnosis	ICD-10-CM
E09.10	Drug or chemical induced diabetes mellitus with ketoacidosis without coma	Diagnosis	ICD-10-CM
E09.11	Drug or chemical induced diabetes mellitus with ketoacidosis with coma	Diagnosis	ICD-10-CM
E09.21	Drug or chemical induced diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E09.22	Drug or chemical induced diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E09.29	Drug or chemical induced diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
E09.311	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E09.319	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E09.321	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E09.3211	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E09.3212	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E09.3213	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E09.3219	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E09.329	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E09.3291	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E09.3292	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E09.3293	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E09.3299	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
E09.331	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E09.3311	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E09.3312	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E09.3313	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E09.3319	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E09.339	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E09.3391	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E09.3392	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E09.3393	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E09.3399	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E09.341	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E09.3411	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E09.3412	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E09.3413	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E09.3419	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E09.349	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM

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

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

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

Code	Description	Code Category	Code Type
E09.3539	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E09.3541	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	Diagnosis	ICD-10-CM
E09.3542	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	Diagnosis	ICD-10-CM
E09.3543	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	Diagnosis	ICD-10-CM
E09.3549	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	Diagnosis	ICD-10-CM
E09.3551	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, right eye	Diagnosis	ICD-10-CM
E09.3552	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, left eye	Diagnosis	ICD-10-CM
E09.3553	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	Diagnosis	ICD-10-CM
E09.3559	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	Diagnosis	ICD-10-CM
E09.359	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E09.3591	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E09.3592	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E09.3593	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E09.3599	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E09.36	Drug or chemical induced diabetes mellitus with diabetic cataract	Diagnosis	ICD-10-CM
E09.37X1	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	Diagnosis	ICD-10-CM
E09.37X2	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	Diagnosis	ICD-10-CM
E09.37X3	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
E09.37X9	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	Diagnosis	ICD-10-CM
E09.39	Drug or chemical induced diabetes mellitus with other diabetic ophthalmic complication	Diagnosis	ICD-10-CM
E09.40	Drug or chemical induced diabetes mellitus with neurological complications with diabetic neuropathy, unspecified	Diagnosis	ICD-10-CM
E09.41	Drug or chemical induced diabetes mellitus with neurological complications with diabetic mononeuropathy	Diagnosis	ICD-10-CM
E09.42	Drug or chemical induced diabetes mellitus with neurological complications with diabetic polyneuropathy	Diagnosis	ICD-10-CM
E09.43	Drug or chemical induced diabetes mellitus with neurological complications with diabetic autonomic (poly)neuropathy	Diagnosis	ICD-10-CM
E09.44	Drug or chemical induced diabetes mellitus with neurological complications with diabetic amyotrophy	Diagnosis	ICD-10-CM
E09.49	Drug or chemical induced diabetes mellitus with neurological complications with other diabetic neurological complication	Diagnosis	ICD-10-CM
E09.51	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy without gangrene	Diagnosis	ICD-10-CM
E09.52	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene	Diagnosis	ICD-10-CM
E09.59	Drug or chemical induced diabetes mellitus with other circulatory complications	Diagnosis	ICD-10-CM
E09.610	Drug or chemical induced diabetes mellitus with diabetic neuropathic arthropathy	Diagnosis	ICD-10-CM
E09.618	Drug or chemical induced diabetes mellitus with other diabetic arthropathy	Diagnosis	ICD-10-CM
E09.620	Drug or chemical induced diabetes mellitus with diabetic dermatitis	Diagnosis	ICD-10-CM
E09.621	Drug or chemical induced diabetes mellitus with foot ulcer	Diagnosis	ICD-10-CM
E09.622	Drug or chemical induced diabetes mellitus with other skin ulcer	Diagnosis	ICD-10-CM
E09.628	Drug or chemical induced diabetes mellitus with other skin complications	Diagnosis	ICD-10-CM
E09.630	Drug or chemical induced diabetes mellitus with periodontal disease	Diagnosis	ICD-10-CM
E09.638	Drug or chemical induced diabetes mellitus with other oral complications	Diagnosis	ICD-10-CM
E09.641	Drug or chemical induced diabetes mellitus with hypoglycemia with coma	Diagnosis	ICD-10-CM
E09.649	Drug or chemical induced diabetes mellitus with hypoglycemia without coma	Diagnosis	ICD-10-CM
E09.65	Drug or chemical induced diabetes mellitus with hyperglycemia	Diagnosis	ICD-10-CM
E09.69	Drug or chemical induced diabetes mellitus with other specified complication	Diagnosis	ICD-10-CM
E09.8	Drug or chemical induced diabetes mellitus with unspecified complications	Diagnosis	ICD-10-CM
E09.9	Drug or chemical induced diabetes mellitus without complications	Diagnosis	ICD-10-CM
E10.10	Type 1 diabetes mellitus with ketoacidosis without coma	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
E10.11	Type 1 diabetes mellitus with ketoacidosis with coma	Diagnosis	ICD-10-CM
E10.21	Type 1 diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E10.22	Type 1 diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E10.29	Type 1 diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
E10.311	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E10.319	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E10.321	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E10.3211	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E10.3212	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E10.3213	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3219	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.329	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E10.3291	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E10.3292	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E10.3293	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3299	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.331	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E10.3311	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E10.3312	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E10.3313	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
E10.3319	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.339	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E10.3391	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E10.3392	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E10.3393	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3399	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.341	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E10.3411	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E10.3412	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E10.3413	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3419	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.349	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E10.3491	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E10.3492	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E10.3493	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3499	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.351	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E10.3511	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
E10.3512	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E10.3513	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3519	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.3521	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	Diagnosis	ICD-10-CM
E10.3522	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	Diagnosis	ICD-10-CM
E10.3523	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	Diagnosis	ICD-10-CM
E10.3529	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E10.3531	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	Diagnosis	ICD-10-CM
E10.3532	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	Diagnosis	ICD-10-CM
E10.3533	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	Diagnosis	ICD-10-CM
E10.3539	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E10.3541	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	Diagnosis	ICD-10-CM
E10.3542	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	Diagnosis	ICD-10-CM
E10.3543	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	Diagnosis	ICD-10-CM
E10.3549	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	Diagnosis	ICD-10-CM
E10.3551	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, right eye	Diagnosis	ICD-10-CM
E10.3552	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, left eye	Diagnosis	ICD-10-CM
E10.3553	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	Diagnosis	ICD-10-CM
E10.3559	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
E10.359	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E10.3591	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E10.3592	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E10.3593	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3599	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.36	Type 1 diabetes mellitus with diabetic cataract	Diagnosis	ICD-10-CM
E10.37X1	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	Diagnosis	ICD-10-CM
E10.37X2	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	Diagnosis	ICD-10-CM
E10.37X3	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	Diagnosis	ICD-10-CM
E10.37X9	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	Diagnosis	ICD-10-CM
E10.39	Type 1 diabetes mellitus with other diabetic ophthalmic complication	Diagnosis	ICD-10-CM
E10.40	Type 1 diabetes mellitus with diabetic neuropathy, unspecified	Diagnosis	ICD-10-CM
E10.41	Type 1 diabetes mellitus with diabetic mononeuropathy	Diagnosis	ICD-10-CM
E10.42	Type 1 diabetes mellitus with diabetic polyneuropathy	Diagnosis	ICD-10-CM
E10.43	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy	Diagnosis	ICD-10-CM
E10.44	Type 1 diabetes mellitus with diabetic amyotrophy	Diagnosis	ICD-10-CM
E10.49	Type 1 diabetes mellitus with other diabetic neurological complication	Diagnosis	ICD-10-CM
E10.51	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene	Diagnosis	ICD-10-CM
E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene	Diagnosis	ICD-10-CM
E10.59	Type 1 diabetes mellitus with other circulatory complications	Diagnosis	ICD-10-CM
E10.610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy	Diagnosis	ICD-10-CM
E10.618	Type 1 diabetes mellitus with other diabetic arthropathy	Diagnosis	ICD-10-CM
E10.620	Type 1 diabetes mellitus with diabetic dermatitis	Diagnosis	ICD-10-CM
E10.621	Type 1 diabetes mellitus with foot ulcer	Diagnosis	ICD-10-CM
E10.622	Type 1 diabetes mellitus with other skin ulcer	Diagnosis	ICD-10-CM
E10.628	Type 1 diabetes mellitus with other skin complications	Diagnosis	ICD-10-CM
E10.630	Type 1 diabetes mellitus with periodontal disease	Diagnosis	ICD-10-CM
E10.638	Type 1 diabetes mellitus with other oral complications	Diagnosis	ICD-10-CM
E10.641	Type 1 diabetes mellitus with hypoglycemia with coma	Diagnosis	ICD-10-CM
E10.649	Type 1 diabetes mellitus with hypoglycemia without coma	Diagnosis	ICD-10-CM
E10.65	Type 1 diabetes mellitus with hyperglycemia	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
E10.69	Type 1 diabetes mellitus with other specified complication	Diagnosis	ICD-10-CM
E10.8	Type 1 diabetes mellitus with unspecified complications	Diagnosis	ICD-10-CM
E10.9	Type 1 diabetes mellitus without complications	Diagnosis	ICD-10-CM
E11.00	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	Diagnosis	ICD-10-CM
E11.01	Type 2 diabetes mellitus with hyperosmolarity with coma	Diagnosis	ICD-10-CM
E11.10	Type 2 diabetes mellitus with ketoacidosis without coma	Diagnosis	ICD-10-CM
E11.11	Type 2 diabetes mellitus with ketoacidosis with coma	Diagnosis	ICD-10-CM
E11.21	Type 2 diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E11.29	Type 2 diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
E11.311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E11.319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E11.321	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E11.3211	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E11.3212	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E11.3213	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E11.3219	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.329	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E11.3291	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E11.3292	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E11.3293	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E11.3299	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.331	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
E11.3311	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E11.3312	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E11.3313	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E11.3319	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.339	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E11.3391	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E11.3392	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E11.3393	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E11.3399	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.341	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E11.3411	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E11.3412	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E11.3413	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E11.3419	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.349	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E11.3491	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E11.3492	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM

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

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

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

Code	Description	Code Category	Code Type
E11.3549	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	Diagnosis	ICD-10-CM
E11.3551	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, right eye	Diagnosis	ICD-10-CM
E11.3552	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, left eye	Diagnosis	ICD-10-CM
E11.3553	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	Diagnosis	ICD-10-CM
E11.3559	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	Diagnosis	ICD-10-CM
E11.359	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E11.3591	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E11.3592	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E11.3593	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E11.3599	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.36	Type 2 diabetes mellitus with diabetic cataract	Diagnosis	ICD-10-CM
E11.37X1	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	Diagnosis	ICD-10-CM
E11.37X2	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	Diagnosis	ICD-10-CM
E11.37X3	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	Diagnosis	ICD-10-CM
E11.37X9	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	Diagnosis	ICD-10-CM
E11.39	Type 2 diabetes mellitus with other diabetic ophthalmic complication	Diagnosis	ICD-10-CM
E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified	Diagnosis	ICD-10-CM
E11.41	Type 2 diabetes mellitus with diabetic mononeuropathy	Diagnosis	ICD-10-CM
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	Diagnosis	ICD-10-CM
E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy	Diagnosis	ICD-10-CM
E11.44	Type 2 diabetes mellitus with diabetic amyotrophy	Diagnosis	ICD-10-CM
E11.49	Type 2 diabetes mellitus with other diabetic neurological complication	Diagnosis	ICD-10-CM
E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene	Diagnosis	ICD-10-CM
E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene	Diagnosis	ICD-10-CM
E11.59	Type 2 diabetes mellitus with other circulatory complications	Diagnosis	ICD-10-CM
E11.610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy	Diagnosis	ICD-10-CM
E11.618	Type 2 diabetes mellitus with other diabetic arthropathy	Diagnosis	ICD-10-CM
E11.620	Type 2 diabetes mellitus with diabetic dermatitis	Diagnosis	ICD-10-CM
E11.621	Type 2 diabetes mellitus with foot ulcer	Diagnosis	ICD-10-CM
E11.622	Type 2 diabetes mellitus with other skin ulcer	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
E11.628	Type 2 diabetes mellitus with other skin complications	Diagnosis	ICD-10-CM
E11.630	Type 2 diabetes mellitus with periodontal disease	Diagnosis	ICD-10-CM
E11.638	Type 2 diabetes mellitus with other oral complications	Diagnosis	ICD-10-CM
E11.641	Type 2 diabetes mellitus with hypoglycemia with coma	Diagnosis	ICD-10-CM
E11.649	Type 2 diabetes mellitus with hypoglycemia without coma	Diagnosis	ICD-10-CM
E11.65	Type 2 diabetes mellitus with hyperglycemia	Diagnosis	ICD-10-CM
E11.69	Type 2 diabetes mellitus with other specified complication	Diagnosis	ICD-10-CM
E11.8	Type 2 diabetes mellitus with unspecified complications	Diagnosis	ICD-10-CM
E11.9	Type 2 diabetes mellitus without complications	Diagnosis	ICD-10-CM
E13.00	Other specified diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	Diagnosis	ICD-10-CM
E13.01	Other specified diabetes mellitus with hyperosmolarity with coma	Diagnosis	ICD-10-CM
E13.10	Other specified diabetes mellitus with ketoacidosis without coma	Diagnosis	ICD-10-CM
E13.11	Other specified diabetes mellitus with ketoacidosis with coma	Diagnosis	ICD-10-CM
E13.21	Other specified diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E13.22	Other specified diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E13.29	Other specified diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
E13.311	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E13.319	Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E13.321	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E13.3211	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E13.3212	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E13.3213	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3219	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.329	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E13.3291	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
E13.3292	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E13.3293	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3299	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.331	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E13.3311	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E13.3312	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E13.3313	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3319	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.339	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E13.3391	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E13.3392	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E13.3393	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3399	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.341	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E13.3411	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E13.3412	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
E13.3413	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3419	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.349	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E13.3491	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E13.3492	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E13.3493	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3499	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.351	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E13.3511	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E13.3512	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E13.3513	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3519	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.3521	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	Diagnosis	ICD-10-CM
E13.3522	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	Diagnosis	ICD-10-CM
E13.3523	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	Diagnosis	ICD-10-CM
E13.3529	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
E13.3531	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	Diagnosis	ICD-10-CM
E13.3532	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	Diagnosis	ICD-10-CM
E13.3533	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	Diagnosis	ICD-10-CM
E13.3539	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E13.3541	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	Diagnosis	ICD-10-CM
E13.3542	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	Diagnosis	ICD-10-CM
E13.3543	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	Diagnosis	ICD-10-CM
E13.3549	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	Diagnosis	ICD-10-CM
E13.3551	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, right eye	Diagnosis	ICD-10-CM
E13.3552	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, left eye	Diagnosis	ICD-10-CM
E13.3553	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	Diagnosis	ICD-10-CM
E13.3559	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	Diagnosis	ICD-10-CM
E13.359	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E13.3591	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E13.3592	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E13.3593	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3599	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.36	Other specified diabetes mellitus with diabetic cataract	Diagnosis	ICD-10-CM
E13.39	Other specified diabetes mellitus with other diabetic ophthalmic complication	Diagnosis	ICD-10-CM
E13.40	Other specified diabetes mellitus with diabetic neuropathy, unspecified	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
E13.41	Other specified diabetes mellitus with diabetic mononeuropathy	Diagnosis	ICD-10-CM
E13.42	Other specified diabetes mellitus with diabetic polyneuropathy	Diagnosis	ICD-10-CM
E13.43	Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy	Diagnosis	ICD-10-CM
E13.44	Other specified diabetes mellitus with diabetic amyotrophy	Diagnosis	ICD-10-CM
E13.49	Other specified diabetes mellitus with other diabetic neurological complication	Diagnosis	ICD-10-CM
E13.51	Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene	Diagnosis	ICD-10-CM
E13.52	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene	Diagnosis	ICD-10-CM
E13.59	Other specified diabetes mellitus with other circulatory complications	Diagnosis	ICD-10-CM
E13.610	Other specified diabetes mellitus with diabetic neuropathic arthropathy	Diagnosis	ICD-10-CM
E13.618	Other specified diabetes mellitus with other diabetic arthropathy	Diagnosis	ICD-10-CM
E13.620	Other specified diabetes mellitus with diabetic dermatitis	Diagnosis	ICD-10-CM
E13.621	Other specified diabetes mellitus with foot ulcer	Diagnosis	ICD-10-CM
E13.622	Other specified diabetes mellitus with other skin ulcer	Diagnosis	ICD-10-CM
E13.628	Other specified diabetes mellitus with other skin complications	Diagnosis	ICD-10-CM
E13.630	Other specified diabetes mellitus with periodontal disease	Diagnosis	ICD-10-CM
E13.638	Other specified diabetes mellitus with other oral complications	Diagnosis	ICD-10-CM
E13.641	Other specified diabetes mellitus with hypoglycemia with coma	Diagnosis	ICD-10-CM
E13.649	Other specified diabetes mellitus with hypoglycemia without coma	Diagnosis	ICD-10-CM
E13.65	Other specified diabetes mellitus with hyperglycemia	Diagnosis	ICD-10-CM
E13.69	Other specified diabetes mellitus with other specified complication	Diagnosis	ICD-10-CM
E13.8	Other specified diabetes mellitus with unspecified complications	Diagnosis	ICD-10-CM
E13.9	Other specified diabetes mellitus without complications	Diagnosis	ICD-10-CM
	Hemiplegia		
G80.2	Spastic hemiplegic cerebral palsy	Diagnosis	ICD-10-CM
G81.00	Flaccid hemiplegia affecting unspecified side	Diagnosis	ICD-10-CM
G81.01	Flaccid hemiplegia affecting right dominant side	Diagnosis	ICD-10-CM
G81.02	Flaccid hemiplegia affecting left dominant side	Diagnosis	ICD-10-CM
G81.03	Flaccid hemiplegia affecting right nondominant side	Diagnosis	ICD-10-CM
G81.04	Flaccid hemiplegia affecting left nondominant side	Diagnosis	ICD-10-CM
G81.10	Spastic hemiplegia affecting unspecified side	Diagnosis	ICD-10-CM
G81.11	Spastic hemiplegia affecting right dominant side	Diagnosis	ICD-10-CM
G81.12	Spastic hemiplegia affecting left dominant side	Diagnosis	ICD-10-CM
G81.13	Spastic hemiplegia affecting right nondominant side	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
G81.14	Spastic hemiplegia affecting left nondominant side	Diagnosis	ICD-10-CM
G81.90	Hemiplegia, unspecified affecting unspecified side	Diagnosis	ICD-10-CM
G81.91	Hemiplegia, unspecified affecting right dominant side	Diagnosis	ICD-10-CM
G81.92	Hemiplegia, unspecified affecting left dominant side	Diagnosis	ICD-10-CM
G81.93	Hemiplegia, unspecified affecting right nondominant side	Diagnosis	ICD-10-CM
G81.94	Hemiplegia, unspecified affecting left nondominant side	Diagnosis	ICD-10-CM
I69.051	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.052	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.053	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.054	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.059	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.151	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.152	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.153	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.154	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.159	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.251	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.252	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.253	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
I69.254	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.259	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side	Diagnosis	ICD-10-CM
I69.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side	Diagnosis	ICD-10-CM
I69.353	Hemiplegia and hemiparesis following cerebral infarction affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.354	Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.359	Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side	Diagnosis	ICD-10-CM
I69.851	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.852	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.853	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.854	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.859	Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
I69.951	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.952	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.953	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.959	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
	HIV		
B20	Human immunodeficiency virus [HIV] disease	Diagnosis	ICD-10-CM
B97.35	Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere	Diagnosis	ICD-10-CM
Z21	Asymptomatic human immunodeficiency virus [HIV] infection status	Diagnosis	ICD-10-CM
	Hospitalized Acute Myocardial Infarction		
I21.01	ST elevation (STEMI) myocardial infarction involving left main coronary artery	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
I21.02	ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery	Diagnosis	ICD-10-CM
I21.09	ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall	Diagnosis	ICD-10-CM
I21.11	ST elevation (STEMI) myocardial infarction involving right coronary artery	Diagnosis	ICD-10-CM
I21.19	ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall	Diagnosis	ICD-10-CM
I21.21	ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery	Diagnosis	ICD-10-CM
I21.29	ST elevation (STEMI) myocardial infarction involving other sites	Diagnosis	ICD-10-CM
I21.3	ST elevation (STEMI) myocardial infarction of unspecified site	Diagnosis	ICD-10-CM
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	Diagnosis	ICD-10-CM
I21.9	Acute myocardial infarction, unspecified	Diagnosis	ICD-10-CM
I21.A1	Myocardial infarction type 2	Diagnosis	ICD-10-CM
I21.A9	Other myocardial infarction type	Diagnosis	ICD-10-CM
I22.0	Subsequent ST elevation (STEMI) myocardial infarction of anterior wall	Diagnosis	ICD-10-CM
I22.1	Subsequent ST elevation (STEMI) myocardial infarction of inferior wall	Diagnosis	ICD-10-CM
I22.2	Subsequent non-ST elevation (NSTEMI) myocardial infarction	Diagnosis	ICD-10-CM
I22.8	Subsequent ST elevation (STEMI) myocardial infarction of other sites	Diagnosis	ICD-10-CM
I22.9	Subsequent ST elevation (STEMI) myocardial infarction of unspecified site	Diagnosis	ICD-10-CM
	Hyperlipidemia		
E78.0	Pure hypercholesterolemia	Diagnosis	ICD-10-CM
E78.00	Pure hypercholesterolemia, unspecified	Diagnosis	ICD-10-CM
E78.01	Familial hypercholesterolemia	Diagnosis	ICD-10-CM
E78.1	Pure hyperglyceridemia	Diagnosis	ICD-10-CM
E78.2	Mixed hyperlipidemia	Diagnosis	ICD-10-CM
E78.3	Hyperchylomicronemia	Diagnosis	ICD-10-CM
E78.4	Other hyperlipidemia	Diagnosis	ICD-10-CM
E78.41	Elevated Lipoprotein(a)	Diagnosis	ICD-10-CM
E78.49	Other hyperlipidemia	Diagnosis	ICD-10-CM
E78.5	Hyperlipidemia, unspecified	Diagnosis	ICD-10-CM
	Hypertension		
H35.031	Hypertensive retinopathy, right eye	Diagnosis	ICD-10-CM
H35.032	Hypertensive retinopathy, left eye	Diagnosis	ICD-10-CM
H35.033	Hypertensive retinopathy, bilateral	Diagnosis	ICD-10-CM
H35.039	Hypertensive retinopathy, unspecified eye	Diagnosis	ICD-10-CM
I10	Essential (primary) hypertension	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
I11.0	Hypertensive heart disease with heart failure	Diagnosis	ICD-10-CM
I11.9	Hypertensive heart disease without heart failure	Diagnosis	ICD-10-CM
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease	Diagnosis	ICD-10-CM
I12.9	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	Diagnosis	ICD-10-CM
I13.0	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	Diagnosis	ICD-10-CM
I13.10	Hypertensive heart and chronic kidney disease without heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	Diagnosis	ICD-10-CM
I13.11	Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease	Diagnosis	ICD-10-CM
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease	Diagnosis	ICD-10-CM
I15.0	Renovascular hypertension	Diagnosis	ICD-10-CM
I15.1	Hypertension secondary to other renal disorders	Diagnosis	ICD-10-CM
I15.2	Hypertension secondary to endocrine disorders	Diagnosis	ICD-10-CM
I15.8	Other secondary hypertension	Diagnosis	ICD-10-CM
I15.9	Secondary hypertension, unspecified	Diagnosis	ICD-10-CM
I67.4	Hypertensive encephalopathy	Diagnosis	ICD-10-CM
N26.2	Page kidney	Diagnosis	ICD-10-CM
	Multiple Sclerosis		
G35	Multiple sclerosis	Diagnosis	ICD-10-CM
G36.0	Neuromyelitis optica [Devic]	Diagnosis	ICD-10-CM
G36.1	Acute and subacute hemorrhagic leukoencephalitis [Hurst]	Diagnosis	ICD-10-CM
G36.8	Other specified acute disseminated demyelination	Diagnosis	ICD-10-CM
G36.9	Acute disseminated demyelination, unspecified	Diagnosis	ICD-10-CM
G37.1	Central demyelination of corpus callosum	Diagnosis	ICD-10-CM
G37.2	Central pontine myelinolysis	Diagnosis	ICD-10-CM
G37.3	Acute transverse myelitis in demyelinating disease of central nervous system	Diagnosis	ICD-10-CM
G37.4	Subacute necrotizing myelitis of central nervous system	Diagnosis	ICD-10-CM
G37.8	Other specified demyelinating diseases of central nervous system	Diagnosis	ICD-10-CM
G37.9	Demyelinating disease of central nervous system, unspecified	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
	Neurological/Neurodegenerative Conditions		
G10	Huntington's disease	Diagnosis	ICD-10-CM
G20	Parkinson's disease	Diagnosis	ICD-10-CM
	Obesity		
E66.01	Morbid (severe) obesity due to excess calories	Diagnosis	ICD-10-CM
E66.09	Other obesity due to excess calories	Diagnosis	ICD-10-CM
E66.1	Drug-induced obesity	Diagnosis	ICD-10-CM
E66.2	Morbid (severe) obesity with alveolar hypoventilation	Diagnosis	ICD-10-CM
E66.8	Other obesity	Diagnosis	ICD-10-CM
E66.9	Obesity, unspecified	Diagnosis	ICD-10-CM
Z68.30	Body mass index [BMI]30.0-30.9, adult	Diagnosis	ICD-10-CM
Z68.31	Body mass index [BMI] 31.0-31.9, adult	Diagnosis	ICD-10-CM
Z68.32	Body mass index [BMI] 32.0-32.9, adult	Diagnosis	ICD-10-CM
Z68.33	Body mass index [BMI] 33.0-33.9, adult	Diagnosis	ICD-10-CM
Z68.34	Body mass index [BMI] 34.0-34.9, adult	Diagnosis	ICD-10-CM
Z68.35	Body mass index [BMI] 35.0-35.9, adult	Diagnosis	ICD-10-CM
Z68.36	Body mass index [BMI] 36.0-36.9, adult	Diagnosis	ICD-10-CM
Z68.37	Body mass index [BMI] 37.0-37.9, adult	Diagnosis	ICD-10-CM
Z68.38	Body mass index [BMI] 38.0-38.9, adult	Diagnosis	ICD-10-CM
Z68.39	Body mass index [BMI] 39.0-39.9, adult	Diagnosis	ICD-10-CM
Z68.41	Body mass index [BMI]40.0-44.9, adult	Diagnosis	ICD-10-CM
Z68.42	Body mass index [BMI] 45.0-49.9, adult	Diagnosis	ICD-10-CM
Z68.43	Body mass index [BMI] 50.0-59.9, adult	Diagnosis	ICD-10-CM
Z68.44	Body mass index [BMI] 60.0-69.9, adult	Diagnosis	ICD-10-CM
Z68.45	Body mass index [BMI] 70 or greater, adult	Diagnosis	ICD-10-CM
	Other Cerebrovascular Disease		
G45.0	Vertebro-basilar artery syndrome	Diagnosis	ICD-10-CM
G45.1	Carotid artery syndrome (hemispheric)	Diagnosis	ICD-10-CM
G45.2	Multiple and bilateral precerebral artery syndromes	Diagnosis	ICD-10-CM
G45.4	Transient global amnesia	Diagnosis	ICD-10-CM
G45.8	Other transient cerebral ischemic attacks and related syndromes	Diagnosis	ICD-10-CM
G45.9	Transient cerebral ischemic attack, unspecified	Diagnosis	ICD-10-CM
G46.0	Middle cerebral artery syndrome	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
G46.1	Anterior cerebral artery syndrome	Diagnosis	ICD-10-CM
G46.2	Posterior cerebral artery syndrome	Diagnosis	ICD-10-CM
G46.3	Brain stem stroke syndrome	Diagnosis	ICD-10-CM
G46.4	Cerebellar stroke syndrome	Diagnosis	ICD-10-CM
G46.5	Pure motor lacunar syndrome	Diagnosis	ICD-10-CM
G46.6	Pure sensory lacunar syndrome	Diagnosis	ICD-10-CM
G46.7	Other lacunar syndromes	Diagnosis	ICD-10-CM
G46.8	Other vascular syndromes of brain in cerebrovascular diseases	Diagnosis	ICD-10-CM
I62.00	Nontraumatic subdural hemorrhage, unspecified	Diagnosis	ICD-10-CM
I62.01	Nontraumatic acute subdural hemorrhage	Diagnosis	ICD-10-CM
I62.02	Nontraumatic subacute subdural hemorrhage	Diagnosis	ICD-10-CM
I62.03	Nontraumatic chronic subdural hemorrhage	Diagnosis	ICD-10-CM
I62.1	Nontraumatic extradural hemorrhage	Diagnosis	ICD-10-CM
I62.9	Nontraumatic intracranial hemorrhage, unspecified	Diagnosis	ICD-10-CM
I65.01	Occlusion and stenosis of right vertebral artery	Diagnosis	ICD-10-CM
I65.02	Occlusion and stenosis of left vertebral artery	Diagnosis	ICD-10-CM
I65.03	Occlusion and stenosis of bilateral vertebral arteries	Diagnosis	ICD-10-CM
I65.09	Occlusion and stenosis of unspecified vertebral artery	Diagnosis	ICD-10-CM
I65.1	Occlusion and stenosis of basilar artery	Diagnosis	ICD-10-CM
I65.21	Occlusion and stenosis of right carotid artery	Diagnosis	ICD-10-CM
I65.22	Occlusion and stenosis of left carotid artery	Diagnosis	ICD-10-CM
I65.23	Occlusion and stenosis of bilateral carotid arteries	Diagnosis	ICD-10-CM
I65.29	Occlusion and stenosis of unspecified carotid artery	Diagnosis	ICD-10-CM
I65.8	Occlusion and stenosis of other precerebral arteries	Diagnosis	ICD-10-CM
I65.9	Occlusion and stenosis of unspecified precerebral artery	Diagnosis	ICD-10-CM
I68.0	Cerebral amyloid angiopathy	Diagnosis	ICD-10-CM
I68.2	Cerebral arteritis in other diseases classified elsewhere	Diagnosis	ICD-10-CM
I68.8	Other cerebrovascular disorders in diseases classified elsewhere	Diagnosis	ICD-10-CM
I69.00	Unspecified sequelae of nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.010	Attention and concentration deficit following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.011	Memory deficit following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.012	Visuospatial deficit and spatial neglect following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.013	Psychomotor deficit following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
I69.014	Frontal lobe and executive function deficit following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.015	Cognitive social or emotional deficit following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.018	Other symptoms and signs involving cognitive functions following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.019	Unspecified symptoms and signs involving cognitive functions following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.020	Aphasia following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.021	Dysphasia following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.022	Dysarthria following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.023	Fluency disorder following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.028	Other speech and language deficits following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.031	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.032	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.033	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.034	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.039	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.041	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.042	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.043	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.044	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.049	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
I69.051	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.052	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.053	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.054	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.059	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.061	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.062	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.063	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.064	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.065	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage, bilateral	Diagnosis	ICD-10-CM
I69.069	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.090	Apraxia following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.091	Dysphagia following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.092	Facial weakness following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.093	Ataxia following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.098	Other sequelae following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.10	Unspecified sequelae of nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.110	Attention and concentration deficit following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.111	Memory deficit following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.112	Visuospatial deficit and spatial neglect following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.113	Psychomotor deficit following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.114	Frontal lobe and executive function deficit following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM

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

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

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

Code	Description	Code Category	Code Type
I69.152	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.153	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.154	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.159	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.161	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.162	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.163	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.164	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.165	Other paralytic syndrome following nontraumatic intracerebral hemorrhage, bilateral	Diagnosis	ICD-10-CM
I69.169	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.190	Apraxia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.191	Dysphagia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.192	Facial weakness following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.193	Ataxia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.198	Other sequelae of nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.20	Unspecified sequelae of other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.210	Attention and concentration deficit following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.211	Memory deficit following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.212	Visuospatial deficit and spatial neglect following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.213	Psychomotor deficit following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.214	Frontal lobe and executive function deficit following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.215	Cognitive social or emotional deficit following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
I69.218	Other symptoms and signs involving cognitive functions following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.219	Unspecified symptoms and signs involving cognitive functions following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.220	Aphasia following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.221	Dysphasia following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.222	Dysarthria following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.223	Fluency disorder following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.228	Other speech and language deficits following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.231	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.232	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.233	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.234	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.239	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.241	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.242	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.243	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.244	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.249	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.251	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
I69.252	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.253	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.254	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.259	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.261	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.262	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.263	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.264	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.265	Other paralytic syndrome following other nontraumatic intracranial hemorrhage, bilateral	Diagnosis	ICD-10-CM
I69.269	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.290	Apraxia following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.291	Dysphagia following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.292	Facial weakness following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.293	Ataxia following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.298	Other sequelae of other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.30	Unspecified sequelae of cerebral infarction	Diagnosis	ICD-10-CM
I69.310	Attention and concentration deficit following cerebral infarction	Diagnosis	ICD-10-CM
I69.311	Memory deficit following cerebral infarction	Diagnosis	ICD-10-CM
I69.312	Visuospatial deficit and spatial neglect following cerebral infarction	Diagnosis	ICD-10-CM
I69.313	Psychomotor deficit following cerebral infarction	Diagnosis	ICD-10-CM
I69.314	Frontal lobe and executive function deficit following cerebral infarction	Diagnosis	ICD-10-CM
I69.315	Cognitive social or emotional deficit following cerebral infarction	Diagnosis	ICD-10-CM
I69.318	Other symptoms and signs involving cognitive functions following cerebral infarction	Diagnosis	ICD-10-CM
I69.319	Unspecified symptoms and signs involving cognitive functions following cerebral infarction	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
I69.320	Aphasia following cerebral infarction	Diagnosis	ICD-10-CM
I69.321	Dysphasia following cerebral infarction	Diagnosis	ICD-10-CM
I69.322	Dysarthria following cerebral infarction	Diagnosis	ICD-10-CM
I69.323	Fluency disorder following cerebral infarction	Diagnosis	ICD-10-CM
I69.328	Other speech and language deficits following cerebral infarction	Diagnosis	ICD-10-CM
I69.331	Monoplegia of upper limb following cerebral infarction affecting right dominant side	Diagnosis	ICD-10-CM
I69.332	Monoplegia of upper limb following cerebral infarction affecting left dominant side	Diagnosis	ICD-10-CM
I69.333	Monoplegia of upper limb following cerebral infarction affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.334	Monoplegia of upper limb following cerebral infarction affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.339	Monoplegia of upper limb following cerebral infarction affecting unspecified side	Diagnosis	ICD-10-CM
I69.341	Monoplegia of lower limb following cerebral infarction affecting right dominant side	Diagnosis	ICD-10-CM
I69.342	Monoplegia of lower limb following cerebral infarction affecting left dominant side	Diagnosis	ICD-10-CM
I69.343	Monoplegia of lower limb following cerebral infarction affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.344	Monoplegia of lower limb following cerebral infarction affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.349	Monoplegia of lower limb following cerebral infarction affecting unspecified side	Diagnosis	ICD-10-CM
I69.351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side	Diagnosis	ICD-10-CM
I69.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side	Diagnosis	ICD-10-CM
I69.353	Hemiplegia and hemiparesis following cerebral infarction affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.354	Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.359	Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side	Diagnosis	ICD-10-CM
I69.361	Other paralytic syndrome following cerebral infarction affecting right dominant side	Diagnosis	ICD-10-CM
I69.362	Other paralytic syndrome following cerebral infarction affecting left dominant side	Diagnosis	ICD-10-CM
I69.363	Other paralytic syndrome following cerebral infarction affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.364	Other paralytic syndrome following cerebral infarction affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.365	Other paralytic syndrome following cerebral infarction, bilateral	Diagnosis	ICD-10-CM
I69.369	Other paralytic syndrome following cerebral infarction affecting unspecified side	Diagnosis	ICD-10-CM
I69.390	Apraxia following cerebral infarction	Diagnosis	ICD-10-CM
I69.391	Dysphagia following cerebral infarction	Diagnosis	ICD-10-CM
I69.392	Facial weakness following cerebral infarction	Diagnosis	ICD-10-CM
I69.393	Ataxia following cerebral infarction	Diagnosis	ICD-10-CM
I69.398	Other sequelae of cerebral infarction	Diagnosis	ICD-10-CM
I69.80	Unspecified sequelae of other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.810	Attention and concentration deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
I69.811	Memory deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.812	Visuospatial deficit and spatial neglect following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.813	Psychomotor deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.814	Frontal lobe and executive function deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.815	Cognitive social or emotional deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.818	Other symptoms and signs involving cognitive functions following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.819	Unspecified symptoms and signs involving cognitive functions following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.820	Aphasia following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.821	Dysphasia following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.822	Dysarthria following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.823	Fluency disorder following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.828	Other speech and language deficits following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.831	Monoplegia of upper limb following other cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.832	Monoplegia of upper limb following other cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.833	Monoplegia of upper limb following other cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.834	Monoplegia of upper limb following other cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.839	Monoplegia of upper limb following other cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
I69.841	Monoplegia of lower limb following other cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.842	Monoplegia of lower limb following other cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.843	Monoplegia of lower limb following other cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.844	Monoplegia of lower limb following other cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.849	Monoplegia of lower limb following other cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
I69.851	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.852	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.853	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.854	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.859	Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
I69.861	Other paralytic syndrome following other cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
I69.862	Other paralytic syndrome following other cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.863	Other paralytic syndrome following other cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.864	Other paralytic syndrome following other cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.865	Other paralytic syndrome following other cerebrovascular disease, bilateral	Diagnosis	ICD-10-CM
I69.869	Other paralytic syndrome following other cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
I69.890	Apraxia following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.891	Dysphagia following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.892	Facial weakness following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.893	Ataxia following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.898	Other sequelae of other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.90	Unspecified sequelae of unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.910	Attention and concentration deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.911	Memory deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.912	Visuospatial deficit and spatial neglect following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.913	Psychomotor deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.914	Frontal lobe and executive function deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.915	Cognitive social or emotional deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.918	Other symptoms and signs involving cognitive functions following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.919	Unspecified symptoms and signs involving cognitive functions following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.920	Aphasia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.921	Dysphasia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.922	Dysarthria following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.923	Fluency disorder following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.928	Other speech and language deficits following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.931	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.932	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.933	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM

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

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

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

Code	Description	Code Category	Code Type
I69.990	Apraxia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.991	Dysphagia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.992	Facial weakness following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.993	Ataxia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.998	Other sequelae following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
	Rheumatic Disorders		
M05.00	Felty's syndrome, unspecified site	Diagnosis	ICD-10-CM
M05.011	Felty's syndrome, right shoulder	Diagnosis	ICD-10-CM
M05.012	Felty's syndrome, left shoulder	Diagnosis	ICD-10-CM
M05.019	Felty's syndrome, unspecified shoulder	Diagnosis	ICD-10-CM
M05.021	Felty's syndrome, right elbow	Diagnosis	ICD-10-CM
M05.022	Felty's syndrome, left elbow	Diagnosis	ICD-10-CM
M05.029	Felty's syndrome, unspecified elbow	Diagnosis	ICD-10-CM
M05.031	Felty's syndrome, right wrist	Diagnosis	ICD-10-CM
M05.032	Felty's syndrome, left wrist	Diagnosis	ICD-10-CM
M05.039	Felty's syndrome, unspecified wrist	Diagnosis	ICD-10-CM
M05.041	Felty's syndrome, right hand	Diagnosis	ICD-10-CM
M05.042	Felty's syndrome, left hand	Diagnosis	ICD-10-CM
M05.049	Felty's syndrome, unspecified hand	Diagnosis	ICD-10-CM
M05.051	Felty's syndrome, right hip	Diagnosis	ICD-10-CM
M05.052	Felty's syndrome, left hip	Diagnosis	ICD-10-CM
M05.059	Felty's syndrome, unspecified hip	Diagnosis	ICD-10-CM
M05.061	Felty's syndrome, right knee	Diagnosis	ICD-10-CM
M05.062	Felty's syndrome, left knee	Diagnosis	ICD-10-CM
M05.069	Felty's syndrome, unspecified knee	Diagnosis	ICD-10-CM
M05.071	Felty's syndrome, right ankle and foot	Diagnosis	ICD-10-CM
M05.072	Felty's syndrome, left ankle and foot	Diagnosis	ICD-10-CM
M05.079	Felty's syndrome, unspecified ankle and foot	Diagnosis	ICD-10-CM
M05.09	Felty's syndrome, multiple sites	Diagnosis	ICD-10-CM
M05.20	Rheumatoid vasculitis with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
M05.211	Rheumatoid vasculitis with rheumatoid arthritis of right shoulder	Diagnosis	ICD-10-CM
M05.212	Rheumatoid vasculitis with rheumatoid arthritis of left shoulder	Diagnosis	ICD-10-CM
M05.219	Rheumatoid vasculitis with rheumatoid arthritis of unspecified shoulder	Diagnosis	ICD-10-CM

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

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

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

Code	Description	Code Category	Code Type
M05.352	Rheumatoid heart disease with rheumatoid arthritis of left hip	Diagnosis	ICD-10-CM
M05.359	Rheumatoid heart disease with rheumatoid arthritis of unspecified hip	Diagnosis	ICD-10-CM
M05.361	Rheumatoid heart disease with rheumatoid arthritis of right knee	Diagnosis	ICD-10-CM
M05.362	Rheumatoid heart disease with rheumatoid arthritis of left knee	Diagnosis	ICD-10-CM
M05.369	Rheumatoid heart disease with rheumatoid arthritis of unspecified knee	Diagnosis	ICD-10-CM
M05.371	Rheumatoid heart disease with rheumatoid arthritis of right ankle and foot	Diagnosis	ICD-10-CM
M05.372	Rheumatoid heart disease with rheumatoid arthritis of left ankle and foot	Diagnosis	ICD-10-CM
M05.379	Rheumatoid heart disease with rheumatoid arthritis of unspecified ankle and foot	Diagnosis	ICD-10-CM
M05.39	Rheumatoid heart disease with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM
M05.40	Rheumatoid myopathy with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
M05.411	Rheumatoid myopathy with rheumatoid arthritis of right shoulder	Diagnosis	ICD-10-CM
M05.412	Rheumatoid myopathy with rheumatoid arthritis of left shoulder	Diagnosis	ICD-10-CM
M05.419	Rheumatoid myopathy with rheumatoid arthritis of unspecified shoulder	Diagnosis	ICD-10-CM
M05.421	Rheumatoid myopathy with rheumatoid arthritis of right elbow	Diagnosis	ICD-10-CM
M05.422	Rheumatoid myopathy with rheumatoid arthritis of left elbow	Diagnosis	ICD-10-CM
M05.429	Rheumatoid myopathy with rheumatoid arthritis of unspecified elbow	Diagnosis	ICD-10-CM
M05.431	Rheumatoid myopathy with rheumatoid arthritis of right wrist	Diagnosis	ICD-10-CM
M05.432	Rheumatoid myopathy with rheumatoid arthritis of left wrist	Diagnosis	ICD-10-CM
M05.439	Rheumatoid myopathy with rheumatoid arthritis of unspecified wrist	Diagnosis	ICD-10-CM
M05.441	Rheumatoid myopathy with rheumatoid arthritis of right hand	Diagnosis	ICD-10-CM
M05.442	Rheumatoid myopathy with rheumatoid arthritis of left hand	Diagnosis	ICD-10-CM
M05.449	Rheumatoid myopathy with rheumatoid arthritis of unspecified hand	Diagnosis	ICD-10-CM
M05.451	Rheumatoid myopathy with rheumatoid arthritis of right hip	Diagnosis	ICD-10-CM
M05.452	Rheumatoid myopathy with rheumatoid arthritis of left hip	Diagnosis	ICD-10-CM
M05.459	Rheumatoid myopathy with rheumatoid arthritis of unspecified hip	Diagnosis	ICD-10-CM
M05.461	Rheumatoid myopathy with rheumatoid arthritis of right knee	Diagnosis	ICD-10-CM
M05.462	Rheumatoid myopathy with rheumatoid arthritis of left knee	Diagnosis	ICD-10-CM
M05.469	Rheumatoid myopathy with rheumatoid arthritis of unspecified knee	Diagnosis	ICD-10-CM
M05.471	Rheumatoid myopathy with rheumatoid arthritis of right ankle and foot	Diagnosis	ICD-10-CM
M05.472	Rheumatoid myopathy with rheumatoid arthritis of left ankle and foot	Diagnosis	ICD-10-CM
M05.479	Rheumatoid myopathy with rheumatoid arthritis of unspecified ankle and foot	Diagnosis	ICD-10-CM
M05.49	Rheumatoid myopathy with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM
M05.50	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM

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

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

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

Code	Description	Code Category	Code Type
M05.642	Rheumatoid arthritis of left hand with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.649	Rheumatoid arthritis of unspecified hand with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.651	Rheumatoid arthritis of right hip with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.652	Rheumatoid arthritis of left hip with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.659	Rheumatoid arthritis of unspecified hip with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.661	Rheumatoid arthritis of right knee with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.662	Rheumatoid arthritis of left knee with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.669	Rheumatoid arthritis of unspecified knee with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.671	Rheumatoid arthritis of right ankle and foot with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.672	Rheumatoid arthritis of left ankle and foot with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.679	Rheumatoid arthritis of unspecified ankle and foot with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.69	Rheumatoid arthritis of multiple sites with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.70	Rheumatoid arthritis with rheumatoid factor of unspecified site without organ or systems involvement	Diagnosis	ICD-10-CM
M05.711	Rheumatoid arthritis with rheumatoid factor of right shoulder without organ or systems involvement	Diagnosis	ICD-10-CM
M05.712	Rheumatoid arthritis with rheumatoid factor of left shoulder without organ or systems involvement	Diagnosis	ICD-10-CM
M05.719	Rheumatoid arthritis with rheumatoid factor of unspecified shoulder without organ or systems involvement	Diagnosis	ICD-10-CM
M05.721	Rheumatoid arthritis with rheumatoid factor of right elbow without organ or systems involvement	Diagnosis	ICD-10-CM
M05.722	Rheumatoid arthritis with rheumatoid factor of left elbow without organ or systems involvement	Diagnosis	ICD-10-CM
M05.729	Rheumatoid arthritis with rheumatoid factor of unspecified elbow without organ or systems involvement	Diagnosis	ICD-10-CM
M05.731	Rheumatoid arthritis with rheumatoid factor of right wrist without organ or systems involvement	Diagnosis	ICD-10-CM
M05.732	Rheumatoid arthritis with rheumatoid factor of left wrist without organ or systems involvement	Diagnosis	ICD-10-CM
M05.739	Rheumatoid arthritis with rheumatoid factor of unspecified wrist without organ or systems involvement	Diagnosis	ICD-10-CM
M05.741	Rheumatoid arthritis with rheumatoid factor of right hand without organ or systems involvement	Diagnosis	ICD-10-CM
M05.742	Rheumatoid arthritis with rheumatoid factor of left hand without organ or systems involvement	Diagnosis	ICD-10-CM
M05.749	Rheumatoid arthritis with rheumatoid factor of unspecified hand without organ or systems involvement	Diagnosis	ICD-10-CM
M05.751	Rheumatoid arthritis with rheumatoid factor of right hip without organ or systems involvement	Diagnosis	ICD-10-CM
M05.752	Rheumatoid arthritis with rheumatoid factor of left hip without organ or systems involvement	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
M05.759	Rheumatoid arthritis with rheumatoid factor of unspecified hip without organ or systems involvement	Diagnosis	ICD-10-CM
M05.761	Rheumatoid arthritis with rheumatoid factor of right knee without organ or systems involvement	Diagnosis	ICD-10-CM
M05.762	Rheumatoid arthritis with rheumatoid factor of left knee without organ or systems involvement	Diagnosis	ICD-10-CM
M05.769	Rheumatoid arthritis with rheumatoid factor of unspecified knee without organ or systems involvement	Diagnosis	ICD-10-CM
M05.771	Rheumatoid arthritis with rheumatoid factor of right ankle and foot without organ or systems involvement	Diagnosis	ICD-10-CM
M05.772	Rheumatoid arthritis with rheumatoid factor of left ankle and foot without organ or systems involvement	Diagnosis	ICD-10-CM
M05.779	Rheumatoid arthritis with rheumatoid factor of unspecified ankle and foot without organ or systems involvement	Diagnosis	ICD-10-CM
M05.79	Rheumatoid arthritis with rheumatoid factor of multiple sites without organ or systems involvement	Diagnosis	ICD-10-CM
M05.80	Other rheumatoid arthritis with rheumatoid factor of unspecified site	Diagnosis	ICD-10-CM
M05.811	Other rheumatoid arthritis with rheumatoid factor of right shoulder	Diagnosis	ICD-10-CM
M05.812	Other rheumatoid arthritis with rheumatoid factor of left shoulder	Diagnosis	ICD-10-CM
M05.819	Other rheumatoid arthritis with rheumatoid factor of unspecified shoulder	Diagnosis	ICD-10-CM
M05.821	Other rheumatoid arthritis with rheumatoid factor of right elbow	Diagnosis	ICD-10-CM
M05.822	Other rheumatoid arthritis with rheumatoid factor of left elbow	Diagnosis	ICD-10-CM
M05.829	Other rheumatoid arthritis with rheumatoid factor of unspecified elbow	Diagnosis	ICD-10-CM
M05.831	Other rheumatoid arthritis with rheumatoid factor of right wrist	Diagnosis	ICD-10-CM
M05.832	Other rheumatoid arthritis with rheumatoid factor of left wrist	Diagnosis	ICD-10-CM
M05.839	Other rheumatoid arthritis with rheumatoid factor of unspecified wrist	Diagnosis	ICD-10-CM
M05.841	Other rheumatoid arthritis with rheumatoid factor of right hand	Diagnosis	ICD-10-CM
M05.842	Other rheumatoid arthritis with rheumatoid factor of left hand	Diagnosis	ICD-10-CM
M05.849	Other rheumatoid arthritis with rheumatoid factor of unspecified hand	Diagnosis	ICD-10-CM
M05.851	Other rheumatoid arthritis with rheumatoid factor of right hip	Diagnosis	ICD-10-CM
M05.852	Other rheumatoid arthritis with rheumatoid factor of left hip	Diagnosis	ICD-10-CM
M05.859	Other rheumatoid arthritis with rheumatoid factor of unspecified hip	Diagnosis	ICD-10-CM
M05.861	Other rheumatoid arthritis with rheumatoid factor of right knee	Diagnosis	ICD-10-CM
M05.862	Other rheumatoid arthritis with rheumatoid factor of left knee	Diagnosis	ICD-10-CM
M05.869	Other rheumatoid arthritis with rheumatoid factor of unspecified knee	Diagnosis	ICD-10-CM
M05.871	Other rheumatoid arthritis with rheumatoid factor of right ankle and foot	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
M05.872	Other rheumatoid arthritis with rheumatoid factor of left ankle and foot	Diagnosis	ICD-10-CM
M05.879	Other rheumatoid arthritis with rheumatoid factor of unspecified ankle and foot	Diagnosis	ICD-10-CM
M05.89	Other rheumatoid arthritis with rheumatoid factor of multiple sites	Diagnosis	ICD-10-CM
M05.9	Rheumatoid arthritis with rheumatoid factor, unspecified	Diagnosis	ICD-10-CM
M06.00	Rheumatoid arthritis without rheumatoid factor, unspecified site	Diagnosis	ICD-10-CM
M06.011	Rheumatoid arthritis without rheumatoid factor, right shoulder	Diagnosis	ICD-10-CM
M06.012	Rheumatoid arthritis without rheumatoid factor, left shoulder	Diagnosis	ICD-10-CM
M06.019	Rheumatoid arthritis without rheumatoid factor, unspecified shoulder	Diagnosis	ICD-10-CM
M06.021	Rheumatoid arthritis without rheumatoid factor, right elbow	Diagnosis	ICD-10-CM
M06.022	Rheumatoid arthritis without rheumatoid factor, left elbow	Diagnosis	ICD-10-CM
M06.029	Rheumatoid arthritis without rheumatoid factor, unspecified elbow	Diagnosis	ICD-10-CM
M06.031	Rheumatoid arthritis without rheumatoid factor, right wrist	Diagnosis	ICD-10-CM
M06.032	Rheumatoid arthritis without rheumatoid factor, left wrist	Diagnosis	ICD-10-CM
M06.039	Rheumatoid arthritis without rheumatoid factor, unspecified wrist	Diagnosis	ICD-10-CM
M06.041	Rheumatoid arthritis without rheumatoid factor, right hand	Diagnosis	ICD-10-CM
M06.042	Rheumatoid arthritis without rheumatoid factor, left hand	Diagnosis	ICD-10-CM
M06.049	Rheumatoid arthritis without rheumatoid factor, unspecified hand	Diagnosis	ICD-10-CM
M06.051	Rheumatoid arthritis without rheumatoid factor, right hip	Diagnosis	ICD-10-CM
M06.052	Rheumatoid arthritis without rheumatoid factor, left hip	Diagnosis	ICD-10-CM
M06.059	Rheumatoid arthritis without rheumatoid factor, unspecified hip	Diagnosis	ICD-10-CM
M06.061	Rheumatoid arthritis without rheumatoid factor, right knee	Diagnosis	ICD-10-CM
M06.062	Rheumatoid arthritis without rheumatoid factor, left knee	Diagnosis	ICD-10-CM
M06.069	Rheumatoid arthritis without rheumatoid factor, unspecified knee	Diagnosis	ICD-10-CM
M06.071	Rheumatoid arthritis without rheumatoid factor, right ankle and foot	Diagnosis	ICD-10-CM
M06.072	Rheumatoid arthritis without rheumatoid factor, left ankle and foot	Diagnosis	ICD-10-CM
M06.079	Rheumatoid arthritis without rheumatoid factor, unspecified ankle and foot	Diagnosis	ICD-10-CM
M06.08	Rheumatoid arthritis without rheumatoid factor, vertebrae	Diagnosis	ICD-10-CM
M06.09	Rheumatoid arthritis without rheumatoid factor, multiple sites	Diagnosis	ICD-10-CM
M06.1	Adult-onset Still's disease	Diagnosis	ICD-10-CM
M06.20	Rheumatoid bursitis, unspecified site	Diagnosis	ICD-10-CM
M06.211	Rheumatoid bursitis, right shoulder	Diagnosis	ICD-10-CM
M06.212	Rheumatoid bursitis, left shoulder	Diagnosis	ICD-10-CM
M06.219	Rheumatoid bursitis, unspecified shoulder	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
M06.221	Rheumatoid bursitis, right elbow	Diagnosis	ICD-10-CM
M06.222	Rheumatoid bursitis, left elbow	Diagnosis	ICD-10-CM
M06.229	Rheumatoid bursitis, unspecified elbow	Diagnosis	ICD-10-CM
M06.231	Rheumatoid bursitis, right wrist	Diagnosis	ICD-10-CM
M06.232	Rheumatoid bursitis, left wrist	Diagnosis	ICD-10-CM
M06.239	Rheumatoid bursitis, unspecified wrist	Diagnosis	ICD-10-CM
M06.241	Rheumatoid bursitis, right hand	Diagnosis	ICD-10-CM
M06.242	Rheumatoid bursitis, left hand	Diagnosis	ICD-10-CM
M06.249	Rheumatoid bursitis, unspecified hand	Diagnosis	ICD-10-CM
M06.251	Rheumatoid bursitis, right hip	Diagnosis	ICD-10-CM
M06.252	Rheumatoid bursitis, left hip	Diagnosis	ICD-10-CM
M06.259	Rheumatoid bursitis, unspecified hip	Diagnosis	ICD-10-CM
M06.261	Rheumatoid bursitis, right knee	Diagnosis	ICD-10-CM
M06.262	Rheumatoid bursitis, left knee	Diagnosis	ICD-10-CM
M06.269	Rheumatoid bursitis, unspecified knee	Diagnosis	ICD-10-CM
M06.271	Rheumatoid bursitis, right ankle and foot	Diagnosis	ICD-10-CM
M06.272	Rheumatoid bursitis, left ankle and foot	Diagnosis	ICD-10-CM
M06.279	Rheumatoid bursitis, unspecified ankle and foot	Diagnosis	ICD-10-CM
M06.28	Rheumatoid bursitis, vertebrae	Diagnosis	ICD-10-CM
M06.29	Rheumatoid bursitis, multiple sites	Diagnosis	ICD-10-CM
M06.30	Rheumatoid nodule, unspecified site	Diagnosis	ICD-10-CM
M06.311	Rheumatoid nodule, right shoulder	Diagnosis	ICD-10-CM
M06.312	Rheumatoid nodule, left shoulder	Diagnosis	ICD-10-CM
M06.319	Rheumatoid nodule, unspecified shoulder	Diagnosis	ICD-10-CM
M06.321	Rheumatoid nodule, right elbow	Diagnosis	ICD-10-CM
M06.322	Rheumatoid nodule, left elbow	Diagnosis	ICD-10-CM
M06.329	Rheumatoid nodule, unspecified elbow	Diagnosis	ICD-10-CM
M06.331	Rheumatoid nodule, right wrist	Diagnosis	ICD-10-CM
M06.332	Rheumatoid nodule, left wrist	Diagnosis	ICD-10-CM
M06.339	Rheumatoid nodule, unspecified wrist	Diagnosis	ICD-10-CM
M06.341	Rheumatoid nodule, right hand	Diagnosis	ICD-10-CM
M06.342	Rheumatoid nodule, left hand	Diagnosis	ICD-10-CM
M06.349	Rheumatoid nodule, unspecified hand	Diagnosis	ICD-10-CM

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

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

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

Code	Description	Code Category	Code Type
M06.88	Other specified rheumatoid arthritis, vertebrae	Diagnosis	ICD-10-CM
M06.89	Other specified rheumatoid arthritis, multiple sites	Diagnosis	ICD-10-CM
M06.9	Rheumatoid arthritis, unspecified	Diagnosis	ICD-10-CM
M08.00	Unspecified juvenile rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
M08.011	Unspecified juvenile rheumatoid arthritis, right shoulder	Diagnosis	ICD-10-CM
M08.012	Unspecified juvenile rheumatoid arthritis, left shoulder	Diagnosis	ICD-10-CM
M08.019	Unspecified juvenile rheumatoid arthritis, unspecified shoulder	Diagnosis	ICD-10-CM
M08.021	Unspecified juvenile rheumatoid arthritis, right elbow	Diagnosis	ICD-10-CM
M08.022	Unspecified juvenile rheumatoid arthritis, left elbow	Diagnosis	ICD-10-CM
M08.029	Unspecified juvenile rheumatoid arthritis, unspecified elbow	Diagnosis	ICD-10-CM
M08.031	Unspecified juvenile rheumatoid arthritis, right wrist	Diagnosis	ICD-10-CM
M08.032	Unspecified juvenile rheumatoid arthritis, left wrist	Diagnosis	ICD-10-CM
M08.039	Unspecified juvenile rheumatoid arthritis, unspecified wrist	Diagnosis	ICD-10-CM
M08.041	Unspecified juvenile rheumatoid arthritis, right hand	Diagnosis	ICD-10-CM
M08.042	Unspecified juvenile rheumatoid arthritis, left hand	Diagnosis	ICD-10-CM
M08.049	Unspecified juvenile rheumatoid arthritis, unspecified hand	Diagnosis	ICD-10-CM
M08.051	Unspecified juvenile rheumatoid arthritis, right hip	Diagnosis	ICD-10-CM
M08.052	Unspecified juvenile rheumatoid arthritis, left hip	Diagnosis	ICD-10-CM
M08.059	Unspecified juvenile rheumatoid arthritis, unspecified hip	Diagnosis	ICD-10-CM
M08.061	Unspecified juvenile rheumatoid arthritis, right knee	Diagnosis	ICD-10-CM
M08.062	Unspecified juvenile rheumatoid arthritis, left knee	Diagnosis	ICD-10-CM
M08.069	Unspecified juvenile rheumatoid arthritis, unspecified knee	Diagnosis	ICD-10-CM
M08.071	Unspecified juvenile rheumatoid arthritis, right ankle and foot	Diagnosis	ICD-10-CM
M08.072	Unspecified juvenile rheumatoid arthritis, left ankle and foot	Diagnosis	ICD-10-CM
M08.079	Unspecified juvenile rheumatoid arthritis, unspecified ankle and foot	Diagnosis	ICD-10-CM
M08.08	Unspecified juvenile rheumatoid arthritis, vertebrae	Diagnosis	ICD-10-CM
M08.09	Unspecified juvenile rheumatoid arthritis, multiple sites	Diagnosis	ICD-10-CM
M08.1	Juvenile ankylosing spondylitis	Diagnosis	ICD-10-CM
M08.20	Juvenile rheumatoid arthritis with systemic onset, unspecified site	Diagnosis	ICD-10-CM
M08.211	Juvenile rheumatoid arthritis with systemic onset, right shoulder	Diagnosis	ICD-10-CM
M08.212	Juvenile rheumatoid arthritis with systemic onset, left shoulder	Diagnosis	ICD-10-CM
M08.219	Juvenile rheumatoid arthritis with systemic onset, unspecified shoulder	Diagnosis	ICD-10-CM
M08.221	Juvenile rheumatoid arthritis with systemic onset, right elbow	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
M08.222	Juvenile rheumatoid arthritis with systemic onset, left elbow	Diagnosis	ICD-10-CM
M08.229	Juvenile rheumatoid arthritis with systemic onset, unspecified elbow	Diagnosis	ICD-10-CM
M08.231	Juvenile rheumatoid arthritis with systemic onset, right wrist	Diagnosis	ICD-10-CM
M08.232	Juvenile rheumatoid arthritis with systemic onset, left wrist	Diagnosis	ICD-10-CM
M08.239	Juvenile rheumatoid arthritis with systemic onset, unspecified wrist	Diagnosis	ICD-10-CM
M08.241	Juvenile rheumatoid arthritis with systemic onset, right hand	Diagnosis	ICD-10-CM
M08.242	Juvenile rheumatoid arthritis with systemic onset, left hand	Diagnosis	ICD-10-CM
M08.249	Juvenile rheumatoid arthritis with systemic onset, unspecified hand	Diagnosis	ICD-10-CM
M08.251	Juvenile rheumatoid arthritis with systemic onset, right hip	Diagnosis	ICD-10-CM
M08.252	Juvenile rheumatoid arthritis with systemic onset, left hip	Diagnosis	ICD-10-CM
M08.259	Juvenile rheumatoid arthritis with systemic onset, unspecified hip	Diagnosis	ICD-10-CM
M08.261	Juvenile rheumatoid arthritis with systemic onset, right knee	Diagnosis	ICD-10-CM
M08.262	Juvenile rheumatoid arthritis with systemic onset, left knee	Diagnosis	ICD-10-CM
M08.269	Juvenile rheumatoid arthritis with systemic onset, unspecified knee	Diagnosis	ICD-10-CM
M08.271	Juvenile rheumatoid arthritis with systemic onset, right ankle and foot	Diagnosis	ICD-10-CM
M08.272	Juvenile rheumatoid arthritis with systemic onset, left ankle and foot	Diagnosis	ICD-10-CM
M08.279	Juvenile rheumatoid arthritis with systemic onset, unspecified ankle and foot	Diagnosis	ICD-10-CM
M08.28	Juvenile rheumatoid arthritis with systemic onset, vertebrae	Diagnosis	ICD-10-CM
M08.29	Juvenile rheumatoid arthritis with systemic onset, multiple sites	Diagnosis	ICD-10-CM
M08.3	Juvenile rheumatoid polyarthritis (seronegative)	Diagnosis	ICD-10-CM
M08.40	Pauciarticular juvenile rheumatoid arthritis, unspecified site	Diagnosis	ICD-10-CM
M08.411	Pauciarticular juvenile rheumatoid arthritis, right shoulder	Diagnosis	ICD-10-CM
M08.412	Pauciarticular juvenile rheumatoid arthritis, left shoulder	Diagnosis	ICD-10-CM
M08.419	Pauciarticular juvenile rheumatoid arthritis, unspecified shoulder	Diagnosis	ICD-10-CM
M08.421	Pauciarticular juvenile rheumatoid arthritis, right elbow	Diagnosis	ICD-10-CM
M08.422	Pauciarticular juvenile rheumatoid arthritis, left elbow	Diagnosis	ICD-10-CM
M08.429	Pauciarticular juvenile rheumatoid arthritis, unspecified elbow	Diagnosis	ICD-10-CM
M08.431	Pauciarticular juvenile rheumatoid arthritis, right wrist	Diagnosis	ICD-10-CM
M08.432	Pauciarticular juvenile rheumatoid arthritis, left wrist	Diagnosis	ICD-10-CM
M08.439	Pauciarticular juvenile rheumatoid arthritis, unspecified wrist	Diagnosis	ICD-10-CM
M08.441	Pauciarticular juvenile rheumatoid arthritis, right hand	Diagnosis	ICD-10-CM
M08.442	Pauciarticular juvenile rheumatoid arthritis, left hand	Diagnosis	ICD-10-CM
M08.449	Pauciarticular juvenile rheumatoid arthritis, unspecified hand	Diagnosis	ICD-10-CM

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

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

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

Code	Description	Code Category	Code Type
M08.89	Other juvenile arthritis, multiple sites	Diagnosis	ICD-10-CM
M08.90	Juvenile arthritis, unspecified, unspecified site	Diagnosis	ICD-10-CM
M08.911	Juvenile arthritis, unspecified, right shoulder	Diagnosis	ICD-10-CM
M08.912	Juvenile arthritis, unspecified, left shoulder	Diagnosis	ICD-10-CM
M08.919	Juvenile arthritis, unspecified, unspecified shoulder	Diagnosis	ICD-10-CM
M08.921	Juvenile arthritis, unspecified, right elbow	Diagnosis	ICD-10-CM
M08.922	Juvenile arthritis, unspecified, left elbow	Diagnosis	ICD-10-CM
M08.929	Juvenile arthritis, unspecified, unspecified elbow	Diagnosis	ICD-10-CM
M08.931	Juvenile arthritis, unspecified, right wrist	Diagnosis	ICD-10-CM
M08.932	Juvenile arthritis, unspecified, left wrist	Diagnosis	ICD-10-CM
M08.939	Juvenile arthritis, unspecified, unspecified wrist	Diagnosis	ICD-10-CM
M08.941	Juvenile arthritis, unspecified, right hand	Diagnosis	ICD-10-CM
M08.942	Juvenile arthritis, unspecified, left hand	Diagnosis	ICD-10-CM
M08.949	Juvenile arthritis, unspecified, unspecified hand	Diagnosis	ICD-10-CM
M08.951	Juvenile arthritis, unspecified, right hip	Diagnosis	ICD-10-CM
M08.952	Juvenile arthritis, unspecified, left hip	Diagnosis	ICD-10-CM
M08.959	Juvenile arthritis, unspecified, unspecified hip	Diagnosis	ICD-10-CM
M08.961	Juvenile arthritis, unspecified, right knee	Diagnosis	ICD-10-CM
M08.962	Juvenile arthritis, unspecified, left knee	Diagnosis	ICD-10-CM
M08.969	Juvenile arthritis, unspecified, unspecified knee	Diagnosis	ICD-10-CM
M08.971	Juvenile arthritis, unspecified, right ankle and foot	Diagnosis	ICD-10-CM
M08.972	Juvenile arthritis, unspecified, left ankle and foot	Diagnosis	ICD-10-CM
M08.979	Juvenile arthritis, unspecified, unspecified ankle and foot	Diagnosis	ICD-10-CM
M08.98	Juvenile arthritis, unspecified, vertebrae	Diagnosis	ICD-10-CM
M08.99	Juvenile arthritis, unspecified, multiple sites	Diagnosis	ICD-10-CM
M45.0	Ankylosing spondylitis of multiple sites in spine	Diagnosis	ICD-10-CM
M45.1	Ankylosing spondylitis of occipito-atlanto-axial region	Diagnosis	ICD-10-CM
M45.2	Ankylosing spondylitis of cervical region	Diagnosis	ICD-10-CM
M45.3	Ankylosing spondylitis of cervicothoracic region	Diagnosis	ICD-10-CM
M45.4	Ankylosing spondylitis of thoracic region	Diagnosis	ICD-10-CM
M45.5	Ankylosing spondylitis of thoracolumbar region	Diagnosis	ICD-10-CM
M45.6	Ankylosing spondylitis lumbar region	Diagnosis	ICD-10-CM
M45.7	Ankylosing spondylitis of lumbosacral region	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
M45.8	Ankylosing spondylitis sacral and sacrococcygeal region	Diagnosis	ICD-10-CM
M45.9	Ankylosing spondylitis of unspecified sites in spine	Diagnosis	ICD-10-CM
	Schizophrenia		
F20.0	Paranoid schizophrenia	Diagnosis	ICD-10-CM
F20.1	Disorganized schizophrenia	Diagnosis	ICD-10-CM
F20.2	Catatonic schizophrenia	Diagnosis	ICD-10-CM
F20.3	Undifferentiated schizophrenia	Diagnosis	ICD-10-CM
F20.5	Residual schizophrenia	Diagnosis	ICD-10-CM
F20.81	Schizophreniform disorder	Diagnosis	ICD-10-CM
F20.89	Other schizophrenia	Diagnosis	ICD-10-CM
F20.9	Schizophrenia, unspecified	Diagnosis	ICD-10-CM
F25.0	Schizoaffective disorder, bipolar type	Diagnosis	ICD-10-CM
F25.1	Schizoaffective disorder, depressive type	Diagnosis	ICD-10-CM
F25.8	Other schizoaffective disorders	Diagnosis	ICD-10-CM
F25.9	Schizoaffective disorder, unspecified	Diagnosis	ICD-10-CM
	Stroke		
G45.0	Vertebro-basilar artery syndrome	Diagnosis	ICD-10-CM
G45.1	Carotid artery syndrome (hemispheric)	Diagnosis	ICD-10-CM
G45.2	Multiple and bilateral precerebral artery syndromes	Diagnosis	ICD-10-CM
G45.8	Other transient cerebral ischemic attacks and related syndromes	Diagnosis	ICD-10-CM
G45.9	Transient cerebral ischemic attack, unspecified	Diagnosis	ICD-10-CM
G46.0	Middle cerebral artery syndrome	Diagnosis	ICD-10-CM
G46.1	Anterior cerebral artery syndrome	Diagnosis	ICD-10-CM
G46.2	Posterior cerebral artery syndrome	Diagnosis	ICD-10-CM
G46.3	Brain stem stroke syndrome	Diagnosis	ICD-10-CM
G46.4	Cerebellar stroke syndrome	Diagnosis	ICD-10-CM
G46.5	Pure motor lacunar syndrome	Diagnosis	ICD-10-CM
G46.6	Pure sensory lacunar syndrome	Diagnosis	ICD-10-CM
G46.7	Other lacunar syndromes	Diagnosis	ICD-10-CM
G46.8	Other vascular syndromes of brain in cerebrovascular diseases	Diagnosis	ICD-10-CM
G97.31	Intraoperative hemorrhage and hematoma of a nervous system organ or structure complicating a nervous system procedure	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
G97.32	Intraoperative hemorrhage and hematoma of a nervous system organ or structure complicating other procedure	Diagnosis	ICD-10-CM
I60.00	Nontraumatic subarachnoid hemorrhage from unspecified carotid siphon and bifurcation	Diagnosis	ICD-10-CM
I60.01	Nontraumatic subarachnoid hemorrhage from right carotid siphon and bifurcation	Diagnosis	ICD-10-CM
I60.02	Nontraumatic subarachnoid hemorrhage from left carotid siphon and bifurcation	Diagnosis	ICD-10-CM
I60.10	Nontraumatic subarachnoid hemorrhage from unspecified middle cerebral artery	Diagnosis	ICD-10-CM
I60.11	Nontraumatic subarachnoid hemorrhage from right middle cerebral artery	Diagnosis	ICD-10-CM
I60.12	Nontraumatic subarachnoid hemorrhage from left middle cerebral artery	Diagnosis	ICD-10-CM
I60.20	Nontraumatic subarachnoid hemorrhage from unspecified anterior communicating artery	Diagnosis	ICD-10-CM
I60.21	Nontraumatic subarachnoid hemorrhage from right anterior communicating artery	Diagnosis	ICD-10-CM
I60.22	Nontraumatic subarachnoid hemorrhage from left anterior communicating artery	Diagnosis	ICD-10-CM
I60.30	Nontraumatic subarachnoid hemorrhage from unspecified posterior communicating artery	Diagnosis	ICD-10-CM
I60.31	Nontraumatic subarachnoid hemorrhage from right posterior communicating artery	Diagnosis	ICD-10-CM
I60.32	Nontraumatic subarachnoid hemorrhage from left posterior communicating artery	Diagnosis	ICD-10-CM
I60.4	Nontraumatic subarachnoid hemorrhage from basilar artery	Diagnosis	ICD-10-CM
I60.50	Nontraumatic subarachnoid hemorrhage from unspecified vertebral artery	Diagnosis	ICD-10-CM
I60.51	Nontraumatic subarachnoid hemorrhage from right vertebral artery	Diagnosis	ICD-10-CM
I60.52	Nontraumatic subarachnoid hemorrhage from left vertebral artery	Diagnosis	ICD-10-CM
I60.6	Nontraumatic subarachnoid hemorrhage from other intracranial arteries	Diagnosis	ICD-10-CM
I60.7	Nontraumatic subarachnoid hemorrhage from unspecified intracranial artery	Diagnosis	ICD-10-CM
I60.8	Other nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I60.9	Nontraumatic subarachnoid hemorrhage, unspecified	Diagnosis	ICD-10-CM
I61.0	Nontraumatic intracerebral hemorrhage in hemisphere, subcortical	Diagnosis	ICD-10-CM
I61.1	Nontraumatic intracerebral hemorrhage in hemisphere, cortical	Diagnosis	ICD-10-CM
I61.2	Nontraumatic intracerebral hemorrhage in hemisphere, unspecified	Diagnosis	ICD-10-CM
I61.3	Nontraumatic intracerebral hemorrhage in brain stem	Diagnosis	ICD-10-CM
I61.4	Nontraumatic intracerebral hemorrhage in cerebellum	Diagnosis	ICD-10-CM
I61.5	Nontraumatic intracerebral hemorrhage, intraventricular	Diagnosis	ICD-10-CM
I61.6	Nontraumatic intracerebral hemorrhage, multiple localized	Diagnosis	ICD-10-CM
I61.8	Other nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I61.9	Nontraumatic intracerebral hemorrhage, unspecified	Diagnosis	ICD-10-CM
I63.00	Cerebral infarction due to thrombosis of unspecified precerebral artery	Diagnosis	ICD-10-CM
I63.011	Cerebral infarction due to thrombosis of right vertebral artery	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
I63.012	Cerebral infarction due to thrombosis of left vertebral artery	Diagnosis	ICD-10-CM
I63.013	Cerebral infarction due to thrombosis of bilateral vertebral arteries	Diagnosis	ICD-10-CM
I63.019	Cerebral infarction due to thrombosis of unspecified vertebral artery	Diagnosis	ICD-10-CM
I63.02	Cerebral infarction due to thrombosis of basilar artery	Diagnosis	ICD-10-CM
I63.031	Cerebral infarction due to thrombosis of right carotid artery	Diagnosis	ICD-10-CM
I63.032	Cerebral infarction due to thrombosis of left carotid artery	Diagnosis	ICD-10-CM
I63.039	Cerebral infarction due to thrombosis of unspecified carotid artery	Diagnosis	ICD-10-CM
I63.09	Cerebral infarction due to thrombosis of other precerebral artery	Diagnosis	ICD-10-CM
I63.10	Cerebral infarction due to embolism of unspecified precerebral artery	Diagnosis	ICD-10-CM
I63.111	Cerebral infarction due to embolism of right vertebral artery	Diagnosis	ICD-10-CM
I63.112	Cerebral infarction due to embolism of left vertebral artery	Diagnosis	ICD-10-CM
I63.119	Cerebral infarction due to embolism of unspecified vertebral artery	Diagnosis	ICD-10-CM
I63.12	Cerebral infarction due to embolism of basilar artery	Diagnosis	ICD-10-CM
I63.131	Cerebral infarction due to embolism of right carotid artery	Diagnosis	ICD-10-CM
I63.132	Cerebral infarction due to embolism of left carotid artery	Diagnosis	ICD-10-CM
I63.139	Cerebral infarction due to embolism of unspecified carotid artery	Diagnosis	ICD-10-CM
I63.19	Cerebral infarction due to embolism of other precerebral artery	Diagnosis	ICD-10-CM
I63.20	Cerebral infarction due to unspecified occlusion or stenosis of unspecified precerebral arteries	Diagnosis	ICD-10-CM
I63.211	Cerebral infarction due to unspecified occlusion or stenosis of right vertebral artery	Diagnosis	ICD-10-CM
I63.212	Cerebral infarction due to unspecified occlusion or stenosis of left vertebral artery	Diagnosis	ICD-10-CM
I63.213	Cerebral infarction due to unspecified occlusion or stenosis of bilateral vertebral arteries	Diagnosis	ICD-10-CM
I63.219	Cerebral infarction due to unspecified occlusion or stenosis of unspecified vertebral artery	Diagnosis	ICD-10-CM
I63.22	Cerebral infarction due to unspecified occlusion or stenosis of basilar artery	Diagnosis	ICD-10-CM
I63.231	Cerebral infarction due to unspecified occlusion or stenosis of right carotid arteries	Diagnosis	ICD-10-CM
I63.232	Cerebral infarction due to unspecified occlusion or stenosis of left carotid arteries	Diagnosis	ICD-10-CM
I63.233	Cerebral infarction due to unspecified occlusion or stenosis of bilateral carotid arteries	Diagnosis	ICD-10-CM
I63.239	Cerebral infarction due to unspecified occlusion or stenosis of unspecified carotid artery	Diagnosis	ICD-10-CM
I63.29	Cerebral infarction due to unspecified occlusion or stenosis of other precerebral arteries	Diagnosis	ICD-10-CM
I63.30	Cerebral infarction due to thrombosis of unspecified cerebral artery	Diagnosis	ICD-10-CM
I63.311	Cerebral infarction due to thrombosis of right middle cerebral artery	Diagnosis	ICD-10-CM
I63.312	Cerebral infarction due to thrombosis of left middle cerebral artery	Diagnosis	ICD-10-CM
I63.313	Cerebral infarction due to thrombosis of bilateral middle cerebral arteries	Diagnosis	ICD-10-CM
I63.319	Cerebral infarction due to thrombosis of unspecified middle cerebral artery	Diagnosis	ICD-10-CM

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

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

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

Code	Description	Code Category	Code Type
I63.512	Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery	Diagnosis	ICD-10-CM
I63.513	Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle cerebral arteries	Diagnosis	ICD-10-CM
I63.519	Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle cerebral artery	Diagnosis	ICD-10-CM
I63.521	Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral artery	Diagnosis	ICD-10-CM
I63.522	Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral artery	Diagnosis	ICD-10-CM
I63.523	Cerebral infarction due to unspecified occlusion or stenosis of bilateral anterior cerebral arteries	Diagnosis	ICD-10-CM
I63.529	Cerebral infarction due to unspecified occlusion or stenosis of unspecified anterior cerebral artery	Diagnosis	ICD-10-CM
I63.531	Cerebral infarction due to unspecified occlusion or stenosis of right posterior cerebral artery	Diagnosis	ICD-10-CM
I63.532	Cerebral infarction due to unspecified occlusion or stenosis of left posterior cerebral artery	Diagnosis	ICD-10-CM
I63.533	Cerebral infarction due to unspecified occlusion or stenosis of bilateral posterior cerebral arteries	Diagnosis	ICD-10-CM
I63.539	Cerebral infarction due to unspecified occlusion or stenosis of unspecified posterior cerebral artery	Diagnosis	ICD-10-CM
I63.541	Cerebral infarction due to unspecified occlusion or stenosis of right cerebellar artery	Diagnosis	ICD-10-CM
I63.542	Cerebral infarction due to unspecified occlusion or stenosis of left cerebellar artery	Diagnosis	ICD-10-CM
I63.543	Cerebral infarction due to unspecified occlusion or stenosis of bilateral cerebellar arteries	Diagnosis	ICD-10-CM
I63.549	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebellar artery	Diagnosis	ICD-10-CM
I63.59	Cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery	Diagnosis	ICD-10-CM
I63.6	Cerebral infarction due to cerebral venous thrombosis, nonpyogenic	Diagnosis	ICD-10-CM
I63.8	Other cerebral infarction	Diagnosis	ICD-10-CM
I63.9	Cerebral infarction, unspecified	Diagnosis	ICD-10-CM
I66.01	Occlusion and stenosis of right middle cerebral artery	Diagnosis	ICD-10-CM
I66.02	Occlusion and stenosis of left middle cerebral artery	Diagnosis	ICD-10-CM
I66.03	Occlusion and stenosis of bilateral middle cerebral arteries	Diagnosis	ICD-10-CM
I66.09	Occlusion and stenosis of unspecified middle cerebral artery	Diagnosis	ICD-10-CM
I66.11	Occlusion and stenosis of right anterior cerebral artery	Diagnosis	ICD-10-CM
I66.12	Occlusion and stenosis of left anterior cerebral artery	Diagnosis	ICD-10-CM
I66.13	Occlusion and stenosis of bilateral anterior cerebral arteries	Diagnosis	ICD-10-CM
I66.19	Occlusion and stenosis of unspecified anterior cerebral artery	Diagnosis	ICD-10-CM
I66.21	Occlusion and stenosis of right posterior cerebral artery	Diagnosis	ICD-10-CM
I66.22	Occlusion and stenosis of left posterior cerebral artery	Diagnosis	ICD-10-CM
I66.23	Occlusion and stenosis of bilateral posterior cerebral arteries	Diagnosis	ICD-10-CM
I66.29	Occlusion and stenosis of unspecified posterior cerebral artery	Diagnosis	ICD-10-CM
I66.3	Occlusion and stenosis of cerebellar arteries	Diagnosis	ICD-10-CM
I66.8	Occlusion and stenosis of other cerebral arteries	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
I66.9	Occlusion and stenosis of unspecified cerebral artery	Diagnosis	ICD-10-CM
I67.841	Reversible cerebrovascular vasoconstriction syndrome	Diagnosis	ICD-10-CM
I67.848	Other cerebrovascular vasospasm and vasoconstriction	Diagnosis	ICD-10-CM
I67.89	Other cerebrovascular disease	Diagnosis	ICD-10-CM
I97.810	Intraoperative cerebrovascular infarction during cardiac surgery	Diagnosis	ICD-10-CM
I97.811	Intraoperative cerebrovascular infarction during other surgery	Diagnosis	ICD-10-CM
I97.820	Postprocedural cerebrovascular infarction following cardiac surgery	Diagnosis	ICD-10-CM
I97.821	Postprocedural cerebrovascular infarction following other surgery	Diagnosis	ICD-10-CM
	Immunodeficiency		
02Y	Heart and Great Vessels, Transplantation	Procedure	ICD-10-PCS
02YA	Transplantation / Heart	Procedure	ICD-10-PCS
02YA0Z0	Transplantation of Heart, Allogeneic, Open Approach	Procedure	ICD-10-PCS
02YA0Z1	Transplantation of Heart, Syngeneic, Open Approach	Procedure	ICD-10-PCS
02YA0Z2	Transplantation of Heart, Zooplastic, Open Approach	Procedure	ICD-10-PCS
07Y	Lymphatic and Hemic Systems, Transplantation	Procedure	ICD-10-PCS
07YP	Transplantation / Spleen	Procedure	ICD-10-PCS
07YP0Z0	Transplantation of Spleen, Allogeneic, Open Approach	Procedure	ICD-10-PCS
07YP0Z1	Transplantation of Spleen, Syngeneic, Open Approach	Procedure	ICD-10-PCS
07YP0Z2	Transplantation of Spleen, Zooplastic, Open Approach	Procedure	ICD-10-PCS
0BY	Respiratory System, Transplantation	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
0BYC	Transplantation / Upper Lung Lobe, Right	Procedure	ICD-10-PCS
0BYC0Z0	Transplantation of Right Upper Lung Lobe, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0BYC0Z1	Transplantation of Right Upper Lung Lobe, Syngeneic, Open Approach	Procedure	ICD-10-PCS
0BYC0Z2	Transplantation of Right Upper Lung Lobe, Zooplastic, Open Approach	Procedure	ICD-10-PCS
0BYD	Transplantation / Middle Lung Lobe, Right	Procedure	ICD-10-PCS
0BYD0Z0	Transplantation of Right Middle Lung Lobe, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0BYD0Z1	Transplantation of Right Middle Lung Lobe, Syngeneic, Open Approach	Procedure	ICD-10-PCS
0BYD0Z2	Transplantation of Right Middle Lung Lobe, Zooplastic, Open Approach	Procedure	ICD-10-PCS
0BYF	Transplantation / Lower Lung Lobe, Right	Procedure	ICD-10-PCS
0BYF0Z0	Transplantation of Right Lower Lung Lobe, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0BYF0Z1	Transplantation of Right Lower Lung Lobe, Syngeneic, Open Approach	Procedure	ICD-10-PCS
0BYF0Z2	Transplantation of Right Lower Lung Lobe, Zooplastic, Open Approach	Procedure	ICD-10-PCS
0BYG	Transplantation / Upper Lung Lobe, Left	Procedure	ICD-10-PCS
0BYG0Z0	Transplantation of Left Upper Lung Lobe, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0BYG0Z1	Transplantation of Left Upper Lung Lobe, Syngeneic, Open Approach	Procedure	ICD-10-PCS
0BYG0Z2	Transplantation of Left Upper Lung Lobe, Zooplastic, Open Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
0BYH	Transplantation / Lung Lingula	Procedure	ICD-10-PCS
0BYH0Z0	Transplantation of Lung Lingula, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0BYH0Z1	Transplantation of Lung Lingula, Syngeneic, Open Approach	Procedure	ICD-10-PCS
0BYH0Z2	Transplantation of Lung Lingula, Zooplastic, Open Approach	Procedure	ICD-10-PCS
0BYJ	Transplantation / Lower Lung Lobe, Left	Procedure	ICD-10-PCS
0BYJ0Z0	Transplantation of Left Lower Lung Lobe, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0BYJ0Z1	Transplantation of Left Lower Lung Lobe, Syngeneic, Open Approach	Procedure	ICD-10-PCS
0BYJ0Z2	Transplantation of Left Lower Lung Lobe, Zooplastic, Open Approach	Procedure	ICD-10-PCS
0BYK	Transplantation / Lung, Right	Procedure	ICD-10-PCS
0BYK0Z0	Transplantation of Right Lung, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0BYK0Z1	Transplantation of Right Lung, Syngeneic, Open Approach	Procedure	ICD-10-PCS
0BYK0Z2	Transplantation of Right Lung, Zooplastic, Open Approach	Procedure	ICD-10-PCS
0BYL	Transplantation / Lung, Left	Procedure	ICD-10-PCS
0BYL0Z0	Transplantation of Left Lung, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0BYL0Z1	Transplantation of Left Lung, Syngeneic, Open Approach	Procedure	ICD-10-PCS
0BYL0Z2	Transplantation of Left Lung, Zooplastic, Open Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
0BYM	Transplantation / Lungs, Bilateral	Procedure	ICD-10-PCS
0BYM0Z0	Transplantation of Bilateral Lungs, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0BYM0Z1	Transplantation of Bilateral Lungs, Syngeneic, Open Approach	Procedure	ICD-10-PCS
0BYM0Z2	Transplantation of Bilateral Lungs, Zooplastic, Open Approach	Procedure	ICD-10-PCS
0DY	Gastrointestinal System, Transplantation	Procedure	ICD-10-PCS
0DY5	Transplantation / Esophagus	Procedure	ICD-10-PCS
0DY50Z0	Transplantation of Esophagus, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0DY50Z1	Transplantation of Esophagus, Syngeneic, Open Approach	Procedure	ICD-10-PCS
0DY50Z2	Transplantation of Esophagus, Zooplastic, Open Approach	Procedure	ICD-10-PCS
0DY6	Transplantation / Stomach	Procedure	ICD-10-PCS
0DY60Z0	Transplantation of Stomach, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0DY60Z1	Transplantation of Stomach, Syngeneic, Open Approach	Procedure	ICD-10-PCS
0DY60Z2	Transplantation of Stomach, Zooplastic, Open Approach	Procedure	ICD-10-PCS
0DY8	Transplantation / Small Intestine	Procedure	ICD-10-PCS
0DY80Z0	Transplantation of Small Intestine, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0DY80Z1	Transplantation of Small Intestine, Syngeneic, Open Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
0DY80Z2	Transplantation of Small Intestine, Zooplastic, Open Approach	Procedure	ICD-10-PCS
0DYE	Transplantation / Large Intestine	Procedure	ICD-10-PCS
0DYE0Z0	Transplantation of Large Intestine, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0DYE0Z1	Transplantation of Large Intestine, Syngeneic, Open Approach	Procedure	ICD-10-PCS
0DYE0Z2	Transplantation of Large Intestine, Zooplastic, Open Approach	Procedure	ICD-10-PCS
0FY	Hepatobiliary System and Pancreas, Transplantation	Procedure	ICD-10-PCS
0FY0	Transplantation / Liver	Procedure	ICD-10-PCS
0FY00Z0	Transplantation of Liver, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0FY00Z1	Transplantation of Liver, Syngeneic, Open Approach	Procedure	ICD-10-PCS
0FY00Z2	Transplantation of Liver, Zooplastic, Open Approach	Procedure	ICD-10-PCS
0FYG	Transplantation / Pancreas	Procedure	ICD-10-PCS
0FYG0Z0	Transplantation of Pancreas, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0FYG0Z1	Transplantation of Pancreas, Syngeneic, Open Approach	Procedure	ICD-10-PCS
0FYG0Z2	Transplantation of Pancreas, Zooplastic, Open Approach	Procedure	ICD-10-PCS
0TY	Urinary System, Transplantation	Procedure	ICD-10-PCS
0TY0	Transplantation / Kidney, Right	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
0TY00Z0	Transplantation of Right Kidney, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0TY00Z1	Transplantation of Right Kidney, Syngeneic, Open Approach	Procedure	ICD-10-PCS
0TY00Z2	Transplantation of Right Kidney, Zooplastic, Open Approach	Procedure	ICD-10-PCS
0TY1	Transplantation / Kidney, Left	Procedure	ICD-10-PCS
0TY10Z0	Transplantation of Left Kidney, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0TY10Z1	Transplantation of Left Kidney, Syngeneic, Open Approach	Procedure	ICD-10-PCS
0TY10Z2	Transplantation of Left Kidney, Zooplastic, Open Approach	Procedure	ICD-10-PCS
30230AZ	Transfusion of Embryonic Stem Cells into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
30230G1	Transfusion of Nonautologous Bone Marrow into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
30230G2	Transfusion of allogeneic related bone marrow into peripheral vein, open approach	Procedure	ICD-10-PCS
30230G3	Transfusion of allogeneic unrelated bone marrow into peripheral vein, open approach	Procedure	ICD-10-PCS
30230G4	Transfusion of allogeneic unspecified bone marrow into peripheral vein, open approach	Procedure	ICD-10-PCS
30230X1	Transfusion of Nonautologous Cord Blood Stem Cells into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
30230X2	Transfusion of allogeneic related cord blood stem cells into peripheral vein, open approach	Procedure	ICD-10-PCS
30230X3	Transfusion of allogeneic unrelated cord blood stem cells into peripheral vein, open approach	Procedure	ICD-10-PCS
30230X4	Transfusion of allogeneic unspecified cord blood stem cells into peripheral vein, open approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
30230Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
30230Y2	Transfusion of allogeneic related hematopoietic stem cells into peripheral vein, open approach	Procedure	ICD-10-PCS
30230Y3	Transfusion of allogeneic unrelated hematopoietic stem cells into peripheral vein, open approach	Procedure	ICD-10-PCS
30230Y4	Transfusion of allogeneic unspecified hematopoietic stem cells into peripheral vein, open approach	Procedure	ICD-10-PCS
30233AZ	Transfusion of Embryonic Stem Cells into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30233G1	Transfusion of Nonautologous Bone Marrow into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30233G2	Transfusion of allogeneic related bone marrow into peripheral vein, percutaneous approach	Procedure	ICD-10-PCS
30233G3	Transfusion of allogeneic unrelated bone marrow into peripheral vein, percutaneous approach	Procedure	ICD-10-PCS
30233G4	Transfusion of allogeneic unspecified bone marrow into peripheral vein, percutaneous approach	Procedure	ICD-10-PCS
30233X1	Transfusion of Nonautologous Cord Blood Stem Cells into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30233X2	Transfusion of allogeneic related cord blood stem cells into peripheral vein, percutaneous approach	Procedure	ICD-10-PCS
30233X3	Transfusion of allogeneic unrelated cord blood stem cells into peripheral vein, percutaneous approach	Procedure	ICD-10-PCS
30233X4	Transfusion of allogeneic unspecified cord blood stem cells into peripheral vein, percutaneous approach	Procedure	ICD-10-PCS
30233Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30233Y2	Transfusion of allogeneic related hematopoietic stem cells into peripheral vein, percutaneous approach	Procedure	ICD-10-PCS
30233Y3	Transfusion of allogeneic unrelated hematopoietic stem cells into peripheral vein, percutaneous approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
30233Y4	Transfusion of allogeneic unspecified hematopoietic stem cells into peripheral vein, percutaneous approach	Procedure	ICD-10-PCS
30240AZ	Transfusion of Embryonic Stem Cells into Central Vein, Open Approach	Procedure	ICD-10-PCS
30240G1	Transfusion of Nonautologous Bone Marrow into Central Vein, Open Approach	Procedure	ICD-10-PCS
30240G2	Transfusion of allogeneic related bone marrow into central vein, open approach	Procedure	ICD-10-PCS
30240G3	Transfusion of allogeneic unrelated bone marrow into central vein, open approach	Procedure	ICD-10-PCS
30240G4	Transfusion of allogeneic unspecified bone marrow into central vein, open approach	Procedure	ICD-10-PCS
30240X1	Transfusion of Nonautologous Cord Blood Stem Cells into Central Vein, Open Approach	Procedure	ICD-10-PCS
30240X2	Transfusion of allogeneic related cord blood stem cells into central vein, open approach	Procedure	ICD-10-PCS
30240X3	Transfusion of allogeneic unrelated cord blood stem cells into central vein, open approach	Procedure	ICD-10-PCS
30240X4	Transfusion of allogeneic unspecified cord blood stem cells into central vein, open approach	Procedure	ICD-10-PCS
30240Y0	Transfusion of Autologous Hematopoietic Stem Cells into Central Vein, Open Approach	Procedure	ICD-10-PCS
30240Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Central Vein, Open Approach	Procedure	ICD-10-PCS
30240Y2	Transfusion of allogeneic related hematopoietic stem cells into central vein, open approach	Procedure	ICD-10-PCS
30240Y3	Transfusion of allogeneic unrelated hematopoietic stem cells into central vein, open approach	Procedure	ICD-10-PCS
30240Y4	Transfusion of allogeneic unspecified hematopoietic stem cells into central vein, open approach	Procedure	ICD-10-PCS
30243AZ	Transfusion of Embryonic Stem Cells into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
30243G1	Transfusion of Nonautologous Bone Marrow into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30243G2	Transfusion of allogeneic related bone marrow into central vein, percutaneous approach	Procedure	ICD-10-PCS
30243G3	Transfusion of allogeneic unrelated bone marrow into central vein, percutaneous approach	Procedure	ICD-10-PCS
30243G4	Transfusion of allogeneic unspecified bone marrow into central vein, percutaneous approach	Procedure	ICD-10-PCS
30243X1	Transfusion of Nonautologous Cord Blood Stem Cells into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30243X2	Transfusion of allogeneic related cord blood stem cells into central vein, percutaneous approach	Procedure	ICD-10-PCS
30243X3	Transfusion of allogeneic unrelated cord blood stem cells into central vein, percutaneous approach	Procedure	ICD-10-PCS
30243X4	Transfusion of allogeneic unspecified cord blood stem cells into central vein, percutaneous approach	Procedure	ICD-10-PCS
30243Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30243Y2	Transfusion of allogeneic related hematopoietic stem cells into central vein, percutaneous approach	Procedure	ICD-10-PCS
30243Y3	Transfusion of allogeneic unrelated hematopoietic stem cells into central vein, percutaneous approach	Procedure	ICD-10-PCS
30243Y4	Transfusion of allogeneic unspecified hematopoietic stem cells into central vein, percutaneous approach	Procedure	ICD-10-PCS
30250G1	Transfusion of Nonautologous Bone Marrow into Peripheral Artery, Open Approach	Procedure	ICD-10-PCS
30250X1	Transfusion of Nonautologous Cord Blood Stem Cells into Peripheral Artery, Open Approach	Procedure	ICD-10-PCS
30250Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Peripheral Artery, Open Approach	Procedure	ICD-10-PCS
30253G1	Transfusion of Nonautologous Bone Marrow into Peripheral Artery, Percutaneous Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
30253X1	Transfusion of Nonautologous Cord Blood Stem Cells into Peripheral Artery, Percutaneous Approach	Procedure	ICD-10-PCS
30253Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Peripheral Artery, Percutaneous Approach	Procedure	ICD-10-PCS
30260G1	Transfusion of Nonautologous Bone Marrow into Central Artery, Open Approach	Procedure	ICD-10-PCS
30260X1	Transfusion of Nonautologous Cord Blood Stem Cells into Central Artery, Open Approach	Procedure	ICD-10-PCS
30260Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Central Artery, Open Approach	Procedure	ICD-10-PCS
30263G1	Transfusion of Nonautologous Bone Marrow into Central Artery, Percutaneous Approach	Procedure	ICD-10-PCS
30263X1	Transfusion of Nonautologous Cord Blood Stem Cells into Central Artery, Percutaneous Approach	Procedure	ICD-10-PCS
30263Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Central Artery, Percutaneous Approach	Procedure	ICD-10-PCS
32851	Lung transplant, single; without cardiopulmonary bypass	Procedure	CPT-4
32852	Lung transplant, single; with cardiopulmonary bypass	Procedure	CPT-4
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	Procedure	CPT-4
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	Procedure	CPT-4
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy	Procedure	CPT-4
33945	Heart transplant, with or without recipient cardiectomy	Procedure	CPT-4
3490F	History of AIDS-defining condition (HIV)	Procedure	CPT-2
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	Procedure	CPT-4
38242	Allogeneic lymphocyte infusions	Procedure	CPT-4
38243	Allogeneic hematopoietic cellular transplant boost	Procedure	CPT-4
3E1M39Z	Irrigation of Peritoneal Cavity using Dialysate, Percutaneous Approach	Procedure	ICD-10-PCS
44135	Intestinal allotransplantation; from cadaver donor	Procedure	CPT-4
44136	Intestinal allotransplantation; from living donor	Procedure	CPT-4
47135	Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age	Procedure	CPT-4
47136	Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age	Procedure	CPT-4
48554	Transplantation of pancreatic allograft	Procedure	CPT-4

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

Code	Description	Code Category	Code Type
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	Procedure	CPT-4
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	Procedure	CPT-4
50366	Renal Homotransplantation, Implantation Of Graft	Procedure	CPT-4
50370	Removal of transplanted renal allograft	Procedure	CPT-4
5A1D00Z	Performance of Urinary Filtration, Single	Procedure	ICD-10-PCS
5A1D06Z	Performance of Urinary Filtration, Multiple	Procedure	ICD-10-PCS
5A1D70Z	Performance of Urinary Filtration, Intermittent, Less than 6 Hours Per Day	Procedure	ICD-10-PCS
5A1D80Z	Performance of Urinary Filtration, Prolonged Intermittent, 6-18 hours Per Day	Procedure	ICD-10-PCS
5A1D90Z	Performance of Urinary Filtration, Continuous, Greater than 18 hours Per Day	Procedure	ICD-10-PCS
A4653	Peritoneal dialysis catheter anchoring device, belt, each	Procedure	HCPCS
A4671	Disposable cycler set used with cycler dialysis machine, each	Procedure	HCPCS
A4672	Drainage extension line, sterile, for dialysis, each	Procedure	HCPCS
A4673	Extension line with easy lock connectors, used with dialysis	Procedure	HCPCS
A4674	Chemicals/antiseptics solution used to clean/sterilize dialysis equipment, per 8 oz	Procedure	HCPCS
A4680	Activated carbon filters for dialysis	Procedure	HCPCS
A4690	Dialyzers (artificial kidneys) all brands, all sizes per unit	Procedure	HCPCS
A4700	Standard dialysate solution, each	Procedure	HCPCS
A4705	Bicarbonate dialysate solution, each	Procedure	HCPCS
A4706	Bicarbonate concentrate, solution, for hemodialysis, per gallon	Procedure	HCPCS
A4707	Bicarbonate concentrate, powder, for hemodialysis, per packet	Procedure	HCPCS
A4708	Acetate concentrate solution, for hemodialysis, per gallon	Procedure	HCPCS
A4709	Acid concentrate, solution, for hemodialysis, per gallon	Procedure	HCPCS
A4712	Water, sterile	Procedure	HCPCS
A4714	Treated water (deionized, distilled, reverse osmosis) for use in dialysis system	Procedure	HCPCS
A4719	"y set" tubing for peritoneal dialysis	Procedure	HCPCS
A4720	Dialysate solution, any concentration of dextrose, fluid volume greater than 249cc, but less than or equal to 999cc, for peritoneal dialysis	Procedure	HCPCS

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

Code	Description	Code Category	Code Type
A4721	Dialysate solution, any concentration of dextrose, fluid volume greater than 999cc but less than or equal to 1999cc, for peritoneal dialysis	Procedure	HCPCS
A4722	Dialysate solution, any concentration of dextrose, fluid volume greater than 1999cc but less than or equal to 2999cc, for peritoneal dialysis	Procedure	HCPCS
A4723	Dialysate solution, any concentration of dextrose, fluid volume greater than 2999cc but less than or equal to 3999cc, for peritoneal dialysis	Procedure	HCPCS
A4724	Dialysate solution, any concentration of dextrose, fluid volume greater than 3999cc but less than or equal to 4999cc, for peritoneal dialysis	Procedure	HCPCS
A4725	Dialysate solution, any concentration of dextrose, fluid volume greater than 4999cc but less than or equal to 5999cc, for peritoneal dialysis	Procedure	HCPCS
A4726	Dialysate solution, any concentration of dextrose, fluid volume greater than 5999cc, for peritoneal dialysis	Procedure	HCPCS
A4728	Dialysate solution, non-dextrose containing, 500 ml	Procedure	HCPCS
A4730	Fistula cannulation set for dialysis only	Procedure	HCPCS
A4735	Local/topical anesthetics for dialysis only	Procedure	HCPCS
A4736	Topical anesthetic, for dialysis, per gram	Procedure	HCPCS
A4737	Injectable anesthetic, for dialysis, per 10 ml	Procedure	HCPCS
A4740	Shunt accessories for dialysis only	Procedure	HCPCS
A4750	Blood tubing, arterial or venous, each	Procedure	HCPCS
A4755	Blood tubing, arterial and venous combined	Procedure	HCPCS
A4760	Dialysate standard testing solution, supplies	Procedure	HCPCS
A4765	Dialysate concentrate additives, each	Procedure	HCPCS
A4766	Dialysate concentrate, solution, additive for peritoneal dialysis, per 10 ml	Procedure	HCPCS
A4802	Protamine sulfate, for hemodialysis, per 50 mg	Procedure	HCPCS
A4820	Hemodialysis kit supplies	Procedure	HCPCS
A4850	Hemostats with rubber tips for dialysis	Procedure	HCPCS
A4860	Disposable catheter caps	Procedure	HCPCS
A4870	Plumbing and/or electrical work for home dialysis equipment	Procedure	HCPCS
A4880	Storage tanks utilized in connection with water purification system, replacement tanks for dialysis	Procedure	HCPCS
A4890	Contracts, repair and maintenance, for home dialysis equipment (non-covered)	Procedure	HCPCS
A4900	Continuous ambulatory peritoneal dialysis (capd) supply kit	Procedure	HCPCS
A4901	Continuous cycling peritoneal dialysis (ccpd) supply kit	Procedure	HCPCS
A4905	Intermittent peritoneal dialysis (ipd) supply kit	Procedure	HCPCS

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

Code	Description	Code Category	Code Type
A4910	Non-medical supplies for dialysis, (i.e., scale, scissors, stopwatch, etc.)	Procedure	HCPCS
A4911	Drain bag/bottle, for dialysis, each	Procedure	HCPCS
A4912	Gomco drain bottle	Procedure	HCPCS
A4913	Miscellaneous dialysis supplies, not identified elsewhere, by report	Procedure	HCPCS
A4914	Preparation kits	Procedure	HCPCS
A4918	Venous pressure clamps, each	Procedure	HCPCS
B180	Chronic viral hepatitis B with delta-agent	Diagnosis	ICD-10-CM
B181	Chronic viral hepatitis B without delta-agent	Diagnosis	ICD-10-CM
B182	Chronic viral hepatitis C	Diagnosis	ICD-10-CM
B189	Chronic viral hepatitis, unspecified	Diagnosis	ICD-10-CM
B20	Human immunodeficiency virus (HIV) disease	Diagnosis	ICD-10-CM
B9735	Human immunodeficiency virus, type 2 (HIV 2) as the cause of diseases classified elsewhere	Diagnosis	ICD-10-CM
BT29	Computerized Tomography (CT Scan) / Kidney Transplant	Procedure	ICD-10-PCS
BT2900Z	Computerized Tomography (CT Scan) of Kidney Transplant using High Osmolar Contrast, Unenhanced and Enhanced	Procedure	ICD-10-PCS
BT290ZZ	Computerized Tomography (CT Scan) of Kidney Transplant using High Osmolar Contrast	Procedure	ICD-10-PCS
BT2910Z	Computerized Tomography (CT Scan) of Kidney Transplant using Low Osmolar Contrast, Unenhanced and Enhanced	Procedure	ICD-10-PCS
BT291ZZ	Computerized Tomography (CT Scan) of Kidney Transplant using Low Osmolar Contrast	Procedure	ICD-10-PCS
BT29Y0Z	Computerized Tomography (CT Scan) of Kidney Transplant using Other Contrast, Unenhanced and Enhanced	Procedure	ICD-10-PCS
BT29YZZ	Computerized Tomography (CT Scan) of Kidney Transplant using Other Contrast	Procedure	ICD-10-PCS
BT29ZZZ	Computerized Tomography (CT Scan) of Kidney Transplant	Procedure	ICD-10-PCS
BT39	Magnetic Resonance Imaging (MRI) / Kidney Transplant	Procedure	ICD-10-PCS
BT39Y0Z	Magnetic Resonance Imaging (MRI) of Kidney Transplant using Other Contrast, Unenhanced and Enhanced	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
BT39YZZ	Magnetic Resonance Imaging (MRI) of Kidney Transplant using Other Contrast	Procedure	ICD-10-PCS
BT39ZZZ	Magnetic Resonance Imaging (MRI) of Kidney Transplant	Procedure	ICD-10-PCS
BT49	Ultrasonography / Kidney Transplant	Procedure	ICD-10-PCS
BT49ZZZ	Ultrasonography of Kidney Transplant	Procedure	ICD-10-PCS
D510	Vitamin B12 deficiency anemia due to intrinsic factor deficiency	Diagnosis	ICD-10-CM
D5702	Hb-SS disease with splenic sequestration	Diagnosis	ICD-10-CM
D57212	Sickle-cell/Hb-C disease with splenic sequestration	Diagnosis	ICD-10-CM
D57412	Sickle-cell thalassemia with splenic sequestration	Diagnosis	ICD-10-CM
D57812	Other sickle-cell disorders with splenic sequestration	Diagnosis	ICD-10-CM
D590	Drug-induced autoimmune hemolytic anemia	Diagnosis	ICD-10-CM
D591	Other autoimmune hemolytic anemias	Diagnosis	ICD-10-CM
D600	Chronic acquired pure red cell aplasia	Diagnosis	ICD-10-CM
D601	Transient acquired pure red cell aplasia	Diagnosis	ICD-10-CM
D608	Other acquired pure red cell aplasias	Diagnosis	ICD-10-CM
D609	Acquired pure red cell aplasia, unspecified	Diagnosis	ICD-10-CM
D610	Constitutional aplastic anemia	Diagnosis	ICD-10-CM
D6101	Constitutional (pure) red blood cell aplasia	Diagnosis	ICD-10-CM
D6109	Other constitutional aplastic anemia	Diagnosis	ICD-10-CM
D611	Drug-induced aplastic anemia	Diagnosis	ICD-10-CM
D612	Aplastic anemia due to other external agents	Diagnosis	ICD-10-CM
D613	Idiopathic aplastic anemia	Diagnosis	ICD-10-CM
D61810	Antineoplastic chemotherapy induced pancytopenia	Diagnosis	ICD-10-CM
D61811	Other drug induced pancytopenia	Diagnosis	ICD-10-CM
D61812	Other pancytopenia	Diagnosis	ICD-10-CM
D6189	Other specified aplastic anemias and other bone marrow failure syndromes	Diagnosis	ICD-10-CM
D619	Aplastic anemia, unspecified	Diagnosis	ICD-10-CM
D6481	Anemia due to antineoplastic chemotherapy	Diagnosis	ICD-10-CM
D690	Allergic purpura	Diagnosis	ICD-10-CM
D692	Other nonthrombocytopenic purpura	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
D693	Immune thrombocytopenic purpura	Diagnosis	ICD-10-CM
D6941	Evans syndrome	Diagnosis	ICD-10-CM
D700	Congenital agranulocytosis	Diagnosis	ICD-10-CM
D701	Agranulocytosis secondary to cancer chemotherapy	Diagnosis	ICD-10-CM
D702	Other drug-induced agranulocytosis	Diagnosis	ICD-10-CM
D704	Cyclic neutropenia	Diagnosis	ICD-10-CM
D71	Functional disorders of polymorphonuclear neutrophils	Diagnosis	ICD-10-CM
D720	Genetic anomalies of leukocytes	Diagnosis	ICD-10-CM
D761	Hemophagocytic lymphohistiocytosis	Diagnosis	ICD-10-CM
D762	Hemophagocytic syndrome, infection-associated	Diagnosis	ICD-10-CM
D763	Other histiocytosis syndromes	Diagnosis	ICD-10-CM
D800	Hereditary hypogammaglobulinemia	Diagnosis	ICD-10-CM
D801	Nonfamilial hypogammaglobulinemia	Diagnosis	ICD-10-CM
D802	Selective deficiency of immunoglobulin A [IgA]	Diagnosis	ICD-10-CM
D803	Selective deficiency of immunoglobulin G [IgG] subclasses	Diagnosis	ICD-10-CM
D804	Selective deficiency of immunoglobulin M [IgM]	Diagnosis	ICD-10-CM
D805	Immunodeficiency with increased immunoglobulin M [IgM]	Diagnosis	ICD-10-CM
D806	Antibody deficiency with near-normal immunoglobulins or with hyperimmunoglobulinemia	Diagnosis	ICD-10-CM
D808	Other immunodeficiencies with predominantly antibody defects	Diagnosis	ICD-10-CM
D809	Immunodeficiency with predominantly antibody defects, unspecified	Diagnosis	ICD-10-CM
D810	Severe combined immunodeficiency [SCID] with reticular dysgenesis	Diagnosis	ICD-10-CM
D811	Severe combined immunodeficiency [SCID] with low T- and B-cell numbers	Diagnosis	ICD-10-CM
D812	Severe combined immunodeficiency [SCID] with low or normal B-cell numbers	Diagnosis	ICD-10-CM
D813	Adenosine deaminase [ADA] deficiency	Diagnosis	ICD-10-CM
D8130	Adenosine deaminase deficiency, unspecified	Diagnosis	ICD-10-CM
D8131	Adenosine deaminase deficiency with severe combined	Diagnosis	ICD-10-CM
D8132	Adenosine deaminase 2 deficiency	Diagnosis	ICD-10-CM
D8139	Other adenosine deaminase deficiency	Diagnosis	ICD-10-CM
D814	Nezelof's syndrome	Diagnosis	ICD-10-CM
D815	Purine nucleoside phosphorylase [PNP] deficiency	Diagnosis	ICD-10-CM
D816	Major histocompatibility complex class I deficiency	Diagnosis	ICD-10-CM
D817	Major histocompatibility complex class II deficiency	Diagnosis	ICD-10-CM
D8189	Other combined immunodeficiencies	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
D819	Combined immunodeficiency, unspecified	Diagnosis	ICD-10-CM
D820	Wiskott-Aldrich syndrome	Diagnosis	ICD-10-CM
D821	Di George's syndrome	Diagnosis	ICD-10-CM
D822	Immunodeficiency with short-limbed stature	Diagnosis	ICD-10-CM
D823	Immunodeficiency following hereditary defective response to Epstein-Barr virus	Diagnosis	ICD-10-CM
D824	Hyperimmunoglobulin E [IgE] syndrome	Diagnosis	ICD-10-CM
D828	Immunodeficiency associated with other specified major defects	Diagnosis	ICD-10-CM
D829	Immunodeficiency associated with major defect, unspecified	Diagnosis	ICD-10-CM
D830	Common variable immunodeficiency with predominant abnormalities of B-cell numbers and function	Diagnosis	ICD-10-CM
D831	Common variable immunodeficiency with predominant immunoregulatory T-cell disorders	Diagnosis	ICD-10-CM
D832	Common variable immunodeficiency with autoantibodies to B- or T-cells	Diagnosis	ICD-10-CM
D838	Other common variable immunodeficiencies	Diagnosis	ICD-10-CM
D839	Common variable immunodeficiency, unspecified	Diagnosis	ICD-10-CM
D840	Lymphocyte function antigen-1 [LFA-1] defect	Diagnosis	ICD-10-CM
D841	Defects in the complement system	Diagnosis	ICD-10-CM
D848	Other specified immunodeficiencies	Diagnosis	ICD-10-CM
D849	Immunodeficiency, unspecified	Diagnosis	ICD-10-CM
D893	Immune reconstitution syndrome	Diagnosis	ICD-10-CM
D89810	Acute graft-versus-host disease	Diagnosis	ICD-10-CM
D89811	Chronic graft-versus-host disease	Diagnosis	ICD-10-CM
D89812	Acute on chronic graft-versus-host disease	Diagnosis	ICD-10-CM
D89813	Graft-versus-host disease, unspecified	Diagnosis	ICD-10-CM
D8982	Autoimmune lymphoproliferative syndrome [ALPS]	Diagnosis	ICD-10-CM
D8989	Other specified disorders involving the immune mechanism, not elsewhere classified	Diagnosis	ICD-10-CM
D899	Disorder involving the immune mechanism, unspecified	Diagnosis	ICD-10-CM
E0500	Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm	Diagnosis	ICD-10-CM
E0501	Thyrotoxicosis with diffuse goiter with thyrotoxic crisis or storm	Diagnosis	ICD-10-CM
E0510	Thyrotoxicosis with toxic single thyroid nodule without thyrotoxic crisis or storm	Diagnosis	ICD-10-CM
E0511	Thyrotoxicosis with toxic single thyroid nodule with thyrotoxic crisis or storm	Diagnosis	ICD-10-CM
E0520	Thyrotoxicosis with toxic multinodular goiter without thyrotoxis crisis or storm	Diagnosis	ICD-10-CM
E0521	Thyrotoxicosis with toxic multinodular goiter with thyrotoxis crisis or storm	Diagnosis	ICD-10-CM
E0580	Other thyrotoxicosis without thyrotoxis crisis or storm	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
E0581	Other thyrotoxicosis with thyrotoxis crisis or storm	Diagnosis	ICD-10-CM
E0590	Thyrotoxicosis, unspecified without thyrotoxis crisis or storm	Diagnosis	ICD-10-CM
E0591	Thyrotoxicosis, unspecified with thyrotoxis crisis or storm	Diagnosis	ICD-10-CM
E060	Acute thyroiditis	Diagnosis	ICD-10-CM
E061	Subacute thyroiditis	Diagnosis	ICD-10-CM
E062	Chronic thyroiditis with transient thyrotoxicosis	Diagnosis	ICD-10-CM
E063	Autoimmune thyroiditis	Diagnosis	ICD-10-CM
E064	Drug-induced thyroiditis	Diagnosis	ICD-10-CM
E065	Other chronic thyroiditis	Diagnosis	ICD-10-CM
E069	Thyroiditis, unspecified	Diagnosis	ICD-10-CM
E1500	Centrifuge, for dialysis	Procedure	HCPCS
E1510	Kidney, dialysate delivery syst. kidney machine, pump recirculating, air removal syst, flowrate meter, power off, heater and temperature control with alarm, i.v.poles, pressure gauge, concentrate container	Procedure	HCPCS
E1520	Heparin infusion pump for dialysis	Procedure	HCPCS
E1530	Air bubble detector for dialysis	Procedure	HCPCS
E1540	Pressure alarm for dialysis	Procedure	HCPCS
E1550	Bath conductivity meter for dialysis	Procedure	HCPCS
E1560	Blood leak detector for dialysis	Procedure	HCPCS
E1570	Adjustable chair, for esrd patients	Procedure	HCPCS
E1575	Transducer protectors/fluid barriers, any size, each	Procedure	HCPCS
E1580	Unipuncture control system for dialysis	Procedure	HCPCS
E1590	Hemodialysis machine	Procedure	HCPCS
E1592	Automatic intermittent peritioneal dialysis system	Procedure	HCPCS
E1594	Cycler dialysis machine for peritoneal dialysis	Procedure	HCPCS
E1600	Delivery and/or installation charges for renal dialysis equipment	Procedure	HCPCS
E1610	Reverse osmosis water purification system	Procedure	HCPCS
E1615	Deionizer water purification system	Procedure	HCPCS
E1620	Blood pump for dialysis	Procedure	HCPCS
E1625	Water softening system	Procedure	HCPCS
E1630	Reciprocating peritoneal dialysis system	Procedure	HCPCS
E1632	Wearable artifical kidney	Procedure	HCPCS
E1634	Peritoneal dialysis clamps, each	Procedure	HCPCS

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

Code	Description	Code Category	Code Type
E1635	Compact (portable) travel hemodialyzer system	Procedure	HCPCS
E1636	Sorbent cartridges, per case	Procedure	HCPCS
E271	Primary adrenocortical insufficiency	Diagnosis	ICD-10-CM
E272	Addisonian crisis	Diagnosis	ICD-10-CM
E40	Kwashiorkor	Diagnosis	ICD-10-CM
E41	Nutritional marasmus	Diagnosis	ICD-10-CM
E42	Marasmic kwashiorkor	Diagnosis	ICD-10-CM
E43	Unspecified severe protein-calorie malnutrition	Diagnosis	ICD-10-CM
E803	Defects of catalase and peroxidase	Diagnosis	ICD-10-CM
G35	Multiple sclerosis	Diagnosis	ICD-10-CM
G7000	Myasthenia gravis without (acute) exacerbation	Diagnosis	ICD-10-CM
G7001	Myasthenia gravis with (acute) exacerbation	Diagnosis	ICD-10-CM
G7080	Lambert-Eaton syndrome, unspecified	Diagnosis	ICD-10-CM
G7081	Lambert-Eaton syndrome in disease classified elsewhere	Diagnosis	ICD-10-CM
G7241	Inclusion body myositis [IBM]	Diagnosis	ICD-10-CM
G7249	Other inflammatory and immune myopathies, not elsewhere classified	Diagnosis	ICD-10-CM
I120	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease	Diagnosis	ICD-10-CM
I1311	Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease	Diagnosis	ICD-10-CM
I132	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease	Diagnosis	ICD-10-CM
I25750	Atherosclerosis of native coronary artery of transplanted heart with unstable angina	Diagnosis	ICD-10-CM
I25751	Atherosclerosis of native coronary artery of transplanted heart with angina pectoris with documented spasm	Diagnosis	ICD-10-CM
I25758	Atherosclerosis of native coronary artery of transplanted heart with other forms of angina pectoris	Diagnosis	ICD-10-CM
I25759	Atherosclerosis of native coronary artery of transplanted heart with unspecified angina pectoris	Diagnosis	ICD-10-CM
I25760	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina	Diagnosis	ICD-10-CM
I25761	Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris with documented spasm	Diagnosis	ICD-10-CM
I25768	Atherosclerosis of bypass graft of coronary artery of transplanted heart with other forms of angina pectoris	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
I25769	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unspecified angina pectoris	Diagnosis	ICD-10-CM
I25811	Atherosclerosis of native coronary artery of transplanted heart without angina pectoris	Diagnosis	ICD-10-CM
I25812	Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pectoris	Diagnosis	ICD-10-CM
I731	Thromboangiitis obliterans [Buerger's disease]	Diagnosis	ICD-10-CM
I776	Arteritis, unspecified	Diagnosis	ICD-10-CM
I8500	Esophageal varices without bleeding	Diagnosis	ICD-10-CM
I8501	Esophageal varices with bleeding	Diagnosis	ICD-10-CM
I8510	Secondary esophageal varices without bleeding	Diagnosis	ICD-10-CM
I8511	Secondary esophageal varices with bleeding	Diagnosis	ICD-10-CM
K7210	Chronic hepatic failure without coma	Diagnosis	ICD-10-CM
K7211	Chronic hepatic failure with coma	Diagnosis	ICD-10-CM
K7290	Hepatic failure, unspecified without coma	Diagnosis	ICD-10-CM
K7291	Hepatic failure, unspecified with coma	Diagnosis	ICD-10-CM
K743	Primary billiary cirrhosis	Diagnosis	ICD-10-CM
K763	Infarction of liver	Diagnosis	ICD-10-CM
K766	Portal hypertension	Diagnosis	ICD-10-CM
K7681	Hepatopulmonary syndrome	Diagnosis	ICD-10-CM
K912	Postsurgical malabsorption, not elsewhere classified	Diagnosis	ICD-10-CM
L100	Pemphigus vulgaris	Diagnosis	ICD-10-CM
L101	Pemphigus vegetans	Diagnosis	ICD-10-CM
L102	Pemphigus foliaceous	Diagnosis	ICD-10-CM
L103	Brazilian pemphigus [fogo selvagem]	Diagnosis	ICD-10-CM
L104	Pemphigus erythematosus	Diagnosis	ICD-10-CM
L1081	Paraneoplastic pemphigus	Diagnosis	ICD-10-CM
L1089	Other pemphigus	Diagnosis	ICD-10-CM
L109	Pemphigus, unspecified	Diagnosis	ICD-10-CM
L120	Bullous pemphigoid	Diagnosis	ICD-10-CM
L121	Cicatricial pemphigoid	Diagnosis	ICD-10-CM
L122	Chronic bullous disease of childhood	Diagnosis	ICD-10-CM
L128	Other pemphigoid	Diagnosis	ICD-10-CM
L129	Pemphigoid, unspecified	Diagnosis	ICD-10-CM
L130	Dermatitis herpetiformis	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
L138	Other specified bullous disorders	Diagnosis	ICD-10-CM
L139	Bullous disorder, unspecified	Diagnosis	ICD-10-CM
L400	Psoriasis vulgaris	Diagnosis	ICD-10-CM
L401	Generalized pustular psoriasis	Diagnosis	ICD-10-CM
L402	Acrodermatitis continua	Diagnosis	ICD-10-CM
L403	Pustulosis palmaris et plantaris	Diagnosis	ICD-10-CM
L404	Guttate psoriasis	Diagnosis	ICD-10-CM
L4050	Arthropathic psoriasis, unspecified	Diagnosis	ICD-10-CM
L4051	Distal interphalangeal psoriatic arthropathy	Diagnosis	ICD-10-CM
L4052	Psoriatic arthritis mutilans	Diagnosis	ICD-10-CM
L4053	Psoriatic spondylitis	Diagnosis	ICD-10-CM
L4054	Psoriatic juvenile arthropathy	Diagnosis	ICD-10-CM
L4059	Other psoriatic arthropathy	Diagnosis	ICD-10-CM
L408	Other psoriasis	Diagnosis	ICD-10-CM
L409	Psoriasis, unspecified	Diagnosis	ICD-10-CM
M308	Other conditions related to polyarteritis nodosa	Diagnosis	ICD-10-CM
M310	Hypersensitivity angiitis	Diagnosis	ICD-10-CM
M311	Thrombotic microangiopathy	Diagnosis	ICD-10-CM
M312	Lethal midline granuloma	Diagnosis	ICD-10-CM
M3130	Wegener's granulomatosis without renal involvement	Diagnosis	ICD-10-CM
M3131	Wegener's granulomatosis with renal involvement	Diagnosis	ICD-10-CM
M314	Aortic arch syndrome [Takayasu]	Diagnosis	ICD-10-CM
M315	Giant cell arteritis with polymyalgia rheumatica	Diagnosis	ICD-10-CM
M316	Other giant cell arteritis	Diagnosis	ICD-10-CM
M317	Microscopic polyangiitis	Diagnosis	ICD-10-CM
M318	Other specified necrotizing vasculopathies	Diagnosis	ICD-10-CM
M319	Necrotizing vasculopathy, unspecified	Diagnosis	ICD-10-CM
M3500	Sicca syndrome, unspecified	Diagnosis	ICD-10-CM
M3501	Sicca syndrome with keratoconjunctivitis	Diagnosis	ICD-10-CM
M3502	Sicca syndrome with lung involvement	Diagnosis	ICD-10-CM
M3503	Sicca syndrome with myopathy	Diagnosis	ICD-10-CM
M3504	Sicca syndrome with tubulo-interstitial nephropathy	Diagnosis	ICD-10-CM
M3509	Sicca syndrome with other organ involvement	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
M351	Other overlap syndromes	Diagnosis	ICD-10-CM
M352	Behçet's disease	Diagnosis	ICD-10-CM
M353	Polymyalgia rheumatica	Diagnosis	ICD-10-CM
M354	Diffuse (eosinophilic) fasciitis	Diagnosis	ICD-10-CM
M355	Multifocal fibrosclerosis	Diagnosis	ICD-10-CM
M356	Relapsing panniculitis [Weber-Christian]	Diagnosis	ICD-10-CM
M358	Other specified systemic involvement of connective tissue	Diagnosis	ICD-10-CM
M359	Systemic involvement of connective tissue, unspecified	Diagnosis	ICD-10-CM
N000	Acute nephritic syndrome with minor glomerular abnormality	Diagnosis	ICD-10-CM
N001	Acute nephritic syndrome with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N002	Acute nephritic syndrome with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N003	Acute nephritic syndrome with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N004	Acute nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N005	Acute nephritic syndrome with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N006	Acute nephritic syndrome with dense deposit disease	Diagnosis	ICD-10-CM
N007	Acute nephritic syndrome with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N008	Acute nephritic syndrome with other morphologic changes	Diagnosis	ICD-10-CM
N009	Acute nephritic syndrome with unspecified morphologic changes	Diagnosis	ICD-10-CM
N010	Rapidly progressive nephritic syndrome with minor glomerular abnormality	Diagnosis	ICD-10-CM
N011	Rapidly progressive nephritic syndrome with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N012	Rapidly progressive nephritic syndrome with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N013	Rapidly progressive nephritic syndrome with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N014	Rapidly progressive nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N015	Rapidly progressive nephritic syndrome with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N016	Rapidly progressive nephritic syndrome with dense deposit disease	Diagnosis	ICD-10-CM
N017	Rapidly progressive nephritic syndrome with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N018	Rapidly progressive nephritic syndrome with other morphologic changes	Diagnosis	ICD-10-CM
N019	Rapidly progressive nephritic syndrome with unspecified morphologic changes	Diagnosis	ICD-10-CM
N020	Recurrent and persistent hematuria with minor glomerular abnormality	Diagnosis	ICD-10-CM
N021	Recurrent and persistent hematuria with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N022	Recurrent and persistent hematuria with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N023	Recurrent and persistent hematuria with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N024	Recurrent and persistent hematuria with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
N025	Recurrent and persistent hematuria with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N026	Recurrent and persistent hematuria with dense deposit disease	Diagnosis	ICD-10-CM
N027	Recurrent and persistent hematuria with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N028	Recurrent and persistent hematuria with other morphologic changes	Diagnosis	ICD-10-CM
N029	Recurrent and persistent hematuria with unspecified morphologic changes	Diagnosis	ICD-10-CM
N030	Chronic nephritic syndrome with minor glomerular abnormality	Diagnosis	ICD-10-CM
N031	Chronic nephritic syndrome with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N032	Chronic nephritic syndrome with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N033	Chronic nephritic syndrome with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N034	Chronic nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N035	Chronic nephritic syndrome with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N036	Chronic nephritic syndrome with dense deposit disease	Diagnosis	ICD-10-CM
N037	Chronic nephritic syndrome with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N038	Chronic nephritic syndrome with other morphologic changes	Diagnosis	ICD-10-CM
N039	Chronic nephritic syndrome with unspecified morphologic changes	Diagnosis	ICD-10-CM
N040	Nephrotic syndrome with minor glomerular abnormality	Diagnosis	ICD-10-CM
N041	Nephrotic syndrome with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N042	Nephrotic syndrome with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N043	Nephrotic syndrome with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N044	Nephrotic syndrome with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N045	Nephrotic syndrome with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N046	Nephrotic syndrome with dense deposit disease	Diagnosis	ICD-10-CM
N047	Nephrotic syndrome with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N048	Nephrotic syndrome with other morphologic changes	Diagnosis	ICD-10-CM
N049	Nephrotic syndrome with unspecified morphologic changes	Diagnosis	ICD-10-CM
N050	Unspecified nephritic syndrome with minor glomerular abnormality	Diagnosis	ICD-10-CM
N051	Unspecified nephritic syndrome with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N052	Unspecified nephritic syndrome with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N053	Unspecified nephritic syndrome with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N054	Unspecified nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N055	Unspecified nephritic syndrome with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N056	Unspecified nephritic syndrome with dense deposit disease	Diagnosis	ICD-10-CM
N057	Unspecified nephritic syndrome with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
N058	Unspecified nephritic syndrome with other morphologic changes	Diagnosis	ICD-10-CM
N059	Unspecified nephritic syndrome with unspecified morphologic changes	Diagnosis	ICD-10-CM
N060	Isolated proteinuria with minor glomerular abnormality	Diagnosis	ICD-10-CM
N061	Isolated proteinuria with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N062	Isolated proteinuria with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N063	Isolated proteinuria with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N064	Isolated proteinuria with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N065	Isolated proteinuria with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N066	Isolated proteinuria with dense deposit disease	Diagnosis	ICD-10-CM
N067	Isolated proteinuria with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N068	Isolated proteinuria with other morphologic lesion	Diagnosis	ICD-10-CM
N069	Isolated proteinuria with unspecified morphologic lesion	Diagnosis	ICD-10-CM
N070	Hereditary nephropathy, not elsewhere classified with minor glomerular abnormality	Diagnosis	ICD-10-CM
N071	Hereditary nephropathy, not elsewhere classified with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N072	Hereditary nephropathy, not elsewhere classified with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N073	Hereditary nephropathy, not elsewhere classified with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N074	Hereditary nephropathy, not elsewhere classified with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N075	Hereditary nephropathy, not elsewhere classified with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N076	Hereditary nephropathy, not elsewhere classified with dense deposit disease	Diagnosis	ICD-10-CM
N077	Hereditary nephropathy, not elsewhere classified with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N078	Hereditary nephropathy, not elsewhere classified with other morphologic lesions	Diagnosis	ICD-10-CM
N079	Hereditary nephropathy, not elsewhere classified with unspecified morphologic lesions	Diagnosis	ICD-10-CM
N08	Glomerular disorders in diseases classified elsewhere	Diagnosis	ICD-10-CM
N140	Analgesic nephropathy	Diagnosis	ICD-10-CM
N141	Nephropathy induced by other drugs, medicaments and biological substances	Diagnosis	ICD-10-CM
N142	Nephropathy induced by unspecified drug, medicament or biological substance	Diagnosis	ICD-10-CM
N143	Nephropathy induced by heavy metals	Diagnosis	ICD-10-CM
N144	Toxic nephropathy, not elsewhere classified	Diagnosis	ICD-10-CM
N150	Balkan nephropathy	Diagnosis	ICD-10-CM
N158	Other specified renal tubulo-interstitial diseases	Diagnosis	ICD-10-CM
N159	Renal tubulo-interstitial disease, unspecified	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
N16	Renal tubulo-interstitial disorders in diseases classified elsewhere	Diagnosis	ICD-10-CM
N171	Acute kidney failure with acute cortical necrosis	Diagnosis	ICD-10-CM
N172	Acute kidney failure with medullary necrosis	Diagnosis	ICD-10-CM
N185	Chronic kidney disease, stage 5	Diagnosis	ICD-10-CM
N186	End stage renal disease	Diagnosis	ICD-10-CM
Q8901	Asplenia (congenital)	Diagnosis	ICD-10-CM
Q8909	Congenital malformations of spleen	Diagnosis	ICD-10-CM
R9082	White matter disease, unspecified	Diagnosis	ICD-10-CM
S2053	Transplantation of small intestine and liver allografts	Procedure	HCPCS
S2054	Transplantation of multivisceral organs	Procedure	HCPCS
S2060	Lobar lung transplantation	Procedure	HCPCS
S2065	Simultaneous pancreas kidney transplantation	Procedure	HCPCS
S2142	Cord blood-derived stem-cell transplantation, allogeneic	Procedure	HCPCS
S2150	Bone marrow or blood-derived stem cells (peripheral or umbilical), allogeneic or autologous, harvesting, transplantation, and related complications; including: pheresis and cell preparation/storage; marrow ablative therapy; drugs, supplies, hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services; and the number of days of pre and post transplant care in the global definition	Procedure	HCPCS
S2152	Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donor (s), procurement, transplantation, and related complications; including: drugs; supplies; hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services, and the number of days of pre and posttransplant care in the global definition	Procedure	HCPCS
T451X1A	Poisoning by antineoplastic and immunosuppressive drugs, accidental (unintentional), initial encounter	Diagnosis	ICD-10-CM
T451X1D	Poisoning by antineoplastic and immunosuppressive drugs, accidental (unintentional), subsequent encounter	Diagnosis	ICD-10-CM
T451X1S	Poisoning by antineoplastic and immunosuppressive drugs, accidental (unintentional), sequela	Diagnosis	ICD-10-CM
T451X2A	Poisoning by antineoplastic and immunosuppressive drugs, intentional self-harm, initial encounter	Diagnosis	ICD-10-CM
T451X2D	Poisoning by antineoplastic and immunosuppressive drugs, intentional self-harm, subsequent encounter	Diagnosis	ICD-10-CM
T451X2S	Poisoning by antineoplastic and immunosuppressive drugs, intentional self-harm, sequela	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
T451X3A	Poisoning by antineoplastic and immunosuppressive drugs, assault, initial encounter	Diagnosis	ICD-10-CM
T451X3D	Poisoning by antineoplastic and immunosuppressive drugs, assault, subsequent encounter	Diagnosis	ICD-10-CM
T451X3S	Poisoning by antineoplastic and immunosuppressive drugs, assault, sequela	Diagnosis	ICD-10-CM
T451X4A	Poisoning by antineoplastic and immunosuppressive drugs, undetermined, initial encounter	Diagnosis	ICD-10-CM
T451X4D	Poisoning by antineoplastic and immunosuppressive drugs, undetermined, subsequent encounter	Diagnosis	ICD-10-CM
T451X4S	Poisoning by antineoplastic and immunosuppressive drugs, undetermined, sequela	Diagnosis	ICD-10-CM
T451X5A	Adverse effect of antineoplastic and immunosuppressive drugs, initial encounter	Diagnosis	ICD-10-CM
T451X5D	Adverse effect of antineoplastic and immunosuppressive drugs, subsequent encounter	Diagnosis	ICD-10-CM
T451X5S	Adverse effect of antineoplastic and immunosuppressive drugs, sequela	Diagnosis	ICD-10-CM
T8600	Unspecified complication of bone marrow transplant	Diagnosis	ICD-10-CM
T8601	Bone marrow transplant rejection	Diagnosis	ICD-10-CM
T8602	Bone marrow transplant failure	Diagnosis	ICD-10-CM
T8603	Bone marrow transplant infection	Diagnosis	ICD-10-CM
T8609	Other complications of bone marrow transplant	Diagnosis	ICD-10-CM
T8610	Unspecified complication of kidney transplant	Diagnosis	ICD-10-CM
T8611	Kidney transplant rejection	Diagnosis	ICD-10-CM
T8612	Kidney transplant failure	Diagnosis	ICD-10-CM
T8613	Kidney transplant infection	Diagnosis	ICD-10-CM
T8619	Other complication of kidney transplant	Diagnosis	ICD-10-CM
T8620	Unspecified complication of heart transplant	Diagnosis	ICD-10-CM
T8621	Heart transplant rejection	Diagnosis	ICD-10-CM
T8622	Heart transplant failure	Diagnosis	ICD-10-CM
T8623	Heart transplant infection	Diagnosis	ICD-10-CM
T86290	Cardiac allograft vasculopathy	Diagnosis	ICD-10-CM
T86298	Other complications of heart transplant	Diagnosis	ICD-10-CM
T8630	Unspecified complication of heart-lung transplant	Diagnosis	ICD-10-CM
T8631	Heart-lung transplant rejection	Diagnosis	ICD-10-CM
T8632	Heart-lung transplant failure	Diagnosis	ICD-10-CM
T8633	Heart-lung transplant infection	Diagnosis	ICD-10-CM
T8639	Other complications of heart-lung transplant	Diagnosis	ICD-10-CM
T8640	Unspecified complication of liver transplant	Diagnosis	ICD-10-CM
T8641	Liver transplant rejection	Diagnosis	ICD-10-CM
T8642	Liver transplant failure	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
T8643	Liver transplant infection	Diagnosis	ICD-10-CM
T8649	Other complications of liver transplant	Diagnosis	ICD-10-CM
T86810	Lung transplant rejection	Diagnosis	ICD-10-CM
T86811	Lung transplant failure	Diagnosis	ICD-10-CM
T86812	Lung transplant infection	Diagnosis	ICD-10-CM
T86818	Other complications of lung transplant	Diagnosis	ICD-10-CM
T86819	Unspecified complication of lung transplant	Diagnosis	ICD-10-CM
T86850	Intestine transplant rejection	Diagnosis	ICD-10-CM
T86851	Intestine transplant failure	Diagnosis	ICD-10-CM
T86852	Intestine transplant infection	Diagnosis	ICD-10-CM
T86858	Other complications of intestine transplant	Diagnosis	ICD-10-CM
T86859	Unspecified complication of intestine transplant	Diagnosis	ICD-10-CM
T86890	Other transplanted tissue rejection	Diagnosis	ICD-10-CM
T86891	Other transplanted tissue failure	Diagnosis	ICD-10-CM
T86892	Other transplanted tissue infection	Diagnosis	ICD-10-CM
T86898	Other complications of other transplanted tissue	Diagnosis	ICD-10-CM
T86899	Unspecified complication of other transplanted tissue	Diagnosis	ICD-10-CM
T8690	Unspecified complication of unspecified transplanted organ and tissue	Diagnosis	ICD-10-CM
T8691	Unspecified transplanted organ and tissue rejection	Diagnosis	ICD-10-CM
T8692	Unspecified transplanted organ and tissue failure	Diagnosis	ICD-10-CM
T8693	Unspecified transplanted organ and tissue infection	Diagnosis	ICD-10-CM
T8699	Other complications of unspecified transplanted organ and tissue	Diagnosis	ICD-10-CM
Y830	Surgical operation with transplant of whole organ as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure	Diagnosis	ICD-10-CM
Z21	Asymptomatic human immunodeficiency virus (HIV) infection status	Diagnosis	ICD-10-CM
Z4821	Encounter for aftercare following heart transplant	Diagnosis	ICD-10-CM
Z4822	Encounter for aftercare following kidney transplant	Diagnosis	ICD-10-CM
Z4823	Encounter for aftercare following liver transplant	Diagnosis	ICD-10-CM
Z4824	Encounter for aftercare following lung transplant	Diagnosis	ICD-10-CM
Z48280	Encounter for aftercare following heart-lung transplant	Diagnosis	ICD-10-CM
Z48288	Encounter for aftercare following multiple organ transplant	Diagnosis	ICD-10-CM
Z48290	Encounter for aftercare following bone marrow transplant	Diagnosis	ICD-10-CM
Z48298	Encounter for aftercare following other organ transplant	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
Z49	Encounter for care involving renal dialysis	Diagnosis	ICD-10-CM
Z4901	Encounter for fitting and adjustment of extracorporeal dialysis catheter	Diagnosis	ICD-10-CM
Z4902	Encounter for fitting and adjustment of peritoneal dialysis catheter	Diagnosis	ICD-10-CM
Z4931	Encounter for adequacy testing for hemodialysis	Diagnosis	ICD-10-CM
Z4932	Encounter for adequacy testing for peritoneal dialysis	Diagnosis	ICD-10-CM
Z940	Kidney transplant status	Diagnosis	ICD-10-CM
Z941	Heart transplant status	Diagnosis	ICD-10-CM
Z942	Lung transplant status	Diagnosis	ICD-10-CM
Z943	Heart and lungs transplant status	Diagnosis	ICD-10-CM
Z944	Liver transplant status	Diagnosis	ICD-10-CM
Z9481	Bone marrow transplant status	Diagnosis	ICD-10-CM
Z9482	Intestine transplant status	Diagnosis	ICD-10-CM
Z9483	Pancreas transplant status	Diagnosis	ICD-10-CM
Z9484	Stem cells transplant status	Diagnosis	ICD-10-CM
Z9489	Other transplanted organ and tissue status	Diagnosis	ICD-10-CM
Z949	Transplanted organ and tissue status, unspecified	Diagnosis	ICD-10-CM
Z992	Dependence on renal dialysis	Diagnosis	ICD-10-CM
	Smoking or Nicotine Use		
F17	Nicotine dependence	Diagnosis	ICD-10-CM
F17.2	Nicotine dependence	Diagnosis	ICD-10-CM
F17.20	Nicotine dependence, unspecified	Diagnosis	ICD-10-CM
F17.200	Nicotine dependence, unspecified, uncomplicated	Diagnosis	ICD-10-CM
F17.201	Nicotine dependence, unspecified, in remission	Diagnosis	ICD-10-CM
F17.203	Nicotine dependence unspecified, with withdrawal	Diagnosis	ICD-10-CM
F17.208	Nicotine dependence, unspecified, with other nicotine-induced disorders	Diagnosis	ICD-10-CM
F17.209	Nicotine dependence, unspecified, with unspecified nicotine-induced disorders	Diagnosis	ICD-10-CM
F17.21	Nicotine dependence, cigarettes	Diagnosis	ICD-10-CM
F17.210	Nicotine dependence, cigarettes, uncomplicated	Diagnosis	ICD-10-CM
F17.211	Nicotine dependence, cigarettes, in remission	Diagnosis	ICD-10-CM
F17.213	Nicotine dependence, cigarettes, with withdrawal	Diagnosis	ICD-10-CM
F17.218	Nicotine dependence, cigarettes, with other nicotine-induced disorders	Diagnosis	ICD-10-CM
F17.219	Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders	Diagnosis	ICD-10-CM
F17.22	Nicotine dependence, chewing tobacco	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
F17.220	Nicotine dependence, chewing tobacco, uncomplicated	Diagnosis	ICD-10-CM
F17.221	Nicotine dependence, chewing tobacco, in remission	Diagnosis	ICD-10-CM
F17.223	Nicotine dependence, chewing tobacco, with withdrawal	Diagnosis	ICD-10-CM
F17.228	Nicotine dependence, chewing tobacco, with other nicotine-induced disorders	Diagnosis	ICD-10-CM
F17.229	Nicotine dependence, chewing tobacco, with unspecified nicotine-induced disorders	Diagnosis	ICD-10-CM
F17.29	Nicotine dependence, other tobacco product	Diagnosis	ICD-10-CM
F17.290	Nicotine dependence, other tobacco product, uncomplicated	Diagnosis	ICD-10-CM
F17.291	Nicotine dependence, other tobacco product, in remission	Diagnosis	ICD-10-CM
F17.293	Nicotine dependence, other tobacco product, with withdrawal	Diagnosis	ICD-10-CM
F17.298	Nicotine dependence, other tobacco product, with other nicotine-induced disorders	Diagnosis	ICD-10-CM
F17.299	Nicotine dependence, other tobacco product, with unspecified nicotine-induced disorders	Diagnosis	ICD-10-CM
O99.33	Tobacco use disorder complicating pregnancy, childbirth, and the puerperium	Diagnosis	ICD-10-CM
O99.330	Smoking (tobacco) complicating pregnancy, unspecified trimester	Diagnosis	ICD-10-CM
O99.331	Smoking (tobacco) complicating pregnancy, first trimester	Diagnosis	ICD-10-CM
O99.332	Smoking (tobacco) complicating pregnancy, second trimester	Diagnosis	ICD-10-CM
O99.333	Smoking (tobacco) complicating pregnancy, third trimester	Diagnosis	ICD-10-CM
O99.334	Smoking (tobacco) complicating childbirth	Diagnosis	ICD-10-CM
O99.335	Smoking (tobacco) complicating the puerperium	Diagnosis	ICD-10-CM
T65.2	Toxic effect of tobacco and nicotine	Diagnosis	ICD-10-CM
T65.21	Toxic effect of chewing tobacco	Diagnosis	ICD-10-CM
T65.211	Toxic effect of chewing tobacco, accidental (unintentional)	Diagnosis	ICD-10-CM
T65.211A	Toxic effect of chewing tobacco, accidental (unintentional), initial encounter	Diagnosis	ICD-10-CM
T65.211D	Toxic effect of chewing tobacco, accidental (unintentional), subsequent encounter	Diagnosis	ICD-10-CM
T65.211S	Toxic effect of chewing tobacco, accidental (unintentional), sequela	Diagnosis	ICD-10-CM
T65.212	Toxic effect of chewing tobacco, intentional self-harm	Diagnosis	ICD-10-CM
T65.212A	Toxic effect of chewing tobacco, intentional self-harm, initial encounter	Diagnosis	ICD-10-CM
T65.212D	Toxic effect of chewing tobacco, intentional self-harm, subsequent encounter	Diagnosis	ICD-10-CM
T65.212S	Toxic effect of chewing tobacco, intentional self-harm, sequela	Diagnosis	ICD-10-CM
T65.213	Toxic effect of chewing tobacco, assault	Diagnosis	ICD-10-CM
T65.213A	Toxic effect of chewing tobacco, assault, initial encounter	Diagnosis	ICD-10-CM
T65.213D	Toxic effect of chewing tobacco, assault, subsequent encounter	Diagnosis	ICD-10-CM
T65.213S	Toxic effect of chewing tobacco, assault, sequela	Diagnosis	ICD-10-CM
T65.214	Toxic effect of chewing tobacco, undetermined	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
T65.214A	Toxic effect of chewing tobacco, undetermined, initial encounter	Diagnosis	ICD-10-CM
T65.214D	Toxic effect of chewing tobacco, undetermined, subsequent encounter	Diagnosis	ICD-10-CM
T65.214S	Toxic effect of chewing tobacco, undetermined, sequela	Diagnosis	ICD-10-CM
T65.22	Toxic effect of tobacco cigarettes	Diagnosis	ICD-10-CM
T65.221	Toxic effect of tobacco cigarettes, accidental (unintentional)	Diagnosis	ICD-10-CM
T65.221A	Toxic effect of tobacco cigarettes, accidental (unintentional), initial encounter	Diagnosis	ICD-10-CM
T65.221D	Toxic effect of tobacco cigarettes, accidental (unintentional), subsequent encounter	Diagnosis	ICD-10-CM
T65.221S	Toxic effect of tobacco cigarettes, accidental (unintentional), sequela	Diagnosis	ICD-10-CM
T65.222	Toxic effect of tobacco cigarettes, intentional self-harm	Diagnosis	ICD-10-CM
T65.222A	Toxic effect of tobacco cigarettes, intentional self-harm, initial encounter	Diagnosis	ICD-10-CM
T65.222D	Toxic effect of tobacco cigarettes, intentional self-harm, subsequent encounter	Diagnosis	ICD-10-CM
T65.222S	Toxic effect of tobacco cigarettes, intentional self-harm, sequela	Diagnosis	ICD-10-CM
T65.223	Toxic effect of tobacco cigarettes, assault	Diagnosis	ICD-10-CM
T65.223A	Toxic effect of tobacco cigarettes, assault, initial encounter	Diagnosis	ICD-10-CM
T65.223D	Toxic effect of tobacco cigarettes, assault, subsequent encounter	Diagnosis	ICD-10-CM
T65.223S	Toxic effect of tobacco cigarettes, assault, sequela	Diagnosis	ICD-10-CM
T65.224	Toxic effect of tobacco cigarettes, undetermined	Diagnosis	ICD-10-CM
T65.224A	Toxic effect of tobacco cigarettes, undetermined, initial encounter	Diagnosis	ICD-10-CM
T65.224D	Toxic effect of tobacco cigarettes, undetermined, subsequent encounter	Diagnosis	ICD-10-CM
T65.224S	Toxic effect of tobacco cigarettes, undetermined, sequela	Diagnosis	ICD-10-CM
T65.29	Toxic effect of other tobacco and nicotine	Diagnosis	ICD-10-CM
T65.291	Toxic effect of other tobacco and nicotine, accidental (unintentional)	Diagnosis	ICD-10-CM
T65.291A	Toxic effect of other tobacco and nicotine, accidental (unintentional), initial encounter	Diagnosis	ICD-10-CM
T65.291D	Toxic effect of other tobacco and nicotine, accidental (unintentional), subsequent encounter	Diagnosis	ICD-10-CM
T65.291S	Toxic effect of other tobacco and nicotine, accidental (unintentional), sequela	Diagnosis	ICD-10-CM
T65.292	Toxic effect of other tobacco and nicotine, intentional self-harm	Diagnosis	ICD-10-CM
T65.292A	Toxic effect of other tobacco and nicotine, intentional self-harm, initial encounter	Diagnosis	ICD-10-CM
T65.292D	Toxic effect of other tobacco and nicotine, intentional self-harm, subsequent encounter	Diagnosis	ICD-10-CM
T65.292S	Toxic effect of other tobacco and nicotine, intentional self-harm, sequela	Diagnosis	ICD-10-CM
T65.293	Toxic effect of other tobacco and nicotine, assault	Diagnosis	ICD-10-CM
T65.293A	Toxic effect of other tobacco and nicotine, assault, initial encounter	Diagnosis	ICD-10-CM
T65.293D	Toxic effect of other tobacco and nicotine, assault, subsequent encounter	Diagnosis	ICD-10-CM
T65.293S	Toxic effect of other tobacco and nicotine, assault, sequela	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
T65.294	Toxic effect of other tobacco and nicotine, undetermined	Diagnosis	ICD-10-CM
T65.294A	Toxic effect of other tobacco and nicotine, undetermined, initial encounter	Diagnosis	ICD-10-CM
T65.294D	Toxic effect of other tobacco and nicotine, undetermined, subsequent encounter	Diagnosis	ICD-10-CM
T65.294S	Toxic effect of other tobacco and nicotine, undetermined, sequela	Diagnosis	ICD-10-CM
Z71.6	Tobacco abuse counseling	Diagnosis	ICD-10-CM
Z72.0	Tobacco use	Diagnosis	ICD-10-CM
Z87.891	Personal history of nicotine dependence	Diagnosis	ICD-10-CM

Appendix H. List of Generic and Brand Names of Medical Products Used to Define Covariates (Baseline Medications) in this Request

Generic Name	Brand Name
Acetaminophen	
acetaminophen	7T Gummy ES
acetaminophen	8 Hour Pain Reliever
acetaminophen	8HR Muscle Aches-Pain
acetaminophen	Acetaminophen Extra Strength
acetaminophen	Acetaminophen Pain Relief
acetaminophen	Aphen
acetaminophen	Arthritis Pain Relief (acetam)
acetaminophen	Arthritis Pain Reliever
acetaminophen	Athenol
acetaminophen	BetaTemp
acetaminophen	Child Fever Reducer-Pain Relvr
acetaminophen	Child Pain Rel-Fever Reducer
acetaminophen	Children's Acetaminophen
acetaminophen	Children's Aurophen Pain-Fever
acetaminophen	Children's Easy-Melts
acetaminophen	Children's Fever Reducing
acetaminophen	Children's Mapap
acetaminophen	Children's Non-Aspirin
acetaminophen	Children's Pain Relief
acetaminophen	Children's Pain Reliever
acetaminophen	Children's Pain-Fever Relief
acetaminophen	Children's Tactinal
acetaminophen	Children's Tylenol
acetaminophen	Ed-APAP
acetaminophen	Fever Reducer
acetaminophen	Feverall
acetaminophen	Infant Fever Reducer-Pain Relf
acetaminophen	Infant Pain Reliever
acetaminophen	Infant's Acetaminophen
acetaminophen	Infant's Pain Relief
acetaminophen	Infant's Pain Reliever
acetaminophen	Infant's Tylenol
acetaminophen	Infants' Pain Relief
acetaminophen	Infants' Pain and Fever
acetaminophen	Jr. Acetaminophen
acetaminophen	Jr. Str Non-Aspirin Pain
acetaminophen	Jr. Strength Pain Reliever
acetaminophen	Little Remedies Fever and Pain

Appendix H. List of Generic and Brand Names of Medical Products Used to Define Covariates (Baseline Medications) in this Request

Generic Name	Brand Name
acetaminophen	M-PAP
acetaminophen	Mapap (acetaminophen)
acetaminophen	Mapap Arthritis Pain
acetaminophen	Mapap Extra Strength
acetaminophen	Masophen
acetaminophen	Non-Aspirin
acetaminophen	Non-Aspirin Extra Strength
acetaminophen	Non-Aspirin Pain Relief
acetaminophen	Nortemp
acetaminophen	Ofirmev
acetaminophen	Pain Relief (acetaminophen)
acetaminophen	Pain Relief Adult
acetaminophen	Pain Relief Extra Strength
acetaminophen	Pain Relief Regular Strength
acetaminophen	Pain Reliever (acetaminophen)
acetaminophen	Pain Reliever Extra Strength
acetaminophen	Pain Reliever Jr Strength
acetaminophen	Pain and Fever
acetaminophen	PediaCare Fever Reducer
acetaminophen	Pharbetol
acetaminophen	Shake That Ache
acetaminophen	Silapap
acetaminophen	Tactinal
acetaminophen	Tactinal Extra Strength
acetaminophen	Tylenol
acetaminophen	Tylenol 8 Hour
acetaminophen	Tylenol Arthritis Pain
acetaminophen	Tylenol Extra Strength
acetaminophen	Tylophen
acetaminophen	acetaminophen
acetaminophen with codeine phosphate	Tylenol-Codeine #3
acetaminophen with codeine phosphate	Tylenol-Codeine #4
acetaminophen with codeine phosphate	acetaminophen-codeine
acetaminophen/caffeine	Excedrin Tension Headache
acetaminophen/caffeine	Tension Headache
acetaminophen/caffeine	Tension Headache Pain Reliever
acetaminophen/caffeine	Tension Headache Relief
acetaminophen/caffeine/dihydrocodeine bitartrate	Dvorah
acetaminophen/caffeine/dihydrocodeine bitartrate	Trezix

Appendix H. List of Generic and Brand Names of Medical Products Used to Define Covariates (Baseline Medications) in this Request

Generic Name	Brand Name
acetaminophen/caffeine/dihydrocodeine bitartrate	acetaminophen-caff-dihydrocod
acetaminophen/chlorpheniramine maleate	Coricidin HBP Cold and Flu
acetaminophen/dexbrompheniramine maleate	Actidogesic
acetaminophen/dexbrompheniramine maleate	Dologen
acetaminophen/dexbrompheniramine maleate	Dologen 325
acetaminophen/dexbrompheniramine maleate	Dologesic (w-dexbromphenirmn)
acetaminophen/dexbrompheniramine maleate	Dologesic-DF
acetaminophen/dexbrompheniramine maleate	G-Dologen
acetaminophen/dextromethorphan HBr	Child Cough and Sore Throat
acetaminophen/dextromethorphan HBr	Child Delsym Cough-Sore Throat
acetaminophen/dextromethorphan HBr	Daytime Cold and Cough
acetaminophen/dextromethorphan HBr	Delsym Cough-Sore Throat
acetaminophen/dextromethorphan HBr	Pain Relief Cold and Cough
acetaminophen/dextromethorphan HBr	Robitussin Cough-Sore Throat
acetaminophen/diphenhydramine HCl	Acetadryl
acetaminophen/diphenhydramine HCl	Acetaminophen PM
acetaminophen/diphenhydramine HCl	Acetaminophen PM Extra Str
acetaminophen/diphenhydramine HCl	Allergy Severe
acetaminophen/diphenhydramine HCl	EaZZZe The Pain
acetaminophen/diphenhydramine HCl	Headache PM
acetaminophen/diphenhydramine HCl	Mapap PM
acetaminophen/diphenhydramine HCl	Night Time Pain Medicine
acetaminophen/diphenhydramine HCl	Non-Aspirin PM
acetaminophen/diphenhydramine HCl	Pain Relief PM
acetaminophen/diphenhydramine HCl	Pain Relief PM Rapid Release
acetaminophen/diphenhydramine HCl	Pain Reliever PM
acetaminophen/diphenhydramine HCl	Pain Reliever PM Ex-Strength
acetaminophen/diphenhydramine HCl	Pain and Sleep
acetaminophen/diphenhydramine HCl	Percogesic
acetaminophen/diphenhydramine HCl	Percogesic Extra Strength
acetaminophen/diphenhydramine HCl	Severe Allergy
acetaminophen/diphenhydramine HCl	Tylenol PM Extra Strength
acetaminophen/diphenhydramine HCl	Wal-Nadol PM
acetaminophen/diphenhydramine HCl	diphenhydramine-acetaminophen
acetaminophen/diphenhydramine citrate	Goody's PM
acetaminophen/diphenhydramine citrate	Headache Relief PM
acetaminophen/diphenhydramine citrate	Midol PM
acetaminophen/pamabrom	Cramp Tabs
acetaminophen/pamabrom	Midol

Appendix H. List of Generic and Brand Names of Medical Products Used to Define Covariates (Baseline Medications) in this Request

Generic Name	Brand Name
acetaminophen/phenyltoloxamine citrate	Relagesic
acetaminophen/pyrilamine maleate	HistaFlex
acetaminophen/pyrilamine maleate/caffeine	Menstrual Complete
acetaminophen/pyrilamine maleate/caffeine	Menstrual Relief
acetaminophen/pyrilamine maleate/caffeine	Midol Complete
acetaminophen/pyrilamine maleate/caffeine	Midol Max St Menstrual
acetaminophen/pyrilamine maleate/pamabrom	Menstrual Relief(pamabr-pyril)
acetaminophen/pyrilamine maleate/pamabrom	Pre-Menstrual Relief
aspirin/acetaminophen/caffeine	Added Strength Headache Relief
aspirin/acetaminophen/caffeine	Excedrin Extra Strength
aspirin/acetaminophen/caffeine	Excedrin Migraine
aspirin/acetaminophen/caffeine	Extra Pain Relief
aspirin/acetaminophen/caffeine	Extraprin
aspirin/acetaminophen/caffeine	Goody's Extra Strength
aspirin/acetaminophen/caffeine	Headache Relief (ASA-acet-caf)
aspirin/acetaminophen/caffeine	Migraine Formula
aspirin/acetaminophen/caffeine	Migraine Relief
aspirin/acetaminophen/caffeine	Pain Reliever (acetam-aspirin)
aspirin/acetaminophen/caffeine	Pain Reliever Plus
aspirin/acetaminophen/caffeine	Pain-Off
aspirin/acetaminophen/caffeine	Vanquish
aspirin/acetaminophen/diphenhydramine citrate	Pain Relief PM (w-aspirin)
aspirin/salicylamide/acetaminophen/caffeine	Pain Relief(with salicylamide)
benzhydrocodone HCl/acetaminophen	Apadaz
benzhydrocodone HCl/acetaminophen	benzhydrocodone-acetaminophen
butalbital/acetaminophen	Allzital
butalbital/acetaminophen	Bupap
butalbital/acetaminophen	Tencon
butalbital/acetaminophen	butalbital-acetaminophen
butalbital/acetaminophen/caffeine	Esgic
butalbital/acetaminophen/caffeine	Fioricet
butalbital/acetaminophen/caffeine	Phrenilin Forte(with caffeine)
butalbital/acetaminophen/caffeine	Vanatol LQ
butalbital/acetaminophen/caffeine	Vanatol S
butalbital/acetaminophen/caffeine	Vtol LQ
butalbital/acetaminophen/caffeine	Zebutal
butalbital/acetaminophen/caffeine	butalbital-acetaminophen-caff
butalbital/acetaminophen/caffeine/codeine phosphate	Fioricet with Codeine
butalbital/acetaminophen/caffeine/codeine phosphate	butalbital-acetaminop-caf-cod

Appendix H. List of Generic and Brand Names of Medical Products Used to Define Covariates (Baseline Medications) in this Request

Generic Name	Brand Name
chlorpheniram/phenyleph/dextromethorphn/acetaminophen/guaifn	Cold-Flu M-Symptom Day-Night
chlorpheniram/phenyleph/dextromethorphn/acetaminophen/guaifn	Tylenol Cold-Flu Severe Day-Nt
chlorpheniramine/dextromethorphan/acetaminophen/guaifenesin	Coricidin HBP Day-Night
dextromethorphan HBr/acetaminophen/chlorpheniramine maleate	Child Plus Cough and RunnyNose
dextromethorphan HBr/acetaminophen/chlorpheniramine maleate	Child's Tylenol plusCough,RNos
dextromethorphan HBr/acetaminophen/chlorpheniramine maleate	Children's Cough and RunnyNose
dextromethorphan HBr/acetaminophen/chlorpheniramine maleate	Coricidin HBP Flu
dextromethorphan HBr/acetaminophen/chlorpheniramine maleate	Flu HBP
dextromethorphan HBr/acetaminophen/chlorpheniramine maleate	Vicks NyQuil Cold/Flu (cpm)
dextromethorphan HBr/acetaminophen/diphenhydramine HCl	Diabetic Tussin Night Time
dextromethorphan HBr/acetaminophen/doxylamine	All-Nite Cold-Flu
dextromethorphan HBr/acetaminophen/doxylamine	Cold-Flu Relief
dextromethorphan HBr/acetaminophen/doxylamine	Contac Cold-Flu Night
dextromethorphan HBr/acetaminophen/doxylamine	Coricidin HBP Cold-Multi Sympt
dextromethorphan HBr/acetaminophen/doxylamine	Cough-Sore Throat Night
dextromethorphan HBr/acetaminophen/doxylamine	Night Time
dextromethorphan HBr/acetaminophen/doxylamine	Night Time Cold and Flu Relief
dextromethorphan HBr/acetaminophen/doxylamine	Nighttime Cold-Flu
dextromethorphan HBr/acetaminophen/doxylamine	Nighttime Cold-Flu Relief
dextromethorphan HBr/acetaminophen/doxylamine	Nite Time Cold-Flu
dextromethorphan HBr/acetaminophen/doxylamine	Nite Time Cold-Flu Relief
dextromethorphan HBr/acetaminophen/doxylamine	Nite-Time Cold-Flu
dextromethorphan HBr/acetaminophen/doxylamine	Nitetime Multi-Symptom
dextromethorphan HBr/acetaminophen/doxylamine	Vicks NyQuil Cold/Flu Liquicap
dextromethorphan HBr/acetaminophen/doxylamine	Vicks Nyquil Nighttime Relief
dextromethorphan HBr/phenylephrine HCl/acetaminophen	Alka-Seltzer Plus Day
dextromethorphan HBr/phenylephrine HCl/acetaminophen	Alka-Seltzer Plus Sinus-Cough
dextromethorphan HBr/phenylephrine HCl/acetaminophen	Cold Head Congestion Daytime
dextromethorphan HBr/phenylephrine HCl/acetaminophen	Cold Multi-Symptom
dextromethorphan HBr/phenylephrine HCl/acetaminophen	Cold-Flu Relief
dextromethorphan HBr/phenylephrine HCl/acetaminophen	Day Multi-Symp Flu-Severe Cold
dextromethorphan HBr/phenylephrine HCl/acetaminophen	Day Time PE
dextromethorphan HBr/phenylephrine HCl/acetaminophen	DayTime
dextromethorphan HBr/phenylephrine HCl/acetaminophen	Daytime Cold
dextromethorphan HBr/phenylephrine HCl/acetaminophen	Daytime Cold-Flu
dextromethorphan HBr/phenylephrine HCl/acetaminophen	Daytime Cold-Flu Relief (PE)
dextromethorphan HBr/phenylephrine HCl/acetaminophen	Flu Relief Therapy Daytime
dextromethorphan HBr/phenylephrine HCl/acetaminophen	Flu-Severe Cold-Cough Daytime
dextromethorphan HBr/phenylephrine HCl/acetaminophen	HerbioMed Body Aches-Sinus M-S

Appendix H. List of Generic and Brand Names of Medical Products Used to Define Covariates (Baseline Medications) in this Request

Generic Name	Brand Name
dextromethorphan HBr/phenylephrine HCl/acetaminophen	Mapap Cold Formula
dextromethorphan HBr/phenylephrine HCl/acetaminophen	Mucinex Fast-Max Cong-HA (DM)
dextromethorphan HBr/phenylephrine HCl/acetaminophen	Mucinex Sinus-Max Cng-Pain(DM)
dextromethorphan HBr/phenylephrine HCl/acetaminophen	Severe Cold and Flu-Day (DM)
dextromethorphan HBr/phenylephrine HCl/acetaminophen	Theraflu ExpressMax Cold Day
dextromethorphan HBr/phenylephrine HCl/acetaminophen	Theraflu Multi-Symptom Cold
dextromethorphan HBr/phenylephrine HCl/acetaminophen	Tylenol Cold Max Day
dextromethorphan HBr/phenylephrine HCl/acetaminophen	Tylenol Cold Multi-Symptom Day
dextromethorphan HBr/phenylephrine HCl/acetaminophen	Vicks DayQuil Cold-Flu Relief
dextromethorphan HBr/phenylephrine HCl/acetaminophen	Wal-Flu Severe Cold-Cough
dextromethorphan HBr/phenylephrine/acetaminophen/doxylamine	Alka-Seltzer Plus D-N (acetam)
dextromethorphan HBr/phenylephrine/acetaminophen/doxylamine	Alka-Seltzer Plus Night
dextromethorphan HBr/phenylephrine/acetaminophen/doxylamine	Alka-Seltzer Plus Sin-Allg-Cgh
dextromethorphan HBr/phenylephrine/acetaminophen/doxylamine	Cold Multi-Symptom NightTime
dextromethorphan HBr/phenylephrine/acetaminophen/doxylamine	Cold and Flu Relief Plus (D/N)
dextromethorphan HBr/phenylephrine/acetaminophen/doxylamine	Daytime-Nighttime
dextromethorphan HBr/phenylephrine/acetaminophen/doxylamine	Daytime-Nighttime Cold-Flu
dextromethorphan HBr/phenylephrine/acetaminophen/doxylamine	Severe Cold and Flu Nighttime
dextromethorphan HBr/phenylephrine/acetaminophen/doxylamine	Tylenol Cold Max Night
dextromethorphan HBr/phenylephrine/acetaminophen/doxylamine	Vicks DayQuil-NyQuil
dextromethorphan HBr/phenylephrine/acetaminophen/doxylamine	Vicks DayQuil-NyQuil Cold-Flu
dextromethorphan HBr/phenylephrine/acetaminophen/doxylamine	Vicks NyQuil Severe Cold-Flu
dextromethorphan HBr/pseudoephedrine HCl/acetaminophen	DAY-TIME
dextromethorphan HBr/pseudoephedrine HCl/acetaminophen	Daytime Cold and Flu Relief
dextromethorphan HBr/pseudoephedrine HCl/acetaminophen	Non-Aspirin Flu
dextromethorphan/phenylephrine/acetaminophen/chlorpheniramin	Alka-Seltzer Plus Cold/CoughFm
dextromethorphan/phenylephrine/acetaminophen/chlorpheniramin	Alka-Seltzer Plus Flu
dextromethorphan/phenylephrine/acetaminophen/chlorpheniramin	Child Triaminic MS Fever-Cold
dextromethorphan/phenylephrine/acetaminophen/chlorpheniramin	Children's Cold And Flu
dextromethorphan/phenylephrine/acetaminophen/chlorpheniramin	Children's Flu Relief
dextromethorphan/phenylephrine/acetaminophen/chlorpheniramin	Children's Plus Flu
dextromethorphan/phenylephrine/acetaminophen/chlorpheniramin	Childrens Plus Multi-Symp Cold
dextromethorphan/phenylephrine/acetaminophen/chlorpheniramin	Cold Head Congestion Day/Nite
dextromethorphan/phenylephrine/acetaminophen/chlorpheniramin	Cold Head Congestion Nighttime
dextromethorphan/phenylephrine/acetaminophen/chlorpheniramin	Cold Multi-Symptom (chlorphen)
dextromethorphan/phenylephrine/acetaminophen/chlorpheniramin	Cold Multi-Symptom Day/Night
dextromethorphan/phenylephrine/acetaminophen/chlorpheniramin	Cold Relief M/S Day/Night
dextromethorphan/phenylephrine/acetaminophen/chlorpheniramin	Daytime and Nighttime Cold
dextromethorphan/phenylephrine/acetaminophen/chlorpheniramin	Giltuss Multi-Symptom Cold-Flu

Appendix H. List of Generic and Brand Names of Medical Products Used to Define Covariates (Baseline Medications) in this Request

Generic Name	Brand Name
dextromethorphan/phenylephrine/acetaminophen/chlorpheniramin	Head Congestion Day-Night
dextromethorphan/phenylephrine/acetaminophen/chlorpheniramin	Multi-Symptom Cold (pe-cpm)
dextromethorphan/phenylephrine/acetaminophen/diphenhydramine	Day-Night Severe Cold-Flu
dextromethorphan/phenylephrine/acetaminophen/diphenhydramine	HerbioMed Deep Cold-Flu Night
dextromethorphan/phenylephrine/acetaminophen/diphenhydramine	Multi-Symptom Severe Cold-Nt
dextromethorphan/phenylephrine/acetaminophen/diphenhydramine	Wal-Flu Day-Night Cold-Cough
dextromethorphan/pseudoephedrine/acetaminophen/chlorpheniram	Alka-Seltzer Plus-D Sinus-Cold
dextromethorphan/pseudoephedrine/acetaminophen/chlorpheniram	Flu Severe Cold-Congestion
dextromethorphan/pseudoephrine HCl/acetaminophen/doxylamine	Alka-Seltzer Plus Cold+Flu
dextromethorphan/pseudoephrine HCl/acetaminophen/doxylamine	Night Time Cold-Flu
dextromethorphan/pseudoephrine HCl/acetaminophen/doxylamine	Night Time Cold-Flu Relief
dextromethorphan/pseudoephrine HCl/acetaminophen/doxylamine	Nite Time
dextromethorphan/pseudoephrine HCl/acetaminophen/doxylamine	Nite Time-D Cold-Flu Relief
diphenhydramine HCl/phenylephrine HCl/acetaminophen	Allergy Plus Severe Sinus HA
diphenhydramine HCl/phenylephrine HCl/acetaminophen	Allergy Sinus Headache (PE)
diphenhydramine HCl/phenylephrine HCl/acetaminophen	Child Delsym Cough-Cold
diphenhydramine HCl/phenylephrine HCl/acetaminophen	Child Mucinex M-S Cold Night
diphenhydramine HCl/phenylephrine HCl/acetaminophen	Children Dimetapp M-S Cold-Flu
diphenhydramine HCl/phenylephrine HCl/acetaminophen	Children's Mucinex Night Time
diphenhydramine HCl/phenylephrine HCl/acetaminophen	Cold and Flu Relief(diphen-pe)
diphenhydramine HCl/phenylephrine HCl/acetaminophen	Cough and Severe Cold
diphenhydramine HCl/phenylephrine HCl/acetaminophen	Delsym Cough-Cold NightTime
diphenhydramine HCl/phenylephrine HCl/acetaminophen	Flu Relief Therapy Nighttime
diphenhydramine HCl/phenylephrine HCl/acetaminophen	Flu Severe Cold-Night(diph-pe)
diphenhydramine HCl/phenylephrine HCl/acetaminophen	Flu-Severe Cold-Cough Night
diphenhydramine HCl/phenylephrine HCl/acetaminophen	Herbiomed Allergy Cold-Sinus
diphenhydramine HCl/phenylephrine HCl/acetaminophen	Mucinex Fast-Max Nite Cold-Flu
diphenhydramine HCl/phenylephrine HCl/acetaminophen	Mucinex Sinus-Max Nite Congest
diphenhydramine HCl/phenylephrine HCl/acetaminophen	Robitussin Cold-Flu Night (PE)
diphenhydramine HCl/phenylephrine HCl/acetaminophen	Severe Allergy-Sinus Headache
diphenhydramine HCl/phenylephrine HCl/acetaminophen	Severe Cold Cough-Flu
diphenhydramine HCl/phenylephrine HCl/acetaminophen	Severe Cold PE
diphenhydramine HCl/phenylephrine HCl/acetaminophen	Theraflu ExpressMax Cold Night
diphenhydramine HCl/phenylephrine HCl/acetaminophen	Theraflu Night Severe Cold-Cgh
diphenhydramine HCl/phenylephrine HCl/acetaminophen	Theraflu Nighttime PowerPod
diphenhydramine HCl/phenylephrine HCl/acetaminophen	Wal-Dryl Severe Allergy-Sinus
diphenhydramine HCl/phenylephrine HCl/acetaminophen	Wal-Flu Night Severe Cold
diphenhydramine HCl/phenylephrine HCl/acetaminophen	Wal-Flu Severe Cold and Cough
diphenhydramine HCl/phenylephrine HCl/acetaminophen	Wal-Phed PE Nighttime Cold

Appendix H. List of Generic and Brand Names of Medical Products Used to Define Covariates (Baseline Medications) in this Request

Generic Name	Brand Name
diphenhydramine HCl/phenylephrine HCl/acetaminophen	Wal-phed PE Severe Cold
diphenhydramine HCl/phenylephrine/acetaminophen/guaifenesin	Mucinex Sinus-Max D-N (diphen)
diphenhydramine HCl/phenylephrine/acetaminophen/guaifenesin	Sinus Relief Max Str Day-Night
diphenhydramine/phenylephrin/dextromethorph/acetaminophen/GG	Child Delsym Cough Plus Dy-Nt
diphenhydramine/phenylephrin/dextromethorph/acetaminophen/GG	Child Mucinex M-S Cold Day-Nte
diphenhydramine/phenylephrin/dextromethorph/acetaminophen/GG	Children's M-S Cold Day-Night
diphenhydramine/phenylephrin/dextromethorph/acetaminophen/GG	Daytime-Cold Nighttime-Cld-Flu
diphenhydramine/phenylephrin/dextromethorph/acetaminophen/GG	Delsym Cough Plus Day-Night
diphenhydramine/phenylephrin/dextromethorph/acetaminophen/GG	Mucinex Fast-Max Day-Nite Cold
diphenhydramine/phenylephrin/dextromethorph/acetaminophen/GG	Mucinex Fast-Max Day-Nite Cong
diphenhydramine/phenylephrin/dextromethorph/acetaminophen/GG	Mucinex Fst-Mx Dy-Nt Cold(dph)
diphenhydramine/phenylephrin/dextromethorph/acetaminophen/GG	Wal-Phed PE Day-Night
doxylamine/phenylephrine/dextromethorphan/acetaminophen/GG	Alka-Seltzer Plus Cold Day-Nt
doxylamine/phenylephrine/dextromethorphan/acetaminophen/GG	Day-Cold Night-Cold-Flu(doxyl)
doxylamine/phenylephrine/dextromethorphan/acetaminophen/GG	Day-Nite Severe Cold-Flu
doxylamine/phenylephrine/dextromethorphan/acetaminophen/GG	Mucinex Fast-Max Day-Nt(doxyl)
doxylamine/phenylephrine/dextromethorphan/acetaminophen/GG	Mucinex Sinus-Max Dy-Nt (dxyl)
doxylamine/phenylephrine/dextromethorphan/acetaminophen/GG	Severe Cold and Flu(Day/Night)
doxylamine/phenylephrine/dextromethorphan/acetaminophen/GG	Tylenol Cold-Flu-Cough Dy-Nt
doxylamine/phenylephrine/dextromethorphan/acetaminophen/GG	Vicks DayQuil-NyQuil Severe
guaifenesin/acetaminophen	Chest Congestion
guaifenesin/phenylephrine HCl/acetaminophen	CCP Caffeine Free
guaifenesin/phenylephrine HCl/acetaminophen	Coldonyl
guaifenesin/phenylephrine HCl/acetaminophen	Flu Relief Therapy Cold-Chest
guaifenesin/phenylephrine HCl/acetaminophen	Mucinex Fast-Max Cold-Sinus
guaifenesin/phenylephrine HCl/acetaminophen	Mucinex Fast-Max Cong-HA (GG)
guaifenesin/phenylephrine HCl/acetaminophen	Mucinex Freefrom Cold-Flu-Cong
guaifenesin/phenylephrine HCl/acetaminophen	Mucinex Sinus-Max Cng-Pain(gg)
guaifenesin/phenylephrine HCl/acetaminophen	Mucinex Sinus-Max Sev Congestn
guaifenesin/phenylephrine HCl/acetaminophen	Mucus Relief Cold and Sinus
guaifenesin/phenylephrine HCl/acetaminophen	Mucus Relief SinusPressur-Pain
guaifenesin/phenylephrine HCl/acetaminophen	Mucus Rlf Severe Sinus Congest
guaifenesin/phenylephrine HCl/acetaminophen	Pressure-Pain PE Plus Mucus
guaifenesin/phenylephrine HCl/acetaminophen	Severe Congestion Relief
guaifenesin/phenylephrine HCl/acetaminophen	Severe Sinus
guaifenesin/phenylephrine HCl/acetaminophen	Sinus Congestion-Pain(guaif)
guaifenesin/phenylephrine HCl/acetaminophen	Sinus Relief Pressure and Pain
guaifenesin/phenylephrine HCl/acetaminophen	Sinus Relief Severe Congestion
guaifenesin/phenylephrine HCl/acetaminophen	Sudafed PE Head Congestn-Mucus

Appendix H. List of Generic and Brand Names of Medical Products Used to Define Covariates (Baseline Medications) in this Request

Generic Name	Brand Name
guaifenesin/phenylephrine HCl/acetaminophen	Sudafed PE Pressure-Pain-Mucus
guaifenesin/phenylephrine HCl/acetaminophen	Tylenol Cold Head Congest Sevr
guaifenesin/phenylephrine HCl/acetaminophen	Tylenol Sinus Severe
guaifenesin/phenylephrine HCl/acetaminophen	Wal-Phed PE Triple Relief
hydrocodone bitartrate/acetaminophen	Lorcet (hydrocodone)
hydrocodone bitartrate/acetaminophen	Lorcet HD
hydrocodone bitartrate/acetaminophen	Lorcet Plus
hydrocodone bitartrate/acetaminophen	Lortab Elixir
hydrocodone bitartrate/acetaminophen	Norco
hydrocodone bitartrate/acetaminophen	Vicodin
hydrocodone bitartrate/acetaminophen	Vicodin HP
hydrocodone bitartrate/acetaminophen	hydrocodone-acetaminophen
ibuprofen/acetaminophen	Advil Dual Action
magnesium salicylate/acetaminophen/caffeine	Back Pain-Off
oxycodone HCl/acetaminophen	Endocet
oxycodone HCl/acetaminophen	Nalocet
oxycodone HCl/acetaminophen	Percocet
oxycodone HCl/acetaminophen	Primlev
oxycodone HCl/acetaminophen	Prolate
oxycodone HCl/acetaminophen	oxycodone-acetaminophen
pheniramine maleate/phenylephrine HCl/acetaminophen	Theraflu Flu-Sore Throat
pheniramine maleate/phenylephrine HCl/acetaminophen	Wal-Flu Cold and Sore Throat
pheniramine maleate/phenylephrine HCl/acetaminophen	Wal-Flu Night Time
phenylephrine HCl/acetaminophen	Acetaminophen Congestion-Pain
phenylephrine HCl/acetaminophen	Contac Cold-Flu Day
phenylephrine HCl/acetaminophen	DayTime Sinus
phenylephrine HCl/acetaminophen	Mapap Sinus Max Strength (PE)
phenylephrine HCl/acetaminophen	Sinus Congestion and Pain
phenylephrine HCl/acetaminophen	Sinus Headache PE
phenylephrine HCl/acetaminophen	Sinus Maximum Strength
phenylephrine HCl/acetaminophen	Sinus Pain Relief
phenylephrine HCl/acetaminophen	Sinus Pain-Pressure (PE)
phenylephrine HCl/acetaminophen	Sinus Relief (Non-Drowsy)
phenylephrine HCl/acetaminophen	Sudafed PE Pressure-Pain
phenylephrine HCl/acetaminophen	Suphedrine PE Sinus Headache
phenylephrine HCl/acetaminophen	Tylenol Sinus Headache
phenylephrine HCl/acetaminophen	Vicks Sinex Daytime
phenylephrine HCl/acetaminophen	Wal-Phed PE Sinus Headache
phenylephrine HCl/acetaminophen/chlorpheniramine	Allergy Multi-Symptom

Appendix H. List of Generic and Brand Names of Medical Products Used to Define Covariates (Baseline Medications) in this Request

Generic Name	Brand Name
phenylephrine HCl/acetaminophen/chlorpheniramine	Allergy Relief Multi-Symptom
phenylephrine HCl/acetaminophen/chlorpheniramine	Allergy Relief(chlorphen-acet)
phenylephrine HCl/acetaminophen/chlorpheniramine	Allergy Sinus PE
phenylephrine HCl/acetaminophen/chlorpheniramine	Childrens Plus Cold
phenylephrine HCl/acetaminophen/chlorpheniramine	Contac Cold-Flu Day and Night
phenylephrine HCl/acetaminophen/chlorpheniramine	Contac Cold-Flu Max Strength
phenylephrine HCl/acetaminophen/chlorpheniramine	Dristan Cold
phenylephrine HCl/acetaminophen/chlorpheniramine	Medicidin-D
phenylephrine HCl/acetaminophen/chlorpheniramine	Norel AD
phenylephrine HCl/acetaminophen/chlorpheniramine	Pain Relief Allergy Sinus
phenylephrine HCl/acetaminophen/chlorpheniramine	Sinus Congest-Pain Day-Night
phenylephrine HCl/acetaminophen/chlorpheniramine	Sinus Congestion-Pain(chlorph)
phenylephrine HCl/acetaminophen/chlorpheniramine	Sinutrol PE
phenylephrine HCl/acetaminophen/doxylamine succinate	Sinus Daytime-Nightime
phenylephrine HCl/acetaminophen/doxylamine succinate	Vicks DayQuil-NyQuil Sinex
phenylephrine HCl/dextromethorphan HBr/acetaminophen/guaifen	Child Mucinex Cough-Cold-Fever
phenylephrine HCl/dextromethorphan HBr/acetaminophen/guaifen	Child Mucinex Freefrom Dy Cold
phenylephrine HCl/dextromethorphan HBr/acetaminophen/guaifen	Child Mucinex MS Cold-Throat
phenylephrine HCl/dextromethorphan HBr/acetaminophen/guaifen	Child Multi-Symptom Cold-Fever
phenylephrine HCl/dextromethorphan HBr/acetaminophen/guaifen	Children's Cold-Cough-Sore
phenylephrine HCl/dextromethorphan HBr/acetaminophen/guaifen	Children's Mucinex Cold-Fever
phenylephrine HCl/dextromethorphan HBr/acetaminophen/guaifen	Cold Head Congestion Sever Day
phenylephrine HCl/dextromethorphan HBr/acetaminophen/guaifen	Cold Severe Congestion
phenylephrine HCl/dextromethorphan HBr/acetaminophen/guaifen	Cold and Flu Severe
phenylephrine HCl/dextromethorphan HBr/acetaminophen/guaifen	Cold-Cough Sinus Relief PE
phenylephrine HCl/dextromethorphan HBr/acetaminophen/guaifen	Cold-Flu-Sore Throat
phenylephrine HCl/dextromethorphan HBr/acetaminophen/guaifen	Decorel Forte Plus
phenylephrine HCl/dextromethorphan HBr/acetaminophen/guaifen	Dometuss G
phenylephrine HCl/dextromethorphan HBr/acetaminophen/guaifen	Fast Mucus Relief Severe Cold
phenylephrine HCl/dextromethorphan HBr/acetaminophen/guaifen	Herbiomed Severe Cold-Flu M-S
phenylephrine HCl/dextromethorphan HBr/acetaminophen/guaifen	Mucinex Cold,Flu,Sore Throat
phenylephrine HCl/dextromethorphan HBr/acetaminophen/guaifen	Mucinex Fast-Max Cold-Flu
phenylephrine HCl/dextromethorphan HBr/acetaminophen/guaifen	Mucinex Fast-Max Cold-Flu-Thrt
phenylephrine HCl/dextromethorphan HBr/acetaminophen/guaifen	Mucinex Fast-Max Severe Cold
phenylephrine HCl/dextromethorphan HBr/acetaminophen/guaifen	Mucinex Freefrom Day Cold-Flu
phenylephrine HCl/dextromethorphan HBr/acetaminophen/guaifen	Mucinex Junior Cold-Flu
phenylephrine HCl/dextromethorphan HBr/acetaminophen/guaifen	Mucinex Sinus-Max Pressure-Cgh
phenylephrine HCl/dextromethorphan HBr/acetaminophen/guaifen	Mucus Relief Cold-Flu-Sore Thr
phenylephrine HCl/dextromethorphan HBr/acetaminophen/guaifen	Mucus Relief Sev Congest-Cold

Appendix H. List of Generic and Brand Names of Medical Products Used to Define Covariates (Baseline Medications) in this Request

Generic Name	Brand Name
phenylephrine HCl/dextromethorphan HBr/acetaminophen/guaifen	Mucus Relief Severe Cold
phenylephrine HCl/dextromethorphan HBr/acetaminophen/guaifen	Multi-Symptom Cold (PE)
phenylephrine HCl/dextromethorphan HBr/acetaminophen/guaifen	Non-Pseudo Cold Relief
phenylephrine HCl/dextromethorphan HBr/acetaminophen/guaifen	Pressure-Pain PE Plus Cold
phenylephrine HCl/dextromethorphan HBr/acetaminophen/guaifen	Rompe Pecho Max Multi Symptoms
phenylephrine HCl/dextromethorphan HBr/acetaminophen/guaifen	Severe Cold
phenylephrine HCl/dextromethorphan HBr/acetaminophen/guaifen	Severe Cold Multi-Symptom
phenylephrine HCl/dextromethorphan HBr/acetaminophen/guaifen	Severe Cold and Flu (PE)
phenylephrine HCl/dextromethorphan HBr/acetaminophen/guaifen	Sinus PE Pressure-Pain-Cold
phenylephrine HCl/dextromethorphan HBr/acetaminophen/guaifen	Sudafed PE Head Congestion-Flu
phenylephrine HCl/dextromethorphan HBr/acetaminophen/guaifen	Sudafed PE Pressure-Pain-Cold
phenylephrine HCl/dextromethorphan HBr/acetaminophen/guaifen	Theraflu ExpressMax Sv Cld-Flu
phenylephrine HCl/dextromethorphan HBr/acetaminophen/guaifen	Tussin CF Max Severe M-S Cold
phenylephrine HCl/dextromethorphan HBr/acetaminophen/guaifen	Tylenol Cold and Flu Severe
phenylephrine HCl/dextromethorphan HBr/acetaminophen/guaifen	Vicks DayQuil Severe Cold-Flu
phenylephrine HCl/dextromethorphan HBr/acetaminophen/guaifen	Wal-Phed PE Cold-Cough
phenylephrine HCl/dextromethorphan HBr/acetaminophen/guaifen	Wal-Phed PE Pressure+Pain+Cold
pseudoephedrine HCl/acetaminophen	Nexafed Sinus Pressure-Pain
pseudoephedrine HCl/acetaminophen/chlorpheniramine	Allergy Sinus-D
pseudoephedrine/dextromethorphan/guaifenesin/acetaminophen	Cough and Cold
pseudoephedrine/dextromethorphan/guaifenesin/acetaminophen	Daytime Cold and Flu Relief
pseudoephedrine/dextromethorphan/guaifenesin/acetaminophen	Duraflu
pyrilamine maleate/chlophedianol HCl/acetaminophen	Ninjacof-A
tramadol HCl/acetaminophen	Ultracet
tramadol HCl/acetaminophen	tramadol-acetaminophen
triprolidine HCl/dextromethorphan HBr/acetaminophen	Delsym Nighttime Cough
triprolidine HCl/dextromethorphan HBr/acetaminophen	Mucinex Nightshift Cold-Flu
triprolidine HCl/dextromethorphan/acetaminophen/guaifenesin	Mucinex Fast-Max DM Nightshift
triprolidine HCl/phenylephrine/dextromethorphn/acetaminophen	Child Mucinex Freefrom Nt Cold
triprolidine HCl/phenylephrine/dextromethorphn/acetaminophen	Mucinex Freefrom Nt Cold-Flu
triprolidine HCl/phenylephrine/dextromethorphn/acetaminophen	Mucinex Nightshft Cold-Flu Clr
triprolidine HCl/phenylephrine/dextromethorphn/acetaminophen	Mucinex Nightshft Sevr Cld-Flu
triprolidine HCl/phenylephrine/dextromethorphn/acetaminophen	Mucinex Nightshift Sinus
Angiotensin-converting enzyme inhibitors (ACEIs) and Angiotensin II receptor blockers (ARBs)	
aliskiren hemifumarate	Tekturna
aliskiren hemifumarate	aliskiren
aliskiren hemifumarate/hydrochlorothiazide	Tekturna HCT
amlodipine besylate/benazepril HCl	Lotrel
amlodipine besylate/benazepril HCl	amlodipine-benazepril

Appendix H. List of Generic and Brand Names of Medical Products Used to Define Covariates (Baseline Medications) in this Request

Generic Name	Brand Name
amlodipine besylate/olmesartan medoxomil	Azor
amlodipine besylate/olmesartan medoxomil	amlodipine-olmesartan
amlodipine besylate/valsartan	Exforge
amlodipine besylate/valsartan	amlodipine-valsartan
amlodipine besylate/valsartan/hydrochlorothiazide	Exforge HCT
amlodipine besylate/valsartan/hydrochlorothiazide	amlodipine-valsartan-hcthiazid
azilsartan medoxomil	Edarbi
azilsartan medoxomil/chlorthalidone	Edarbyclor
benazepril HCl	Lotensin
benazepril HCl	benazepril
benazepril HCl/hydrochlorothiazide	Lotensin HCT
benazepril HCl/hydrochlorothiazide	benazepril-hydrochlorothiazide
candesartan cilexetil	Atacand
candesartan cilexetil	candesartan
candesartan cilexetil/hydrochlorothiazide	Atacand HCT
candesartan cilexetil/hydrochlorothiazide	candesartan-hydrochlorothiazid
captopril	captopril
captopril/hydrochlorothiazide	captopril-hydrochlorothiazide
enalapril maleate	Epaned
enalapril maleate	Vasotec
enalapril maleate	enalapril maleate
enalapril maleate/hydrochlorothiazide	Vaseretic
enalapril maleate/hydrochlorothiazide	enalapril-hydrochlorothiazide
enalaprilat dihydrate	enalaprilat
eprosartan mesylate	eprosartan
fosinopril sodium	fosinopril
fosinopril sodium/hydrochlorothiazide	fosinopril-hydrochlorothiazide
irbesartan	Avapro
irbesartan	irbesartan
irbesartan/hydrochlorothiazide	Avalide
irbesartan/hydrochlorothiazide	irbesartan-hydrochlorothiazide
lisinopril	Prinivil
lisinopril	Qbrelis
lisinopril	Zestril
lisinopril	lisinopril
lisinopril/hydrochlorothiazide	Zestoretic
lisinopril/hydrochlorothiazide	lisinopril-hydrochlorothiazide
losartan potassium	Cozaar
losartan potassium	losartan

Appendix H. List of Generic and Brand Names of Medical Products Used to Define Covariates (Baseline Medications) in this Request

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

Appendix H. List of Generic and Brand Names of Medical Products Used to Define Covariates (Baseline Medications) in this Request

Generic Name	Brand Name
rivaroxaban	Xarelto
rivaroxaban	Xarelto DVT-PE Treat 30d Start
warfarin sodium	Coumadin
warfarin sodium	Jantoven
warfarin sodium	warfarin
Antidepressants	
St. John's wort	St. John's wort
amitriptyline HCl	amitriptyline
amitriptyline HCl/chlordiazepoxide	amitriptyline-chlordiazepoxide
amoxapine	amoxapine
brexanolone	Zulresso
bupropion HBr	Aplenzin
bupropion HCl	Forfivo XL
bupropion HCl	Wellbutrin SR
bupropion HCl	Wellbutrin XL
bupropion HCl	bupropion HCl
citalopram hydrobromide	Celexa
citalopram hydrobromide	citalopram
clomipramine HCl	Anafranil
clomipramine HCl	clomipramine
desipramine HCl	Norpramin
desipramine HCl	desipramine
desvenlafaxine	Khedezla
desvenlafaxine	desvenlafaxine
desvenlafaxine succinate	Pristiq
desvenlafaxine succinate	desvenlafaxine succinate
doxepin HCl	Silenor
doxepin HCl	doxepin
duloxetine HCl	Cymbalta
duloxetine HCl	Drizalma Sprinkle
duloxetine HCl	duloxetine
escitalopram oxalate	Lexapro
escitalopram oxalate	escitalopram oxalate
fluoxetine HCl	Prozac
fluoxetine HCl	Sarafem
fluoxetine HCl	fluoxetine
fluvoxamine maleate	fluvoxamine
imipramine HCl	Tofranil
imipramine HCl	imipramine HCl

Appendix H. List of Generic and Brand Names of Medical Products Used to Define Covariates (Baseline Medications) in this Request

Generic Name	Brand Name
imipramine pamoate	imipramine pamoate
isocarboxazid	Marplan
levomilnacipran HCl	Fetzima
maprotiline HCl	maprotiline
milnacipran HCl	Savella
mirtazapine	Remeron
mirtazapine	Remeron SolTab
mirtazapine	mirtazapine
nefazodone HCl	nefazodone
nortriptyline HCl	Pamelor
nortriptyline HCl	nortriptyline
olanzapine/fluoxetine HCl	Symbyax
olanzapine/fluoxetine HCl	olanzapine-fluoxetine
paroxetine HCl	Paxil
paroxetine HCl	Paxil CR
paroxetine HCl	paroxetine HCl
paroxetine mesylate	Brisdelle
paroxetine mesylate	Pexeva
paroxetine mesylate	paroxetine mesylate(menop.sym)
perphenazine/amitriptyline HCl	perphenazine-amitriptyline
phenelzine sulfate	Nardil
phenelzine sulfate	phenelzine
protriptyline HCl	protriptyline
selegiline	Emsam
sertraline HCl	Zoloft
sertraline HCl	sertraline
tranylcypromine sulfate	Parnate
tranylcypromine sulfate	tranylcypromine
trazodone HCl	trazodone
trimipramine maleate	Surmontil
trimipramine maleate	trimipramine
venlafaxine HCl	Effexor XR
venlafaxine HCl	venlafaxine
vilazodone HCl	Viibryd
vortioxetine hydrobromide	Trintellix
Antihypertensives	
aliskiren hemifumarate	Tekturna
aliskiren hemifumarate	aliskiren
aliskiren hemifumarate/hydrochlorothiazide	Tekturna HCT

Appendix H. List of Generic and Brand Names of Medical Products Used to Define Covariates (Baseline Medications) in this Request

Generic Name	Brand Name
ambrisentan	Letairis
ambrisentan	ambrisentan
amlodipine besylate/benazepril HCl	Lotrel
amlodipine besylate/benazepril HCl	amlodipine-benazepril
amlodipine besylate/olmesartan medoxomil	Azor
amlodipine besylate/olmesartan medoxomil	amlodipine-olmesartan
amlodipine besylate/valsartan	Exforge
amlodipine besylate/valsartan	amlodipine-valsartan
amlodipine besylate/valsartan/hydrochlorothiazide	Exforge HCT
amlodipine besylate/valsartan/hydrochlorothiazide	amlodipine-valsartan-hcthiazid
atenolol/chlorthalidone	Tenoretic 100
atenolol/chlorthalidone	Tenoretic 50
atenolol/chlorthalidone	atenolol-chlorthalidone
azilsartan medoxomil	Edarbi
azilsartan medoxomil/chlorthalidone	Edarbyclor
benazepril HCl	Lotensin
benazepril HCl	benazepril
benazepril HCl/hydrochlorothiazide	Lotensin HCT
benazepril HCl/hydrochlorothiazide	benazepril-hydrochlorothiazide
bisoprolol fumarate/hydrochlorothiazide	Ziac
bisoprolol fumarate/hydrochlorothiazide	bisoprolol-hydrochlorothiazide
candesartan cilexetil	Atacand
candesartan cilexetil	candesartan
candesartan cilexetil/hydrochlorothiazide	Atacand HCT
candesartan cilexetil/hydrochlorothiazide	candesartan-hydrochlorothiazid
captopril	captopril
captopril/hydrochlorothiazide	captopril-hydrochlorothiazide
clonidine	Catapres-TTS-1
clonidine	Catapres-TTS-2
clonidine	Catapres-TTS-3
clonidine	clonidine
clonidine HCl	Catapres
clonidine HCl	clonidine HCl
doxazosin mesylate	Cardura
doxazosin mesylate	Cardura XL
doxazosin mesylate	doxazosin
enalapril maleate	Epaned
enalapril maleate	Vasotec
enalapril maleate	enalapril maleate

Appendix H. List of Generic and Brand Names of Medical Products Used to Define Covariates (Baseline Medications) in this Request

Generic Name	Brand Name
enalapril maleate/hydrochlorothiazide	Vaseretic
enalapril maleate/hydrochlorothiazide	enalapril-hydrochlorothiazide
enalaprilat dihydrate	enalaprilat
eplerenone	Inspra
eplerenone	eplerenone
epoprostenol sodium	Veletri
epoprostenol sodium	epoprostenol
epoprostenol sodium (glycine)	Flolan
epoprostenol sodium (glycine)	epoprostenol (glycine)
eprosartan mesylate	eprosartan
fosinopril sodium	fosinopril
fosinopril sodium/hydrochlorothiazide	fosinopril-hydrochlorothiazide
hydralazine HCl	hydralazine
irbesartan	Avapro
irbesartan	irbesartan
irbesartan/hydrochlorothiazide	Avalide
irbesartan/hydrochlorothiazide	irbesartan-hydrochlorothiazide
isosorbide dinitrate/hydralazine HCl	BiDil
lisinopril	Prinivil
lisinopril	Qbrelis
lisinopril	Zestril
lisinopril	lisinopril
lisinopril/hydrochlorothiazide	Zestoretic
lisinopril/hydrochlorothiazide	lisinopril-hydrochlorothiazide
losartan potassium	Cozaar
losartan potassium	losartan
losartan potassium/hydrochlorothiazide	Hyzaar
losartan potassium/hydrochlorothiazide	losartan-hydrochlorothiazide
methyldopa	methyldopa
methyldopa/hydrochlorothiazide	methyldopa-hydrochlorothiazide
methyldopate HCl	methyldopate
metoprolol succinate/hydrochlorothiazide	Dutoprol
metoprolol succinate/hydrochlorothiazide	metoprolol su-hydrochlorothiaz
metoprolol tartrate/hydrochlorothiazide	Lopressor HCT
metoprolol tartrate/hydrochlorothiazide	metoprolol ta-hydrochlorothiaz
minoxidil	minoxidil
moexipril HCl	moexipril
nadolol/bendroflumethiazide	nadolol-bendroflumethiazide
nebivolol HCl/valsartan	Byvalson

Appendix H. List of Generic and Brand Names of Medical Products Used to Define Covariates (Baseline Medications) in this Request

Generic Name	Brand Name
nitroprusside sodium	Nitropress
nitroprusside sodium	sodium nitroprusside
nitroprusside sodium in 0.9 % sodium chloride	Nipride RTU
olmesartan medoxomil	Benicar
olmesartan medoxomil	olmesartan
olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide	Tribenzor
olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide	olmesartan-amlodipin-hcthiazid
olmesartan medoxomil/hydrochlorothiazide	Benicar HCT
olmesartan medoxomil/hydrochlorothiazide	olmesartan-hydrochlorothiazide
papaverine HCl	papaverine
perindopril arginine/amlodipine besylate	Prestalia
perindopril erbumine	perindopril erbumine
phenoxybenzamine HCl	Dibenzyline
phenoxybenzamine HCl	phenoxybenzamine
phentolamine mesylate	phentolamine
prazosin HCl	Minipress
prazosin HCl	prazosin
propranolol HCl/hydrochlorothiazide	propranolol-hydrochlorothiazid
quinapril HCl	Accupril
quinapril HCl	quinapril
quinapril HCl/hydrochlorothiazide	Accuretic
quinapril HCl/hydrochlorothiazide	quinapril-hydrochlorothiazide
ramipril	Altace
ramipril	ramipril
riociguat	Adempas
sacubitril/valsartan	Entresto
selexipag	Uptravi
spironolactone	Aldactone
spironolactone	CaroSpir
spironolactone	spironolactone
telmisartan	Micardis
telmisartan	telmisartan
telmisartan/amlodipine besylate	Twynsta
telmisartan/amlodipine besylate	telmisartan-amlodipine
telmisartan/hydrochlorothiazide	Micardis HCT
telmisartan/hydrochlorothiazide	telmisartan-hydrochlorothiazid
terazosin HCl	terazosin
trandolapril	trandolapril
trandolapril/verapamil HCl	Tarka

Appendix H. List of Generic and Brand Names of Medical Products Used to Define Covariates (Baseline Medications) in this Request

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

Appendix H. List of Generic and Brand Names of Medical Products Used to Define Covariates (Baseline Medications) in this Request

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

Appendix H. List of Generic and Brand Names of Medical Products Used to Define Covariates (Baseline Medications) in this Request

Generic Name	Brand Name
codeine phosphate/butalbital/aspirin/caffeine	Fiorinal-Codeine #3
codeine phosphate/butalbital/aspirin/caffeine	codeine-butalbital-ASA-caff
orphenadrine citrate/aspirin/caffeine	Norgesic Forte
orphenadrine citrate/aspirin/caffeine	Orphengesic Forte
orphenadrine citrate/aspirin/caffeine	orphenadrine-ASA-caffeine
oxycodone HCl/aspirin	oxycodone-aspirin
Glucocorticoids	
betamethasone acetate and sodium phos in sterile water/PF	betameth ac,sod phos(PF)-water
betamethasone acetate/betamethasone sodium phosphate	BSP-0820
betamethasone acetate/betamethasone sodium phosphate	Beta-1
betamethasone acetate/betamethasone sodium phosphate	Celestone Soluspan
betamethasone acetate/betamethasone sodium phosphate	Pod-Care 100C
betamethasone acetate/betamethasone sodium phosphate	ReadySharp Betamethasone
betamethasone acetate/betamethasone sodium phosphate	betamethasone acet,sod phos
betamethasone acetate/betamethasone sodium phosphate/water	betamethasone ace,sod phos-wtr
betamethasone sodium phosph in sterile water for injection	betamethasone sod phosph-water
budesonide	Entocort EC
budesonide	Ortikos
budesonide	Uceris
budesonide	budesonide
bupivacaine HCl/dexamethasone sodium phos in sterile water	bupivacaine-dexameth in water
cortisone acetate	cortisone
deflazacort	Emflaza
dexamethasone	Decadron
dexamethasone	DexPak 10 day
dexamethasone	DexPak 13 Day
dexamethasone	DexPak 6 Day
dexamethasone	Dexabliss
dexamethasone	Dexamethasone Intensol
dexamethasone	Dxevo
dexamethasone	Hemady
dexamethasone	HiDex
dexamethasone	TaperDex
dexamethasone	ZCort
dexamethasone	dexamethasone
dexamethasone acetate and sodium phosphate in sterile water	dexamethasone ac, sod ph-water
dexamethasone acetate in sodium chloride, iso-osmotic	dexamethasone ace-NaCl,iso-osm
dexamethasone sodium phosphate	ReadySharp dexamethasone
dexamethasone sodium phosphate	dexamethasone sodium phosphate

Appendix H. List of Generic and Brand Names of Medical Products Used to Define Covariates (Baseline Medications) in this Request

Generic Name	Brand Name
dexamethasone sodium phosphate/PF	Active Injection Kit D (PF)
dexamethasone sodium phosphate/PF	DoubleDex (PF)
dexamethasone sodium phosphate/PF	MAS Care-Pak (PF)
dexamethasone sodium phosphate/PF	dexamethasone sodium phos (PF)
dexamethasone sodium phosphate/lidocaine HCl	Lidocidex-I
hydrocortisone	Alkindi Sprinkle
hydrocortisone	Cortef
hydrocortisone	hydrocortisone
hydrocortisone sod succinate	A-Hydrocort
hydrocortisone sod succinate	Solu-Cortef
hydrocortisone sodium succinate/PF	Solu-Cortef Act-O-Vial (PF)
methylprednisolone	Medrol
methylprednisolone	Medrol (Pak)
methylprednisolone	Methylpred DP
methylprednisolone	methylprednisolone
methylprednisolone acetate	Depo-Medrol
methylprednisolone acetate	P-Care D40
methylprednisolone acetate	P-Care D80
methylprednisolone acetate	methylprednisolone acetate
methylprednisolone acetate in sodium chloride,iso-osmotic/PF	methylpred ac(PF)-NaCl,iso-osm
methylprednisolone acetate in sterile water for injection	methylprednisolone acet-water
methylprednisolone acetate/bupivacaine HCl in sterile water	methylprednisol ac-bupivac-wat
methylprednisolone sodium succinate	methylprednisolone sodium succ
methylprednisolone sodium succinate/PF	Solu-Medrol (PF)
prednisolone	Millipred
prednisolone	Millipred DP
prednisolone	prednisolone
prednisolone sodium phosphate	Orapred ODT
prednisolone sodium phosphate	Pediapred
prednisolone sodium phosphate	Veripred 20
prednisolone sodium phosphate	prednisolone sodium phosphate
prednisone	Prednisone Intensol
prednisone	Rayos
prednisone	prednisone
triamcinolone acetonide	Kenalog
triamcinolone acetonide	Kenalog-40
triamcinolone acetonide	Kenalog-80
triamcinolone acetonide	P-Care K40
triamcinolone acetonide	P-Care K80

Appendix H. List of Generic and Brand Names of Medical Products Used to Define Covariates (Baseline Medications) in this Request

Generic Name	Brand Name
triamcinolone acetonide	Pod-Care 100K
triamcinolone acetonide	Pro-C-Dure 5
triamcinolone acetonide	Pro-C-Dure 6
triamcinolone acetonide	triamcinolone acetonide
triamcinolone acetonide in 0.9 % sodium chloride	triamcinolone aceton-0.9% NaCl
triamcinolone acetonide/0.9% sodium chloride/PF	triamcinol ac (PF) in 0.9%NaCl
triamcinolone acetonide/bupivacaine/in 0.9% sodium chloride	triamcinol ace-bupiv-0.9% NaCl
triamcinolone acetonide/lidocaine HCl	Lidocilone I
triamcinolone diacetate in 0.9 % sodium chloride	triamcinolone diacet-0.9% NaCl
triamcinolone diacetate in 0.9 % sodium chloride/PF	triamcinolone dia(PF)-0.9%NaCl
triamcinolone hexacetonide	Aristospan Intra-Articular
triamcinolone hexacetonide	Aristospan Intralesional
Insulin	
diluent,insulin aspart combination no.1	Diluting Medium for Novolog
infusion set for insulin pump	AutoSoft 30
infusion set for insulin pump	AutoSoft XC Infusion Set 23"
infusion set for insulin pump	AutoSoft XC Infusion Set 32"
infusion set for insulin pump	AutoSoft XC Infusion Set 43"
infusion set for insulin pump	Autosoft 90
infusion set for insulin pump	Cleo 90 Infusion Set 24"
infusion set for insulin pump	Cleo 90 Infusion Set 31"
infusion set for insulin pump	Comfort Infusion Set 23"
infusion set for insulin pump	Comfort Infusion Set 31"
infusion set for insulin pump	Comfort Infusion Set 32"
infusion set for insulin pump	Comfort Infusion Set 43"
infusion set for insulin pump	Comfort Short Infusion Set 23"
infusion set for insulin pump	Comfort Short Infusion Set 31"
infusion set for insulin pump	Comfort Short Infusion Set 43"
infusion set for insulin pump	Comfort Short Insulin Pump 23"
infusion set for insulin pump	Comfort Short Insulin Pump 32"
infusion set for insulin pump	Comfort Short Insulin Pump 43"
infusion set for insulin pump	Contact Detach Infus Set 23"
infusion set for insulin pump	Contact Detach Infus Set 32"
infusion set for insulin pump	Contact Detach Infus Set 43"
infusion set for insulin pump	Infusion Set
infusion set for insulin pump	Infusion Set 23"
infusion set for insulin pump	Infusion Set 23" 6MM
infusion set for insulin pump	Infusion Set 23" Comfort
infusion set for insulin pump	Infusion Set 43"

Appendix H. List of Generic and Brand Names of Medical Products Used to Define Covariates (Baseline Medications) in this Request

Generic Name	Brand Name
infusion set for insulin pump	Infusion Set 43" 6MM
infusion set for insulin pump	Infusion Set 43" 9MM
infusion set for insulin pump	Inset 30 Infusion Set 23"
infusion set for insulin pump	Inset Infusion Set 23"
infusion set for insulin pump	MiniMed Mio 32"
infusion set for insulin pump	MiniMed Quick Set 18"
infusion set for insulin pump	MiniMed Quick Set 23"
infusion set for insulin pump	MiniMed Quick Set 32"
infusion set for insulin pump	MiniMed Quick Set 43"
infusion set for insulin pump	MiniMed Silhouette 18"
infusion set for insulin pump	MiniMed Silhouette 23"
infusion set for insulin pump	MiniMed Silhouette 32"
infusion set for insulin pump	MiniMed Silhouette 43"
infusion set for insulin pump	MiniMed Sure T 18"
infusion set for insulin pump	MiniMed Sure T 23"
infusion set for insulin pump	MiniMed Sure T 32"
infusion set for insulin pump	Minimed Infusion Set
infusion set for insulin pump	Minimed Infusion Set-MMT 390
infusion set for insulin pump	Minimed Infusion Set-MMT 391
infusion set for insulin pump	Minimed Infusion Set-MMT 392
infusion set for insulin pump	Minimed Infusion Set-MMT 393
infusion set for insulin pump	Minimed Mio 18"
infusion set for insulin pump	Minimed Mio 23"
infusion set for insulin pump	Minimed Mio Advance Inf Set23"
infusion set for insulin pump	Minimed Mio Advance Inf Set43"
infusion set for insulin pump	Mio Infusion Set
infusion set for insulin pump	Quick-Set Paradigm
infusion set for insulin pump	Quick-Set Paradigm 43"
infusion set for insulin pump	Silhouette
infusion set for insulin pump	Silhouette 23"-Full Set
infusion set for insulin pump	Silhouette 43"-Full Set
infusion set for insulin pump	Sof-Set
infusion set for insulin pump	Sof-Set Cannula 24" Tubing
infusion set for insulin pump	Sof-Set Micro 24" Polyfin Tub
infusion set for insulin pump	Sof-Set Micro 42" Polyfin Tub
infusion set for insulin pump	Sof-Set QR 42" Tubing
infusion set for insulin pump	Sure-T Paradigm
infusion set for insulin pump	TruSteel Infusion Set 23"
infusion set for insulin pump	TruSteel Infusion Set 32"

Appendix H. List of Generic and Brand Names of Medical Products Used to Define Covariates (Baseline Medications) in this Request

Generic Name	Brand Name
infusion set for insulin pump	VariSoft Infusion Set 23"
infusion set for insulin pump	VariSoft Infusion Set 32"
infusion set for insulin pump	VariSoft Infusion Set 43"
infusion set for insulin pump	t:30 Infusion Set
infusion set for insulin pump	t:90 Infusion Set 23"
infusion set for insulin pump	t:90 Infusion Set 43"
insulin NPH human isophane	Humulin N NPH Insulin KwikPen
insulin NPH human isophane	Humulin N NPH U-100 Insulin
insulin NPH human isophane	Novolin N Flexpen
insulin NPH human isophane	Novolin N NPH U-100 Insulin
insulin NPH human isophane/insulin regular, human	Humulin 70/30 U-100 Insulin
insulin NPH human isophane/insulin regular, human	Humulin 70/30 U-100 KwikPen
insulin NPH human isophane/insulin regular, human	Novolin 70-30 FlexPen U-100
insulin NPH human isophane/insulin regular, human	Novolin 70/30 U-100 Insulin
insulin aspart	Novolog Flexpen U-100 Insulin
insulin aspart	Novolog PenFill U-100 Insulin
insulin aspart	Novolog U-100 Insulin aspart
insulin aspart	insulin aspart U-100
insulin aspart (niacinamide)	Fiasp FlexTouch U-100 Insulin
insulin aspart (niacinamide)	Fiasp Penfill U-100 Insulin
insulin aspart (niacinamide)	Fiasp U-100 Insulin
insulin aspart protamine human/insulin aspart	Novolog Mix 70-30 U-100 Insuln
insulin aspart protamine human/insulin aspart	Novolog Mix 70-30FlexPen U-100
insulin aspart protamine human/insulin aspart	insulin asp prt-insulin aspart
insulin degludec	Tresiba FlexTouch U-100
insulin degludec	Tresiba FlexTouch U-200
insulin degludec	Tresiba U-100 Insulin
insulin degludec/liraglutide	Xultophy 100/3.6
insulin detemir	Levemir FlexTouch U-100 Insuln
insulin detemir	Levemir U-100 Insulin
insulin glargine,human recombinant analog	Basaglar KwikPen U-100 Insulin
insulin glargine,human recombinant analog	Lantus Solostar U-100 Insulin
insulin glargine,human recombinant analog	Lantus U-100 Insulin
insulin glargine,human recombinant analog	Semglee Pen U-100 Insulin
insulin glargine,human recombinant analog	Semglee U-100 Insulin
insulin glargine,human recombinant analog	Toujeo Max U-300 SoloStar
insulin glargine,human recombinant analog	Toujeo SoloStar U-300 Insulin
insulin glargine,human recombinant analog/lixisenatide	Soliqua 100/33
insulin glulisine	Apidra SoloStar U-100 Insulin

Appendix H. List of Generic and Brand Names of Medical Products Used to Define Covariates (Baseline Medications) in this Request

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

Appendix H. List of Generic and Brand Names of Medical Products Used to Define Covariates (Baseline Medications) in this Request

Generic Name	Brand Name
subcutaneous bolus insulin patch pump, 200 unit, disposable	CeQur Simplicity
subcutaneous insulin pump	MiniMed 530G Insulin Pump
subcutaneous insulin pump	MiniMed 630G Insulin Pump
subcutaneous insulin pump	MiniMed 670G Insulin Pump
subcutaneous insulin pump	MiniMed 770G Insulin Pump
subcutaneous insulin pump	Omnipod Insulin Management
subcutaneous insulin pump	OneTouch Ping Insulin Pump
subcutaneous insulin pump	Revel Pediatric Program Pump
subcutaneous insulin pump	Revel Programmable Pump
subcutaneous insulin pump	T:Slim X2 Control-IQ
subcutaneous insulin pump	t:flex Insulin Delivery Pump
subcutaneous insulin pump	t:slim G4 Insulin Pump
subcutaneous insulin pump	t:slim Insulin Delivery System
subcutaneous insulin pump	t:slim X2 Basal-IQ Insulin Pmp
subcutaneous insulin pump	t:slim X2 Insulin Pump
Non-steroidal anti-inflammatory drugs (NSAIDs)	
amlodipine besylate/celecoxib	Consensi
bupivacaine/ketorolac/ketamine	bupivacaine-ketorolac-ketamine
celecoxib	Celebrex
celecoxib	celecoxib
chlorpheniramine maleate/phenylephrine HCl/ibuprofen	Advil Allergy-Congestion Rlf
chlorpheniramine maleate/pseudoephedrine HCl/ibuprofen	Advil Allergy Sinus
diclofenac epolamine	Flector
diclofenac epolamine	Licart
diclofenac epolamine	diclofenac epolamine
diclofenac potassium	Cambia
diclofenac potassium	Cataflam
diclofenac potassium	Zipsor
diclofenac potassium	diclofenac potassium
diclofenac sodium	Voltaren-XR
diclofenac sodium	diclofenac sodium
diclofenac sodium/misoprostol	Arthrotec 50
diclofenac sodium/misoprostol	Arthrotec 75
diclofenac sodium/misoprostol	diclofenac-misoprostol
diclofenac submicronized	Zorvolex
diclofenac submicronized	diclofenac submicronized
etodolac	Lodine
etodolac	etodolac
fenoprofen calcium	Fenortho

Appendix H. List of Generic and Brand Names of Medical Products Used to Define Covariates (Baseline Medications) in this Request

Generic Name	Brand Name
fenoprofen calcium	Nalfon
fenoprofen calcium	fenoprofen
flurbiprofen	flurbiprofen
hydrocodone/ibuprofen	hydrocodone-ibuprofen
ibuprofen	Addaprin
ibuprofen	Advil
ibuprofen	Advil Junior Strength
ibuprofen	Advil Liqui-Gel
ibuprofen	Advil Migraine
ibuprofen	Caldolor
ibuprofen	Children's Advil
ibuprofen	Children's Ibuprofen
ibuprofen	Children's Motrin
ibuprofen	Children's Motrin Jr Strength
ibuprofen	Children's Profen IB
ibuprofen	I-Prin
ibuprofen	IBU
ibuprofen	IBU-200
ibuprofen	Ibuprofen IB
ibuprofen	Ibuprofen Jr Strength
ibuprofen	Infant's Advil
ibuprofen	Infant's Ibuprofen
ibuprofen	Infant's Motrin
ibuprofen	Infants ProfenIB
ibuprofen	Motrin IB
ibuprofen	Provil
ibuprofen	Wal-Profen
ibuprofen	ibuprofen
ibuprofen lysine/PF	NeoProfen (ibuprofen lysn)(PF)
ibuprofen lysine/PF	ibuprofen lysine (PF)
ibuprofen/acetaminophen	Advil Dual Action
ibuprofen/diphenhydramine HCl	Advil PM Liqui-Gels
ibuprofen/diphenhydramine HCl	Ibuprofen PM
ibuprofen/diphenhydramine citrate	Advil PM
ibuprofen/diphenhydramine citrate	Ibuprofen PM
ibuprofen/diphenhydramine citrate	Motrin PM
ibuprofen/famotidine	Duexis
ibuprofen/glycerin	Ibupak
ibuprofen/oxycodone HCl	ibuprofen-oxycodone

Appendix H. List of Generic and Brand Names of Medical Products Used to Define Covariates (Baseline Medications) in this Request

Generic Name	Brand Name
ibuprofen/phenylephrine HCl	Advil Sinus Congestion-Pain
ibuprofen/phenylephrine HCl	Congestion Relief (ibuprof-PE)
ibuprofen/phenylephrine HCl	Sudafed PE Head Congestn-Pain
ibuprofen/pseudoephedrine HCl	Advil Cold and Sinus
ibuprofen/pseudoephedrine HCl	Cold and Sinus Pain Relief
ibuprofen/pseudoephedrine HCl	Cold-Sinus Relief
ibuprofen/pseudoephedrine HCl	Ibuprofen Cold-Sinus(with PSE)
ibuprofen/pseudoephedrine HCl	Wal-Profen Cold-Sinus
ibuprofen/pseudoephedrine HCl	Wal-Profen D Cold and Sinus
indomethacin	Indocin
indomethacin	indomethacin
indomethacin sodium	indomethacin sodium
indomethacin, submicronized	Tivorbex
indomethacin, submicronized	indomethacin submicronized
ketoprofen	ketoprofen
ketorolac tromethamine	ReadySharp ketorolac
ketorolac tromethamine	ketorolac
meclofenamate sodium	meclofenamate
mefenamic acid	mefenamic acid
meloxicam	Anjeso
meloxicam	Mobic
meloxicam	Qmiiz ODT
meloxicam	meloxicam
meloxicam, submicronized	Vivlodex
meloxicam, submicronized	meloxicam submicronized
nabumetone	Relafen
nabumetone	Relafen DS
nabumetone	nabumetone
naproxen	EC-Naprosyn
naproxen	EC-Naproxen
naproxen	Naprosyn
naproxen	naproxen
naproxen sodium	Aleve
naproxen sodium	All Day Pain Relief
naproxen sodium	All Day Relief
naproxen sodium	Anaprox DS
naproxen sodium	Flanax (naproxen)
naproxen sodium	Mediproxen
naproxen sodium	Naprelan CR

Appendix H. List of Generic and Brand Names of Medical Products Used to Define Covariates (Baseline Medications) in this Request

Generic Name	Brand Name
naproxen sodium	Wal-Proxen
naproxen sodium	naproxen sodium
naproxen sodium/diphenhydramine HCl	Aleve PM
naproxen sodium/diphenhydramine HCl	Naproxen PM
naproxen sodium/pseudoephedrine HCl	Aleve Cold and Sinus
naproxen sodium/pseudoephedrine HCl	Aleve Sinus and Headache
naproxen sodium/pseudoephedrine HCl	Aleve-D Sinus and Cold
naproxen sodium/pseudoephedrine HCl	Aleve-D Sinus and Headache
naproxen sodium/pseudoephedrine HCl	All Day Pain Relief Sinus,Cold
naproxen sodium/pseudoephedrine HCl	Sinus and Cold-D
naproxen sodium/pseudoephedrine HCl	Sudafed Sinus 12Hr Pressr-Pain
naproxen/esomeprazole magnesium	Vimovo
naproxen/esomeprazole magnesium	naproxen-esomeprazole
oxaprozin	Daypro
oxaprozin	oxaprozin
piroxicam	Feldene
piroxicam	piroxicam
ropivacaine HCl/clonidine HCl/ketorolac tromethamine	ropivacaine-clonidin-ketorolac
ropivacaine HCl/epinephrine/clonidine HCl/ketorolac trometh	ropivacaine-epi-clonid-ketorol
ropivacaine/ketorolac/ketamine	ropivacaine-ketorolac-ketamine
sulindac	sulindac
sumatriptan succinate/naproxen sodium	Treximet
sumatriptan succinate/naproxen sodium	sumatriptan-naproxen
tolmetin sodium	tolmetin
Oral Antidiabetics	
alogliptin benzoate	Nesina
alogliptin benzoate	alogliptin
alogliptin benzoate/metformin HCl	Kazano
alogliptin benzoate/metformin HCl	alogliptin-metformin
alogliptin benzoate/pioglitazone HCl	Oseni
alogliptin benzoate/pioglitazone HCl	alogliptin-pioglitazone
canagliflozin	Invokana
canagliflozin/metformin HCl	Invokamet
canagliflozin/metformin HCl	Invokamet XR
chlorpropamide	chlorpropamide
dapagliflozin propanediol	Farxiga
dapagliflozin propanediol/metformin HCl	Xigduo XR
dapagliflozin propanediol/saxagliptin HCl	Qtern
empagliflozin	Jardiance

Appendix H. List of Generic and Brand Names of Medical Products Used to Define Covariates (Baseline Medications) in this Request

Generic Name	Brand Name
empagliflozin/linagliptin	Glyxambi
empagliflozin/linagliptin/metformin HCl	Trijardy XR
empagliflozin/metformin HCl	Synjardy
empagliflozin/metformin HCl	Synjardy XR
ertugliflozin pidolate	Steglatro
ertugliflozin pidolate/metformin HCl	Segluromet
ertugliflozin pidolate/sitagliptin phosphate	Steglujan
glimepiride	Amaryl
glimepiride	glimepiride
glipizide	Glucotrol
glipizide	Glucotrol XL
glipizide	glipizide
glipizide/metformin HCl	glipizide-metformin
glyburide	glyburide
glyburide,micronized	Glynase
glyburide,micronized	glyburide micronized
glyburide/metformin HCl	glyburide-metformin
linagliptin	Tradjenta
linagliptin/metformin HCl	Jentadueto
linagliptin/metformin HCl	Jentadueto XR
metformin HCl	Fortamet
metformin HCl	Glucophage
metformin HCl	Glucophage XR
metformin HCl	Glumetza
metformin HCl	Riomet
metformin HCl	Riomet ER
metformin HCl	metformin
miglitol	Glyset
miglitol	miglitol
nateglinide	Starlix
nateglinide	nateglinide
pioglitazone HCl	Actos
pioglitazone HCl	pioglitazone
pioglitazone HCl/glimepiride	DUETACT
pioglitazone HCl/glimepiride	pioglitazone-glimepiride
pioglitazone HCl/metformin HCl	Actoplus MET
pioglitazone HCl/metformin HCl	Actoplus Met XR
pioglitazone HCl/metformin HCl	pioglitazone-metformin
repaglinide	Prandin

Appendix H. List of Generic and Brand Names of Medical Products Used to Define Covariates (Baseline Medications) in this Request

Generic Name	Brand Name
repaglinide	repaglinide
repaglinide/metformin HCl	repaglinide-metformin
rosiglitazone maleate	Avandia
saxagliptin HCl	Onglyza
saxagliptin HCl/metformin HCl	Kombiglyze XR
semaglutide	Rybelsus
sitagliptin phosphate	Januvia
sitagliptin phosphate/metformin HCl	Janumet
sitagliptin phosphate/metformin HCl	Janumet XR
tolazamide	tolazamide
tolbutamide	tolbutamide
Statins	
amlodipine besylate/atorvastatin calcium	Caduet
amlodipine besylate/atorvastatin calcium	amlodipine-atorvastatin
atorvastatin calcium	Lipitor
atorvastatin calcium	atorvastatin
ezetimibe/rosuvastatin calcium	Roszet
ezetimibe/simvastatin	Vytorin 10-10
ezetimibe/simvastatin	Vytorin 10-20
ezetimibe/simvastatin	Vytorin 10-40
ezetimibe/simvastatin	Vytorin 10-80
ezetimibe/simvastatin	ezetimibe-simvastatin
fluvastatin sodium	Lescol
fluvastatin sodium	Lescol XL
fluvastatin sodium	fluvastatin
lovastatin	Altoprev
lovastatin	lovastatin
pitavastatin calcium	Livalo
pitavastatin magnesium	Zypitamag
pravastatin sodium	Pravachol
pravastatin sodium	pravastatin
rosuvastatin calcium	Crestor
rosuvastatin calcium	Ezallor Sprinkle
rosuvastatin calcium	rosuvastatin
simvastatin	FloLipid
simvastatin	Zocor
simvastatin	simvastatin
Tumor Necrosis Factor (TNF) Inhibitors	
adalimumab	Humira

Appendix H. List of Generic and Brand Names of Medical Products Used to Define Covariates (Baseline Medications) in this Request

Generic Name	Brand Name
adalimumab	Humira Pediatric Crohns Start
adalimumab	Humira Pen
adalimumab	Humira Pen Crohns-UC-HS Start
adalimumab	Humira Pen Psor-Uveits-Adol HS
adalimumab	Humira(CF)
adalimumab	Humira(CF) Pedi Crohns Starter
adalimumab	Humira(CF) Pen
adalimumab	Humira(CF) Pen Crohns-UC-HS
adalimumab	Humira(CF) Pen Pediatric UC
adalimumab	Humira(CF) Pen Psor-Uv-Adol HS
certolizumab pegol	Cimzia
certolizumab pegol	Cimzia Powder for Reconst
certolizumab pegol	Cimzia Starter Kit
etanercept	Enbrel
etanercept	Enbrel Mini
etanercept	Enbrel SureClick
golimumab	Simponi
golimumab	Simponi ARIA
infliximab	Remicade
infliximab-abda	Renflexis
infliximab-axxq	Avsola
infliximab-dyyb	Inflectra
Immunosuppressants	
abatacept	Orencia
abatacept	Orencia ClickJect
abatacept/maltose	Orencia (with maltose)
abemaciclib	Verzenio
acalabrutinib	Calquence
adalimumab	Humira
adalimumab	Humira Pediatric Crohns Start
adalimumab	Humira Pen
adalimumab	Humira Pen Crohns-UC-HS Start
adalimumab	Humira Pen Psor-Uveits-Adol HS
adalimumab	Humira(CF)
adalimumab	Humira(CF) Pedi Crohns Starter
adalimumab	Humira(CF) Pen
adalimumab	Humira(CF) Pen Crohns-UC-HS
adalimumab	Humira(CF) Pen Pediatric UC
ado-trastuzumab emtansine	Kadcyla

Appendix H. List of Generic and Brand Names of Medical Products Used to Define Covariates (Baseline Medications) in this Request

Generic Name	Brand Name
afatinib dimaleate	Gilotrif
aldesleukin	Proleukin
alectinib HCl	Alecensa
alemtuzumab	Campath
alemtuzumab	Lemtrada
alpelisib	Piqray
altretamine	Hexalen
amivantamab-vmjw	Rybrevant
anakinra	Kineret
anifrolumab-fnia	Saphnelo
anti-thymocyte globulin,rabbit	Thymoglobulin
apremilast	Otezla
apremilast	Otezla Starter
arsenic trioxide	Trisenox
arsenic trioxide	arsenic trioxide
asparaginase	Elspar
asparaginase (Erwinia chrysanthemi)	Erwinase
asparaginase (Erwinia chrysanthemi)	Erwinaze
asparaginase Erwinia chrysanthemi (recombinant)-rywn	Rylaze
atezolizumab	Tecentriq
auranofin	Ridaura
aurothioglucose	Solganal
aurothioglucose	aurothioglucose
avapritinib	Ayvakit
avelumab	Bavencio
axicabtagene ciloleucel	Yescarta
axitinib	Inlyta
azacitidine	Onureg
azacitidine	Vidaza
azacitidine	azacitidine
azathioprine	Azasan
azathioprine	Imuran
azathioprine	azathioprine
azathioprine sodium	Imuran
azathioprine sodium	azathioprine sodium
baricitinib	Olumiant
basiliximab	Simulect
belatacept	Nulojix
belimumab	Benlysta

Appendix H. List of Generic and Brand Names of Medical Products Used to Define Covariates (Baseline Medications) in this Request

Generic Name	Brand Name
belinostat	Beleodaq
belumosudil mesylate	Rezurock
belzutifan	Welireg
bendamustine HCl	Belrapzo
bendamustine HCl	Bendeka
bendamustine HCl	Treanda
bendamustine HCl	bendamustine
bevacizumab	Avastin
bevacizumab-awwb	Mvasi
bevacizumab-bvzr	Zirabev
bexarotene	Targretin
bexarotene	bexarotene
binimetinib	Mektovi
bleomycin sulfate	Blenoxane
bleomycin sulfate	Bleo 15K
bleomycin sulfate	bleomycin
blinatumomab	Blincyto
bortezomib	Velcade
bortezomib	bortezomib
bosutinib	Bosulif
brentuximab vedotin	Adcetris
brigatinib	Alunbrig
busulfan	Busulfex
busulfan	Myleran
busulfan	busulfan
cabazitaxel	Jevtana
cabozantinib s-malate	Cabometyx
cabozantinib s-malate	Cometriq
calaspargase pegol-mknl	Asparlas
canakinumab/PF	Ilaris (PF)
capecitabine	Xeloda
capecitabine	capecitabine
carboplatin	Paraplatin
carboplatin	carboplatin
carfilzomib	Kyprolis
carmustine	BiCNU
carmustine	carmustine
carmustine in polifeprosan 20	Gliadel Wafer
cemiplimab-rwlc	Libtayo

Appendix H. List of Generic and Brand Names of Medical Products Used to Define Covariates (Baseline Medications) in this Request

Generic Name	Brand Name
ceritinib	Zykadia
cetuximab	Erbitux
chlorambucil	Leukeran
cisplatin	Platinol AQ
cisplatin	cisplatin
cladribine	Leustatin
cladribine	cladribine
clofarabine	Clolar
clofarabine	clofarabine
cobimetinib fumarate	Cotellic
copanlisib di-HCl	Aliqopa
crizotinib	Xalkori
cyclophosphamide	Cytoxan
cyclophosphamide	Cytoxan Lyophilized
cyclophosphamide	Neosar
cyclophosphamide	cyclophosphamide
cyclosporine	Sandimmune
cyclosporine	cyclosporine
cyclosporine, modified	Gengraf
cyclosporine, modified	Neoral
cyclosporine, modified	cyclosporine modified
cytarabine	Cytosar-U
cytarabine	Tarabine Pfs
cytarabine	cytarabine
cytarabine liposome/PF	DepoCyt (PF)
cytarabine/PF	cytarabine (PF)
dabrafenib mesylate	Tafinlar
dacarbazine	DTIC-Dome
dacarbazine	dacarbazine
dacarbazine	dacarbazine (bulk)
daclizumab	Zenapax
dacomitinib	Vizimpro
dactinomycin	Cosmegen
dactinomycin	dactinomycin
daratumumab	Darzalex
dasatinib	Sprycel
daunorubicin HCl	Cerubidine
daunorubicin HCl	daunorubicin
daunorubicin citrate liposomal	DaunoXome

Appendix H. List of Generic and Brand Names of Medical Products Used to Define Covariates (Baseline Medications) in this Request

Generic Name	Brand Name
daunorubicin/cytarabine liposomal	Vyxeos
decitabine	Dacogen
decitabine	decitabine
denileukin diftitox	Ontak
dinutuximab	Unituxin
docetaxel	Docefrez
docetaxel	Taxotere
docetaxel	docetaxel
dostarlimab-gxly	Jemperli
doxorubicin HCl	Adriamycin
doxorubicin HCl	Adriamycin PFS
doxorubicin HCl	Adriamycin RDF
doxorubicin HCl	Rubex
doxorubicin HCl	doxorubicin
doxorubicin HCl pegylated liposomal	Doxil
doxorubicin HCl pegylated liposomal	Lipodox
doxorubicin HCl pegylated liposomal	Lipodox 50
doxorubicin HCl pegylated liposomal	doxorubicin, peg-liposomal
durvalumab	Imfinzi
duvelisib	Copiktra
elotuzumab	Empliciti
emapalumab-lzsg	Gamifant
enasidenib mesylate	Idhifa
encorafenib	Braftovi
enfortumab vedotin-ejfv	Padcev
entrectinib	Rozlytrek
epirubicin HCl	Ellence
epirubicin HCl	epirubicin
erdafitinib	Balversa
eribulin mesylate	Halaven
erlotinib HCl	Tarceva
erlotinib HCl	erlotinib
etanercept	Enbrel
etanercept	Enbrel Mini
etanercept	Enbrel SureClick
etoposide	Toposar
etoposide	VePesid
etoposide	etoposide
etoposide phosphate	Etopophos

Appendix H. List of Generic and Brand Names of Medical Products Used to Define Covariates (Baseline Medications) in this Request

Generic Name	Brand Name
everolimus	Afinitor
everolimus	Afinitor Disperz
everolimus	Zortress
everolimus	everolimus (antineoplastic)
everolimus	everolimus (immunosuppressive)
fam-trastuzumab deruxtecan-nxki	Enhertu
fedratinib dihydrochloride	Inrebic
fingolimod HCl	Gilenya
floxuridine	floxuridine
fludarabine phosphate	Fludara
fludarabine phosphate	Oforta
fludarabine phosphate	fludarabine
fluorouracil	Adrucil
fluorouracil	fluorouracil
fostamatinib disodium	Tavalisse
gefitinib	Iressa
gemcitabine HCl	Gemzar
gemcitabine HCl	gemcitabine
gemcitabine HCl in 0.9 % sodium chloride	Infugem
gemtuzumab ozogamicin	Mylotarg
gilteritinib fumarate	Xospata
glasdegib maleate	Daurismo
glucarpidase	Voraxaze
gold sodium thiomalate	Myochrysine
gold sodium thiomalate	gold sodium thiomalate
golimumab	Simponi
golimumab	Simponi ARIA
hydroxyurea	Hydrea
hydroxyurea	Mylocel
hydroxyurea	hydroxyurea
ibrutinib	Imbruvica
idarubicin HCl	Idamycin PFS
idarubicin HCl	idarubicin
idecabtagene vicleucel	Abecma
idelalisib	Zydelig
ifosfamide	Ifex
ifosfamide	ifosfamide
ifosfamide/mesna	Ifex/Mesnex
ifosfamide/mesna	ifosfamide-mesna

Appendix H. List of Generic and Brand Names of Medical Products Used to Define Covariates (Baseline Medications) in this Request

Generic Name	Brand Name
imatinib mesylate	Gleevec
imatinib mesylate	imatinib
infigratinib phosphate	Truseltiq
inotuzumab ozogamicin	Besponsa
interferon alfa-2a,recomb.	Roferon-A
interferon alfa-2b,recomb.	Intron A
interferon alfa-n3	Alferon N
interferon gamma-1b,recomb.	Actimmune
ipilimumab	Yervoy
irinotecan HCl	Camptosar
irinotecan HCl	irinotecan
irinotecan liposomal	Onivyde
ivosidenib	Tibsovo
ixabepilone	Ixempra
ixazomib citrate	Ninlaro
kit for prep indium-111/ibritumomab tiuxetan/albumin human	Zevalin (In-111)
kit for prep yttrium-90/ibritumomab tiuxetan/albumin human	Zevalin (Y-90)
lapatinib ditosylate	Tykerb
larotrectinib sulfate	Vitrakvi
leflunomide	Arava
leflunomide	leflunomide
lenalidomide	Revlimid
lenvatinib mesylate	Lenvima
lomustine	CeeNU
lomustine	Gleostine
lomustine	lomustine
loncastuximab tesirine-lpyl	Zynlonta
lorlatinib	Lorbrena
lymphocyte immune globulin,antithymocyte (equine)	Atgam
margetuximab-cmkb	Margenza
mechlorethamine HCl	Mustargen
melphalan	Alkeran
melphalan	melphalan
melphalan HCl	Alkeran (as HCl)
melphalan HCl	melphalan HCl
melphalan HCl/betadex sulfobutyl ether sodium	Evomela
melphalan flufenamide hydrochloride	Pepaxto
mercaptopurine	Purinethol
mercaptopurine	Purixan

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Generic Name	Brand Name
mercaptopurine	mercaptopurine
methotrexate	Xatmep
methotrexate	methotrexate (bulk)
methotrexate sodium	Methotrexate (Anti-Rheumatic)
methotrexate sodium	Rheumatrex
methotrexate sodium	Trexall
methotrexate sodium	methotrexate sodium
methotrexate sodium/PF	Methotrexate LPF
methotrexate sodium/PF	methotrexate sodium (PF)
methotrexate/PF	Otrexup (PF)
methotrexate/PF	Rasuvo (PF)
midostaurin	Rydapt
mitomycin	Mutamycin
mitomycin	mitomycin
mitoxantrone HCl	Novantrone
mitoxantrone HCl	mitoxantrone
mogamulizumab-kpkc	Poteligeo
moxetumomab pasudotox-tdfk	Lumoxiti
muromonab-CD3	Orthoclone OKT3
mycophenolate mofetil	CellCept
mycophenolate mofetil	mycophenolate mofetil
mycophenolate mofetil HCl	CellCept Intravenous
mycophenolate mofetil HCl	mycophenolate mofetil (HCl)
mycophenolate sodium	Myfortic
mycophenolate sodium	mycophenolate sodium
necitumumab	Portrazza
nelarabine	Arranon
neratinib maleate	Nerlynx
nilotinib HCl	Tasigna
niraparib tosylate	Zejula
nivolumab	Opdivo
obinutuzumab	Gazyva
ofatumumab	Arzerra
olaparib	Lynparza
olaratumab	Lartruvo
omacetaxine mepesuccinate	Synribo
osimertinib mesylate	Tagrisso
oxaliplatin	Eloxatin
oxaliplatin	oxaliplatin

Appendix H. List of Generic and Brand Names of Medical Products Used to Define Covariates (Baseline Medications) in this Request

Generic Name	Brand Name
paclitaxel	Onxol
paclitaxel	Taxol
paclitaxel	paclitaxel
paclitaxel protein-bound	Abraxane
palbociclib	Ibrance
panitumumab	Vectibix
panobinostat lactate	Farydak
pazopanib HCl	Votrient
pegaspargase	Oncaspar
peginterferon alfa-2b	Sylatron
peginterferon alfa-2b	Sylatron 4-Pack
pembrolizumab	Keytruda
pemetrexed disodium	Alimta
pentostatin	Nipent
pentostatin	pentostatin
pertuzumab	Perjeta
pexidartinib hydrochloride	Turalio
plicamycin	Mithracin
polatuzumab vedotin-piiq	Polivy
pomalidomide	Pomalyst
ponatinib HCl	Iclusig
pralatrexate	Folotyn
pralsetinib	Gavreto
procarbazine HCl	Matulane
ramucirumab	Cyramza
regorafenib	Stivarga
ribociclib succinate	Kisqali
ribociclib succinate/letrozole	Kisqali Femara Co-Pack
rilonacept	Arcalyst
rituximab	Rituxan
rituximab-abbs	Truxima
rituximab-pvvr	Ruxience
rituximab/hyaluronidase, human recombinant	Rituxan Hycela
romidepsin	Istodax
romidepsin	romidepsin
rucaparib camsylate	Rubraca
ruxolitinib phosphate	Jakafi
sarilumab	Kevzara
selinexor	Xpovio

Appendix H. List of Generic and Brand Names of Medical Products Used to Define Covariates (Baseline Medications) in this Request

Generic Name	Brand Name
selumetinib sulfate/vitamin E TPGS	Koselugo
sipuleucel-T/lactated ringers solution	Provenge
sirolimus	Rapamune
sirolimus	sirolimus
sonidegib phosphate	Odomzo
sorafenib tosylate	Nexavar
sotorasib	Lumakras
streptozocin	Zanosar
sunitinib malate	Sutent
sunitinib malate	sunitinib
tacrolimus	Astagraf XL
tacrolimus	Envarsus XR
tacrolimus	Hecoria
tacrolimus	Prograf
tacrolimus	tacrolimus
tagraxofusp-erzs	Elzonris
talazoparib tosylate	Talzenna
talimogene laherparepvec	Imlygic
tazemetostat hydrobromide	Tazverik
temozolomide	Temodar
temozolomide	temozolomide
temsirolimus	Torisel
temsirolimus	temsirolimus
teniposide	Vumon
teniposide	teniposide
thalidomide	Thalomid
thioguanine	Tabloid
thiotepa	Tepadina
thiotepa	Thioplex
thiotepa	thiotepa
tisagenlecleucel	Kymriah
tivozanib HCl	Fotivda
tocilizumab	Actemra
tocilizumab	Actemra ACTPen
tofacitinib citrate	Xeljanz
tofacitinib citrate	Xeljanz XR
topotecan HCl	Hycamtin
topotecan HCl	topotecan
tositumomab (with maltose)	Bexxar Dosimetric

Appendix H. List of Generic and Brand Names of Medical Products Used to Define Covariates (Baseline Medications) in this Request

Generic Name	Brand Name
tositumomab (with maltose)	Bexxar Therapeutic
trabectedin	Yondelis
trametinib dimethyl sulfoxide	Mekinist
trastuzumab	Herceptin
trastuzumab-anns	Kanjinti
trastuzumab-dkst	Ogivri
trastuzumab-dttb	Ontruzant
trastuzumab-hyaluronidase-oysk	Herceptin Hylecta
trastuzumab-qyyp	Trazimera
trifluridine/tipiracil HCl	Lonsurf
upadacitinib	Rinvoq
valrubicin	Valstar
valrubicin	valrubicin
vandetanib	Caprelsa
vandetanib	vandetanib
vemurafenib	Zelboraf
venetoclax	Venclexta
venetoclax	Venclexta Starting Pack
vinblastine sulfate	vinblastine
vincristine sulfate	Vincasar PFS
vincristine sulfate	vincristine
vincristine sulfate liposomal	Marqibo
vinorelbine tartrate	Navelbine
vinorelbine tartrate	vinorelbine
vismodegib	Erivedge
vorinostat	Zolinza
zanubrutinib	Brukinsa
ziv-aflibercept	Zaltrap
Smoking or Nicotine Use	
bupropion HCl	Zyban
nicotine	Nicoderm CQ
nicotine	Nicotrol
nicotine	Nicotrol NS
nicotine	nicotine
nicotine polacrilex	Nicorelief
nicotine polacrilex	Nicorette
nicotine polacrilex	Quit 2
nicotine polacrilex	Quit 4
nicotine polacrilex	Stop Smoking Aid

Appendix H. List of Generic and Brand Names of Medical Products Used to Define Covariates (Baseline Medications) in this Request

Generic Name	Brand Name
nicotine polacrilex	nicotine (polacrilex)
varenicline tartrate	Chantix
varenicline tartrate	Chantix Continuing Month Box
varenicline tartrate	Chantix Starting Month Box
varenicline tartrate	varenicline
Inhaled Corticosteroids	
BECLOMETHASONE DIPROP	QVAR
BECLOMETHASONE DIPROP HFA BREATH ACT INH AER 40 MCG/ACT	QVAR REDIHALER
BECLOMETHASONE DIPROPIONATE	BECLOVENT
BECLOMETHASONE DIPROPIONATE	QVAR
BECLOMETHASONE DIPROPIONATE	QVAR REDIHALER
BECLOMETHASONE DIPROPIONATE	VANCERIL
BECLOMETHASONE DIPROPIONATE	VANCERIL DOUBLE STRENGTH
BUDESONIDE	BUDESONIDE
BUDESONIDE	PULMICORT
BUDESONIDE	PULMICORT FLEXHALER
BUDESONIDE INHALATION SUSP 0.25 MG/2ML	BUDESONIDE
BUDESONIDE INHALATION SUSP 0.5 MG/2ML	BUDESONIDE
BUDESONIDE/FORMOTEROL FUMARATE	BUDESONIDE-FORMOTEROL FUMARATE
BUDESONIDE/FORMOTEROL FUMARATE	SYMBICORT
BUDESONIDE/FORMOTEROL FUMARATE DIHYD	SYMBICORT
BUDESONIDE/GLYCOPYRROLATE/FORMOTEROL FUMARATE	BREZTRI AEROSPHERE
CICLESONIDE	ALVESCO
FLUNISOLIDE	AEROBID
FLUNISOLIDE	AEROBID-M
FLUNISOLIDE	AEROSPAN
FLUNISOLIDE/MENTHOL	AEROBID-M
FLUTICASONE FUROATE	ARNUITY ELLIPTA
FLUTICASONE FUROATE/UMECLIDINIUM BROMIDE/VILANTEROL TRIFENAT	TRELEGY ELLIPTA
FLUTICASONE FUROATE/VILANTEROL	BREO ELLIPTA
FLUTICASONE FUROATE/VILANTEROL TRIFENATATE	BREO ELLIPTA
FLUTICASONE PROPIONATE	ARMONAIR DIGIHALER
FLUTICASONE PROPIONATE	ARMONAIR RESPICLICK
FLUTICASONE PROPIONATE	FLOVENT
FLUTICASONE PROPIONATE	FLOVENT DISKUS
FLUTICASONE PROPIONATE	FLOVENT HFA
FLUTICASONE PROPIONATE	FLOVENT ROTADISK
FLUTICASONE PROPIONATE HFA INHAL AER 220 MCG/ACT (250/VALVE)	FLOVENT HFA
FLUTICASONE PROPIONATE HFA INHAL AERO 44 MCG/ACT (50/VALVE)	FLOVENT HFA

Appendix H. List of Generic and Brand Names of Medical Products Used to Define Covariates (Baseline Medications) in this Request

Generic Name	Brand Name
FLUTICASONE PROPIONATE/SALMETEROL XINAFOATE	ADVAIR DISKUS
FLUTICASONE PROPIONATE/SALMETEROL XINAFOATE	ADVAIR HFA
FLUTICASONE PROPIONATE/SALMETEROL XINAFOATE	AIRDUO DIGIHALER
FLUTICASONE PROPIONATE/SALMETEROL XINAFOATE	AIRDUO RESPICLICK
FLUTICASONE PROPIONATE/SALMETEROL XINAFOATE	FLUTICASONE-SALMETEROL
FLUTICASONE PROPIONATE/SALMETEROL XINAFOATE	WIXELA INHUB
FLUTICASONE/SALMETEROL	ADVAIR DISKUS
FLUTICASONE/SALMETEROL	FLUTICASONE PROPIONATE/SALMETEROL
FLUTICASONE/SALMETEROL INHAL	ADVAIR HFA
MOMETASONE FUROATE	ASMANEX
MOMETASONE FUROATE	ASMANEX HFA
MOMETASONE FUROATE/FORMOTEROL FUMARATE	DULERA
TRIAMCINOLONE ACETONIDE	AZMACORT

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

Code	Description	Code Category	Code Type
	Acetaminophen		
80143	Acetaminophen	Procedure	CPT-4
82003	Acetaminophen	Procedure	CPT-4
C9283	Injection, acetaminophen, 10 mg	Procedure	HCPCS
J0131	Injection, acetaminophen, 10 mg	Procedure	HCPCS
	Angiotensin-converting enzyme inhibitors (ACEIs) and Angiotensin II receptor blockers (ARBs)		
4009F	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy prescribed (CKD), (DM)	Procedure	CPT-2
4010F	Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) therapy prescribed or currently being taken (CAD, CKD, HF) (DM)	Procedure	CPT-2
4188F	Appropriate angiotensin converting enzyme (ACE)/angiotensin receptor blockers (ARB) therapeutic monitoring test ordered or performed (AM)	Procedure	CPT-2
4210F	Angiotensin converting enzyme (ACE) or angiotensin receptor blockers (ARB) medication therapy for 6 months or more (MM)	Procedure	CPT-2
G2092	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) or angiotensin receptor-neprilysin inhibitor (ARNI) therapy prescribed or currently being taken	Procedure	HCPCS
G8027	Heart failure patient with left ventricular systolic dysfunction (LVSD) documented to be on either angiotensin-converting enzyme-inhibitor or angiotensin-receptor blocker (ACE-1 or ARB) therapy	Procedure	HCPCS
G8028	Heart failure patient with left ventricular systolic dysfunction (LVSD) not documented to be on either angiotensin-converting enzyme-inhibitor or angiotensin-receptor blocker (ACE-1 or ARB) therapy	Procedure	HCPCS
G8468	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy prescribed for patients with a left ventricular ejection fraction (LVEF) < 40% or documentation of moderately or severely depressed left ventricular systolic function	Procedure	HCPCS
G8473	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy prescribed	Procedure	HCPCS
G8479	Clinician prescribed angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy	Procedure	HCPCS
G8506	Patient receiving angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy	Procedure	HCPCS
G8935	Clinician prescribed angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy	Procedure	HCPCS
	Anticoagulants (oral and injectable)		

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Code	Description	Code Category	Code Type
4075F	Anticoagulant therapy prescribed at discharge (STR)	Procedure	CPT-2
93793	Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed	Procedure	CPT-4
99363	Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; initial 90 days of therapy (must include a minimum of 8 INR measurements)	Procedure	CPT-4
99364	Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; each subsequent 90 days of therapy (must include a minimum of 3 INR measurements)	Procedure	CPT-4
99557	Home infusion of continuous anticoagulant therapy (eg, heparin), per visit	Procedure	CPT-4
G8967	Warfarin or another FDA-approved oral anticoagulant is prescribed	Procedure	HCPCS
G9724	Patients who had documentation of use of anticoagulant medications overlapping the measurement year	Procedure	HCPCS
S9336	Home infusion therapy, continuous anticoagulant infusion therapy (e.g., Heparin), administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Procedure	HCPCS
S9372	Home therapy; intermittent anticoagulant injection therapy (e.g., Heparin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code for flushing of infusion devices with Heparin to maintain patency)	Procedure	HCPCS
	Antidepressants		
4064F	Antidepressant pharmacotherapy prescribed (MDD, MDD ADOL)	Procedure	CPT-2
80332	Antidepressants, serotonergic class; 1 or 2	Procedure	CPT-4
80333	Antidepressants, serotonergic class; 3-5	Procedure	CPT-4
80334	Antidepressants, serotonergic class; 6 or more	Procedure	CPT-4
80335	Antidepressants, tricyclic and other cyclicals; 1 or 2	Procedure	CPT-4
80336	Antidepressants, tricyclic and other cyclicals; 3-5	Procedure	CPT-4

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

Code	Description	Code Category	Code Type
80337	Antidepressants, tricyclic and other cyclicals; 6 or more	Procedure	CPT-4
80338	Antidepressants, not otherwise specified	Procedure	CPT-4
	Antihypertensives		
4145F	Two or more anti-hypertensive agents prescribed or currently being taken (CAD, HTN)	Procedure	CPT-2
	Glucocorticoids		
4193F	Patient receiving <10 mg daily prednisone (or equivalent), or RA activity is worsening, or glucocorticoid use is for less than 6 months (RA)	Procedure	CPT-2
G2112	Patient receiving <=5 mg daily prednisone (or equivalent), or RA activity is worsening, or	Procedure	HCPCS
	Insulin		
3E013VG	Introduction of Insulin into Subcutaneous Tissue, Percutaneous Approach	Procedure	ICD-10-PCS
3E030VG	Introduction of Insulin into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
3E033VG	Introduction of Insulin into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
3E040VG	Introduction of Insulin into Central Vein, Open Approach	Procedure	ICD-10-PCS
3E043VG	Introduction of Insulin into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
3E050VG	Introduction of Insulin into Peripheral Artery, Open Approach	Procedure	ICD-10-PCS
3E053VG	Introduction of Insulin into Peripheral Artery, Percutaneous Approach	Procedure	ICD-10-PCS
3E060VG	Introduction of Insulin into Central Artery, Open Approach	Procedure	ICD-10-PCS
3E063VG	Introduction of Insulin into Central Artery, Percutaneous Approach	Procedure	ICD-10-PCS
A4224	Supplies for maintenance of insulin infusion catheter, per week	Procedure	HCPCS
A4225	Supplies for external insulin infusion pump, syringe type cartridge, sterile, each	Procedure	HCPCS
A4226	Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week	Procedure	HCPCS
A4230	Infusion set for external insulin pump, nonneedle cannula type	Procedure	HCPCS
A4231	Infusion set for external insulin pump, needle type	Procedure	HCPCS
A4232	Syringe with needle for external insulin pump, sterile, 3 cc	Procedure	HCPCS
A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories	Procedure	HCPCS
E0784	External ambulatory infusion pump, insulin	Procedure	HCPCS
E0787	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing	Procedure	HCPCS
G9147	Outpatient Intravenous Insulin Treatment (OIVIT) either pulsatile or continuous, by any means, guided by the results of measurements for: respiratory quotient; and/or, urine urea nitrogen (UUN); and/or, arterial, venous or capillary glucose; and/or potassium concentration	Procedure	HCPCS

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Code	Description	Code Category	Code Type
J1815	Injection, insulin, per 5 units	Procedure	HCPCS
J1817	Insulin for administration through DME (i.e., insulin pump) per 50 units	Procedure	HCPCS
J1820	Injection, insulin, up to 100 units	Procedure	HCPCS
K0548	Injection, insulin lispro, up to 50 units	Procedure	HCPCS
S1034	Artificial pancreas device system (e.g., low glucose suspend [LGS] feature) including continuous glucose monitor, blood glucose device, insulin pump and computer algorithm that communicates with all of the devices	Procedure	HCPCS
S5550	Insulin, rapid onset, 5 units	Procedure	HCPCS
S5551	Insulin, most rapid onset (Lispro or Aspart); 5 units	Procedure	HCPCS
S5552	Insulin, intermediate acting (NPH or LENTE); 5 units	Procedure	HCPCS
S5553	Insulin, long acting; 5 units	Procedure	HCPCS
S5560	Insulin delivery device, reusable pen; 1.5 ml size	Procedure	HCPCS
S5561	Insulin delivery device, reusable pen; 3 ml size	Procedure	HCPCS
S5565	Insulin cartridge for use in insulin delivery device other than pump; 150 units	Procedure	HCPCS
S5566	Insulin cartridge for use in insulin delivery device other than pump; 300 units	Procedure	HCPCS
S5570	Insulin delivery device, disposable pen (including insulin); 1.5 ml size	Procedure	HCPCS
S5571	Insulin delivery device, disposable pen (including insulin); 3 ml size	Procedure	HCPCS
S9145	Insulin pump initiation, instruction in initial use of pump (pump not included)	Procedure	HCPCS
	Statins		
0006F	Statin therapy, prescribed	Procedure	CPT-2
4002F	Statin therapy, prescribed (CAD)	Procedure	CPT-2
4013F	Statin therapy prescribed or currently being taken (CAD)	Procedure	CPT-2
G9664	Patients who are currently statin therapy users or received an order (prescription) for statin therapy	Procedure	HCPCS
G9796	Patient is currently on a statin therapy	Procedure	HCPCS
	Immunosuppressants		
0182T	High dose rate electronic brachytherapy	Procedure	CPT-3
0190T	Insertion of radiation source applicator into eye	Procedure	CPT-3
0394T	High dose rate electronic brachytherapy	Procedure	CPT-3
0395T	High dose rate electronic brachytherapy	Procedure	CPT-3
0BH001Z	Insertion of Radioactive Element into Tracheobronchial Tree, Open Approach	Procedure	ICD-10-PCS
0BH031Z	Insertion of Radioactive Element into Tracheobronchial Tree, Percutaneous Approach	Procedure	ICD-10-PCS
0BH041Z	Insertion of Radioactive Element into Tracheobronchial Tree, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0BH071Z	Insertion of Radioactive Element into Tracheobronchial Tree, Via Natural or Artificial Opening	Procedure	ICD-10-PCS

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Code	Description	Code Category	Code Type
0BH081Z	Insertion of Radioactive Element into Tracheobronchial Tree, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0BHK01Z	Insertion of Radioactive Element into Right Lung, Open Approach	Procedure	ICD-10-PCS
0BHK31Z	Insertion of Radioactive Element into Right Lung, Percutaneous Approach	Procedure	ICD-10-PCS
0BHK41Z	Insertion of Radioactive Element into Right Lung, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0BHK71Z	Insertion of Radioactive Element into Right Lung, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0BHK81Z	Insertion of Radioactive Element into Right Lung, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0BHL01Z	Insertion of Radioactive Element into Left Lung, Open Approach	Procedure	ICD-10-PCS
0BHL31Z	Insertion of Radioactive Element into Left Lung, Percutaneous Approach	Procedure	ICD-10-PCS
0BHL41Z	Insertion of Radioactive Element into Left Lung, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0BHL71Z	Insertion of Radioactive Element into Left Lung, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0BHL81Z	Insertion of Radioactive Element into Left Lung, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0CH701Z	Insertion of Radioactive Element into Tongue, Open Approach	Procedure	ICD-10-PCS
0CH731Z	Insertion of Radioactive Element into Tongue, Percutaneous Approach	Procedure	ICD-10-PCS
0CH7X1Z	Insertion of Radioactive Element into Tongue, External Approach	Procedure	ICD-10-PCS
0DH501Z	Insertion of Radioactive Element into Esophagus, Open Approach	Procedure	ICD-10-PCS
0DH531Z	Insertion of Radioactive Element into Esophagus, Percutaneous Approach	Procedure	ICD-10-PCS
0DH541Z	Insertion of Radioactive Element into Esophagus, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0DH571Z	Insertion of Radioactive Element into Esophagus, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0DH581Z	Insertion of Radioactive Element into Esophagus, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0DHP01Z	Insertion of Radioactive Element into Rectum, Open Approach	Procedure	ICD-10-PCS
0DHP31Z	Insertion of Radioactive Element into Rectum, Percutaneous Approach	Procedure	ICD-10-PCS
0DHP41Z	Insertion of Radioactive Element into Rectum, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0DHP71Z	Insertion of Radioactive Element into Rectum, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0DHP81Z	Insertion of Radioactive Element into Rectum, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0FHB01Z	Insertion of Radioactive Element into Hepatobiliary Duct, Open Approach	Procedure	ICD-10-PCS
0FHB31Z	Insertion of Radioactive Element into Hepatobiliary Duct, Percutaneous Approach	Procedure	ICD-10-PCS
0FHB41Z	Insertion of Radioactive Element into Hepatobiliary Duct, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0FHB71Z	Insertion of Radioactive Element into Hepatobiliary Duct, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0FHB81Z	Insertion of Radioactive Element into Hepatobiliary Duct, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0FHD01Z	Insertion of Radioactive Element into Pancreatic Duct, Open Approach	Procedure	ICD-10-PCS
0FHD31Z	Insertion of Radioactive Element into Pancreatic Duct, Percutaneous Approach	Procedure	ICD-10-PCS
0FHD41Z	Insertion of Radioactive Element into Pancreatic Duct, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0FHD71Z	Insertion of Radioactive Element into Pancreatic Duct, Via Natural or Artificial Opening	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
0FHD81Z	Insertion of Radioactive Element into Pancreatic Duct, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0HHT01Z	Insertion of Radioactive Element into Right Breast, Open Approach	Procedure	ICD-10-PCS
0HHT31Z	Insertion of Radioactive Element into Right Breast, Percutaneous Approach	Procedure	ICD-10-PCS
0HHT71Z	Insertion of Radioactive Element into Right Breast, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0HHT81Z	Insertion of Radioactive Element into Right Breast, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0HHTX1Z	Insertion of Radioactive Element into Right Breast, External Approach	Procedure	ICD-10-PCS
0HHU01Z	Insertion of Radioactive Element into Left Breast, Open Approach	Procedure	ICD-10-PCS
0HHU31Z	Insertion of Radioactive Element into Left Breast, Percutaneous Approach	Procedure	ICD-10-PCS
0HHU71Z	Insertion of Radioactive Element into Left Breast, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0HHU81Z	Insertion of Radioactive Element into Left Breast, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0HHUX1Z	Insertion of Radioactive Element into Left Breast, External Approach	Procedure	ICD-10-PCS
0HHV01Z	Insertion of Radioactive Element into Bilateral Breast, Open Approach	Procedure	ICD-10-PCS
0HHV31Z	Insertion of Radioactive Element into Bilateral Breast, Percutaneous Approach	Procedure	ICD-10-PCS
0HHV71Z	Insertion of Radioactive Element into Bilateral Breast, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0HHV81Z	Insertion of Radioactive Element into Bilateral Breast, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0HHVX1Z	Insertion of Radioactive Element into Bilateral Breast, External Approach	Procedure	ICD-10-PCS
0HHW01Z	Insertion of Radioactive Element into Right Nipple, Open Approach	Procedure	ICD-10-PCS
0HHW31Z	Insertion of Radioactive Element into Right Nipple, Percutaneous Approach	Procedure	ICD-10-PCS
0HHW71Z	Insertion of Radioactive Element into Right Nipple, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0HHW81Z	Insertion of Radioactive Element into Right Nipple, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0HHWX1Z	Insertion of Radioactive Element into Right Nipple, External Approach	Procedure	ICD-10-PCS
0HHX01Z	Insertion of Radioactive Element into Left Nipple, Open Approach	Procedure	ICD-10-PCS
0HHX31Z	Insertion of Radioactive Element into Left Nipple, Percutaneous Approach	Procedure	ICD-10-PCS
0HHX71Z	Insertion of Radioactive Element into Left Nipple, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0HHX81Z	Insertion of Radioactive Element into Left Nipple, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0HHXX1Z	Insertion of Radioactive Element into Left Nipple, External Approach	Procedure	ICD-10-PCS
0JHS01Z	Insertion of Radioactive Element into Head and Neck Subcutaneous Tissue and Fascia, Open Approach	Procedure	ICD-10-PCS
0JHS31Z	Insertion of Radioactive Element into Head and Neck Subcutaneous Tissue and Fascia, Percutaneous Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
0JHT01Z	Insertion of Radioactive Element into Trunk Subcutaneous Tissue and Fascia, Open Approach	Procedure	ICD-10-PCS
0JHT31Z	Insertion of Radioactive Element into Trunk Subcutaneous Tissue and Fascia, Percutaneous Approach	Procedure	ICD-10-PCS
0JHV01Z	Insertion of Radioactive Element into Upper Extremity Subcutaneous Tissue and Fascia, Open Approach	Procedure	ICD-10-PCS
0JHV31Z	Insertion of Radioactive Element into Upper Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach	Procedure	ICD-10-PCS
0JHW01Z	Insertion of Radioactive Element into Lower Extremity Subcutaneous Tissue and Fascia, Open Approach	Procedure	ICD-10-PCS
0JHW31Z	Insertion of Radioactive Element into Lower Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach	Procedure	ICD-10-PCS
0UHC01Z	Insertion of Radioactive Element into Cervix, Open Approach	Procedure	ICD-10-PCS
0UHC31Z	Insertion of Radioactive Element into Cervix, Percutaneous Approach	Procedure	ICD-10-PCS
0UHC41Z	Insertion of Radioactive Element into Cervix, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0UHC71Z	Insertion of Radioactive Element into Cervix, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0UHC81Z	Insertion of Radioactive Element into Cervix, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0UHG01Z	Insertion of Radioactive Element into Vagina, Open Approach	Procedure	ICD-10-PCS
0UHG31Z	Insertion of Radioactive Element into Vagina, Percutaneous Approach	Procedure	ICD-10-PCS
0UHG41Z	Insertion of Radioactive Element into Vagina, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0UHG71Z	Insertion of Radioactive Element into Vagina, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0UHG81Z	Insertion of Radioactive Element into Vagina, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
0UHGX1Z	Insertion of Radioactive Element into Vagina, External Approach	Procedure	ICD-10-PCS
0VH001Z	Insertion of Radioactive Element into Prostate, Open Approach	Procedure	ICD-10-PCS
0VH031Z	Insertion of Radioactive Element into Prostate, Percutaneous Approach	Procedure	ICD-10-PCS
0VH041Z	Insertion of Radioactive Element into Prostate, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0VH071Z	Insertion of Radioactive Element into Prostate, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0VH081Z	Insertion of Radioactive Element into Prostate, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0WH001Z	Insertion of Radioactive Element into Head, Open Approach	Procedure	ICD-10-PCS
0WH031Z	Insertion of Radioactive Element into Head, Percutaneous Approach	Procedure	ICD-10-PCS
0WH041Z	Insertion of Radioactive Element into Head, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0WH101Z	Insertion of Radioactive Element into Cranial Cavity, Open Approach	Procedure	ICD-10-PCS
0WH131Z	Insertion of Radioactive Element into Cranial Cavity, Percutaneous Approach	Procedure	ICD-10-PCS
0WH141Z	Insertion of Radioactive Element into Cranial Cavity, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0WH201Z	Insertion of Radioactive Element into Face, Open Approach	Procedure	ICD-10-PCS
0WH231Z	Insertion of Radioactive Element into Face, Percutaneous Approach	Procedure	ICD-10-PCS
0WH241Z	Insertion of Radioactive Element into Face, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0WH301Z	Insertion of Radioactive Element into Oral Cavity and Throat, Open Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
0WH331Z	Insertion of Radioactive Element into Oral Cavity and Throat, Percutaneous Approach	Procedure	ICD-10-PCS
0WH341Z	Insertion of Radioactive Element into Oral Cavity and Throat, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0WH401Z	Insertion of Radioactive Element into Upper Jaw, Open Approach	Procedure	ICD-10-PCS
0WH431Z	Insertion of Radioactive Element into Upper Jaw, Percutaneous Approach	Procedure	ICD-10-PCS
0WH441Z	Insertion of Radioactive Element into Upper Jaw, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0WH501Z	Insertion of Radioactive Element into Lower Jaw, Open Approach	Procedure	ICD-10-PCS
0WH531Z	Insertion of Radioactive Element into Lower Jaw, Percutaneous Approach	Procedure	ICD-10-PCS
0WH541Z	Insertion of Radioactive Element into Lower Jaw, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0WH601Z	Insertion of Radioactive Element into Neck, Open Approach	Procedure	ICD-10-PCS
0WH631Z	Insertion of Radioactive Element into Neck, Percutaneous Approach	Procedure	ICD-10-PCS
0WH641Z	Insertion of Radioactive Element into Neck, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0WH801Z	Insertion of Radioactive Element into Chest Wall, Open Approach	Procedure	ICD-10-PCS
0WH831Z	Insertion of Radioactive Element into Chest Wall, Percutaneous Approach	Procedure	ICD-10-PCS
0WH841Z	Insertion of Radioactive Element into Chest Wall, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0WH901Z	Insertion of Radioactive Element into Right Pleural Cavity, Open Approach	Procedure	ICD-10-PCS
0WH931Z	Insertion of Radioactive Element into Right Pleural Cavity, Percutaneous Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
0WH941Z	Insertion of Radioactive Element into Right Pleural Cavity, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0WHB01Z	Insertion of Radioactive Element into Left Pleural Cavity, Open Approach	Procedure	ICD-10-PCS
0WHB31Z	Insertion of Radioactive Element into Left Pleural Cavity, Percutaneous Approach	Procedure	ICD-10-PCS
0WHB41Z	Insertion of Radioactive Element into Left Pleural Cavity, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0WHC01Z	Insertion of Radioactive Element into Mediastinum, Open Approach	Procedure	ICD-10-PCS
0WHC31Z	Insertion of Radioactive Element into Mediastinum, Percutaneous Approach	Procedure	ICD-10-PCS
0WHC41Z	Insertion of Radioactive Element into Mediastinum, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0WHD01Z	Insertion of Radioactive Element into Pericardial Cavity, Open Approach	Procedure	ICD-10-PCS
0WHD31Z	Insertion of Radioactive Element into Pericardial Cavity, Percutaneous Approach	Procedure	ICD-10-PCS
0WHD41Z	Insertion of Radioactive Element into Pericardial Cavity, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0WHF01Z	Insertion of Radioactive Element into Abdominal Wall, Open Approach	Procedure	ICD-10-PCS
0WHF31Z	Insertion of Radioactive Element into Abdominal Wall, Percutaneous Approach	Procedure	ICD-10-PCS
0WHF41Z	Insertion of Radioactive Element into Abdominal Wall, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0WHG01Z	Insertion of Radioactive Element into Peritoneal Cavity, Open Approach	Procedure	ICD-10-PCS
0WHG31Z	Insertion of Radioactive Element into Peritoneal Cavity, Percutaneous Approach	Procedure	ICD-10-PCS
0WHG41Z	Insertion of Radioactive Element into Peritoneal Cavity, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
0WHH01Z	Insertion of Radioactive Element into Retroperitoneum, Open Approach	Procedure	ICD-10-PCS
0WHH31Z	Insertion of Radioactive Element into Retroperitoneum, Percutaneous Approach	Procedure	ICD-10-PCS
0WHH41Z	Insertion of Radioactive Element into Retroperitoneum, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0WHJ01Z	Insertion of Radioactive Element into Pelvic Cavity, Open Approach	Procedure	ICD-10-PCS
0WHJ31Z	Insertion of Radioactive Element into Pelvic Cavity, Percutaneous Approach	Procedure	ICD-10-PCS
0WHJ41Z	Insertion of Radioactive Element into Pelvic Cavity, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0WHK01Z	Insertion of Radioactive Element into Upper Back, Open Approach	Procedure	ICD-10-PCS
0WHK31Z	Insertion of Radioactive Element into Upper Back, Percutaneous Approach	Procedure	ICD-10-PCS
0WHK41Z	Insertion of Radioactive Element into Upper Back, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0WHL01Z	Insertion of Radioactive Element into Lower Back, Open Approach	Procedure	ICD-10-PCS
0WHL31Z	Insertion of Radioactive Element into Lower Back, Percutaneous Approach	Procedure	ICD-10-PCS
0WHL41Z	Insertion of Radioactive Element into Lower Back, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0WHM01Z	Insertion of Radioactive Element into Male Perineum, Open Approach	Procedure	ICD-10-PCS
0WHM31Z	Insertion of Radioactive Element into Male Perineum, Percutaneous Approach	Procedure	ICD-10-PCS
0WHM41Z	Insertion of Radioactive Element into Male Perineum, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0WHN01Z	Insertion of Radioactive Element into Female Perineum, Open Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
0WHN31Z	Insertion of Radioactive Element into Female Perineum, Percutaneous Approach	Procedure	ICD-10-PCS
0WHN41Z	Insertion of Radioactive Element into Female Perineum, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0WHP01Z	Insertion of Radioactive Element into Gastrointestinal Tract, Open Approach	Procedure	ICD-10-PCS
0WHP31Z	Insertion of Radioactive Element into Gastrointestinal Tract, Percutaneous Approach	Procedure	ICD-10-PCS
0WHP41Z	Insertion of Radioactive Element into Gastrointestinal Tract, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0WHP71Z	Insertion of Radioactive Element into Gastrointestinal Tract, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0WHP81Z	Insertion of Radioactive Element into Gastrointestinal Tract, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0WHQ01Z	Insertion of Radioactive Element into Respiratory Tract, Open Approach	Procedure	ICD-10-PCS
0WHQ31Z	Insertion of Radioactive Element into Respiratory Tract, Percutaneous Approach	Procedure	ICD-10-PCS
0WHQ41Z	Insertion of Radioactive Element into Respiratory Tract, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0WHQ71Z	Insertion of Radioactive Element into Respiratory Tract, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0WHQ81Z	Insertion of Radioactive Element into Respiratory Tract, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0WHR01Z	Insertion of Radioactive Element into Genitourinary Tract, Open Approach	Procedure	ICD-10-PCS
0WHR31Z	Insertion of Radioactive Element into Genitourinary Tract, Percutaneous Approach	Procedure	ICD-10-PCS
0WHR41Z	Insertion of Radioactive Element into Genitourinary Tract, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0WHR71Z	Insertion of Radioactive Element into Genitourinary Tract, Via Natural or Artificial Opening	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
0WHR81Z	Insertion of Radioactive Element into Genitourinary Tract, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0XH201Z	Insertion of Radioactive Element into Right Shoulder Region, Open Approach	Procedure	ICD-10-PCS
0XH231Z	Insertion of Radioactive Element into Right Shoulder Region, Percutaneous Approach	Procedure	ICD-10-PCS
0XH241Z	Insertion of Radioactive Element into Right Shoulder Region, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0XH301Z	Insertion of Radioactive Element into Left Shoulder Region, Open Approach	Procedure	ICD-10-PCS
0XH331Z	Insertion of Radioactive Element into Left Shoulder Region, Percutaneous Approach	Procedure	ICD-10-PCS
0XH341Z	Insertion of Radioactive Element into Left Shoulder Region, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0XH401Z	Insertion of Radioactive Element into Right Axilla, Open Approach	Procedure	ICD-10-PCS
0XH431Z	Insertion of Radioactive Element into Right Axilla, Percutaneous Approach	Procedure	ICD-10-PCS
0XH441Z	Insertion of Radioactive Element into Right Axilla, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0XH501Z	Insertion of Radioactive Element into Left Axilla, Open Approach	Procedure	ICD-10-PCS
0XH531Z	Insertion of Radioactive Element into Left Axilla, Percutaneous Approach	Procedure	ICD-10-PCS
0XH541Z	Insertion of Radioactive Element into Left Axilla, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0XH601Z	Insertion of Radioactive Element into Right Upper Extremity, Open Approach	Procedure	ICD-10-PCS
0XH631Z	Insertion of Radioactive Element into Right Upper Extremity, Percutaneous Approach	Procedure	ICD-10-PCS
0XH641Z	Insertion of Radioactive Element into Right Upper Extremity, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
0XH701Z	Insertion of Radioactive Element into Left Upper Extremity, Open Approach	Procedure	ICD-10-PCS
0XH731Z	Insertion of Radioactive Element into Left Upper Extremity, Percutaneous Approach	Procedure	ICD-10-PCS
0XH741Z	Insertion of Radioactive Element into Left Upper Extremity, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0XH801Z	Insertion of Radioactive Element into Right Upper Arm, Open Approach	Procedure	ICD-10-PCS
0XH831Z	Insertion of Radioactive Element into Right Upper Arm, Percutaneous Approach	Procedure	ICD-10-PCS
0XH841Z	Insertion of Radioactive Element into Right Upper Arm, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0XH901Z	Insertion of Radioactive Element into Left Upper Arm, Open Approach	Procedure	ICD-10-PCS
0XH931Z	Insertion of Radioactive Element into Left Upper Arm, Percutaneous Approach	Procedure	ICD-10-PCS
0XH941Z	Insertion of Radioactive Element into Left Upper Arm, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0XHB01Z	Insertion of Radioactive Element into Right Elbow Region, Open Approach	Procedure	ICD-10-PCS
0XHB31Z	Insertion of Radioactive Element into Right Elbow Region, Percutaneous Approach	Procedure	ICD-10-PCS
0XHB41Z	Insertion of Radioactive Element into Right Elbow Region, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0XHC01Z	Insertion of Radioactive Element into Left Elbow Region, Open Approach	Procedure	ICD-10-PCS
0XHC31Z	Insertion of Radioactive Element into Left Elbow Region, Percutaneous Approach	Procedure	ICD-10-PCS
0XHC41Z	Insertion of Radioactive Element into Left Elbow Region, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0XHD01Z	Insertion of Radioactive Element into Right Lower Arm, Open Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
0XHD31Z	Insertion of Radioactive Element into Right Lower Arm, Percutaneous Approach	Procedure	ICD-10-PCS
0XHD41Z	Insertion of Radioactive Element into Right Lower Arm, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0XHF01Z	Insertion of Radioactive Element into Left Lower Arm, Open Approach	Procedure	ICD-10-PCS
0XHF31Z	Insertion of Radioactive Element into Left Lower Arm, Percutaneous Approach	Procedure	ICD-10-PCS
0XHF41Z	Insertion of Radioactive Element into Left Lower Arm, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0XHG01Z	Insertion of Radioactive Element into Right Wrist Region, Open Approach	Procedure	ICD-10-PCS
0XHG31Z	Insertion of Radioactive Element into Right Wrist Region, Percutaneous Approach	Procedure	ICD-10-PCS
0XHG41Z	Insertion of Radioactive Element into Right Wrist Region, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0XHH01Z	Insertion of Radioactive Element into Left Wrist Region, Open Approach	Procedure	ICD-10-PCS
0XHH31Z	Insertion of Radioactive Element into Left Wrist Region, Percutaneous Approach	Procedure	ICD-10-PCS
0XHH41Z	Insertion of Radioactive Element into Left Wrist Region, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0XHJ01Z	Insertion of Radioactive Element into Right Hand, Open Approach	Procedure	ICD-10-PCS
0XHJ31Z	Insertion of Radioactive Element into Right Hand, Percutaneous Approach	Procedure	ICD-10-PCS
0XHJ41Z	Insertion of Radioactive Element into Right Hand, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0XHK01Z	Insertion of Radioactive Element into Left Hand, Open Approach	Procedure	ICD-10-PCS
0XHK31Z	Insertion of Radioactive Element into Left Hand, Percutaneous Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
0XHK41Z	Insertion of Radioactive Element into Left Hand, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0YH001Z	Insertion of Radioactive Element into Right Buttock, Open Approach	Procedure	ICD-10-PCS
0YH031Z	Insertion of Radioactive Element into Right Buttock, Percutaneous Approach	Procedure	ICD-10-PCS
0YH041Z	Insertion of Radioactive Element into Right Buttock, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0YH101Z	Insertion of Radioactive Element into Left Buttock, Open Approach	Procedure	ICD-10-PCS
0YH131Z	Insertion of Radioactive Element into Left Buttock, Percutaneous Approach	Procedure	ICD-10-PCS
0YH141Z	Insertion of Radioactive Element into Left Buttock, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0YH501Z	Insertion of Radioactive Element into Right Inguinal Region, Open Approach	Procedure	ICD-10-PCS
0YH531Z	Insertion of Radioactive Element into Right Inguinal Region, Percutaneous Approach	Procedure	ICD-10-PCS
0YH541Z	Insertion of Radioactive Element into Right Inguinal Region, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0YH601Z	Insertion of Radioactive Element into Left Inguinal Region, Open Approach	Procedure	ICD-10-PCS
0YH631Z	Insertion of Radioactive Element into Left Inguinal Region, Percutaneous Approach	Procedure	ICD-10-PCS
0YH641Z	Insertion of Radioactive Element into Left Inguinal Region, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0YH701Z	Insertion of Radioactive Element into Right Femoral Region, Open Approach	Procedure	ICD-10-PCS
0YH731Z	Insertion of Radioactive Element into Right Femoral Region, Percutaneous Approach	Procedure	ICD-10-PCS
0YH741Z	Insertion of Radioactive Element into Right Femoral Region, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
0YH801Z	Insertion of Radioactive Element into Left Femoral Region, Open Approach	Procedure	ICD-10-PCS
0YH831Z	Insertion of Radioactive Element into Left Femoral Region, Percutaneous Approach	Procedure	ICD-10-PCS
0YH841Z	Insertion of Radioactive Element into Left Femoral Region, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0YH901Z	Insertion of Radioactive Element into Right Lower Extremity, Open Approach	Procedure	ICD-10-PCS
0YH931Z	Insertion of Radioactive Element into Right Lower Extremity, Percutaneous Approach	Procedure	ICD-10-PCS
0YH941Z	Insertion of Radioactive Element into Right Lower Extremity, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0YHB01Z	Insertion of Radioactive Element into Left Lower Extremity, Open Approach	Procedure	ICD-10-PCS
0YHB31Z	Insertion of Radioactive Element into Left Lower Extremity, Percutaneous Approach	Procedure	ICD-10-PCS
0YHB41Z	Insertion of Radioactive Element into Left Lower Extremity, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0YHC01Z	Insertion of Radioactive Element into Right Upper Leg, Open Approach	Procedure	ICD-10-PCS
0YHC31Z	Insertion of Radioactive Element into Right Upper Leg, Percutaneous Approach	Procedure	ICD-10-PCS
0YHC41Z	Insertion of Radioactive Element into Right Upper Leg, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0YHD01Z	Insertion of Radioactive Element into Left Upper Leg, Open Approach	Procedure	ICD-10-PCS
0YHD31Z	Insertion of Radioactive Element into Left Upper Leg, Percutaneous Approach	Procedure	ICD-10-PCS
0YHD41Z	Insertion of Radioactive Element into Left Upper Leg, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0YHF01Z	Insertion of Radioactive Element into Right Knee Region, Open Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
0YHF31Z	Insertion of Radioactive Element into Right Knee Region, Percutaneous Approach	Procedure	ICD-10-PCS
0YHF41Z	Insertion of Radioactive Element into Right Knee Region, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0YHG01Z	Insertion of Radioactive Element into Left Knee Region, Open Approach	Procedure	ICD-10-PCS
0YHG31Z	Insertion of Radioactive Element into Left Knee Region, Percutaneous Approach	Procedure	ICD-10-PCS
0YHG41Z	Insertion of Radioactive Element into Left Knee Region, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0YHH01Z	Insertion of Radioactive Element into Right Lower Leg, Open Approach	Procedure	ICD-10-PCS
0YHH31Z	Insertion of Radioactive Element into Right Lower Leg, Percutaneous Approach	Procedure	ICD-10-PCS
0YHH41Z	Insertion of Radioactive Element into Right Lower Leg, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0YHJ01Z	Insertion of Radioactive Element into Left Lower Leg, Open Approach	Procedure	ICD-10-PCS
0YHJ31Z	Insertion of Radioactive Element into Left Lower Leg, Percutaneous Approach	Procedure	ICD-10-PCS
0YHJ41Z	Insertion of Radioactive Element into Left Lower Leg, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0YHK01Z	Insertion of Radioactive Element into Right Ankle Region, Open Approach	Procedure	ICD-10-PCS
0YHK31Z	Insertion of Radioactive Element into Right Ankle Region, Percutaneous Approach	Procedure	ICD-10-PCS
0YHK41Z	Insertion of Radioactive Element into Right Ankle Region, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0YHL01Z	Insertion of Radioactive Element into Left Ankle Region, Open Approach	Procedure	ICD-10-PCS
0YHL31Z	Insertion of Radioactive Element into Left Ankle Region, Percutaneous Approach	Procedure	ICD-10-PCS
0YHL41Z	Insertion of Radioactive Element into Left Ankle Region, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0YHM01Z	Insertion of Radioactive Element into Right Foot, Open Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
0YHM31Z	Insertion of Radioactive Element into Right Foot, Percutaneous Approach	Procedure	ICD-10-PCS
0YHM41Z	Insertion of Radioactive Element into Right Foot, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0YHN01Z	Insertion of Radioactive Element into Left Foot, Open Approach	Procedure	ICD-10-PCS
0YHN31Z	Insertion of Radioactive Element into Left Foot, Percutaneous Approach	Procedure	ICD-10-PCS
0YHN41Z	Insertion of Radioactive Element into Left Foot, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
19294	Preparation of tumor cavity and placement of radiation therapy applicator into breast for radiation therapy concurrent with partial breast removal	Procedure	CPT-4
19296	Insertion of catheter into breast for radiation therapy using imaging guidance	Procedure	CPT-4
19297	Insertion of catheter into breast for radiation therapy concurrent with partial breast removal using imaging guidance	Procedure	CPT-4
19298	Insertion of catheters into breast for radiation therapy with or after breast removal using imaging guidance	Procedure	CPT-4
20555	Insertion of needles or catheters into muscle and/or tissue for radiation therapy	Procedure	CPT-4
31643	Insertion of catheters for radiation delivery in lung airway using an endoscope	Procedure	CPT-4
32701	Thoracic targets delineation for stereotactic body radiation therapy	Procedure	CPT-4
3E00X05	Introduction of other antineoplastic into skin and mucous membranes, external approach	Procedure	ICD-10-PCS
3E00X0M	Introduction of monoclonal antibody into skin and mucous membranes, external approach	Procedure	ICD-10-PCS
3E01305	Introduction of other antineoplastic into subcutaneous tissue, percutaneous approach	Procedure	ICD-10-PCS
3E0130M	Introduction of monoclonal antibody into subcutaneous tissue, percutaneous approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
3E02305	Introduction of other antineoplastic into muscle, percutaneous approach	Procedure	ICD-10-PCS
3E0230M	Introduction of monoclonal antibody into muscle, percutaneous approach	Procedure	ICD-10-PCS
3E03002	Introduction of high-dose interleukin-2 into peripheral vein, open approach	Procedure	ICD-10-PCS
3E03003	Introduction of low-dose interleukin-2 into peripheral vein, open approach	Procedure	ICD-10-PCS
3E03005	Introduction of Other Antineoplastic into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
3E0300M	Introduction of monoclonal antibody into peripheral vein, open approach	Procedure	ICD-10-PCS
3E0300P	Introduction of clofarabine into peripheral vein, open approach	Procedure	ICD-10-PCS
3E030WL	Introduction of Immunosuppressive into Peripheral Vein, Open	Procedure	ICD-10-PCS
3E03302	Introduction of high-dose interleukin-2 into peripheral vein, percutaneous approach	Procedure	ICD-10-PCS
3E03303	Introduction of low-dose interleukin-2 into peripheral vein, percutaneous approach	Procedure	ICD-10-PCS
3E03305	Introduction of Other Antineoplastic into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
3E0330M	Introduction of monoclonal antibody into peripheral vein, percutaneous approach	Procedure	ICD-10-PCS
3E0330P	Introduction of clofarabine into peripheral vein, percutaneous approach	Procedure	ICD-10-PCS
3E033WL	Introduction of immunosuppressive into peripheral vein, percutaneous	Procedure	ICD-10-PCS
3E04002	Introduction of high-dose interleukin-2 into central vein, open approach	Procedure	ICD-10-PCS
3E04003	Introduction of low-dose interleukin-2 into central vein, open approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
3E04005	Introduction of Other Antineoplastic into Central Vein, Open Approach	Procedure	ICD-10-PCS
3E0400M	Introduction of monoclonal antibody into central vein, open approach	Procedure	ICD-10-PCS
3E0400P	Introduction of clofarabine into central vein, open approach	Procedure	ICD-10-PCS
3E040WL	Introduction of immunosuppressive into central vein, open	Procedure	ICD-10-PCS
3E04302	Introduction of high-dose interleukin-2 into central vein, percutaneous approach	Procedure	ICD-10-PCS
3E04303	Introduction of low-dose interleukin-2 into central vein, percutaneous approach	Procedure	ICD-10-PCS
3E04305	Introduction of Other Antineoplastic into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
3E0430M	Introduction of monoclonal antibody into central vein, percutaneous approach	Procedure	ICD-10-PCS
3E0430P	Introduction of clofarabine into central vein, percutaneous approach	Procedure	ICD-10-PCS
3E043WL	Introduction of immunosuppressive into central vein, percutaneous	Procedure	ICD-10-PCS
3E05002	Introduction of high-dose interleukin-2 into peripheral artery, open approach	Procedure	ICD-10-PCS
3E05003	Introduction of low-dose interleukin-2 into peripheral artery, open approach	Procedure	ICD-10-PCS
3E05005	Introduction of Other Antineoplastic into Peripheral Artery, Open Approach	Procedure	ICD-10-PCS
3E0500M	Introduction of monoclonal antibody into peripheral artery, open approach	Procedure	ICD-10-PCS
3E0500P	Introduction of clofarabine into peripheral artery, open approach	Procedure	ICD-10-PCS
3E050WL	Introduction of immunosuppressive into peripheral artery, open	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
3E05302	Introduction of high-dose interleukin-2 into peripheral artery, percutaneous approach	Procedure	ICD-10-PCS
3E05303	Introduction of low-dose interleukin-2 into peripheral artery, percutaneous approach	Procedure	ICD-10-PCS
3E05305	Introduction of Other Antineoplastic into Peripheral Artery, Percutaneous Approach	Procedure	ICD-10-PCS
3E0530M	Introduction of monoclonal antibody into peripheral artery, percutaneous approach	Procedure	ICD-10-PCS
3E0530P	Introduction of clofarabine into peripheral artery, percutaneous approach	Procedure	ICD-10-PCS
3E053WL	Introduction of immunosuppressive into peripheral artery, percutaneous	Procedure	ICD-10-PCS
3E06002	Introduction of high-dose interleukin-2 into central artery, open approach	Procedure	ICD-10-PCS
3E06003	Introduction of low-dose interleukin-2 into central artery, open approach	Procedure	ICD-10-PCS
3E06005	Introduction of Other Antineoplastic into Central Artery, Open Approach	Procedure	ICD-10-PCS
3E0600M	Introduction of monoclonal antibody into central artery, open approach	Procedure	ICD-10-PCS
3E0600P	Introduction of clofarabine into central artery, open approach	Procedure	ICD-10-PCS
3E060WL	Introduction of immunosuppressive into central artery, open	Procedure	ICD-10-PCS
3E06302	Introduction of high-dose interleukin-2 into central artery, percutaneous approach	Procedure	ICD-10-PCS
3E06303	Introduction of low-dose interleukin-2 into central artery, percutaneous approach	Procedure	ICD-10-PCS
3E06305	Introduction of Other Antineoplastic into Central Artery, Percutaneous Approach	Procedure	ICD-10-PCS
3E0630M	Introduction of monoclonal antibody into central artery, percutaneous approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
3E0630P	Introduction of clofarabine into central artery, percutaneous approach	Procedure	ICD-10-PCS
3E063WL	Introduction of immunosuppressive into central artery, percutaneous	Procedure	ICD-10-PCS
3E09305	Introduction of other antineoplastic into nose, percutaneous approach	Procedure	ICD-10-PCS
3E0930M	Introduction of monoclonal antibody into nose, percutaneous approach	Procedure	ICD-10-PCS
3E09705	Introduction of other antineoplastic into nose, via natural or artificial opening	Procedure	ICD-10-PCS
3E0970M	Introduction of monoclonal antibody into nose, via natural or artificial opening	Procedure	ICD-10-PCS
3E09X05	Introduction of other antineoplastic into nose, external approach	Procedure	ICD-10-PCS
3E09X0M	Introduction of monoclonal antibody into nose, external approach	Procedure	ICD-10-PCS
3E0A305	Introduction of other antineoplastic into bone marrow, percutaneous approach	Procedure	ICD-10-PCS
3E0A30M	Introduction of monoclonal antibody into bone marrow, percutaneous approach	Procedure	ICD-10-PCS
3E0B304	Introduction of Liquid Brachytherapy Radioisotope into Ear, Percutaneous Approach	Procedure	ICD-10-PCS
3E0B305	Introduction of other antineoplastic into ear, percutaneous approach	Procedure	ICD-10-PCS
3E0B30M	Introduction of monoclonal antibody into ear, percutaneous approach	Procedure	ICD-10-PCS
3E0B704	Introduction of Liquid Brachytherapy Radioisotope into Ear, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0B705	Introduction of other antineoplastic into ear, via natural or artificial opening	Procedure	ICD-10-PCS
3E0B70M	Introduction of monoclonal antibody into ear, via natural or artificial opening	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
3E0BX04	Introduction of Liquid Brachytherapy Radioisotope into Ear, External Approach	Procedure	ICD-10-PCS
3E0BX05	Introduction of other antineoplastic into ear, external approach	Procedure	ICD-10-PCS
3E0BX0M	Introduction of monoclonal antibody into ear, external approach	Procedure	ICD-10-PCS
3E0C304	Introduction of Liquid Brachytherapy Radioisotope into Eye, Percutaneous Approach	Procedure	ICD-10-PCS
3E0C305	Introduction of other antineoplastic into eye, percutaneous approach	Procedure	ICD-10-PCS
3E0C30M	Introduction of monoclonal antibody into eye, percutaneous approach	Procedure	ICD-10-PCS
3E0C704	Introduction of Liquid Brachytherapy Radioisotope into Eye, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0C705	Introduction of other antineoplastic into eye, via natural or artificial opening	Procedure	ICD-10-PCS
3E0C70M	Introduction of monoclonal antibody into eye, via natural or artificial opening	Procedure	ICD-10-PCS
3E0CX04	Introduction of Liquid Brachytherapy Radioisotope into Eye, External Approach	Procedure	ICD-10-PCS
3E0CX05	Introduction of other antineoplastic into eye, external approach	Procedure	ICD-10-PCS
3E0CX0M	Introduction of monoclonal antibody into eye, external approach	Procedure	ICD-10-PCS
3E0D304	Introduction of Liquid Brachytherapy Radioisotope into Mouth and Pharynx, Percutaneous Approach	Procedure	ICD-10-PCS
3E0D305	Introduction of other antineoplastic into mouth and pharynx, percutaneous approach	Procedure	ICD-10-PCS
3E0D30M	Introduction of monoclonal antibody into mouth and pharynx, percutaneous approach	Procedure	ICD-10-PCS
3E0D704	Introduction of Liquid Brachytherapy Radioisotope into Mouth and Pharynx, Via Natural or Artificial Opening	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
3E0D705	Introduction of other antineoplastic into mouth and pharynx, via natural or artificial opening	Procedure	ICD-10-PCS
3E0D70M	Introduction of monoclonal antibody into mouth and pharynx, via natural or artificial opening	Procedure	ICD-10-PCS
3E0DX04	Introduction of Liquid Brachytherapy Radioisotope into Mouth and Pharynx, External Approach	Procedure	ICD-10-PCS
3E0DX05	Introduction of other antineoplastic into mouth and pharynx, external approach	Procedure	ICD-10-PCS
3E0DX0M	Introduction of monoclonal antibody into mouth and pharynx, external approach	Procedure	ICD-10-PCS
3E0E304	Introduction of Liquid Brachytherapy Radioisotope into Products of Conception, Percutaneous Approach	Procedure	ICD-10-PCS
3E0E305	Introduction of other antineoplastic into products of conception, percutaneous approach	Procedure	ICD-10-PCS
3E0E30M	Introduction of monoclonal antibody into products of conception, percutaneous approach	Procedure	ICD-10-PCS
3E0E704	Introduction of Liquid Brachytherapy Radioisotope into Products of Conception, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0E705	Introduction of other antineoplastic into products of conception, via natural or artificial opening	Procedure	ICD-10-PCS
3E0E70M	Introduction of monoclonal antibody into products of conception, via natural or artificial opening	Procedure	ICD-10-PCS
3E0E804	Introduction of Liquid Brachytherapy Radioisotope into Products of Conception, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0E805	Introduction of other antineoplastic into products of conception, via natural or artificial opening endoscopic	Procedure	ICD-10-PCS
3E0E80M	Introduction of monoclonal antibody into products of conception, via natural or artificial opening endoscopic	Procedure	ICD-10-PCS
3E0F304	Introduction of Liquid Brachytherapy Radioisotope into Respiratory Tract, Percutaneous Approach	Procedure	ICD-10-PCS
3E0F305	Introduction of other antineoplastic into respiratory tract, percutaneous approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
3E0F30M	Introduction of monoclonal antibody into respiratory tract, percutaneous approach	Procedure	ICD-10-PCS
3E0F704	Introduction of Liquid Brachytherapy Radioisotope into Respiratory Tract, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0F705	Introduction of other antineoplastic into respiratory tract, via natural or artificial opening	Procedure	ICD-10-PCS
3E0F70M	Introduction of monoclonal antibody into respiratory tract, via natural or artificial opening	Procedure	ICD-10-PCS
3E0F804	Introduction of Liquid Brachytherapy Radioisotope into Respiratory Tract, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0F805	Introduction of other antineoplastic into respiratory tract, via natural or artificial opening endoscopic	Procedure	ICD-10-PCS
3E0F80M	Introduction of monoclonal antibody into respiratory tract, via natural or artificial opening endoscopic	Procedure	ICD-10-PCS
3E0G304	Introduction of Liquid Brachytherapy Radioisotope into Upper GI, Percutaneous Approach	Procedure	ICD-10-PCS
3E0G305	Introduction of other antineoplastic into upper gi, percutaneous approach	Procedure	ICD-10-PCS
3E0G30M	Introduction of monoclonal antibody into upper gi, percutaneous approach	Procedure	ICD-10-PCS
3E0G704	Introduction of Liquid Brachytherapy Radioisotope into Upper GI, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0G705	Introduction of other antineoplastic into upper gi, via natural or artificial opening	Procedure	ICD-10-PCS
3E0G70M	Introduction of monoclonal antibody into upper gi, via natural or artificial opening	Procedure	ICD-10-PCS
3E0G804	Introduction of Liquid Brachytherapy Radioisotope into Upper GI, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0G805	Introduction of other antineoplastic into upper gi, via natural or artificial opening endoscopic	Procedure	ICD-10-PCS
3E0G80M	Introduction of monoclonal antibody into upper gi, via natural or artificial opening endoscopic	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
3E0H304	Introduction of Liquid Brachytherapy Radioisotope into Lower GI, Percutaneous Approach	Procedure	ICD-10-PCS
3E0H305	Introduction of other antineoplastic into lower gi, percutaneous approach	Procedure	ICD-10-PCS
3E0H30M	Introduction of monoclonal antibody into lower gi, percutaneous approach	Procedure	ICD-10-PCS
3E0H704	Introduction of Liquid Brachytherapy Radioisotope into Lower GI, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0H705	Introduction of other antineoplastic into lower gi, via natural or artificial opening	Procedure	ICD-10-PCS
3E0H70M	Introduction of monoclonal antibody into lower gi, via natural or artificial opening	Procedure	ICD-10-PCS
3E0H804	Introduction of Liquid Brachytherapy Radioisotope into Lower GI, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0H805	Introduction of other antineoplastic into lower gi, via natural or artificial opening endoscopic	Procedure	ICD-10-PCS
3E0H80M	Introduction of monoclonal antibody into lower gi, via natural or artificial opening endoscopic	Procedure	ICD-10-PCS
3E0J304	Introduction of Liquid Brachytherapy Radioisotope into Biliary and Pancreatic Tract, Percutaneous Approach	Procedure	ICD-10-PCS
3E0J305	Introduction of other antineoplastic into biliary and pancreatic tract, percutaneous approach	Procedure	ICD-10-PCS
3E0J30M	Introduction of monoclonal antibody into biliary and pancreatic tract, percutaneous approach	Procedure	ICD-10-PCS
3E0J704	Introduction of Liquid Brachytherapy Radioisotope into Biliary and Pancreatic Tract, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0J705	Introduction of other antineoplastic into biliary and pancreatic tract, via natural or artificial opening	Procedure	ICD-10-PCS
3E0J70M	Introduction of monoclonal antibody into biliary and pancreatic tract, via natural or artificial opening	Procedure	ICD-10-PCS
3E0J804	Introduction of Liquid Brachytherapy Radioisotope into Biliary and Pancreatic Tract, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
3E0J805	Introduction of other antineoplastic into biliary and pancreatic tract, via natural or artificial opening endoscopic	Procedure	ICD-10-PCS
3E0J80M	Introduction of monoclonal antibody into biliary and pancreatic tract, via natural or artificial opening endoscopic	Procedure	ICD-10-PCS
3E0K304	Introduction of Liquid Brachytherapy Radioisotope into Genitourinary Tract, Percutaneous Approach	Procedure	ICD-10-PCS
3E0K305	Introduction of other antineoplastic into genitourinary tract, percutaneous approach	Procedure	ICD-10-PCS
3E0K30M	Introduction of monoclonal antibody into genitourinary tract, percutaneous approach	Procedure	ICD-10-PCS
3E0K704	Introduction of Liquid Brachytherapy Radioisotope into Genitourinary Tract, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0K705	Introduction of other antineoplastic into genitourinary tract, via natural or artificial opening	Procedure	ICD-10-PCS
3E0K70M	Introduction of monoclonal antibody into genitourinary tract, via natural or artificial opening	Procedure	ICD-10-PCS
3E0K804	Introduction of Liquid Brachytherapy Radioisotope into Genitourinary Tract, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0K805	Introduction of other antineoplastic into genitourinary tract, via natural or artificial opening endoscopic	Procedure	ICD-10-PCS
3E0K80M	Introduction of monoclonal antibody into genitourinary tract, via natural or artificial opening endoscopic	Procedure	ICD-10-PCS
3E0L304	Introduction of Liquid Brachytherapy Radioisotope into Pleural Cavity, Percutaneous Approach	Procedure	ICD-10-PCS
3E0L305	Introduction of other antineoplastic into pleural cavity, percutaneous approach	Procedure	ICD-10-PCS
3E0L30M	Introduction of monoclonal antibody into pleural cavity, percutaneous approach	Procedure	ICD-10-PCS
3E0L704	Introduction of Liquid Brachytherapy Radioisotope into Pleural Cavity, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0L705	Introduction of other antineoplastic into pleural cavity, via natural or artificial opening	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
3E0L70M	Introduction of monoclonal antibody into pleural cavity, via natural or artificial opening	Procedure	ICD-10-PCS
3E0M304	Introduction of Liquid Brachytherapy Radioisotope into Peritoneal Cavity, Percutaneous Approach	Procedure	ICD-10-PCS
3E0M305	Introduction of other antineoplastic into peritoneal cavity, percutaneous approach	Procedure	ICD-10-PCS
3E0M30M	Introduction of monoclonal antibody into peritoneal cavity, percutaneous approach	Procedure	ICD-10-PCS
3E0M704	Introduction of Liquid Brachytherapy Radioisotope into Peritoneal Cavity, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0M705	Introduction of other antineoplastic into peritoneal cavity, via natural or artificial opening	Procedure	ICD-10-PCS
3E0M70M	Introduction of monoclonal antibody into peritoneal cavity, via natural or artificial opening	Procedure	ICD-10-PCS
3E0N304	Introduction of Liquid Brachytherapy Radioisotope into Male Reproductive, Percutaneous Approach	Procedure	ICD-10-PCS
3E0N305	Introduction of other antineoplastic into male reproductive, percutaneous approach	Procedure	ICD-10-PCS
3E0N30M	Introduction of monoclonal antibody into male reproductive, percutaneous approach	Procedure	ICD-10-PCS
3E0N704	Introduction of Liquid Brachytherapy Radioisotope into Male Reproductive, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0N705	Introduction of other antineoplastic into male reproductive, via natural or artificial opening	Procedure	ICD-10-PCS
3E0N70M	Introduction of monoclonal antibody into male reproductive, via natural or artificial opening	Procedure	ICD-10-PCS
3E0N804	Introduction of Liquid Brachytherapy Radioisotope into Male Reproductive, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0N805	Introduction of other antineoplastic into male reproductive, via natural or artificial opening endoscopic	Procedure	ICD-10-PCS
3E0N80M	Introduction of monoclonal antibody into male reproductive, via natural or artificial opening endoscopic	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
3E0P304	Introduction of Liquid Brachytherapy Radioisotope into Female Reproductive, Percutaneous Approach	Procedure	ICD-10-PCS
3E0P305	Introduction of other antineoplastic into female reproductive, percutaneous approach	Procedure	ICD-10-PCS
3E0P30M	Introduction of monoclonal antibody into female reproductive, percutaneous approach	Procedure	ICD-10-PCS
3E0P704	Introduction of Liquid Brachytherapy Radioisotope into Female Reproductive, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0P705	Introduction of other antineoplastic into female reproductive, via natural or artificial opening	Procedure	ICD-10-PCS
3E0P70M	Introduction of monoclonal antibody into female reproductive, via natural or artificial opening	Procedure	ICD-10-PCS
3E0P804	Introduction of Liquid Brachytherapy Radioisotope into Female Reproductive, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0P805	Introduction of other antineoplastic into female reproductive, via natural or artificial opening endoscopic	Procedure	ICD-10-PCS
3E0P80M	Introduction of monoclonal antibody into female reproductive, via natural or artificial opening endoscopic	Procedure	ICD-10-PCS
3E0Q004	Introduction of Liquid Brachytherapy Radioisotope into Cranial Cavity and Brain, Open Approach	Procedure	ICD-10-PCS
3E0Q005	Introduction of other antineoplastic into cranial cavity and brain, open approach	Procedure	ICD-10-PCS
3E0Q00M	Introduction of monoclonal antibody into cranial cavity and brain, open approach	Procedure	ICD-10-PCS
3E0Q304	Introduction of Liquid Brachytherapy Radioisotope into Cranial Cavity and Brain, Percutaneous Approach	Procedure	ICD-10-PCS
3E0Q305	Introduction of other antineoplastic into cranial cavity and brain, percutaneous approach	Procedure	ICD-10-PCS
3E0Q30M	Introduction of monoclonal antibody into cranial cavity and brain, percutaneous approach	Procedure	ICD-10-PCS
3E0Q704	Introduction of Liquid Brachytherapy Radioisotope into Cranial Cavity and Brain, Via Natural or Artificial Opening	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
3E0Q705	Introduction of other antineoplastic into cranial cavity and brain, via natural or artificial opening	Procedure	ICD-10-PCS
3E0Q70M	Introduction of monoclonal antibody into cranial cavity and brain, via natural or artificial opening	Procedure	ICD-10-PCS
3E0R302	Introduction of high-dose interleukin-2 into spinal canal, percutaneous approach	Procedure	ICD-10-PCS
3E0R303	Introduction of low-dose interleukin-2 into spinal canal, percutaneous approach	Procedure	ICD-10-PCS
3E0R304	Introduction of Liquid Brachytherapy Radioisotope into Spinal Canal, Percutaneous Approach	Procedure	ICD-10-PCS
3E0R305	Introduction of Other Antineoplastic into Spinal Canal, Percutaneous Approach	Procedure	ICD-10-PCS
3E0R30M	Introduction of monoclonal antibody into spinal canal, percutaneous approach	Procedure	ICD-10-PCS
3E0S302	Introduction of high-dose interleukin-2 into epidural space, percutaneous approach	Procedure	ICD-10-PCS
3E0S303	Introduction of low-dose interleukin-2 into epidural space, percutaneous approach	Procedure	ICD-10-PCS
3E0S304	Introduction of Liquid Brachytherapy Radioisotope into Epidural Space, Percutaneous Approach	Procedure	ICD-10-PCS
3E0S305	Introduction of Other Antineoplastic into Epidural Space, Percutaneous Approach	Procedure	ICD-10-PCS
3E0S30M	Introduction of monoclonal antibody into epidural space, percutaneous approach	Procedure	ICD-10-PCS
3E0U304	Introduction of Liquid Brachytherapy Radioisotope into Joints, Percutaneous Approach	Procedure	ICD-10-PCS
3E0U305	Introduction of other antineoplastic into joints, percutaneous approach	Procedure	ICD-10-PCS
3E0U30M	Introduction of monoclonal antibody into joints, percutaneous approach	Procedure	ICD-10-PCS
3E0V305	Introduction of other antineoplastic into bones, percutaneous approach	Procedure	ICD-10-PCS
3E0V30M	Introduction of monoclonal antibody into bones, percutaneous approach	Procedure	ICD-10-PCS
3E0W305	Introduction of other antineoplastic into lymphatics, percutaneous approach	Procedure	ICD-10-PCS
3E0W30M	Introduction of monoclonal antibody into lymphatics, percutaneous approach	Procedure	ICD-10-PCS
3E0Y304	Introduction of Liquid Brachytherapy Radioisotope into Pericardial Cavity, Percutaneous	Procedure	ICD-10-PCS
3E0Y305	Introduction of other antineoplastic into pericardial cavity, percutaneous approach	Procedure	ICD-10-PCS
3E0Y30M	Introduction of monoclonal antibody into pericardial cavity, percutaneous approach	Procedure	ICD-10-PCS
3E0Y704	Introduction of Liquid Brachytherapy Radioisotope into Pericardial Cavity, Via Natural or Artificial	Procedure	ICD-10-PCS
3E0Y705	Introduction of other antineoplastic into pericardial cavity, via natural or artificial opening	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
3E0Y70M	Introduction of monoclonal antibody into pericardial cavity, via natural or artificial opening	Procedure	ICD-10-PCS
41019	Insertion of needles, catheters, or devices into head and/or neck for radiation delivery	Procedure	CPT-4
4153F	Combination peginterferon and ribavirin therapy prescribed (HEP-C)	Procedure	CPT-2
49411	Insertion of devices in abdominal cavity for radiation therapy guidance, accessed through the	Procedure	CPT-4
49412	Insertion of devices for radiation therapy guidance in abdominal cavity, open procedure	Procedure	CPT-4
55859	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	Procedure	CPT-4
55860	Exposure of prostate, any approach, for insertion of radioactive substance;	Procedure	CPT-4
55862	Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node	Procedure	CPT-4
55865	Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	Procedure	CPT-4
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	Procedure	CPT-4
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application	Procedure	CPT-4
57155	Insertion of radiation therapy devices in uterus for radiation therapy	Procedure	CPT-4
57156	Insertion of radiation therapy devices in vagina for radiation therapy	Procedure	CPT-4
58346	Insertion of capsules into uterus for placement of radiation therapy	Procedure	CPT-4
77371	Radiation therapy delivery, stereotactic radiosurgery (SRS) for cranial growths, per session	Procedure	CPT-4
77372	Radiation therapy delivery, stereotactic radiosurgery (SRS) for cranial growths, per session	Procedure	CPT-4
77373	Stereotactic body radiation therapy 1 or more lesions using imaging guidance	Procedure	CPT-4
77385	Radiation therapy delivery	Procedure	CPT-4
77386	Radiation therapy delivery	Procedure	CPT-4
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day	Procedure	CPT-4
77402	Radiation treatment delivery,=>1 MeV; simple	Procedure	CPT-4

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

Code	Description	Code Category	Code Type
77403	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple	Procedure	CPT-4
77404	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple	Procedure	CPT-4
77406	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple	Procedure	CPT-4
77407	Radiation treatment delivery, =>1 MeV; intermediate	Procedure	CPT-4
77408	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment	Procedure	CPT-4
77409	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment	Procedure	CPT-4
77411	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment	Procedure	CPT-4
77412	Radiation treatment delivery, =>1 MeV; complex	Procedure	CPT-4
77413	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential	Procedure	CPT-4
77414	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential	Procedure	CPT-4
77416	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential	Procedure	CPT-4
77422	Radiation treatment delivery, high energy, single treatment area	Procedure	CPT-4
77423	Radiation treatment delivery, high energy	Procedure	CPT-4
77424	Intraoperative single X-ray radiation treatment session	Procedure	CPT-4
77425	Intraoperative electrons radiation treatment single session	Procedure	CPT-4
77427	Radiation treatment management, 5 treatments	Procedure	CPT-4
77431	Radiation treatment management, 1 or 2 treatments	Procedure	CPT-4
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment	Procedure	CPT-4
77435	Stereotactic radiation treatment management of 1 or more lesions using imaging guidance, per	Procedure	CPT-4
77469	Intraoperative radiation treatment management	Procedure	CPT-4
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or	Procedure	CPT-4
77499	Unlisted procedure, therapeutic radiology treatment management	Procedure	CPT-4
77520	Proton treatment delivery, simple	Procedure	CPT-4
77522	Proton treatment delivery, simple with compensation	Procedure	CPT-4
77523	Proton treatment delivery, intermediate	Procedure	CPT-4
77525	Proton treatment delivery, complex	Procedure	CPT-4
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)	Procedure	CPT-4
77761	Intracavitary radiation source application; simple	Procedure	CPT-4
77762	Intracavitary radiation source application; intermediate	Procedure	CPT-4
77763	Intracavitary radiation source application; complex	Procedure	CPT-4
77767	High dose brachytherapy through skin surface, 1 channel or up to 2.0 cm	Procedure	CPT-4
77768	High dose brachytherapy through skin surface, 2 channels or more than 2.0 cm	Procedure	CPT-4

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

Code	Description	Code Category	Code Type
77770	High dose brachytherapy , 1 channel	Procedure	CPT-4
77771	High dose brachytherapy , 2- 12 channels	Procedure	CPT-4
77772	High dose brachytherapy , more than 12 channels	Procedure	CPT-4
77776	Interstitial radiation source application; simple	Procedure	CPT-4
77777	Interstitial radiation source application; intermediate	Procedure	CPT-4
77778	Interstitial radiation source application; complex	Procedure	CPT-4
77781	Remote afterloading high intensity brachytherapy; 1-4 source positions or catheters	Procedure	CPT-4
77782	Remote afterloading high intensity brachytherapy; 5-8 source positions or catheters	Procedure	CPT-4
77783	Remote afterloading high intensity brachytherapy; 9-12 source positions or catheters	Procedure	CPT-4
77784	Remote afterloading high intensity brachytherapy; over 12 source positions or catheters	Procedure	CPT-4
77785	Remote afterloading high dose rate radionuclide brachytherapy; 1 channel	Procedure	CPT-4
77786	Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels	Procedure	CPT-4
77787	Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels	Procedure	CPT-4
77789	Surface application of low dose rate radionuclide source	Procedure	CPT-4
77799	Unlisted procedure, clinical brachytherapy	Procedure	CPT-4
90378	Palivizumab	Procedure	CPT-4
96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic	Procedure	CPT-4
96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic	Procedure	CPT-4
96409	Chemotherapy administration; intravenous, push technique, single or initial substance/drug	Procedure	CPT-4
96411	Chemotherapy administration; intravenous, push technique, each additional substance/drug	Procedure	CPT-4
96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial	Procedure	CPT-4
96415	Chemotherapy administration, intravenous infusion technique; each additional hour (List	Procedure	CPT-4
96416	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump	Procedure	CPT-4
96417	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary	Procedure	CPT-4
96420	Chemotherapy administration, intra-arterial; push technique	Procedure	CPT-4

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

Code	Description	Code Category	Code Type
96422	Chemotherapy administration, intra-arterial; infusion technique, up to 1 hour	Procedure	CPT-4
96423	Chemotherapy administration, intra-arterial; infusion technique, each additional hour (List	Procedure	CPT-4
96425	Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion	Procedure	CPT-4
96440	Chemotherapy administration into pleural cavity, requiring and including thoracentesis	Procedure	CPT-4
96446	Chemotherapy administration into the peritoneal cavity via indwelling port or catheter	Procedure	CPT-4
96450	Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture	Procedure	CPT-4
96542	Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or	Procedure	CPT-4
96549	Unlisted chemotherapy procedure	Procedure	CPT-4
A9545	Iodine I-131 tositumomab, therapeutic, per treatment dose	Procedure	HCPCS
C1084	Denileukin diftitox, 300 mcg, ontak iv	Procedure	HCPCS
C1086	Temozolomide, 5 mg, temodar	Procedure	HCPCS
C1166	Injection, cytarabine liposome, per 10 mg	Procedure	HCPCS
C1167	Injection, epirubicin HCl, 2 mg	Procedure	HCPCS
C1178	Injection, busulfan, per 6 mg	Procedure	HCPCS
C1716	Brachytherapy source, non-stranded, gold-198, per source	Procedure	HCPCS
C1717	Brachytherapy source, non-stranded, high dose rate iridium-192, per source	Procedure	HCPCS
C1719	Brachytherapy source, non-stranded, non-high dose rate iridium-192, per source	Procedure	HCPCS
C2616	Brachytherapy source, non-stranded, yttrium-90, per source	Procedure	HCPCS
C2634	Brachytherapy source, non-stranded, high activity, iodine-125, greater than 1.01 mci (nist), per	Procedure	HCPCS
C2635	Brachytherapy source, non-stranded, high activity, palladium-103, greater than 2.2 mci (nist), per	Procedure	HCPCS
C2636	Brachytherapy linear source, non-stranded, palladium-103, per 1 mm	Procedure	HCPCS
C2637	Brachytherapy source, non-stranded, ytterbium-169, per source	Procedure	HCPCS
C2638	Brachytherapy source, stranded, iodine-125, per source	Procedure	HCPCS
C2639	Brachytherapy source, non-stranded, iodine-125, per source	Procedure	HCPCS
C2640	Brachytherapy source, stranded, palladium-103, per source	Procedure	HCPCS
C2641	Brachytherapy source, non-stranded, palladium-103, per source	Procedure	HCPCS
C2642	Brachytherapy source, stranded, cesium-131, per source	Procedure	HCPCS
C2643	Brachytherapy source, non-stranded, cesium-131, per source	Procedure	HCPCS
C2644	Brachytherapy source, cesium-131 chloride solution, per millicurie	Procedure	HCPCS
C2698	Brachytherapy source, stranded, not otherwise specified, per source	Procedure	HCPCS
C2699	Brachytherapy source, non-stranded, not otherwise specified, per source	Procedure	HCPCS
C9004	Injection, gemtuzumab ozogamicin, per 5 mg	Procedure	HCPCS
C9006	Injection, tacrolimus, per 5 mg (1 amp)	Procedure	HCPCS
C9012	Injection, arsenic trioxide, per 1 mg/kg	Procedure	HCPCS

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

Code	Description	Code Category	Code Type
C9017	Lomustine, 10 mg	Procedure	HCPCS
C9020	Sirolimus tablet, 1 mg	Procedure	HCPCS
C9021	Injection, obinutuzumab, 10 mg	Procedure	HCPCS
C9024	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	Procedure	HCPCS
C9029	guselkumab	Procedure	HCPCS
C9042	Injection, bendamustine hcl (belrapzo), 1 mg	Procedure	HCPCS
C9044	Injection, bendamustine hcl (belrapzo), 1 mg	Procedure	HCPCS
C9045	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	Procedure	HCPCS
C9049	Injection, tagraxofusp-erzs, 10 mcg	Procedure	HCPCS
C9050	Injection, emapalumab-lzsg, 1 mg	Procedure	HCPCS
C9106	Sirolimus, per 1 mg/ml	Procedure	HCPCS
C9110	Injection, alemtuzumab, per 10 mg/ ml	Procedure	HCPCS
C9126	Injection natalizumab per 5 mg	Procedure	HCPCS
C9127	Injection, paclitaxel protein-bound particles, per 1 mg	Procedure	HCPCS
C9129	Injection, clofarabine, per 1 mg	Procedure	HCPCS
C9205	Injection, oxaliplatin, per 5 mg	Procedure	HCPCS
C9207	Injection, bortezomib, per 3.5 mg	Procedure	HCPCS
C9211	Injection, alefacept, for intravenous use, per 7.5 mg	Procedure	HCPCS
C9212	Injection, alefacept, for intramuscular use, per 7.5 mg	Procedure	HCPCS
C9213	Injection, pemetrexed, per 10 mg	Procedure	HCPCS
C9214	Injection, bevacizumab, per 10 mg	Procedure	HCPCS
C9215	Injection, cetuximab, per 10 mg	Procedure	HCPCS
C9218	Injection, azacitidine, per 1 mg	Procedure	HCPCS
C9230	Injection, abatacept, per 10 mg	Procedure	HCPCS
C9231	Injection, decitabine, per 1 mg	Procedure	HCPCS
C9235	Injection, panitumumab, 10 mg	Procedure	HCPCS
C9236	Injection, eculizumab, 10 mg	Procedure	HCPCS
C9239	Injection, temsirolimus, 1 mg	Procedure	HCPCS
C9240	Injection, ixabepilone, 1 mg	Procedure	HCPCS
C9243	Injection, bendamustine hcl, 1 mg	Procedure	HCPCS
C9249	Injection, certolizumab pegol, 1 mg	Procedure	HCPCS
C9253	Injection, temozolomide, 1mg	Procedure	HCPCS
C9259	Injection, pralatrexate, 1 mg	Procedure	HCPCS

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

Code	Description	Code Category	Code Type
C9260	Injection, ofatumumab, 10 mg	Procedure	HCPCS
C9261	Injection, ustekinumab, 1 mg	Procedure	HCPCS
C9262	Fludarabine phosphate, oral, 1 mg	Procedure	HCPCS
C9264	Injection, tocilizumab, 1 mg	Procedure	HCPCS
C9265	Injection, romidepsin, 1 mg	Procedure	HCPCS
C9273	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF,	Procedure	HCPCS
C9276	Injection, cabazitaxel, 1 mg	Procedure	HCPCS
C9280	Injection, eribulin mesylate, 1 mg	Procedure	HCPCS
C9284	Injection, ipilimumab, 1 mg	Procedure	HCPCS
C9286	Injection, belatacept, 1 mg	Procedure	HCPCS
C9287	Injection, brentuximab vedotin, 1 mg	Procedure	HCPCS
C9289	Injection, asparaginase Erwinia chrysanthemi, 1,000 IU	Procedure	HCPCS
C9292	Injection, pertuzumab, 10 mg	Procedure	HCPCS
C9295	Injection, carfilzomib, 1 mg	Procedure	HCPCS
C9297	Injection, omacetaxine mepesuccinate, 0.01 mg	Procedure	HCPCS
C9414	Etoposide; oral, 50 mg, brand name	Procedure	HCPCS
C9415	Doxorubicin HCl, 10 mg, brand name	Procedure	HCPCS
C9417	Bleomycin sulfate, 15 units, brand name	Procedure	HCPCS
C9418	Cisplatin, powder or solution, per 10 mg, brand name	Procedure	HCPCS
C9419	Injection, cladribine, per 1 mg, brand name	Procedure	HCPCS
C9420	Cyclophosphamide, 100 mg, brand name	Procedure	HCPCS
C9421	Cyclophosphamide, lyophilized, 100 mg, brand name	Procedure	HCPCS
C9422	Cytarabine, 100 mg, brand name	Procedure	HCPCS
C9423	Dacarbazine, 100 mg, brand name	Procedure	HCPCS
C9424	Daunorubicin, 10 mg	Procedure	HCPCS

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

Code	Description	Code Category	Code Type
C9425	Etoposide, 10 mg, brand name	Procedure	HCPCS
C9426	Floxuridine, 500 mg, brand name	Procedure	HCPCS
C9427	Ifosfamide, 1 gm, brand name	Procedure	HCPCS
C9429	Idarubicin HCl, 5 mg, brand name	Procedure	HCPCS
C9431	Paclitaxel, 30 mg, brand name	Procedure	HCPCS
C9432	Mitomycin, 5 mg, brand name	Procedure	HCPCS
C9433	Thiotepa, 15 mg, brand name	Procedure	HCPCS
C9436	Azathioprine, parenteral, brand name, per 100 mg	Procedure	HCPCS
C9437	Carmustine, brand name, 100 mg	Procedure	HCPCS
C9438	Cyclosporine, oral, 100 mg, brand name	Procedure	HCPCS
C9440	Vinorelbine tartrate, brand name, per 10 mg	Procedure	HCPCS
C9474	Injection, irinotecan liposome, 1 mg	Procedure	HCPCS
C9487	Ustekinumab, for intravenous injection, 1 mg	Procedure	HCPCS
D0000ZZ	Beam Radiation of Brain using Photons <1 MeV	Procedure	ICD-10-PCS
D0001ZZ	Beam Radiation of Brain using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D0002ZZ	Beam Radiation of Brain using Photons >10 MeV	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
D0003ZZ	Beam Radiation of Brain using Electrons	Procedure	ICD-10-PCS
D0004ZZ	Beam Radiation of Brain using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D0005ZZ	Beam Radiation of Brain using Neutrons	Procedure	ICD-10-PCS
D0006ZZ	Beam Radiation of Brain using Neutron Capture	Procedure	ICD-10-PCS
D0010ZZ	Beam Radiation of Brain Stem using Photons <1 MeV	Procedure	ICD-10-PCS
D0011ZZ	Beam Radiation of Brain Stem using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D0012ZZ	Beam Radiation of Brain Stem using Photons >10 MeV	Procedure	ICD-10-PCS
D0013ZZ	Beam Radiation of Brain Stem using Electrons	Procedure	ICD-10-PCS
D0014ZZ	Beam Radiation of Brain Stem using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D0015ZZ	Beam Radiation of Brain Stem using Neutrons	Procedure	ICD-10-PCS
D0016ZZ	Beam Radiation of Brain Stem using Neutron Capture	Procedure	ICD-10-PCS
D0060ZZ	Beam Radiation of Spinal Cord using Photons <1 MeV	Procedure	ICD-10-PCS
D0061ZZ	Beam Radiation of Spinal Cord using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D0062ZZ	Beam Radiation of Spinal Cord using Photons >10 MeV	Procedure	ICD-10-PCS
D0063ZZ	Beam Radiation of Spinal Cord using Electrons	Procedure	ICD-10-PCS
D0064ZZ	Beam Radiation of Spinal Cord using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
D0065ZZ	Beam Radiation of Spinal Cord using Neutrons	Procedure	ICD-10-PCS
D0066ZZ	Beam Radiation of Spinal Cord using Neutron Capture	Procedure	ICD-10-PCS
D0070ZZ	Beam Radiation of Peripheral Nerve using Photons <1 MeV	Procedure	ICD-10-PCS
D0073ZZ	Beam Radiation of Peripheral Nerve using Electrons	Procedure	ICD-10-PCS
D0074ZZ	Beam Radiation of Peripheral Nerve using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D0075ZZ	Beam Radiation of Peripheral Nerve using Neutrons	Procedure	ICD-10-PCS
D0076ZZ	Beam Radiation of Peripheral Nerve using Neutron Capture	Procedure	ICD-10-PCS
D01097Z	High Dose Rate (HDR) Brachytherapy of Brain using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D01098Z	High Dose Rate (HDR) Brachytherapy of Brain using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D01099Z	High Dose Rate (HDR) Brachytherapy of Brain using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D0109BZ	High Dose Rate (HDR) Brachytherapy of Brain using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D0109CZ	High Dose Rate (HDR) Brachytherapy of Brain using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D0109YZ	High Dose Rate (HDR) Brachytherapy of Brain using Other Isotope	Procedure	ICD-10-PCS
D010B7Z	Low Dose Rate (LDR) Brachytherapy of Brain using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D010B8Z	Low Dose Rate (LDR) Brachytherapy of Brain using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D010B9Z	Low Dose Rate (LDR) Brachytherapy of Brain using Iodine 125 (I-125)	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
D010BBZ	Low Dose Rate (LDR) Brachytherapy of Brain using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D010BCZ	Low Dose Rate (LDR) Brachytherapy of Brain using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D010BYZ	Low Dose Rate (LDR) Brachytherapy of Brain using Other Isotope	Procedure	ICD-10-PCS
D01197Z	High Dose Rate (HDR) Brachytherapy of Brain Stem using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D01198Z	High Dose Rate (HDR) Brachytherapy of Brain Stem using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D01199Z	High Dose Rate (HDR) Brachytherapy of Brain Stem using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D0119BZ	High Dose Rate (HDR) Brachytherapy of Brain Stem using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D0119CZ	High Dose Rate (HDR) Brachytherapy of Brain Stem using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D0119YZ	High Dose Rate (HDR) Brachytherapy of Brain Stem using Other Isotope	Procedure	ICD-10-PCS
D011B7Z	Low Dose Rate (LDR) Brachytherapy of Brain Stem using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D011B8Z	Low Dose Rate (LDR) Brachytherapy of Brain Stem using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D011B9Z	Low Dose Rate (LDR) Brachytherapy of Brain Stem using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D011BBZ	Low Dose Rate (LDR) Brachytherapy of Brain Stem using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D011BCZ	Low Dose Rate (LDR) Brachytherapy of Brain Stem using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D011BYZ	Low Dose Rate (LDR) Brachytherapy of Brain Stem using Other Isotope	Procedure	ICD-10-PCS
D01697Z	High Dose Rate (HDR) Brachytherapy of Spinal Cord using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
D01698Z	High Dose Rate (HDR) Brachytherapy of Spinal Cord using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D01699Z	High Dose Rate (HDR) Brachytherapy of Spinal Cord using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D0169BZ	High Dose Rate (HDR) Brachytherapy of Spinal Cord using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D0169CZ	High Dose Rate (HDR) Brachytherapy of Spinal Cord using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D0169YZ	High Dose Rate (HDR) Brachytherapy of Spinal Cord using Other Isotope	Procedure	ICD-10-PCS
D016B7Z	Low Dose Rate (LDR) Brachytherapy of Spinal Cord using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D016B8Z	Low Dose Rate (LDR) Brachytherapy of Spinal Cord using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D016B9Z	Low Dose Rate (LDR) Brachytherapy of Spinal Cord using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D016BBZ	Low Dose Rate (LDR) Brachytherapy of Spinal Cord using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D016BCZ	Low Dose Rate (LDR) Brachytherapy of Spinal Cord using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D016BYZ	Low Dose Rate (LDR) Brachytherapy of Spinal Cord using Other Isotope	Procedure	ICD-10-PCS
D01797Z	High Dose Rate (HDR) Brachytherapy of Peripheral Nerve using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D01798Z	High Dose Rate (HDR) Brachytherapy of Peripheral Nerve using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D01799Z	High Dose Rate (HDR) Brachytherapy of Peripheral Nerve using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D0179BZ	High Dose Rate (HDR) Brachytherapy of Peripheral Nerve using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D0179CZ	High Dose Rate (HDR) Brachytherapy of Peripheral Nerve using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D0179YZ	High Dose Rate (HDR) Brachytherapy of Peripheral Nerve using Other Isotope	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
D017B7Z	Low Dose Rate (LDR) Brachytherapy of Peripheral Nerve using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D017B8Z	Low Dose Rate (LDR) Brachytherapy of Peripheral Nerve using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D017B9Z	Low Dose Rate (LDR) Brachytherapy of Peripheral Nerve using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D017BBZ	Low Dose Rate (LDR) Brachytherapy of Peripheral Nerve using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D017BCZ	Low Dose Rate (LDR) Brachytherapy of Peripheral Nerve using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D017BYZ	Low Dose Rate (LDR) Brachytherapy of Peripheral Nerve using Other Isotope	Procedure	ICD-10-PCS
D0Y07ZZ	Contact Radiation of Brain	Procedure	ICD-10-PCS
D0Y0FZZ	Plaque Radiation of Brain	Procedure	ICD-10-PCS
D0Y17ZZ	Contact Radiation of Brain Stem	Procedure	ICD-10-PCS
D0Y1FZZ	Plaque Radiation of Brain Stem	Procedure	ICD-10-PCS
D0Y67ZZ	Contact Radiation of Spinal Cord	Procedure	ICD-10-PCS
D0Y6FZZ	Plaque Radiation of Spinal Cord	Procedure	ICD-10-PCS
D0Y77ZZ	Contact Radiation of Peripheral Nerve	Procedure	ICD-10-PCS
D0Y7FZZ	Plaque Radiation of Peripheral Nerve	Procedure	ICD-10-PCS
D61810	Antineoplastic chemotherapy induced pancytopenia	Diagnosis	ICD-10-CM
D6481	Anemia due to antineoplastic chemotherapy	Diagnosis	ICD-10-CM
D7000ZZ	Beam Radiation of Bone Marrow using Photons <1 MeV	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
D7001ZZ	Beam Radiation of Bone Marrow using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D7002ZZ	Beam Radiation of Bone Marrow using Photons >10 MeV	Procedure	ICD-10-PCS
D7003ZZ	Beam Radiation of Bone Marrow using Electrons	Procedure	ICD-10-PCS
D7004ZZ	Beam Radiation of Bone Marrow using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D7005ZZ	Beam Radiation of Bone Marrow using Neutrons	Procedure	ICD-10-PCS
D7006ZZ	Beam Radiation of Bone Marrow using Neutron Capture	Procedure	ICD-10-PCS
D701	Agranulocytosis secondary to cancer chemotherapy	Diagnosis	ICD-10-CM
D7010ZZ	Beam Radiation of Thymus using Photons <1 MeV	Procedure	ICD-10-PCS
D7011ZZ	Beam Radiation of Thymus using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D7012ZZ	Beam Radiation of Thymus using Photons >10 MeV	Procedure	ICD-10-PCS
D7013ZZ	Beam Radiation of Thymus using Electrons	Procedure	ICD-10-PCS
D7014ZZ	Beam Radiation of Thymus using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D7015ZZ	Beam Radiation of Thymus using Neutrons	Procedure	ICD-10-PCS
D7016ZZ	Beam Radiation of Thymus using Neutron Capture	Procedure	ICD-10-PCS
D7020ZZ	Beam Radiation of Spleen using Photons <1 MeV	Procedure	ICD-10-PCS
D7021ZZ	Beam Radiation of Spleen using Photons 1 - 10 MeV	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
D7022ZZ	Beam Radiation of Spleen using Photons >10 MeV	Procedure	ICD-10-PCS
D7023ZZ	Beam Radiation of Spleen using Electrons	Procedure	ICD-10-PCS
D7024ZZ	Beam Radiation of Spleen using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D7025ZZ	Beam Radiation of Spleen using Neutrons	Procedure	ICD-10-PCS
D7026ZZ	Beam Radiation of Spleen using Neutron Capture	Procedure	ICD-10-PCS
D7030ZZ	Beam Radiation of Neck Lymphatics using Photons <1 MeV	Procedure	ICD-10-PCS
D7031ZZ	Beam Radiation of Neck Lymphatics using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D7032ZZ	Beam Radiation of Neck Lymphatics using Photons >10 MeV	Procedure	ICD-10-PCS
D7033ZZ	Beam Radiation of Neck Lymphatics using Electrons	Procedure	ICD-10-PCS
D7034ZZ	Beam Radiation of Neck Lymphatics using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D7035ZZ	Beam Radiation of Neck Lymphatics using Neutrons	Procedure	ICD-10-PCS
D7036ZZ	Beam Radiation of Neck Lymphatics using Neutron Capture	Procedure	ICD-10-PCS
D7040ZZ	Beam Radiation of Axillary Lymphatics using Photons <1 MeV	Procedure	ICD-10-PCS
D7041ZZ	Beam Radiation of Axillary Lymphatics using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D7042ZZ	Beam Radiation of Axillary Lymphatics using Photons >10 MeV	Procedure	ICD-10-PCS
D7043ZZ	Beam Radiation of Axillary Lymphatics using Electrons	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
D7044ZZ	Beam Radiation of Axillary Lymphatics using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D7045ZZ	Beam Radiation of Axillary Lymphatics using Neutrons	Procedure	ICD-10-PCS
D7046ZZ	Beam Radiation of Axillary Lymphatics using Neutron Capture	Procedure	ICD-10-PCS
D7050ZZ	Beam Radiation of Thorax Lymphatics using Photons <1 MeV	Procedure	ICD-10-PCS
D7051ZZ	Beam Radiation of Thorax Lymphatics using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D7052ZZ	Beam Radiation of Thorax Lymphatics using Photons >10 MeV	Procedure	ICD-10-PCS
D7053ZZ	Beam Radiation of Thorax Lymphatics using Electrons	Procedure	ICD-10-PCS
D7054ZZ	Beam Radiation of Thorax Lymphatics using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D7055ZZ	Beam Radiation of Thorax Lymphatics using Neutrons	Procedure	ICD-10-PCS
D7056ZZ	Beam Radiation of Thorax Lymphatics using Neutron Capture	Procedure	ICD-10-PCS
D7060ZZ	Beam Radiation of Abdomen Lymphatics using Photons <1 MeV	Procedure	ICD-10-PCS
D7061ZZ	Beam Radiation of Abdomen Lymphatics using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D7062ZZ	Beam Radiation of Abdomen Lymphatics using Photons >10 MeV	Procedure	ICD-10-PCS
D7063ZZ	Beam Radiation of Abdomen Lymphatics using Electrons	Procedure	ICD-10-PCS
D7064ZZ	Beam Radiation of Abdomen Lymphatics using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D7065ZZ	Beam Radiation of Abdomen Lymphatics using Neutrons	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
D7066ZZ	Beam Radiation of Abdomen Lymphatics using Neutron Capture	Procedure	ICD-10-PCS
D7070ZZ	Beam Radiation of Pelvis Lymphatics using Photons <1 MeV	Procedure	ICD-10-PCS
D7071ZZ	Beam Radiation of Pelvis Lymphatics using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D7072ZZ	Beam Radiation of Pelvis Lymphatics using Photons >10 MeV	Procedure	ICD-10-PCS
D7073ZZ	Beam Radiation of Pelvis Lymphatics using Electrons	Procedure	ICD-10-PCS
D7074ZZ	Beam Radiation of Pelvis Lymphatics using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D7075ZZ	Beam Radiation of Pelvis Lymphatics using Neutrons	Procedure	ICD-10-PCS
D7076ZZ	Beam Radiation of Pelvis Lymphatics using Neutron Capture	Procedure	ICD-10-PCS
D7080ZZ	Beam Radiation of Inguinal Lymphatics using Photons <1 MeV	Procedure	ICD-10-PCS
D7081ZZ	Beam Radiation of Inguinal Lymphatics using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D7082ZZ	Beam Radiation of Inguinal Lymphatics using Photons >10 MeV	Procedure	ICD-10-PCS
D7083ZZ	Beam Radiation of Inguinal Lymphatics using Electrons	Procedure	ICD-10-PCS
D7084ZZ	Beam Radiation of Inguinal Lymphatics using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D7085ZZ	Beam Radiation of Inguinal Lymphatics using Neutrons	Procedure	ICD-10-PCS
D7086ZZ	Beam Radiation of Inguinal Lymphatics using Neutron Capture	Procedure	ICD-10-PCS
D71097Z	High Dose Rate (HDR) Brachytherapy of Bone Marrow using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
D71098Z	High Dose Rate (HDR) Brachytherapy of Bone Marrow using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D71099Z	High Dose Rate (HDR) Brachytherapy of Bone Marrow using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D7109BZ	High Dose Rate (HDR) Brachytherapy of Bone Marrow using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D7109CZ	High Dose Rate (HDR) Brachytherapy of Bone Marrow using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D7109YZ	High Dose Rate (HDR) Brachytherapy of Bone Marrow using Other Isotope	Procedure	ICD-10-PCS
D710B7Z	Low Dose Rate (LDR) Brachytherapy of Bone Marrow using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D710B8Z	Low Dose Rate (LDR) Brachytherapy of Bone Marrow using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D710B9Z	Low Dose Rate (LDR) Brachytherapy of Bone Marrow using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D710BBZ	Low Dose Rate (LDR) Brachytherapy of Bone Marrow using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D710BCZ	Low Dose Rate (LDR) Brachytherapy of Bone Marrow using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D710BYZ	Low Dose Rate (LDR) Brachytherapy of Bone Marrow using Other Isotope	Procedure	ICD-10-PCS
D71197Z	High Dose Rate (HDR) Brachytherapy of Thymus using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D71198Z	High Dose Rate (HDR) Brachytherapy of Thymus using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D71199Z	High Dose Rate (HDR) Brachytherapy of Thymus using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D7119BZ	High Dose Rate (HDR) Brachytherapy of Thymus using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D7119CZ	High Dose Rate (HDR) Brachytherapy of Thymus using Californium 252 (Cf-252)	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
D7119YZ	High Dose Rate (HDR) Brachytherapy of Thymus using Other Isotope	Procedure	ICD-10-PCS
D711B7Z	Low Dose Rate (LDR) Brachytherapy of Thymus using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D711B8Z	Low Dose Rate (LDR) Brachytherapy of Thymus using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D711B9Z	Low Dose Rate (LDR) Brachytherapy of Thymus using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D711BBZ	Low Dose Rate (LDR) Brachytherapy of Thymus using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D711BCZ	Low Dose Rate (LDR) Brachytherapy of Thymus using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D711BYZ	Low Dose Rate (LDR) Brachytherapy of Thymus using Other Isotope	Procedure	ICD-10-PCS
D71297Z	High Dose Rate (HDR) Brachytherapy of Spleen using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D71298Z	High Dose Rate (HDR) Brachytherapy of Spleen using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D71299Z	High Dose Rate (HDR) Brachytherapy of Spleen using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D7129BZ	High Dose Rate (HDR) Brachytherapy of Spleen using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D7129CZ	High Dose Rate (HDR) Brachytherapy of Spleen using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D7129YZ	High Dose Rate (HDR) Brachytherapy of Spleen using Other Isotope	Procedure	ICD-10-PCS
D712B7Z	Low Dose Rate (LDR) Brachytherapy of Spleen using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D712B8Z	Low Dose Rate (LDR) Brachytherapy of Spleen using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D712B9Z	Low Dose Rate (LDR) Brachytherapy of Spleen using Iodine 125 (I-125)	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
D712BBZ	Low Dose Rate (LDR) Brachytherapy of Spleen using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D712BCZ	Low Dose Rate (LDR) Brachytherapy of Spleen using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D712BYZ	Low Dose Rate (LDR) Brachytherapy of Spleen using Other Isotope	Procedure	ICD-10-PCS
D71397Z	High Dose Rate (HDR) Brachytherapy of Neck Lymphatics using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D71398Z	High Dose Rate (HDR) Brachytherapy of Neck Lymphatics using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D71399Z	High Dose Rate (HDR) Brachytherapy of Neck Lymphatics using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D7139BZ	High Dose Rate (HDR) Brachytherapy of Neck Lymphatics using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D7139CZ	High Dose Rate (HDR) Brachytherapy of Neck Lymphatics using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D7139YZ	High Dose Rate (HDR) Brachytherapy of Neck Lymphatics using Other Isotope	Procedure	ICD-10-PCS
D713B7Z	Low Dose Rate (LDR) Brachytherapy of Neck Lymphatics using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D713B8Z	Low Dose Rate (LDR) Brachytherapy of Neck Lymphatics using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D713B9Z	Low Dose Rate (LDR) Brachytherapy of Neck Lymphatics using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D713BBZ	Low Dose Rate (LDR) Brachytherapy of Neck Lymphatics using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D713BCZ	Low Dose Rate (LDR) Brachytherapy of Neck Lymphatics using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D713BYZ	Low Dose Rate (LDR) Brachytherapy of Neck Lymphatics using Other Isotope	Procedure	ICD-10-PCS
D71497Z	High Dose Rate (HDR) Brachytherapy of Axillary Lymphatics using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
D71498Z	High Dose Rate (HDR) Brachytherapy of Axillary Lymphatics using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D71499Z	High Dose Rate (HDR) Brachytherapy of Axillary Lymphatics using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D7149BZ	High Dose Rate (HDR) Brachytherapy of Axillary Lymphatics using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D7149CZ	High Dose Rate (HDR) Brachytherapy of Axillary Lymphatics using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D7149YZ	High Dose Rate (HDR) Brachytherapy of Axillary Lymphatics using Other Isotope	Procedure	ICD-10-PCS
D714B7Z	Low Dose Rate (LDR) Brachytherapy of Axillary Lymphatics using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D714B8Z	Low Dose Rate (LDR) Brachytherapy of Axillary Lymphatics using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D714B9Z	Low Dose Rate (LDR) Brachytherapy of Axillary Lymphatics using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D714BBZ	Low Dose Rate (LDR) Brachytherapy of Axillary Lymphatics using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D714BCZ	Low Dose Rate (LDR) Brachytherapy of Axillary Lymphatics using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D714BYZ	Low Dose Rate (LDR) Brachytherapy of Axillary Lymphatics using Other Isotope	Procedure	ICD-10-PCS
D71597Z	High Dose Rate (HDR) Brachytherapy of Thorax Lymphatics using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D71598Z	High Dose Rate (HDR) Brachytherapy of Thorax Lymphatics using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D71599Z	High Dose Rate (HDR) Brachytherapy of Thorax Lymphatics using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D7159BZ	High Dose Rate (HDR) Brachytherapy of Thorax Lymphatics using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D7159CZ	High Dose Rate (HDR) Brachytherapy of Thorax Lymphatics using Californium 252 (Cf-252)	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
D7159YZ	High Dose Rate (HDR) Brachytherapy of Thorax Lymphatics using Other Isotope	Procedure	ICD-10-PCS
D715B7Z	Low Dose Rate (LDR) Brachytherapy of Thorax Lymphatics using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D715B8Z	Low Dose Rate (LDR) Brachytherapy of Thorax Lymphatics using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D715B9Z	Low Dose Rate (LDR) Brachytherapy of Thorax Lymphatics using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D715BBZ	Low Dose Rate (LDR) Brachytherapy of Thorax Lymphatics using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D715BCZ	Low Dose Rate (LDR) Brachytherapy of Thorax Lymphatics using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D715BYZ	Low Dose Rate (LDR) Brachytherapy of Thorax Lymphatics using Other Isotope	Procedure	ICD-10-PCS
D71697Z	High Dose Rate (HDR) Brachytherapy of Abdomen Lymphatics using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D71698Z	High Dose Rate (HDR) Brachytherapy of Abdomen Lymphatics using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D71699Z	High Dose Rate (HDR) Brachytherapy of Abdomen Lymphatics using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D7169BZ	High Dose Rate (HDR) Brachytherapy of Abdomen Lymphatics using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D7169CZ	High Dose Rate (HDR) Brachytherapy of Abdomen Lymphatics using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D7169YZ	High Dose Rate (HDR) Brachytherapy of Abdomen Lymphatics using Other Isotope	Procedure	ICD-10-PCS
D716B7Z	Low Dose Rate (LDR) Brachytherapy of Abdomen Lymphatics using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D716B8Z	Low Dose Rate (LDR) Brachytherapy of Abdomen Lymphatics using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D716B9Z	Low Dose Rate (LDR) Brachytherapy of Abdomen Lymphatics using Iodine 125 (I-125)	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
D716BBZ	Low Dose Rate (LDR) Brachytherapy of Abdomen Lymphatics using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D716BCZ	Low Dose Rate (LDR) Brachytherapy of Abdomen Lymphatics using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D716BYZ	Low Dose Rate (LDR) Brachytherapy of Abdomen Lymphatics using Other Isotope	Procedure	ICD-10-PCS
D71797Z	High Dose Rate (HDR) Brachytherapy of Pelvis Lymphatics using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D71798Z	High Dose Rate (HDR) Brachytherapy of Pelvis Lymphatics using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D71799Z	High Dose Rate (HDR) Brachytherapy of Pelvis Lymphatics using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D7179BZ	High Dose Rate (HDR) Brachytherapy of Pelvis Lymphatics using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D7179CZ	High Dose Rate (HDR) Brachytherapy of Pelvis Lymphatics using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D7179YZ	High Dose Rate (HDR) Brachytherapy of Pelvis Lymphatics using Other Isotope	Procedure	ICD-10-PCS
D717B7Z	Low Dose Rate (LDR) Brachytherapy of Pelvis Lymphatics using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D717B8Z	Low Dose Rate (LDR) Brachytherapy of Pelvis Lymphatics using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D717B9Z	Low Dose Rate (LDR) Brachytherapy of Pelvis Lymphatics using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D717BBZ	Low Dose Rate (LDR) Brachytherapy of Pelvis Lymphatics using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D717BCZ	Low Dose Rate (LDR) Brachytherapy of Pelvis Lymphatics using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D717BYZ	Low Dose Rate (LDR) Brachytherapy of Pelvis Lymphatics using Other Isotope	Procedure	ICD-10-PCS
D71897Z	High Dose Rate (HDR) Brachytherapy of Inguinal Lymphatics using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
D71898Z	High Dose Rate (HDR) Brachytherapy of Inguinal Lymphatics using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D71899Z	High Dose Rate (HDR) Brachytherapy of Inguinal Lymphatics using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D7189BZ	High Dose Rate (HDR) Brachytherapy of Inguinal Lymphatics using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D7189CZ	High Dose Rate (HDR) Brachytherapy of Inguinal Lymphatics using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D7189YZ	High Dose Rate (HDR) Brachytherapy of Inguinal Lymphatics using Other Isotope	Procedure	ICD-10-PCS
D718B7Z	Low Dose Rate (LDR) Brachytherapy of Inguinal Lymphatics using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D718B8Z	Low Dose Rate (LDR) Brachytherapy of Inguinal Lymphatics using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D718B9Z	Low Dose Rate (LDR) Brachytherapy of Inguinal Lymphatics using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D718BBZ	Low Dose Rate (LDR) Brachytherapy of Inguinal Lymphatics using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D718BCZ	Low Dose Rate (LDR) Brachytherapy of Inguinal Lymphatics using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D718BYZ	Low Dose Rate (LDR) Brachytherapy of Inguinal Lymphatics using Other Isotope	Procedure	ICD-10-PCS
D7Y0FZZ	Plaque Radiation of Bone Marrow	Procedure	ICD-10-PCS
D7Y1FZZ	Plaque Radiation of Thymus	Procedure	ICD-10-PCS
D7Y2FZZ	Plaque Radiation of Spleen	Procedure	ICD-10-PCS
D7Y3FZZ	Plaque Radiation of Neck Lymphatics	Procedure	ICD-10-PCS
D7Y4FZZ	Plaque Radiation of Axillary Lymphatics	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
D7Y5FZZ	Plaque Radiation of Thorax Lymphatics	Procedure	ICD-10-PCS
D7Y6FZZ	Plaque Radiation of Abdomen Lymphatics	Procedure	ICD-10-PCS
D7Y7FZZ	Plaque Radiation of Pelvis Lymphatics	Procedure	ICD-10-PCS
D7Y8FZZ	Plaque Radiation of Inguinal Lymphatics	Procedure	ICD-10-PCS
D8000ZZ	Beam Radiation of Eye using Photons <1 MeV	Procedure	ICD-10-PCS
D8003ZZ	Beam Radiation of Eye using Electrons	Procedure	ICD-10-PCS
D8004ZZ	Beam Radiation of Eye using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D8005ZZ	Beam Radiation of Eye using Neutrons	Procedure	ICD-10-PCS
D81097Z	High Dose Rate (HDR) Brachytherapy of Eye using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D81098Z	High Dose Rate (HDR) Brachytherapy of Eye using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D81099Z	High Dose Rate (HDR) Brachytherapy of Eye using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D8109BZ	High Dose Rate (HDR) Brachytherapy of Eye using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D8109CZ	High Dose Rate (HDR) Brachytherapy of Eye using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D8109YZ	High Dose Rate (HDR) Brachytherapy of Eye using Other Isotope	Procedure	ICD-10-PCS
D810B7Z	Low Dose Rate (LDR) Brachytherapy of Eye using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D810B8Z	Low Dose Rate (LDR) Brachytherapy of Eye using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
D810B9Z	Low Dose Rate (LDR) Brachytherapy of Eye using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D810BBZ	Low Dose Rate (LDR) Brachytherapy of Eye using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D810BCZ	Low Dose Rate (LDR) Brachytherapy of Eye using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D810BYZ	Low Dose Rate (LDR) Brachytherapy of Eye using Other Isotope	Procedure	ICD-10-PCS
D8Y07ZZ	Contact Radiation of Eye	Procedure	ICD-10-PCS
D8Y0FZZ	Plaque Radiation of Eye	Procedure	ICD-10-PCS
D9000ZZ	Beam Radiation of Ear using Photons <1 MeV	Procedure	ICD-10-PCS
D9003ZZ	Beam Radiation of Ear using Electrons	Procedure	ICD-10-PCS
D9004ZZ	Beam Radiation of Ear using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D9005ZZ	Beam Radiation of Ear using Neutrons	Procedure	ICD-10-PCS
D9010ZZ	Beam Radiation of Nose using Photons <1 MeV	Procedure	ICD-10-PCS
D9011ZZ	Beam Radiation of Nose using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D9012ZZ	Beam Radiation of Nose using Photons >10 MeV	Procedure	ICD-10-PCS
D9013ZZ	Beam Radiation of Nose using Electrons	Procedure	ICD-10-PCS
D9014ZZ	Beam Radiation of Nose using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D9015ZZ	Beam Radiation of Nose using Neutrons	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
D9016ZZ	Beam Radiation of Nose using Neutron Capture	Procedure	ICD-10-PCS
D9030ZZ	Beam Radiation of Hypopharynx using Photons <1 MeV	Procedure	ICD-10-PCS
D9031ZZ	Beam Radiation of Hypopharynx using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D9032ZZ	Beam Radiation of Hypopharynx using Photons >10 MeV	Procedure	ICD-10-PCS
D9033ZZ	Beam Radiation of Hypopharynx using Electrons	Procedure	ICD-10-PCS
D9034ZZ	Beam Radiation of Hypopharynx using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D9035ZZ	Beam Radiation of Hypopharynx using Neutrons	Procedure	ICD-10-PCS
D9036ZZ	Beam Radiation of Hypopharynx using Neutron Capture	Procedure	ICD-10-PCS
D9040ZZ	Beam Radiation of Mouth using Photons <1 MeV	Procedure	ICD-10-PCS
D9041ZZ	Beam Radiation of Mouth using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D9042ZZ	Beam Radiation of Mouth using Photons >10 MeV	Procedure	ICD-10-PCS
D9043ZZ	Beam Radiation of Mouth using Electrons	Procedure	ICD-10-PCS
D9044ZZ	Beam Radiation of Mouth using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D9045ZZ	Beam Radiation of Mouth using Neutrons	Procedure	ICD-10-PCS
D9046ZZ	Beam Radiation of Mouth using Neutron Capture	Procedure	ICD-10-PCS
D9050ZZ	Beam Radiation of Tongue using Photons <1 MeV	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
D9051ZZ	Beam Radiation of Tongue using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D9052ZZ	Beam Radiation of Tongue using Photons >10 MeV	Procedure	ICD-10-PCS
D9053ZZ	Beam Radiation of Tongue using Electrons	Procedure	ICD-10-PCS
D9054ZZ	Beam Radiation of Tongue using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D9055ZZ	Beam Radiation of Tongue using Neutrons	Procedure	ICD-10-PCS
D9056ZZ	Beam Radiation of Tongue using Neutron Capture	Procedure	ICD-10-PCS
D9060ZZ	Beam Radiation of Salivary Glands using Photons <1 MeV	Procedure	ICD-10-PCS
D9061ZZ	Beam Radiation of Salivary Glands using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D9062ZZ	Beam Radiation of Salivary Glands using Photons >10 MeV	Procedure	ICD-10-PCS
D9063ZZ	Beam Radiation of Salivary Glands using Electrons	Procedure	ICD-10-PCS
D9064ZZ	Beam Radiation of Salivary Glands using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D9065ZZ	Beam Radiation of Salivary Glands using Neutrons	Procedure	ICD-10-PCS
D9066ZZ	Beam Radiation of Salivary Glands using Neutron Capture	Procedure	ICD-10-PCS
D9070ZZ	Beam Radiation of Sinuses using Photons <1 MeV	Procedure	ICD-10-PCS
D9071ZZ	Beam Radiation of Sinuses using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D9072ZZ	Beam Radiation of Sinuses using Photons >10 MeV	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
D9073ZZ	Beam Radiation of Sinuses using Electrons	Procedure	ICD-10-PCS
D9074ZZ	Beam Radiation of Sinuses using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D9075ZZ	Beam Radiation of Sinuses using Neutrons	Procedure	ICD-10-PCS
D9076ZZ	Beam Radiation of Sinuses using Neutron Capture	Procedure	ICD-10-PCS
D9080ZZ	Beam Radiation of Hard Palate using Photons <1 MeV	Procedure	ICD-10-PCS
D9081ZZ	Beam Radiation of Hard Palate using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D9082ZZ	Beam Radiation of Hard Palate using Photons >10 MeV	Procedure	ICD-10-PCS
D9083ZZ	Beam Radiation of Hard Palate using Electrons	Procedure	ICD-10-PCS
D9084ZZ	Beam Radiation of Hard Palate using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D9085ZZ	Beam Radiation of Hard Palate using Neutrons	Procedure	ICD-10-PCS
D9086ZZ	Beam Radiation of Hard Palate using Neutron Capture	Procedure	ICD-10-PCS
D9090ZZ	Beam Radiation of Soft Palate using Photons <1 MeV	Procedure	ICD-10-PCS
D9091ZZ	Beam Radiation of Soft Palate using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D9092ZZ	Beam Radiation of Soft Palate using Photons >10 MeV	Procedure	ICD-10-PCS
D9093ZZ	Beam Radiation of Soft Palate using Electrons	Procedure	ICD-10-PCS
D9094ZZ	Beam Radiation of Soft Palate using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
D9095ZZ	Beam Radiation of Soft Palate using Neutrons	Procedure	ICD-10-PCS
D9096ZZ	Beam Radiation of Soft Palate using Neutron Capture	Procedure	ICD-10-PCS
D90B0ZZ	Beam Radiation of Larynx using Photons <1 MeV	Procedure	ICD-10-PCS
D90B1ZZ	Beam Radiation of Larynx using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D90B2ZZ	Beam Radiation of Larynx using Photons >10 MeV	Procedure	ICD-10-PCS
D90B3ZZ	Beam Radiation of Larynx using Electrons	Procedure	ICD-10-PCS
D90B4ZZ	Beam Radiation of Larynx using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D90B5ZZ	Beam Radiation of Larynx using Neutrons	Procedure	ICD-10-PCS
D90B6ZZ	Beam Radiation of Larynx using Neutron Capture	Procedure	ICD-10-PCS
D90D0ZZ	Beam Radiation of Nasopharynx using Photons <1 MeV	Procedure	ICD-10-PCS
D90D1ZZ	Beam Radiation of Nasopharynx using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D90D2ZZ	Beam Radiation of Nasopharynx using Photons >10 MeV	Procedure	ICD-10-PCS
D90D3ZZ	Beam Radiation of Nasopharynx using Electrons	Procedure	ICD-10-PCS
D90D4ZZ	Beam Radiation of Nasopharynx using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D90D5ZZ	Beam Radiation of Nasopharynx using Neutrons	Procedure	ICD-10-PCS
D90D6ZZ	Beam Radiation of Nasopharynx using Neutron Capture	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
D90F0ZZ	Beam Radiation of Oropharynx using Photons <1 MeV	Procedure	ICD-10-PCS
D90F1ZZ	Beam Radiation of Oropharynx using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D90F2ZZ	Beam Radiation of Oropharynx using Photons >10 MeV	Procedure	ICD-10-PCS
D90F3ZZ	Beam Radiation of Oropharynx using Electrons	Procedure	ICD-10-PCS
D90F4ZZ	Beam Radiation of Oropharynx using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D90F5ZZ	Beam Radiation of Oropharynx using Neutrons	Procedure	ICD-10-PCS
D90F6ZZ	Beam Radiation of Oropharynx using Neutron Capture	Procedure	ICD-10-PCS
D91097Z	High Dose Rate (HDR) Brachytherapy of Ear using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D91098Z	High Dose Rate (HDR) Brachytherapy of Ear using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D91099Z	High Dose Rate (HDR) Brachytherapy of Ear using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D9109BZ	High Dose Rate (HDR) Brachytherapy of Ear using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D9109CZ	High Dose Rate (HDR) Brachytherapy of Ear using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D9109YZ	High Dose Rate (HDR) Brachytherapy of Ear using Other Isotope	Procedure	ICD-10-PCS
D910B7Z	Low Dose Rate (LDR) Brachytherapy of Ear using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D910B8Z	Low Dose Rate (LDR) Brachytherapy of Ear using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D910B9Z	Low Dose Rate (LDR) Brachytherapy of Ear using Iodine 125 (I-125)	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
D910BBZ	Low Dose Rate (LDR) Brachytherapy of Ear using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D910BCZ	Low Dose Rate (LDR) Brachytherapy of Ear using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D910BYZ	Low Dose Rate (LDR) Brachytherapy of Ear using Other Isotope	Procedure	ICD-10-PCS
D91197Z	High Dose Rate (HDR) Brachytherapy of Nose using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D91198Z	High Dose Rate (HDR) Brachytherapy of Nose using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D91199Z	High Dose Rate (HDR) Brachytherapy of Nose using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D9119BZ	High Dose Rate (HDR) Brachytherapy of Nose using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D9119CZ	High Dose Rate (HDR) Brachytherapy of Nose using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D9119YZ	High Dose Rate (HDR) Brachytherapy of Nose using Other Isotope	Procedure	ICD-10-PCS
D911B7Z	Low Dose Rate (LDR) Brachytherapy of Nose using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D911B8Z	Low Dose Rate (LDR) Brachytherapy of Nose using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D911B9Z	Low Dose Rate (LDR) Brachytherapy of Nose using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D911BBZ	Low Dose Rate (LDR) Brachytherapy of Nose using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D911BCZ	Low Dose Rate (LDR) Brachytherapy of Nose using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D911BYZ	Low Dose Rate (LDR) Brachytherapy of Nose using Other Isotope	Procedure	ICD-10-PCS
D91397Z	High Dose Rate (HDR) Brachytherapy of Hypopharynx using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
D91398Z	High Dose Rate (HDR) Brachytherapy of Hypopharynx using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D91399Z	High Dose Rate (HDR) Brachytherapy of Hypopharynx using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D9139BZ	High Dose Rate (HDR) Brachytherapy of Hypopharynx using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D9139CZ	High Dose Rate (HDR) Brachytherapy of Hypopharynx using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D9139YZ	High Dose Rate (HDR) Brachytherapy of Hypopharynx using Other Isotope	Procedure	ICD-10-PCS
D913B7Z	Low Dose Rate (LDR) Brachytherapy of Hypopharynx using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D913B8Z	Low Dose Rate (LDR) Brachytherapy of Hypopharynx using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D913B9Z	Low Dose Rate (LDR) Brachytherapy of Hypopharynx using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D913BBZ	Low Dose Rate (LDR) Brachytherapy of Hypopharynx using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D913BCZ	Low Dose Rate (LDR) Brachytherapy of Hypopharynx using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D913BYZ	Low Dose Rate (LDR) Brachytherapy of Hypopharynx using Other Isotope	Procedure	ICD-10-PCS
D91497Z	High Dose Rate (HDR) Brachytherapy of Mouth using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D91498Z	High Dose Rate (HDR) Brachytherapy of Mouth using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D91499Z	High Dose Rate (HDR) Brachytherapy of Mouth using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D9149BZ	High Dose Rate (HDR) Brachytherapy of Mouth using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D9149CZ	High Dose Rate (HDR) Brachytherapy of Mouth using Californium 252 (Cf-252)	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
D9149YZ	High Dose Rate (HDR) Brachytherapy of Mouth using Other Isotope	Procedure	ICD-10-PCS
D914B7Z	Low Dose Rate (LDR) Brachytherapy of Mouth using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D914B8Z	Low Dose Rate (LDR) Brachytherapy of Mouth using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D914B9Z	Low Dose Rate (LDR) Brachytherapy of Mouth using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D914BBZ	Low Dose Rate (LDR) Brachytherapy of Mouth using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D914BCZ	Low Dose Rate (LDR) Brachytherapy of Mouth using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D914BYZ	Low Dose Rate (LDR) Brachytherapy of Mouth using Other Isotope	Procedure	ICD-10-PCS
D91597Z	High Dose Rate (HDR) Brachytherapy of Tongue using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D91598Z	High Dose Rate (HDR) Brachytherapy of Tongue using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D91599Z	High Dose Rate (HDR) Brachytherapy of Tongue using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D9159BZ	High Dose Rate (HDR) Brachytherapy of Tongue using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D9159CZ	High Dose Rate (HDR) Brachytherapy of Tongue using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D9159YZ	High Dose Rate (HDR) Brachytherapy of Tongue using Other Isotope	Procedure	ICD-10-PCS
D915B7Z	Low Dose Rate (LDR) Brachytherapy of Tongue using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D915B8Z	Low Dose Rate (LDR) Brachytherapy of Tongue using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D915B9Z	Low Dose Rate (LDR) Brachytherapy of Tongue using Iodine 125 (I-125)	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
D915BBZ	Low Dose Rate (LDR) Brachytherapy of Tongue using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D915BCZ	Low Dose Rate (LDR) Brachytherapy of Tongue using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D915BYZ	Low Dose Rate (LDR) Brachytherapy of Tongue using Other Isotope	Procedure	ICD-10-PCS
D91697Z	High Dose Rate (HDR) Brachytherapy of Salivary Glands using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D91698Z	High Dose Rate (HDR) Brachytherapy of Salivary Glands using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D91699Z	High Dose Rate (HDR) Brachytherapy of Salivary Glands using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D9169BZ	High Dose Rate (HDR) Brachytherapy of Salivary Glands using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D9169CZ	High Dose Rate (HDR) Brachytherapy of Salivary Glands using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D9169YZ	High Dose Rate (HDR) Brachytherapy of Salivary Glands using Other Isotope	Procedure	ICD-10-PCS
D916B7Z	Low Dose Rate (LDR) Brachytherapy of Salivary Glands using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D916B8Z	Low Dose Rate (LDR) Brachytherapy of Salivary Glands using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D916B9Z	Low Dose Rate (LDR) Brachytherapy of Salivary Glands using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D916BBZ	Low Dose Rate (LDR) Brachytherapy of Salivary Glands using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D916BCZ	Low Dose Rate (LDR) Brachytherapy of Salivary Glands using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D916BYZ	Low Dose Rate (LDR) Brachytherapy of Salivary Glands using Other Isotope	Procedure	ICD-10-PCS
D91797Z	High Dose Rate (HDR) Brachytherapy of Sinuses using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
D91798Z	High Dose Rate (HDR) Brachytherapy of Sinuses using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D91799Z	High Dose Rate (HDR) Brachytherapy of Sinuses using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D9179BZ	High Dose Rate (HDR) Brachytherapy of Sinuses using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D9179CZ	High Dose Rate (HDR) Brachytherapy of Sinuses using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D9179YZ	High Dose Rate (HDR) Brachytherapy of Sinuses using Other Isotope	Procedure	ICD-10-PCS
D917B7Z	Low Dose Rate (LDR) Brachytherapy of Sinuses using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D917B8Z	Low Dose Rate (LDR) Brachytherapy of Sinuses using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D917B9Z	Low Dose Rate (LDR) Brachytherapy of Sinuses using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D917BBZ	Low Dose Rate (LDR) Brachytherapy of Sinuses using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D917BCZ	Low Dose Rate (LDR) Brachytherapy of Sinuses using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D917BYZ	Low Dose Rate (LDR) Brachytherapy of Sinuses using Other Isotope	Procedure	ICD-10-PCS
D91897Z	High Dose Rate (HDR) Brachytherapy of Hard Palate using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D91898Z	High Dose Rate (HDR) Brachytherapy of Hard Palate using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D91899Z	High Dose Rate (HDR) Brachytherapy of Hard Palate using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D9189BZ	High Dose Rate (HDR) Brachytherapy of Hard Palate using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D9189CZ	High Dose Rate (HDR) Brachytherapy of Hard Palate using Californium 252 (Cf-252)	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
D9189YZ	High Dose Rate (HDR) Brachytherapy of Hard Palate using Other Isotope	Procedure	ICD-10-PCS
D918B7Z	Low Dose Rate (LDR) Brachytherapy of Hard Palate using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D918B8Z	Low Dose Rate (LDR) Brachytherapy of Hard Palate using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D918B9Z	Low Dose Rate (LDR) Brachytherapy of Hard Palate using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D918BBZ	Low Dose Rate (LDR) Brachytherapy of Hard Palate using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D918BCZ	Low Dose Rate (LDR) Brachytherapy of Hard Palate using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D918BYZ	Low Dose Rate (LDR) Brachytherapy of Hard Palate using Other Isotope	Procedure	ICD-10-PCS
D91997Z	High Dose Rate (HDR) Brachytherapy of Soft Palate using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D91998Z	High Dose Rate (HDR) Brachytherapy of Soft Palate using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D91999Z	High Dose Rate (HDR) Brachytherapy of Soft Palate using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D9199BZ	High Dose Rate (HDR) Brachytherapy of Soft Palate using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D9199CZ	High Dose Rate (HDR) Brachytherapy of Soft Palate using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D9199YZ	High Dose Rate (HDR) Brachytherapy of Soft Palate using Other Isotope	Procedure	ICD-10-PCS
D919B7Z	Low Dose Rate (LDR) Brachytherapy of Soft Palate using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D919B8Z	Low Dose Rate (LDR) Brachytherapy of Soft Palate using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D919B9Z	Low Dose Rate (LDR) Brachytherapy of Soft Palate using Iodine 125 (I-125)	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
D919BBZ	Low Dose Rate (LDR) Brachytherapy of Soft Palate using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D919BCZ	Low Dose Rate (LDR) Brachytherapy of Soft Palate using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D919BYZ	Low Dose Rate (LDR) Brachytherapy of Soft Palate using Other Isotope	Procedure	ICD-10-PCS
D91B97Z	High Dose Rate (HDR) Brachytherapy of Larynx using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D91B98Z	High Dose Rate (HDR) Brachytherapy of Larynx using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D91B99Z	High Dose Rate (HDR) Brachytherapy of Larynx using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D91B9BZ	High Dose Rate (HDR) Brachytherapy of Larynx using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D91B9CZ	High Dose Rate (HDR) Brachytherapy of Larynx using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D91B9YZ	High Dose Rate (HDR) Brachytherapy of Larynx using Other Isotope	Procedure	ICD-10-PCS
D91BB7Z	Low Dose Rate (LDR) Brachytherapy of Larynx using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D91BB8Z	Low Dose Rate (LDR) Brachytherapy of Larynx using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D91BB9Z	Low Dose Rate (LDR) Brachytherapy of Larynx using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D91BBBZ	Low Dose Rate (LDR) Brachytherapy of Larynx using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D91BBCZ	Low Dose Rate (LDR) Brachytherapy of Larynx using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D91BBYZ	Low Dose Rate (LDR) Brachytherapy of Larynx using Other Isotope	Procedure	ICD-10-PCS
D91D97Z	High Dose Rate (HDR) Brachytherapy of Nasopharynx using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
D91D98Z	High Dose Rate (HDR) Brachytherapy of Nasopharynx using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D91D99Z	High Dose Rate (HDR) Brachytherapy of Nasopharynx using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D91D9BZ	High Dose Rate (HDR) Brachytherapy of Nasopharynx using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D91D9CZ	High Dose Rate (HDR) Brachytherapy of Nasopharynx using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D91D9YZ	High Dose Rate (HDR) Brachytherapy of Nasopharynx using Other Isotope	Procedure	ICD-10-PCS
D91DB7Z	Low Dose Rate (LDR) Brachytherapy of Nasopharynx using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D91DB8Z	Low Dose Rate (LDR) Brachytherapy of Nasopharynx using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D91DB9Z	Low Dose Rate (LDR) Brachytherapy of Nasopharynx using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D91DBBZ	Low Dose Rate (LDR) Brachytherapy of Nasopharynx using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D91DBCZ	Low Dose Rate (LDR) Brachytherapy of Nasopharynx using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D91DBYZ	Low Dose Rate (LDR) Brachytherapy of Nasopharynx using Other Isotope	Procedure	ICD-10-PCS
D91F97Z	High Dose Rate (HDR) Brachytherapy of Oropharynx using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D91F98Z	High Dose Rate (HDR) Brachytherapy of Oropharynx using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D91F99Z	High Dose Rate (HDR) Brachytherapy of Oropharynx using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D91F9BZ	High Dose Rate (HDR) Brachytherapy of Oropharynx using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D91F9CZ	High Dose Rate (HDR) Brachytherapy of Oropharynx using Californium 252 (Cf-252)	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
D91F9YZ	High Dose Rate (HDR) Brachytherapy of Oropharynx using Other Isotope	Procedure	ICD-10-PCS
D91FB7Z	Low Dose Rate (LDR) Brachytherapy of Oropharynx using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D91FB8Z	Low Dose Rate (LDR) Brachytherapy of Oropharynx using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D91FB9Z	Low Dose Rate (LDR) Brachytherapy of Oropharynx using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D91FBBZ	Low Dose Rate (LDR) Brachytherapy of Oropharynx using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D91FBCZ	Low Dose Rate (LDR) Brachytherapy of Oropharynx using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D91FBYZ	Low Dose Rate (LDR) Brachytherapy of Oropharynx using Other Isotope	Procedure	ICD-10-PCS
D9Y07ZZ	Contact Radiation of Ear	Procedure	ICD-10-PCS
D9Y0FZZ	Plaque Radiation of Ear	Procedure	ICD-10-PCS
D9Y17ZZ	Contact Radiation of Nose	Procedure	ICD-10-PCS
D9Y1FZZ	Plaque Radiation of Nose	Procedure	ICD-10-PCS
D9Y37ZZ	Contact Radiation of Hypopharynx	Procedure	ICD-10-PCS
D9Y47ZZ	Contact Radiation of Mouth	Procedure	ICD-10-PCS
D9Y4CZZ	Intraoperative Radiation Therapy (IORT) of Mouth	Procedure	ICD-10-PCS
D9Y4FZZ	Plaque Radiation of Mouth	Procedure	ICD-10-PCS
D9Y57ZZ	Contact Radiation of Tongue	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
D9Y5FZZ	Plaque Radiation of Tongue	Procedure	ICD-10-PCS
D9Y67ZZ	Contact Radiation of Salivary Glands	Procedure	ICD-10-PCS
D9Y6FZZ	Plaque Radiation of Salivary Glands	Procedure	ICD-10-PCS
D9Y77ZZ	Contact Radiation of Sinuses	Procedure	ICD-10-PCS
D9Y7FZZ	Plaque Radiation of Sinuses	Procedure	ICD-10-PCS
D9Y87ZZ	Contact Radiation of Hard Palate	Procedure	ICD-10-PCS
D9Y8FZZ	Plaque Radiation of Hard Palate	Procedure	ICD-10-PCS
D9Y97ZZ	Contact Radiation of Soft Palate	Procedure	ICD-10-PCS
D9Y9FZZ	Plaque Radiation of Soft Palate	Procedure	ICD-10-PCS
D9YB7ZZ	Contact Radiation of Larynx	Procedure	ICD-10-PCS
D9YBCZZ	Intraoperative Radiation Therapy (IORT) of Larynx	Procedure	ICD-10-PCS
D9YBFZZ	Plaque Radiation of Larynx	Procedure	ICD-10-PCS
D9YCCZZ	Intraoperative Radiation Therapy (IORT) of Pharynx	Procedure	ICD-10-PCS
D9YCFZZ	Plaque Radiation of Pharynx	Procedure	ICD-10-PCS
D9YD7ZZ	Contact Radiation of Nasopharynx	Procedure	ICD-10-PCS
D9YDCZZ	Intraoperative Radiation Therapy (IORT) of Nasopharynx	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
D9YDFZZ	Plaque Radiation of Nasopharynx	Procedure	ICD-10-PCS
D9YF7ZZ	Contact Radiation of Oropharynx	Procedure	ICD-10-PCS
DB000ZZ	Beam Radiation of Trachea using Photons <1 MeV	Procedure	ICD-10-PCS
DB001ZZ	Beam Radiation of Trachea using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DB002ZZ	Beam Radiation of Trachea using Photons >10 MeV	Procedure	ICD-10-PCS
DB003ZZ	Beam Radiation of Trachea using Electrons	Procedure	ICD-10-PCS
DB004ZZ	Beam Radiation of Trachea using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DB005ZZ	Beam Radiation of Trachea using Neutrons	Procedure	ICD-10-PCS
DB006ZZ	Beam Radiation of Trachea using Neutron Capture	Procedure	ICD-10-PCS
DB010ZZ	Beam Radiation of Bronchus using Photons <1 MeV	Procedure	ICD-10-PCS
DB011ZZ	Beam Radiation of Bronchus using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DB012ZZ	Beam Radiation of Bronchus using Photons >10 MeV	Procedure	ICD-10-PCS
DB013ZZ	Beam Radiation of Bronchus using Electrons	Procedure	ICD-10-PCS
DB014ZZ	Beam Radiation of Bronchus using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DB015ZZ	Beam Radiation of Bronchus using Neutrons	Procedure	ICD-10-PCS
DB016ZZ	Beam Radiation of Bronchus using Neutron Capture	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DB020ZZ	Beam Radiation of Lung using Photons <1 MeV	Procedure	ICD-10-PCS
DB021ZZ	Beam Radiation of Lung using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DB022ZZ	Beam Radiation of Lung using Photons >10 MeV	Procedure	ICD-10-PCS
DB023ZZ	Beam Radiation of Lung using Electrons	Procedure	ICD-10-PCS
DB024ZZ	Beam Radiation of Lung using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DB025ZZ	Beam Radiation of Lung using Neutrons	Procedure	ICD-10-PCS
DB026ZZ	Beam Radiation of Lung using Neutron Capture	Procedure	ICD-10-PCS
DB050ZZ	Beam Radiation of Pleura using Photons <1 MeV	Procedure	ICD-10-PCS
DB051ZZ	Beam Radiation of Pleura using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DB052ZZ	Beam Radiation of Pleura using Photons >10 MeV	Procedure	ICD-10-PCS
DB053ZZ	Beam Radiation of Pleura using Electrons	Procedure	ICD-10-PCS
DB054ZZ	Beam Radiation of Pleura using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DB055ZZ	Beam Radiation of Pleura using Neutrons	Procedure	ICD-10-PCS
DB056ZZ	Beam Radiation of Pleura using Neutron Capture	Procedure	ICD-10-PCS
DB060ZZ	Beam Radiation of Mediastinum using Photons <1 MeV	Procedure	ICD-10-PCS
DB061ZZ	Beam Radiation of Mediastinum using Photons 1 - 10 MeV	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DB062ZZ	Beam Radiation of Mediastinum using Photons >10 MeV	Procedure	ICD-10-PCS
DB063ZZ	Beam Radiation of Mediastinum using Electrons	Procedure	ICD-10-PCS
DB064ZZ	Beam Radiation of Mediastinum using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DB065ZZ	Beam Radiation of Mediastinum using Neutrons	Procedure	ICD-10-PCS
DB066ZZ	Beam Radiation of Mediastinum using Neutron Capture	Procedure	ICD-10-PCS
DB070ZZ	Beam Radiation of Chest Wall using Photons <1 MeV	Procedure	ICD-10-PCS
DB071ZZ	Beam Radiation of Chest Wall using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DB072ZZ	Beam Radiation of Chest Wall using Photons >10 MeV	Procedure	ICD-10-PCS
DB073ZZ	Beam Radiation of Chest Wall using Electrons	Procedure	ICD-10-PCS
DB074ZZ	Beam Radiation of Chest Wall using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DB075ZZ	Beam Radiation of Chest Wall using Neutrons	Procedure	ICD-10-PCS
DB076ZZ	Beam Radiation of Chest Wall using Neutron Capture	Procedure	ICD-10-PCS
DB080ZZ	Beam Radiation of Diaphragm using Photons <1 MeV	Procedure	ICD-10-PCS
DB081ZZ	Beam Radiation of Diaphragm using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DB082ZZ	Beam Radiation of Diaphragm using Photons >10 MeV	Procedure	ICD-10-PCS
DB083ZZ	Beam Radiation of Diaphragm using Electrons	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DB084ZZ	Beam Radiation of Diaphragm using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DB085ZZ	Beam Radiation of Diaphragm using Neutrons	Procedure	ICD-10-PCS
DB086ZZ	Beam Radiation of Diaphragm using Neutron Capture	Procedure	ICD-10-PCS
DB1097Z	High Dose Rate (HDR) Brachytherapy of Trachea using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DB1098Z	High Dose Rate (HDR) Brachytherapy of Trachea using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DB1099Z	High Dose Rate (HDR) Brachytherapy of Trachea using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DB109BZ	High Dose Rate (HDR) Brachytherapy of Trachea using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DB109CZ	High Dose Rate (HDR) Brachytherapy of Trachea using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DB109YZ	High Dose Rate (HDR) Brachytherapy of Trachea using Other Isotope	Procedure	ICD-10-PCS
DB10B7Z	Low Dose Rate (LDR) Brachytherapy of Trachea using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DB10B8Z	Low Dose Rate (LDR) Brachytherapy of Trachea using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DB10B9Z	Low Dose Rate (LDR) Brachytherapy of Trachea using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DB10BBZ	Low Dose Rate (LDR) Brachytherapy of Trachea using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DB10BCZ	Low Dose Rate (LDR) Brachytherapy of Trachea using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DB10BYZ	Low Dose Rate (LDR) Brachytherapy of Trachea using Other Isotope	Procedure	ICD-10-PCS
DB1197Z	High Dose Rate (HDR) Brachytherapy of Bronchus using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DB1198Z	High Dose Rate (HDR) Brachytherapy of Bronchus using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DB1199Z	High Dose Rate (HDR) Brachytherapy of Bronchus using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DB119BZ	High Dose Rate (HDR) Brachytherapy of Bronchus using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DB119CZ	High Dose Rate (HDR) Brachytherapy of Bronchus using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DB119YZ	High Dose Rate (HDR) Brachytherapy of Bronchus using Other Isotope	Procedure	ICD-10-PCS
DB11B7Z	Low Dose Rate (LDR) Brachytherapy of Bronchus using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DB11B8Z	Low Dose Rate (LDR) Brachytherapy of Bronchus using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DB11B9Z	Low Dose Rate (LDR) Brachytherapy of Bronchus using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DB11BBZ	Low Dose Rate (LDR) Brachytherapy of Bronchus using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DB11BCZ	Low Dose Rate (LDR) Brachytherapy of Bronchus using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DB11BYZ	Low Dose Rate (LDR) Brachytherapy of Bronchus using Other Isotope	Procedure	ICD-10-PCS
DB1297Z	High Dose Rate (HDR) Brachytherapy of Lung using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DB1298Z	High Dose Rate (HDR) Brachytherapy of Lung using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DB1299Z	High Dose Rate (HDR) Brachytherapy of Lung using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DB129BZ	High Dose Rate (HDR) Brachytherapy of Lung using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DB129CZ	High Dose Rate (HDR) Brachytherapy of Lung using Californium 252 (Cf-252)	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DB129YZ	High Dose Rate (HDR) Brachytherapy of Lung using Other Isotope	Procedure	ICD-10-PCS
DB12B7Z	Low Dose Rate (LDR) Brachytherapy of Lung using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DB12B8Z	Low Dose Rate (LDR) Brachytherapy of Lung using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DB12B9Z	Low Dose Rate (LDR) Brachytherapy of Lung using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DB12BBZ	Low Dose Rate (LDR) Brachytherapy of Lung using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DB12BCZ	Low Dose Rate (LDR) Brachytherapy of Lung using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DB12BYZ	Low Dose Rate (LDR) Brachytherapy of Lung using Other Isotope	Procedure	ICD-10-PCS
DB1597Z	High Dose Rate (HDR) Brachytherapy of Pleura using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DB1598Z	High Dose Rate (HDR) Brachytherapy of Pleura using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DB1599Z	High Dose Rate (HDR) Brachytherapy of Pleura using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DB159BZ	High Dose Rate (HDR) Brachytherapy of Pleura using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DB159CZ	High Dose Rate (HDR) Brachytherapy of Pleura using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DB159YZ	High Dose Rate (HDR) Brachytherapy of Pleura using Other Isotope	Procedure	ICD-10-PCS
DB15B7Z	Low Dose Rate (LDR) Brachytherapy of Pleura using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DB15B8Z	Low Dose Rate (LDR) Brachytherapy of Pleura using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DB15B9Z	Low Dose Rate (LDR) Brachytherapy of Pleura using Iodine 125 (I-125)	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DB15BBZ	Low Dose Rate (LDR) Brachytherapy of Pleura using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DB15BCZ	Low Dose Rate (LDR) Brachytherapy of Pleura using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DB15BYZ	Low Dose Rate (LDR) Brachytherapy of Pleura using Other Isotope	Procedure	ICD-10-PCS
DB1697Z	High Dose Rate (HDR) Brachytherapy of Mediastinum using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DB1698Z	High Dose Rate (HDR) Brachytherapy of Mediastinum using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DB1699Z	High Dose Rate (HDR) Brachytherapy of Mediastinum using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DB169BZ	High Dose Rate (HDR) Brachytherapy of Mediastinum using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DB169CZ	High Dose Rate (HDR) Brachytherapy of Mediastinum using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DB169YZ	High Dose Rate (HDR) Brachytherapy of Mediastinum using Other Isotope	Procedure	ICD-10-PCS
DB16B7Z	Low Dose Rate (LDR) Brachytherapy of Mediastinum using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DB16B8Z	Low Dose Rate (LDR) Brachytherapy of Mediastinum using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DB16B9Z	Low Dose Rate (LDR) Brachytherapy of Mediastinum using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DB16BBZ	Low Dose Rate (LDR) Brachytherapy of Mediastinum using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DB16BCZ	Low Dose Rate (LDR) Brachytherapy of Mediastinum using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DB16BYZ	Low Dose Rate (LDR) Brachytherapy of Mediastinum using Other Isotope	Procedure	ICD-10-PCS
DB1797Z	High Dose Rate (HDR) Brachytherapy of Chest Wall using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DB1798Z	High Dose Rate (HDR) Brachytherapy of Chest Wall using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DB1799Z	High Dose Rate (HDR) Brachytherapy of Chest Wall using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DB179BZ	High Dose Rate (HDR) Brachytherapy of Chest Wall using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DB179CZ	High Dose Rate (HDR) Brachytherapy of Chest Wall using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DB179YZ	High Dose Rate (HDR) Brachytherapy of Chest Wall using Other Isotope	Procedure	ICD-10-PCS
DB17B7Z	Low Dose Rate (LDR) Brachytherapy of Chest Wall using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DB17B8Z	Low Dose Rate (LDR) Brachytherapy of Chest Wall using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DB17B9Z	Low Dose Rate (LDR) Brachytherapy of Chest Wall using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DB17BBZ	Low Dose Rate (LDR) Brachytherapy of Chest Wall using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DB17BCZ	Low Dose Rate (LDR) Brachytherapy of Chest Wall using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DB17BYZ	Low Dose Rate (LDR) Brachytherapy of Chest Wall using Other Isotope	Procedure	ICD-10-PCS
DB1897Z	High Dose Rate (HDR) Brachytherapy of Diaphragm using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DB1898Z	High Dose Rate (HDR) Brachytherapy of Diaphragm using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DB1899Z	High Dose Rate (HDR) Brachytherapy of Diaphragm using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DB189BZ	High Dose Rate (HDR) Brachytherapy of Diaphragm using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DB189CZ	High Dose Rate (HDR) Brachytherapy of Diaphragm using Californium 252 (Cf-252)	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DB189YZ	High Dose Rate (HDR) Brachytherapy of Diaphragm using Other Isotope	Procedure	ICD-10-PCS
DB18B7Z	Low Dose Rate (LDR) Brachytherapy of Diaphragm using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DB18B8Z	Low Dose Rate (LDR) Brachytherapy of Diaphragm using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DB18B9Z	Low Dose Rate (LDR) Brachytherapy of Diaphragm using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DB18BBZ	Low Dose Rate (LDR) Brachytherapy of Diaphragm using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DB18BCZ	Low Dose Rate (LDR) Brachytherapy of Diaphragm using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DB18BYZ	Low Dose Rate (LDR) Brachytherapy of Diaphragm using Other Isotope	Procedure	ICD-10-PCS
DBY07ZZ	Contact Radiation of Trachea	Procedure	ICD-10-PCS
DBY0FZZ	Plaque Radiation of Trachea	Procedure	ICD-10-PCS
DBY17ZZ	Contact Radiation of Bronchus	Procedure	ICD-10-PCS
DBY1FZZ	Plaque Radiation of Bronchus	Procedure	ICD-10-PCS
DBY27ZZ	Contact Radiation of Lung	Procedure	ICD-10-PCS
DBY2FZZ	Plaque Radiation of Lung	Procedure	ICD-10-PCS
DBY57ZZ	Contact Radiation of Pleura	Procedure	ICD-10-PCS
DBY5FZZ	Plaque Radiation of Pleura	Procedure	ICD-10-PCS
DBY67ZZ	Contact Radiation of Mediastinum	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DBY6FZZ	Plaque Radiation of Mediastinum	Procedure	ICD-10-PCS
DBY77ZZ	Contact Radiation of Chest Wall	Procedure	ICD-10-PCS
DBY7FZZ	Plaque Radiation of Chest Wall	Procedure	ICD-10-PCS
DBY87ZZ	Contact Radiation of Diaphragm	Procedure	ICD-10-PCS
DBY8FZZ	Plaque Radiation of Diaphragm	Procedure	ICD-10-PCS
DD000ZZ	Beam Radiation of Esophagus using Photons <1 MeV	Procedure	ICD-10-PCS
DD001ZZ	Beam Radiation of Esophagus using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DD002ZZ	Beam Radiation of Esophagus using Photons >10 MeV	Procedure	ICD-10-PCS
DD003ZZ	Beam Radiation of Esophagus using Electrons	Procedure	ICD-10-PCS
DD004ZZ	Beam Radiation of Esophagus using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DD005ZZ	Beam Radiation of Esophagus using Neutrons	Procedure	ICD-10-PCS
DD006ZZ	Beam Radiation of Esophagus using Neutron Capture	Procedure	ICD-10-PCS
DD010ZZ	Beam Radiation of Stomach using Photons <1 MeV	Procedure	ICD-10-PCS
DD011ZZ	Beam Radiation of Stomach using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DD012ZZ	Beam Radiation of Stomach using Photons >10 MeV	Procedure	ICD-10-PCS
DD013ZZ	Beam Radiation of Stomach using Electrons	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DD014ZZ	Beam Radiation of Stomach using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DD015ZZ	Beam Radiation of Stomach using Neutrons	Procedure	ICD-10-PCS
DD016ZZ	Beam Radiation of Stomach using Neutron Capture	Procedure	ICD-10-PCS
DD020ZZ	Beam Radiation of Duodenum using Photons <1 MeV	Procedure	ICD-10-PCS
DD021ZZ	Beam Radiation of Duodenum using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DD022ZZ	Beam Radiation of Duodenum using Photons >10 MeV	Procedure	ICD-10-PCS
DD023ZZ	Beam Radiation of Duodenum using Electrons	Procedure	ICD-10-PCS
DD024ZZ	Beam Radiation of Duodenum using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DD025ZZ	Beam Radiation of Duodenum using Neutrons	Procedure	ICD-10-PCS
DD026ZZ	Beam Radiation of Duodenum using Neutron Capture	Procedure	ICD-10-PCS
DD030ZZ	Beam Radiation of Jejunum using Photons <1 MeV	Procedure	ICD-10-PCS
DD031ZZ	Beam Radiation of Jejunum using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DD032ZZ	Beam Radiation of Jejunum using Photons >10 MeV	Procedure	ICD-10-PCS
DD033ZZ	Beam Radiation of Jejunum using Electrons	Procedure	ICD-10-PCS
DD034ZZ	Beam Radiation of Jejunum using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DD035ZZ	Beam Radiation of Jejunum using Neutrons	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DD036ZZ	Beam Radiation of Jejunum using Neutron Capture	Procedure	ICD-10-PCS
DD040ZZ	Beam Radiation of Ileum using Photons <1 MeV	Procedure	ICD-10-PCS
DD041ZZ	Beam Radiation of Ileum using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DD042ZZ	Beam Radiation of Ileum using Photons >10 MeV	Procedure	ICD-10-PCS
DD043ZZ	Beam Radiation of Ileum using Electrons	Procedure	ICD-10-PCS
DD044ZZ	Beam Radiation of Ileum using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DD045ZZ	Beam Radiation of Ileum using Neutrons	Procedure	ICD-10-PCS
DD046ZZ	Beam Radiation of Ileum using Neutron Capture	Procedure	ICD-10-PCS
DD050ZZ	Beam Radiation of Colon using Photons <1 MeV	Procedure	ICD-10-PCS
DD051ZZ	Beam Radiation of Colon using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DD052ZZ	Beam Radiation of Colon using Photons >10 MeV	Procedure	ICD-10-PCS
DD053ZZ	Beam Radiation of Colon using Electrons	Procedure	ICD-10-PCS
DD054ZZ	Beam Radiation of Colon using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DD055ZZ	Beam Radiation of Colon using Neutrons	Procedure	ICD-10-PCS
DD056ZZ	Beam Radiation of Colon using Neutron Capture	Procedure	ICD-10-PCS
DD070ZZ	Beam Radiation of Rectum using Photons <1 MeV	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DD071ZZ	Beam Radiation of Rectum using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DD072ZZ	Beam Radiation of Rectum using Photons >10 MeV	Procedure	ICD-10-PCS
DD073ZZ	Beam Radiation of Rectum using Electrons	Procedure	ICD-10-PCS
DD074ZZ	Beam Radiation of Rectum using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DD075ZZ	Beam Radiation of Rectum using Neutrons	Procedure	ICD-10-PCS
DD076ZZ	Beam Radiation of Rectum using Neutron Capture	Procedure	ICD-10-PCS
DD1097Z	High Dose Rate (HDR) Brachytherapy of Esophagus using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DD1098Z	High Dose Rate (HDR) Brachytherapy of Esophagus using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DD1099Z	High Dose Rate (HDR) Brachytherapy of Esophagus using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DD109BZ	High Dose Rate (HDR) Brachytherapy of Esophagus using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DD109CZ	High Dose Rate (HDR) Brachytherapy of Esophagus using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DD109YZ	High Dose Rate (HDR) Brachytherapy of Esophagus using Other Isotope	Procedure	ICD-10-PCS
DD10B7Z	Low Dose Rate (LDR) Brachytherapy of Esophagus using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DD10B8Z	Low Dose Rate (LDR) Brachytherapy of Esophagus using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DD10B9Z	Low Dose Rate (LDR) Brachytherapy of Esophagus using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DD10BBZ	Low Dose Rate (LDR) Brachytherapy of Esophagus using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DD10BCZ	Low Dose Rate (LDR) Brachytherapy of Esophagus using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DD10BYZ	Low Dose Rate (LDR) Brachytherapy of Esophagus using Other Isotope	Procedure	ICD-10-PCS
DD1197Z	High Dose Rate (HDR) Brachytherapy of Stomach using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DD1198Z	High Dose Rate (HDR) Brachytherapy of Stomach using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DD1199Z	High Dose Rate (HDR) Brachytherapy of Stomach using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DD119BZ	High Dose Rate (HDR) Brachytherapy of Stomach using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DD119CZ	High Dose Rate (HDR) Brachytherapy of Stomach using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DD119YZ	High Dose Rate (HDR) Brachytherapy of Stomach using Other Isotope	Procedure	ICD-10-PCS
DD11B7Z	Low Dose Rate (LDR) Brachytherapy of Stomach using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DD11B8Z	Low Dose Rate (LDR) Brachytherapy of Stomach using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DD11B9Z	Low Dose Rate (LDR) Brachytherapy of Stomach using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DD11BBZ	Low Dose Rate (LDR) Brachytherapy of Stomach using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DD11BCZ	Low Dose Rate (LDR) Brachytherapy of Stomach using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DD11BYZ	Low Dose Rate (LDR) Brachytherapy of Stomach using Other Isotope	Procedure	ICD-10-PCS
DD1297Z	High Dose Rate (HDR) Brachytherapy of Duodenum using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DD1298Z	High Dose Rate (HDR) Brachytherapy of Duodenum using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DD1299Z	High Dose Rate (HDR) Brachytherapy of Duodenum using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DD129BZ	High Dose Rate (HDR) Brachytherapy of Duodenum using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DD129CZ	High Dose Rate (HDR) Brachytherapy of Duodenum using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DD129YZ	High Dose Rate (HDR) Brachytherapy of Duodenum using Other Isotope	Procedure	ICD-10-PCS
DD12B7Z	Low Dose Rate (LDR) Brachytherapy of Duodenum using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DD12B8Z	Low Dose Rate (LDR) Brachytherapy of Duodenum using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DD12B9Z	Low Dose Rate (LDR) Brachytherapy of Duodenum using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DD12BBZ	Low Dose Rate (LDR) Brachytherapy of Duodenum using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DD12BCZ	Low Dose Rate (LDR) Brachytherapy of Duodenum using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DD12BYZ	Low Dose Rate (LDR) Brachytherapy of Duodenum using Other Isotope	Procedure	ICD-10-PCS
DD1397Z	High Dose Rate (HDR) Brachytherapy of Jejunum using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DD1398Z	High Dose Rate (HDR) Brachytherapy of Jejunum using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DD1399Z	High Dose Rate (HDR) Brachytherapy of Jejunum using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DD139BZ	High Dose Rate (HDR) Brachytherapy of Jejunum using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DD139CZ	High Dose Rate (HDR) Brachytherapy of Jejunum using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DD139YZ	High Dose Rate (HDR) Brachytherapy of Jejunum using Other Isotope	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DD13B7Z	Low Dose Rate (LDR) Brachytherapy of Jejunum using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DD13B8Z	Low Dose Rate (LDR) Brachytherapy of Jejunum using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DD13B9Z	Low Dose Rate (LDR) Brachytherapy of Jejunum using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DD13BBZ	Low Dose Rate (LDR) Brachytherapy of Jejunum using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DD13BCZ	Low Dose Rate (LDR) Brachytherapy of Jejunum using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DD13BYZ	Low Dose Rate (LDR) Brachytherapy of Jejunum using Other Isotope	Procedure	ICD-10-PCS
DD1497Z	High Dose Rate (HDR) Brachytherapy of Ileum using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DD1498Z	High Dose Rate (HDR) Brachytherapy of Ileum using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DD1499Z	High Dose Rate (HDR) Brachytherapy of Ileum using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DD149BZ	High Dose Rate (HDR) Brachytherapy of Ileum using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DD149CZ	High Dose Rate (HDR) Brachytherapy of Ileum using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DD149YZ	High Dose Rate (HDR) Brachytherapy of Ileum using Other Isotope	Procedure	ICD-10-PCS
DD14B7Z	Low Dose Rate (LDR) Brachytherapy of Ileum using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DD14B8Z	Low Dose Rate (LDR) Brachytherapy of Ileum using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DD14B9Z	Low Dose Rate (LDR) Brachytherapy of Ileum using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DD14BBZ	Low Dose Rate (LDR) Brachytherapy of Ileum using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DD14BCZ	Low Dose Rate (LDR) Brachytherapy of Ileum using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DD14BYZ	Low Dose Rate (LDR) Brachytherapy of Ileum using Other Isotope	Procedure	ICD-10-PCS
DD1597Z	High Dose Rate (HDR) Brachytherapy of Colon using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DD1598Z	High Dose Rate (HDR) Brachytherapy of Colon using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DD1599Z	High Dose Rate (HDR) Brachytherapy of Colon using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DD159BZ	High Dose Rate (HDR) Brachytherapy of Colon using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DD159CZ	High Dose Rate (HDR) Brachytherapy of Colon using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DD159YZ	High Dose Rate (HDR) Brachytherapy of Colon using Other Isotope	Procedure	ICD-10-PCS
DD15B7Z	Low Dose Rate (LDR) Brachytherapy of Colon using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DD15B8Z	Low Dose Rate (LDR) Brachytherapy of Colon using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DD15B9Z	Low Dose Rate (LDR) Brachytherapy of Colon using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DD15BBZ	Low Dose Rate (LDR) Brachytherapy of Colon using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DD15BCZ	Low Dose Rate (LDR) Brachytherapy of Colon using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DD15BYZ	Low Dose Rate (LDR) Brachytherapy of Colon using Other Isotope	Procedure	ICD-10-PCS
DD1797Z	High Dose Rate (HDR) Brachytherapy of Rectum using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DD1798Z	High Dose Rate (HDR) Brachytherapy of Rectum using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DD1799Z	High Dose Rate (HDR) Brachytherapy of Rectum using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DD179BZ	High Dose Rate (HDR) Brachytherapy of Rectum using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DD179CZ	High Dose Rate (HDR) Brachytherapy of Rectum using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DD179YZ	High Dose Rate (HDR) Brachytherapy of Rectum using Other Isotope	Procedure	ICD-10-PCS
DD17B7Z	Low Dose Rate (LDR) Brachytherapy of Rectum using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DD17B8Z	Low Dose Rate (LDR) Brachytherapy of Rectum using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DD17B9Z	Low Dose Rate (LDR) Brachytherapy of Rectum using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DD17BBZ	Low Dose Rate (LDR) Brachytherapy of Rectum using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DD17BCZ	Low Dose Rate (LDR) Brachytherapy of Rectum using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DD17BYZ	Low Dose Rate (LDR) Brachytherapy of Rectum using Other Isotope	Procedure	ICD-10-PCS
DDY07ZZ	Contact Radiation of Esophagus	Procedure	ICD-10-PCS
DDY0FZZ	Plaque Radiation of Esophagus	Procedure	ICD-10-PCS
DDY17ZZ	Contact Radiation of Stomach	Procedure	ICD-10-PCS
DDY1CZZ	Intraoperative Radiation Therapy (IORT) of Stomach	Procedure	ICD-10-PCS
DDY1FZZ	Plaque Radiation of Stomach	Procedure	ICD-10-PCS
DDY27ZZ	Contact Radiation of Duodenum	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DDY2CZZ	Intraoperative Radiation Therapy (IORT) of Duodenum	Procedure	ICD-10-PCS
DDY2FZZ	Plaque Radiation of Duodenum	Procedure	ICD-10-PCS
DDY37ZZ	Contact Radiation of Jejunum	Procedure	ICD-10-PCS
DDY3CZZ	Intraoperative Radiation Therapy (IORT) of Jejunum	Procedure	ICD-10-PCS
DDY3FZZ	Plaque Radiation of Jejunum	Procedure	ICD-10-PCS
DDY47ZZ	Contact Radiation of Ileum	Procedure	ICD-10-PCS
DDY4CZZ	Intraoperative Radiation Therapy (IORT) of Ileum	Procedure	ICD-10-PCS
DDY4FZZ	Plaque Radiation of Ileum	Procedure	ICD-10-PCS
DDY57ZZ	Contact Radiation of Colon	Procedure	ICD-10-PCS
DDY5CZZ	Intraoperative Radiation Therapy (IORT) of Colon	Procedure	ICD-10-PCS
DDY5FZZ	Plaque Radiation of Colon	Procedure	ICD-10-PCS
DDY77ZZ	Contact Radiation of Rectum	Procedure	ICD-10-PCS
DDY7CZZ	Intraoperative Radiation Therapy (IORT) of Rectum	Procedure	ICD-10-PCS
DDY7FZZ	Plaque Radiation of Rectum	Procedure	ICD-10-PCS
DDY8CZZ	Intraoperative Radiation Therapy (IORT) of Anus	Procedure	ICD-10-PCS
DDY8FZZ	Plaque Radiation of Anus	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DF000ZZ	Beam Radiation of Liver using Photons <1 MeV	Procedure	ICD-10-PCS
DF001ZZ	Beam Radiation of Liver using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DF002ZZ	Beam Radiation of Liver using Photons >10 MeV	Procedure	ICD-10-PCS
DF003ZZ	Beam Radiation of Liver using Electrons	Procedure	ICD-10-PCS
DF004ZZ	Beam Radiation of Liver using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DF005ZZ	Beam Radiation of Liver using Neutrons	Procedure	ICD-10-PCS
DF006ZZ	Beam Radiation of Liver using Neutron Capture	Procedure	ICD-10-PCS
DF010ZZ	Beam Radiation of Gallbladder using Photons <1 MeV	Procedure	ICD-10-PCS
DF011ZZ	Beam Radiation of Gallbladder using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DF012ZZ	Beam Radiation of Gallbladder using Photons >10 MeV	Procedure	ICD-10-PCS
DF013ZZ	Beam Radiation of Gallbladder using Electrons	Procedure	ICD-10-PCS
DF014ZZ	Beam Radiation of Gallbladder using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DF015ZZ	Beam Radiation of Gallbladder using Neutrons	Procedure	ICD-10-PCS
DF016ZZ	Beam Radiation of Gallbladder using Neutron Capture	Procedure	ICD-10-PCS
DF020ZZ	Beam Radiation of Bile Ducts using Photons <1 MeV	Procedure	ICD-10-PCS
DF021ZZ	Beam Radiation of Bile Ducts using Photons 1 - 10 MeV	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DF022ZZ	Beam Radiation of Bile Ducts using Photons >10 MeV	Procedure	ICD-10-PCS
DF023ZZ	Beam Radiation of Bile Ducts using Electrons	Procedure	ICD-10-PCS
DF024ZZ	Beam Radiation of Bile Ducts using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DF025ZZ	Beam Radiation of Bile Ducts using Neutrons	Procedure	ICD-10-PCS
DF026ZZ	Beam Radiation of Bile Ducts using Neutron Capture	Procedure	ICD-10-PCS
DF030ZZ	Beam Radiation of Pancreas using Photons <1 MeV	Procedure	ICD-10-PCS
DF031ZZ	Beam Radiation of Pancreas using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DF032ZZ	Beam Radiation of Pancreas using Photons >10 MeV	Procedure	ICD-10-PCS
DF033ZZ	Beam Radiation of Pancreas using Electrons	Procedure	ICD-10-PCS
DF034ZZ	Beam Radiation of Pancreas using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DF035ZZ	Beam Radiation of Pancreas using Neutrons	Procedure	ICD-10-PCS
DF036ZZ	Beam Radiation of Pancreas using Neutron Capture	Procedure	ICD-10-PCS
DF1097Z	High Dose Rate (HDR) Brachytherapy of Liver using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DF1098Z	High Dose Rate (HDR) Brachytherapy of Liver using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DF1099Z	High Dose Rate (HDR) Brachytherapy of Liver using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DF109BZ	High Dose Rate (HDR) Brachytherapy of Liver using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DF109CZ	High Dose Rate (HDR) Brachytherapy of Liver using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DF109YZ	High Dose Rate (HDR) Brachytherapy of Liver using Other Isotope	Procedure	ICD-10-PCS
DF10B7Z	Low Dose Rate (LDR) Brachytherapy of Liver using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DF10B8Z	Low Dose Rate (LDR) Brachytherapy of Liver using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DF10B9Z	Low Dose Rate (LDR) Brachytherapy of Liver using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DF10BBZ	Low Dose Rate (LDR) Brachytherapy of Liver using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DF10BCZ	Low Dose Rate (LDR) Brachytherapy of Liver using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DF10BYZ	Low Dose Rate (LDR) Brachytherapy of Liver using Other Isotope	Procedure	ICD-10-PCS
DF1197Z	High Dose Rate (HDR) Brachytherapy of Gallbladder using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DF1198Z	High Dose Rate (HDR) Brachytherapy of Gallbladder using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DF1199Z	High Dose Rate (HDR) Brachytherapy of Gallbladder using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DF119BZ	High Dose Rate (HDR) Brachytherapy of Gallbladder using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DF119CZ	High Dose Rate (HDR) Brachytherapy of Gallbladder using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DF119YZ	High Dose Rate (HDR) Brachytherapy of Gallbladder using Other Isotope	Procedure	ICD-10-PCS
DF11B7Z	Low Dose Rate (LDR) Brachytherapy of Gallbladder using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DF11B8Z	Low Dose Rate (LDR) Brachytherapy of Gallbladder using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DF11B9Z	Low Dose Rate (LDR) Brachytherapy of Gallbladder using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DF11BBZ	Low Dose Rate (LDR) Brachytherapy of Gallbladder using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DF11BCZ	Low Dose Rate (LDR) Brachytherapy of Gallbladder using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DF11BYZ	Low Dose Rate (LDR) Brachytherapy of Gallbladder using Other Isotope	Procedure	ICD-10-PCS
DF1297Z	High Dose Rate (HDR) Brachytherapy of Bile Ducts using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DF1298Z	High Dose Rate (HDR) Brachytherapy of Bile Ducts using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DF1299Z	High Dose Rate (HDR) Brachytherapy of Bile Ducts using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DF129BZ	High Dose Rate (HDR) Brachytherapy of Bile Ducts using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DF129CZ	High Dose Rate (HDR) Brachytherapy of Bile Ducts using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DF129YZ	High Dose Rate (HDR) Brachytherapy of Bile Ducts using Other Isotope	Procedure	ICD-10-PCS
DF12B7Z	Low Dose Rate (LDR) Brachytherapy of Bile Ducts using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DF12B8Z	Low Dose Rate (LDR) Brachytherapy of Bile Ducts using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DF12B9Z	Low Dose Rate (LDR) Brachytherapy of Bile Ducts using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DF12BBZ	Low Dose Rate (LDR) Brachytherapy of Bile Ducts using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DF12BCZ	Low Dose Rate (LDR) Brachytherapy of Bile Ducts using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DF12BYZ	Low Dose Rate (LDR) Brachytherapy of Bile Ducts using Other Isotope	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DF1397Z	High Dose Rate (HDR) Brachytherapy of Pancreas using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DF1398Z	High Dose Rate (HDR) Brachytherapy of Pancreas using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DF1399Z	High Dose Rate (HDR) Brachytherapy of Pancreas using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DF139BZ	High Dose Rate (HDR) Brachytherapy of Pancreas using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DF139CZ	High Dose Rate (HDR) Brachytherapy of Pancreas using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DF139YZ	High Dose Rate (HDR) Brachytherapy of Pancreas using Other Isotope	Procedure	ICD-10-PCS
DF13B7Z	Low Dose Rate (LDR) Brachytherapy of Pancreas using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DF13B8Z	Low Dose Rate (LDR) Brachytherapy of Pancreas using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DF13B9Z	Low Dose Rate (LDR) Brachytherapy of Pancreas using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DF13BBZ	Low Dose Rate (LDR) Brachytherapy of Pancreas using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DF13BCZ	Low Dose Rate (LDR) Brachytherapy of Pancreas using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DF13BYZ	Low Dose Rate (LDR) Brachytherapy of Pancreas using Other Isotope	Procedure	ICD-10-PCS
DFY07ZZ	Contact Radiation of Liver	Procedure	ICD-10-PCS
DFY0CZZ	Intraoperative Radiation Therapy (IORT) of Liver	Procedure	ICD-10-PCS
DFY0FZZ	Plaque Radiation of Liver	Procedure	ICD-10-PCS
DFY17ZZ	Contact Radiation of Gallbladder	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DFY1CZZ	Intraoperative Radiation Therapy (IORT) of Gallbladder	Procedure	ICD-10-PCS
DFY1FZZ	Plaque Radiation of Gallbladder	Procedure	ICD-10-PCS
DFY27ZZ	Contact Radiation of Bile Ducts	Procedure	ICD-10-PCS
DFY2CZZ	Intraoperative Radiation Therapy (IORT) of Bile Ducts	Procedure	ICD-10-PCS
DFY2FZZ	Plaque Radiation of Bile Ducts	Procedure	ICD-10-PCS
DFY37ZZ	Contact Radiation of Pancreas	Procedure	ICD-10-PCS
DFY3CZZ	Intraoperative Radiation Therapy (IORT) of Pancreas	Procedure	ICD-10-PCS
DFY3FZZ	Plaque Radiation of Pancreas	Procedure	ICD-10-PCS
DG000ZZ	Beam Radiation of Pituitary Gland using Photons <1 MeV	Procedure	ICD-10-PCS
DG001ZZ	Beam Radiation of Pituitary Gland using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DG002ZZ	Beam Radiation of Pituitary Gland using Photons >10 MeV	Procedure	ICD-10-PCS
DG003ZZ	Beam Radiation of Pituitary Gland using Electrons	Procedure	ICD-10-PCS
DG005ZZ	Beam Radiation of Pituitary Gland using Neutrons	Procedure	ICD-10-PCS
DG006ZZ	Beam Radiation of Pituitary Gland using Neutron Capture	Procedure	ICD-10-PCS
DG010ZZ	Beam Radiation of Pineal Body using Photons <1 MeV	Procedure	ICD-10-PCS
DG011ZZ	Beam Radiation of Pineal Body using Photons 1 - 10 MeV	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DG012ZZ	Beam Radiation of Pineal Body using Photons >10 MeV	Procedure	ICD-10-PCS
DG013ZZ	Beam Radiation of Pineal Body using Electrons	Procedure	ICD-10-PCS
DG015ZZ	Beam Radiation of Pineal Body using Neutrons	Procedure	ICD-10-PCS
DG016ZZ	Beam Radiation of Pineal Body using Neutron Capture	Procedure	ICD-10-PCS
DG020ZZ	Beam Radiation of Adrenal Glands using Photons <1 MeV	Procedure	ICD-10-PCS
DG021ZZ	Beam Radiation of Adrenal Glands using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DG022ZZ	Beam Radiation of Adrenal Glands using Photons >10 MeV	Procedure	ICD-10-PCS
DG023ZZ	Beam Radiation of Adrenal Glands using Electrons	Procedure	ICD-10-PCS
DG025ZZ	Beam Radiation of Adrenal Glands using Neutrons	Procedure	ICD-10-PCS
DG026ZZ	Beam Radiation of Adrenal Glands using Neutron Capture	Procedure	ICD-10-PCS
DG040ZZ	Beam Radiation of Parathyroid Glands using Photons <1 MeV	Procedure	ICD-10-PCS
DG041ZZ	Beam Radiation of Parathyroid Glands using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DG042ZZ	Beam Radiation of Parathyroid Glands using Photons >10 MeV	Procedure	ICD-10-PCS
DG043ZZ	Beam Radiation of Parathyroid Glands using Electrons	Procedure	ICD-10-PCS
DG045ZZ	Beam Radiation of Parathyroid Glands using Neutrons	Procedure	ICD-10-PCS
DG046ZZ	Beam Radiation of Parathyroid Glands using Neutron Capture	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DG050ZZ	Beam Radiation of Thyroid using Photons <1 MeV	Procedure	ICD-10-PCS
DG051ZZ	Beam Radiation of Thyroid using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DG052ZZ	Beam Radiation of Thyroid using Photons >10 MeV	Procedure	ICD-10-PCS
DG053ZZ	Beam Radiation of Thyroid using Electrons	Procedure	ICD-10-PCS
DG055ZZ	Beam Radiation of Thyroid using Neutrons	Procedure	ICD-10-PCS
DG056ZZ	Beam Radiation of Thyroid using Neutron Capture	Procedure	ICD-10-PCS
DG1097Z	High Dose Rate (HDR) Brachytherapy of Pituitary Gland using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DG1098Z	High Dose Rate (HDR) Brachytherapy of Pituitary Gland using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DG1099Z	High Dose Rate (HDR) Brachytherapy of Pituitary Gland using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DG109BZ	High Dose Rate (HDR) Brachytherapy of Pituitary Gland using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DG109CZ	High Dose Rate (HDR) Brachytherapy of Pituitary Gland using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DG109YZ	High Dose Rate (HDR) Brachytherapy of Pituitary Gland using Other Isotope	Procedure	ICD-10-PCS
DG10B7Z	Low Dose Rate (LDR) Brachytherapy of Pituitary Gland using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DG10B8Z	Low Dose Rate (LDR) Brachytherapy of Pituitary Gland using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DG10B9Z	Low Dose Rate (LDR) Brachytherapy of Pituitary Gland using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DG10BBZ	Low Dose Rate (LDR) Brachytherapy of Pituitary Gland using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DG10BCZ	Low Dose Rate (LDR) Brachytherapy of Pituitary Gland using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DG10BYZ	Low Dose Rate (LDR) Brachytherapy of Pituitary Gland using Other Isotope	Procedure	ICD-10-PCS
DG1197Z	High Dose Rate (HDR) Brachytherapy of Pineal Body using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DG1198Z	High Dose Rate (HDR) Brachytherapy of Pineal Body using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DG1199Z	High Dose Rate (HDR) Brachytherapy of Pineal Body using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DG119BZ	High Dose Rate (HDR) Brachytherapy of Pineal Body using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DG119CZ	High Dose Rate (HDR) Brachytherapy of Pineal Body using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DG119YZ	High Dose Rate (HDR) Brachytherapy of Pineal Body using Other Isotope	Procedure	ICD-10-PCS
DG11B7Z	Low Dose Rate (LDR) Brachytherapy of Pineal Body using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DG11B8Z	Low Dose Rate (LDR) Brachytherapy of Pineal Body using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DG11B9Z	Low Dose Rate (LDR) Brachytherapy of Pineal Body using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DG11BBZ	Low Dose Rate (LDR) Brachytherapy of Pineal Body using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DG11BCZ	Low Dose Rate (LDR) Brachytherapy of Pineal Body using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DG11BYZ	Low Dose Rate (LDR) Brachytherapy of Pineal Body using Other Isotope	Procedure	ICD-10-PCS
DG1297Z	High Dose Rate (HDR) Brachytherapy of Adrenal Glands using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DG1298Z	High Dose Rate (HDR) Brachytherapy of Adrenal Glands using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DG1299Z	High Dose Rate (HDR) Brachytherapy of Adrenal Glands using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DG129BZ	High Dose Rate (HDR) Brachytherapy of Adrenal Glands using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DG129CZ	High Dose Rate (HDR) Brachytherapy of Adrenal Glands using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DG129YZ	High Dose Rate (HDR) Brachytherapy of Adrenal Glands using Other Isotope	Procedure	ICD-10-PCS
DG12B7Z	Low Dose Rate (LDR) Brachytherapy of Adrenal Glands using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DG12B8Z	Low Dose Rate (LDR) Brachytherapy of Adrenal Glands using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DG12B9Z	Low Dose Rate (LDR) Brachytherapy of Adrenal Glands using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DG12BBZ	Low Dose Rate (LDR) Brachytherapy of Adrenal Glands using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DG12BCZ	Low Dose Rate (LDR) Brachytherapy of Adrenal Glands using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DG12BYZ	Low Dose Rate (LDR) Brachytherapy of Adrenal Glands using Other Isotope	Procedure	ICD-10-PCS
DG1497Z	High Dose Rate (HDR) Brachytherapy of Parathyroid Glands using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DG1498Z	High Dose Rate (HDR) Brachytherapy of Parathyroid Glands using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DG1499Z	High Dose Rate (HDR) Brachytherapy of Parathyroid Glands using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DG149BZ	High Dose Rate (HDR) Brachytherapy of Parathyroid Glands using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DG149CZ	High Dose Rate (HDR) Brachytherapy of Parathyroid Glands using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DG149YZ	High Dose Rate (HDR) Brachytherapy of Parathyroid Glands using Other Isotope	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DG14B7Z	Low Dose Rate (LDR) Brachytherapy of Parathyroid Glands using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DG14B8Z	Low Dose Rate (LDR) Brachytherapy of Parathyroid Glands using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DG14B9Z	Low Dose Rate (LDR) Brachytherapy of Parathyroid Glands using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DG14BBZ	Low Dose Rate (LDR) Brachytherapy of Parathyroid Glands using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DG14BCZ	Low Dose Rate (LDR) Brachytherapy of Parathyroid Glands using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DG14BYZ	Low Dose Rate (LDR) Brachytherapy of Parathyroid Glands using Other Isotope	Procedure	ICD-10-PCS
DG1597Z	High Dose Rate (HDR) Brachytherapy of Thyroid using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DG1598Z	High Dose Rate (HDR) Brachytherapy of Thyroid using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DG1599Z	High Dose Rate (HDR) Brachytherapy of Thyroid using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DG159BZ	High Dose Rate (HDR) Brachytherapy of Thyroid using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DG159CZ	High Dose Rate (HDR) Brachytherapy of Thyroid using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DG159YZ	High Dose Rate (HDR) Brachytherapy of Thyroid using Other Isotope	Procedure	ICD-10-PCS
DG15B7Z	Low Dose Rate (LDR) Brachytherapy of Thyroid using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DG15B8Z	Low Dose Rate (LDR) Brachytherapy of Thyroid using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DG15B9Z	Low Dose Rate (LDR) Brachytherapy of Thyroid using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DG15BBZ	Low Dose Rate (LDR) Brachytherapy of Thyroid using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DG15BCZ	Low Dose Rate (LDR) Brachytherapy of Thyroid using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DG15BYZ	Low Dose Rate (LDR) Brachytherapy of Thyroid using Other Isotope	Procedure	ICD-10-PCS
DGY07ZZ	Contact Radiation of Pituitary Gland	Procedure	ICD-10-PCS
DGY0FZZ	Plaque Radiation of Pituitary Gland	Procedure	ICD-10-PCS
DGY17ZZ	Contact Radiation of Pineal Body	Procedure	ICD-10-PCS
DGY1FZZ	Plaque Radiation of Pineal Body	Procedure	ICD-10-PCS
DGY27ZZ	Contact Radiation of Adrenal Glands	Procedure	ICD-10-PCS
DGY2FZZ	Plaque Radiation of Adrenal Glands	Procedure	ICD-10-PCS
DGY47ZZ	Contact Radiation of Parathyroid Glands	Procedure	ICD-10-PCS
DGY4FZZ	Plaque Radiation of Parathyroid Glands	Procedure	ICD-10-PCS
DGY57ZZ	Contact Radiation of Thyroid	Procedure	ICD-10-PCS
DGY5FZZ	Plaque Radiation of Thyroid	Procedure	ICD-10-PCS
DM000ZZ	Beam Radiation of Left Breast using Photons <1 MeV	Procedure	ICD-10-PCS
DM001ZZ	Beam Radiation of Left Breast using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DM002ZZ	Beam Radiation of Left Breast using Photons >10 MeV	Procedure	ICD-10-PCS
DM003ZZ	Beam Radiation of Left Breast using Electrons	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DM004ZZ	Beam Radiation of Left Breast using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DM005ZZ	Beam Radiation of Left Breast using Neutrons	Procedure	ICD-10-PCS
DM006ZZ	Beam Radiation of Left Breast using Neutron Capture	Procedure	ICD-10-PCS
DM010ZZ	Beam Radiation of Right Breast using Photons <1 MeV	Procedure	ICD-10-PCS
DM011ZZ	Beam Radiation of Right Breast using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DM012ZZ	Beam Radiation of Right Breast using Photons >10 MeV	Procedure	ICD-10-PCS
DM013ZZ	Beam Radiation of Right Breast using Electrons	Procedure	ICD-10-PCS
DM014ZZ	Beam Radiation of Right Breast using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DM015ZZ	Beam Radiation of Right Breast using Neutrons	Procedure	ICD-10-PCS
DM016ZZ	Beam Radiation of Right Breast using Neutron Capture	Procedure	ICD-10-PCS
DM1097Z	High Dose Rate (HDR) Brachytherapy of Left Breast using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DM1098Z	High Dose Rate (HDR) Brachytherapy of Left Breast using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DM1099Z	High Dose Rate (HDR) Brachytherapy of Left Breast using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DM109BZ	High Dose Rate (HDR) Brachytherapy of Left Breast using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DM109CZ	High Dose Rate (HDR) Brachytherapy of Left Breast using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DM109YZ	High Dose Rate (HDR) Brachytherapy of Left Breast using Other Isotope	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DM10B7Z	Low Dose Rate (LDR) Brachytherapy of Left Breast using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DM10B8Z	Low Dose Rate (LDR) Brachytherapy of Left Breast using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DM10B9Z	Low Dose Rate (LDR) Brachytherapy of Left Breast using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DM10BBZ	Low Dose Rate (LDR) Brachytherapy of Left Breast using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DM10BCZ	Low Dose Rate (LDR) Brachytherapy of Left Breast using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DM10BYZ	Low Dose Rate (LDR) Brachytherapy of Left Breast using Other Isotope	Procedure	ICD-10-PCS
DM1197Z	High Dose Rate (HDR) Brachytherapy of Right Breast using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DM1198Z	High Dose Rate (HDR) Brachytherapy of Right Breast using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DM1199Z	High Dose Rate (HDR) Brachytherapy of Right Breast using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DM119BZ	High Dose Rate (HDR) Brachytherapy of Right Breast using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DM119CZ	High Dose Rate (HDR) Brachytherapy of Right Breast using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DM119YZ	High Dose Rate (HDR) Brachytherapy of Right Breast using Other Isotope	Procedure	ICD-10-PCS
DM11B7Z	Low Dose Rate (LDR) Brachytherapy of Right Breast using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DM11B8Z	Low Dose Rate (LDR) Brachytherapy of Right Breast using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DM11B9Z	Low Dose Rate (LDR) Brachytherapy of Right Breast using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DM11BBZ	Low Dose Rate (LDR) Brachytherapy of Right Breast using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DM11BCZ	Low Dose Rate (LDR) Brachytherapy of Right Breast using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DM11BYZ	Low Dose Rate (LDR) Brachytherapy of Right Breast using Other Isotope	Procedure	ICD-10-PCS
DMY07ZZ	Contact Radiation of Left Breast	Procedure	ICD-10-PCS
DMY0FZZ	Plaque Radiation of Left Breast	Procedure	ICD-10-PCS
DMY17ZZ	Contact Radiation of Right Breast	Procedure	ICD-10-PCS
DMY1FZZ	Plaque Radiation of Right Breast	Procedure	ICD-10-PCS
DP000ZZ	Beam Radiation of Skull using Photons <1 MeV	Procedure	ICD-10-PCS
DP001ZZ	Beam Radiation of Skull using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DP002ZZ	Beam Radiation of Skull using Photons >10 MeV	Procedure	ICD-10-PCS
DP003ZZ	Beam Radiation of Skull using Electrons	Procedure	ICD-10-PCS
DP004ZZ	Beam Radiation of Skull using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DP005ZZ	Beam Radiation of Skull using Neutrons	Procedure	ICD-10-PCS
DP006ZZ	Beam Radiation of Skull using Neutron Capture	Procedure	ICD-10-PCS
DP020ZZ	Beam Radiation of Maxilla using Photons <1 MeV	Procedure	ICD-10-PCS
DP021ZZ	Beam Radiation of Maxilla using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DP022ZZ	Beam Radiation of Maxilla using Photons >10 MeV	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DP023ZZ	Beam Radiation of Maxilla using Electrons	Procedure	ICD-10-PCS
DP024ZZ	Beam Radiation of Maxilla using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DP025ZZ	Beam Radiation of Maxilla using Neutrons	Procedure	ICD-10-PCS
DP026ZZ	Beam Radiation of Maxilla using Neutron Capture	Procedure	ICD-10-PCS
DP030ZZ	Beam Radiation of Mandible using Photons <1 MeV	Procedure	ICD-10-PCS
DP031ZZ	Beam Radiation of Mandible using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DP032ZZ	Beam Radiation of Mandible using Photons >10 MeV	Procedure	ICD-10-PCS
DP033ZZ	Beam Radiation of Mandible using Electrons	Procedure	ICD-10-PCS
DP034ZZ	Beam Radiation of Mandible using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DP035ZZ	Beam Radiation of Mandible using Neutrons	Procedure	ICD-10-PCS
DP036ZZ	Beam Radiation of Mandible using Neutron Capture	Procedure	ICD-10-PCS
DP040ZZ	Beam Radiation of Sternum using Photons <1 MeV	Procedure	ICD-10-PCS
DP041ZZ	Beam Radiation of Sternum using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DP042ZZ	Beam Radiation of Sternum using Photons >10 MeV	Procedure	ICD-10-PCS
DP043ZZ	Beam Radiation of Sternum using Electrons	Procedure	ICD-10-PCS
DP044ZZ	Beam Radiation of Sternum using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DP045ZZ	Beam Radiation of Sternum using Neutrons	Procedure	ICD-10-PCS
DP046ZZ	Beam Radiation of Sternum using Neutron Capture	Procedure	ICD-10-PCS
DP050ZZ	Beam Radiation of Rib(s) using Photons <1 MeV	Procedure	ICD-10-PCS
DP051ZZ	Beam Radiation of Rib(s) using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DP052ZZ	Beam Radiation of Rib(s) using Photons >10 MeV	Procedure	ICD-10-PCS
DP053ZZ	Beam Radiation of Rib(s) using Electrons	Procedure	ICD-10-PCS
DP054ZZ	Beam Radiation of Rib(s) using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DP055ZZ	Beam Radiation of Rib(s) using Neutrons	Procedure	ICD-10-PCS
DP056ZZ	Beam Radiation of Rib(s) using Neutron Capture	Procedure	ICD-10-PCS
DP060ZZ	Beam Radiation of Humerus using Photons <1 MeV	Procedure	ICD-10-PCS
DP061ZZ	Beam Radiation of Humerus using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DP062ZZ	Beam Radiation of Humerus using Photons >10 MeV	Procedure	ICD-10-PCS
DP063ZZ	Beam Radiation of Humerus using Electrons	Procedure	ICD-10-PCS
DP064ZZ	Beam Radiation of Humerus using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DP065ZZ	Beam Radiation of Humerus using Neutrons	Procedure	ICD-10-PCS
DP066ZZ	Beam Radiation of Humerus using Neutron Capture	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DP070ZZ	Beam Radiation of Radius/Ulna using Photons <1 MeV	Procedure	ICD-10-PCS
DP071ZZ	Beam Radiation of Radius/Ulna using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DP072ZZ	Beam Radiation of Radius/Ulna using Photons >10 MeV	Procedure	ICD-10-PCS
DP073ZZ	Beam Radiation of Radius/Ulna using Electrons	Procedure	ICD-10-PCS
DP074ZZ	Beam Radiation of Radius/Ulna using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DP075ZZ	Beam Radiation of Radius/Ulna using Neutrons	Procedure	ICD-10-PCS
DP076ZZ	Beam Radiation of Radius/Ulna using Neutron Capture	Procedure	ICD-10-PCS
DP080ZZ	Beam Radiation of Pelvic Bones using Photons <1 MeV	Procedure	ICD-10-PCS
DP081ZZ	Beam Radiation of Pelvic Bones using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DP082ZZ	Beam Radiation of Pelvic Bones using Photons >10 MeV	Procedure	ICD-10-PCS
DP083ZZ	Beam Radiation of Pelvic Bones using Electrons	Procedure	ICD-10-PCS
DP084ZZ	Beam Radiation of Pelvic Bones using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DP085ZZ	Beam Radiation of Pelvic Bones using Neutrons	Procedure	ICD-10-PCS
DP086ZZ	Beam Radiation of Pelvic Bones using Neutron Capture	Procedure	ICD-10-PCS
DP090ZZ	Beam Radiation of Femur using Photons <1 MeV	Procedure	ICD-10-PCS
DP091ZZ	Beam Radiation of Femur using Photons 1 - 10 MeV	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DP092ZZ	Beam Radiation of Femur using Photons >10 MeV	Procedure	ICD-10-PCS
DP093ZZ	Beam Radiation of Femur using Electrons	Procedure	ICD-10-PCS
DP094ZZ	Beam Radiation of Femur using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DP095ZZ	Beam Radiation of Femur using Neutrons	Procedure	ICD-10-PCS
DP096ZZ	Beam Radiation of Femur using Neutron Capture	Procedure	ICD-10-PCS
DP0B0ZZ	Beam Radiation of Tibia/Fibula using Photons <1 MeV	Procedure	ICD-10-PCS
DP0B1ZZ	Beam Radiation of Tibia/Fibula using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DP0B2ZZ	Beam Radiation of Tibia/Fibula using Photons >10 MeV	Procedure	ICD-10-PCS
DP0B3ZZ	Beam Radiation of Tibia/Fibula using Electrons	Procedure	ICD-10-PCS
DP0B4ZZ	Beam Radiation of Tibia/Fibula using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DP0B5ZZ	Beam Radiation of Tibia/Fibula using Neutrons	Procedure	ICD-10-PCS
DP0B6ZZ	Beam Radiation of Tibia/Fibula using Neutron Capture	Procedure	ICD-10-PCS
DP0C0ZZ	Beam Radiation of Other Bone using Photons <1 MeV	Procedure	ICD-10-PCS
DP0C1ZZ	Beam Radiation of Other Bone using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DP0C2ZZ	Beam Radiation of Other Bone using Photons >10 MeV	Procedure	ICD-10-PCS
DP0C3ZZ	Beam Radiation of Other Bone using Electrons	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DP0C4ZZ	Beam Radiation of Other Bone using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DP0C5ZZ	Beam Radiation of Other Bone using Neutrons	Procedure	ICD-10-PCS
DP0C6ZZ	Beam Radiation of Other Bone using Neutron Capture	Procedure	ICD-10-PCS
DPY07ZZ	Contact Radiation of Skull	Procedure	ICD-10-PCS
DPY0FZZ	Plaque Radiation of Skull	Procedure	ICD-10-PCS
DPY27ZZ	Contact Radiation of Maxilla	Procedure	ICD-10-PCS
DPY2FZZ	Plaque Radiation of Maxilla	Procedure	ICD-10-PCS
DPY37ZZ	Contact Radiation of Mandible	Procedure	ICD-10-PCS
DPY3FZZ	Plaque Radiation of Mandible	Procedure	ICD-10-PCS
DPY47ZZ	Contact Radiation of Sternum	Procedure	ICD-10-PCS
DPY4FZZ	Plaque Radiation of Sternum	Procedure	ICD-10-PCS
DPY57ZZ	Contact Radiation of Rib(s)	Procedure	ICD-10-PCS
DPY5FZZ	Plaque Radiation of Rib(s)	Procedure	ICD-10-PCS
DPY67ZZ	Contact Radiation of Humerus	Procedure	ICD-10-PCS
DPY6FZZ	Plaque Radiation of Humerus	Procedure	ICD-10-PCS
DPY77ZZ	Contact Radiation of Radius/Ulna	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DPY7FZZ	Plaque Radiation of Radius/Ulna	Procedure	ICD-10-PCS
DPY87ZZ	Contact Radiation of Pelvic Bones	Procedure	ICD-10-PCS
DPY8FZZ	Plaque Radiation of Pelvic Bones	Procedure	ICD-10-PCS
DPY97ZZ	Contact Radiation of Femur	Procedure	ICD-10-PCS
DPY9FZZ	Plaque Radiation of Femur	Procedure	ICD-10-PCS
DPYB7ZZ	Contact Radiation of Tibia/Fibula	Procedure	ICD-10-PCS
DPYBFZZ	Plaque Radiation of Tibia/Fibula	Procedure	ICD-10-PCS
DPYC7ZZ	Contact Radiation of Other Bone	Procedure	ICD-10-PCS
DPYCFZZ	Plaque Radiation of Other Bone	Procedure	ICD-10-PCS
DT000ZZ	Beam Radiation of Kidney using Photons <1 MeV	Procedure	ICD-10-PCS
DT001ZZ	Beam Radiation of Kidney using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DT002ZZ	Beam Radiation of Kidney using Photons >10 MeV	Procedure	ICD-10-PCS
DT003ZZ	Beam Radiation of Kidney using Electrons	Procedure	ICD-10-PCS
DT004ZZ	Beam Radiation of Kidney using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DT005ZZ	Beam Radiation of Kidney using Neutrons	Procedure	ICD-10-PCS
DT006ZZ	Beam Radiation of Kidney using Neutron Capture	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DT010ZZ	Beam Radiation of Ureter using Photons <1 MeV	Procedure	ICD-10-PCS
DT011ZZ	Beam Radiation of Ureter using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DT012ZZ	Beam Radiation of Ureter using Photons >10 MeV	Procedure	ICD-10-PCS
DT013ZZ	Beam Radiation of Ureter using Electrons	Procedure	ICD-10-PCS
DT014ZZ	Beam Radiation of Ureter using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DT015ZZ	Beam Radiation of Ureter using Neutrons	Procedure	ICD-10-PCS
DT016ZZ	Beam Radiation of Ureter using Neutron Capture	Procedure	ICD-10-PCS
DT020ZZ	Beam Radiation of Bladder using Photons <1 MeV	Procedure	ICD-10-PCS
DT021ZZ	Beam Radiation of Bladder using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DT022ZZ	Beam Radiation of Bladder using Photons >10 MeV	Procedure	ICD-10-PCS
DT023ZZ	Beam Radiation of Bladder using Electrons	Procedure	ICD-10-PCS
DT024ZZ	Beam Radiation of Bladder using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DT025ZZ	Beam Radiation of Bladder using Neutrons	Procedure	ICD-10-PCS
DT026ZZ	Beam Radiation of Bladder using Neutron Capture	Procedure	ICD-10-PCS
DT030ZZ	Beam Radiation of Urethra using Photons <1 MeV	Procedure	ICD-10-PCS
DT031ZZ	Beam Radiation of Urethra using Photons 1 - 10 MeV	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DT032ZZ	Beam Radiation of Urethra using Photons >10 MeV	Procedure	ICD-10-PCS
DT033ZZ	Beam Radiation of Urethra using Electrons	Procedure	ICD-10-PCS
DT034ZZ	Beam Radiation of Urethra using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DT035ZZ	Beam Radiation of Urethra using Neutrons	Procedure	ICD-10-PCS
DT036ZZ	Beam Radiation of Urethra using Neutron Capture	Procedure	ICD-10-PCS
DT1097Z	High Dose Rate (HDR) Brachytherapy of Kidney using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DT1098Z	High Dose Rate (HDR) Brachytherapy of Kidney using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DT1099Z	High Dose Rate (HDR) Brachytherapy of Kidney using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DT109BZ	High Dose Rate (HDR) Brachytherapy of Kidney using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DT109CZ	High Dose Rate (HDR) Brachytherapy of Kidney using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DT109YZ	High Dose Rate (HDR) Brachytherapy of Kidney using Other Isotope	Procedure	ICD-10-PCS
DT10B7Z	Low Dose Rate (LDR) Brachytherapy of Kidney using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DT10B8Z	Low Dose Rate (LDR) Brachytherapy of Kidney using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DT10B9Z	Low Dose Rate (LDR) Brachytherapy of Kidney using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DT10BBZ	Low Dose Rate (LDR) Brachytherapy of Kidney using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DT10BCZ	Low Dose Rate (LDR) Brachytherapy of Kidney using Californium 252 (Cf-252)	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DT10BYZ	Low Dose Rate (LDR) Brachytherapy of Kidney using Other Isotope	Procedure	ICD-10-PCS
DT1197Z	High Dose Rate (HDR) Brachytherapy of Ureter using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DT1198Z	High Dose Rate (HDR) Brachytherapy of Ureter using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DT1199Z	High Dose Rate (HDR) Brachytherapy of Ureter using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DT119BZ	High Dose Rate (HDR) Brachytherapy of Ureter using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DT119CZ	High Dose Rate (HDR) Brachytherapy of Ureter using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DT119YZ	High Dose Rate (HDR) Brachytherapy of Ureter using Other Isotope	Procedure	ICD-10-PCS
DT11B7Z	Low Dose Rate (LDR) Brachytherapy of Ureter using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DT11B8Z	Low Dose Rate (LDR) Brachytherapy of Ureter using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DT11B9Z	Low Dose Rate (LDR) Brachytherapy of Ureter using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DT11BBZ	Low Dose Rate (LDR) Brachytherapy of Ureter using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DT11BCZ	Low Dose Rate (LDR) Brachytherapy of Ureter using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DT11BYZ	Low Dose Rate (LDR) Brachytherapy of Ureter using Other Isotope	Procedure	ICD-10-PCS
DT1297Z	High Dose Rate (HDR) Brachytherapy of Bladder using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DT1298Z	High Dose Rate (HDR) Brachytherapy of Bladder using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DT1299Z	High Dose Rate (HDR) Brachytherapy of Bladder using Iodine 125 (I-125)	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DT129BZ	High Dose Rate (HDR) Brachytherapy of Bladder using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DT129CZ	High Dose Rate (HDR) Brachytherapy of Bladder using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DT129YZ	High Dose Rate (HDR) Brachytherapy of Bladder using Other Isotope	Procedure	ICD-10-PCS
DT12B7Z	Low Dose Rate (LDR) Brachytherapy of Bladder using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DT12B8Z	Low Dose Rate (LDR) Brachytherapy of Bladder using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DT12B9Z	Low Dose Rate (LDR) Brachytherapy of Bladder using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DT12BBZ	Low Dose Rate (LDR) Brachytherapy of Bladder using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DT12BCZ	Low Dose Rate (LDR) Brachytherapy of Bladder using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DT12BYZ	Low Dose Rate (LDR) Brachytherapy of Bladder using Other Isotope	Procedure	ICD-10-PCS
DT1397Z	High Dose Rate (HDR) Brachytherapy of Urethra using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DT1398Z	High Dose Rate (HDR) Brachytherapy of Urethra using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DT1399Z	High Dose Rate (HDR) Brachytherapy of Urethra using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DT139BZ	High Dose Rate (HDR) Brachytherapy of Urethra using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DT139CZ	High Dose Rate (HDR) Brachytherapy of Urethra using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DT139YZ	High Dose Rate (HDR) Brachytherapy of Urethra using Other Isotope	Procedure	ICD-10-PCS
DT13B7Z	Low Dose Rate (LDR) Brachytherapy of Urethra using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DT13B8Z	Low Dose Rate (LDR) Brachytherapy of Urethra using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DT13B9Z	Low Dose Rate (LDR) Brachytherapy of Urethra using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DT13BBZ	Low Dose Rate (LDR) Brachytherapy of Urethra using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DT13BCZ	Low Dose Rate (LDR) Brachytherapy of Urethra using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DT13BYZ	Low Dose Rate (LDR) Brachytherapy of Urethra using Other Isotope	Procedure	ICD-10-PCS
DTY07ZZ	Contact Radiation of Kidney	Procedure	ICD-10-PCS
DTY0CZZ	Intraoperative Radiation Therapy (IORT) of Kidney	Procedure	ICD-10-PCS
DTY0FZZ	Plaque Radiation of Kidney	Procedure	ICD-10-PCS
DTY17ZZ	Contact Radiation of Ureter	Procedure	ICD-10-PCS
DTY1CZZ	Intraoperative Radiation Therapy (IORT) of Ureter	Procedure	ICD-10-PCS
DTY1FZZ	Plaque Radiation of Ureter	Procedure	ICD-10-PCS
DTY27ZZ	Contact Radiation of Bladder	Procedure	ICD-10-PCS
DTY2CZZ	Intraoperative Radiation Therapy (IORT) of Bladder	Procedure	ICD-10-PCS
DTY2FZZ	Plaque Radiation of Bladder	Procedure	ICD-10-PCS
DTY37ZZ	Contact Radiation of Urethra	Procedure	ICD-10-PCS
DTY3CZZ	Intraoperative Radiation Therapy (IORT) of Urethra	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DTY3FZZ	Plaque Radiation of Urethra	Procedure	ICD-10-PCS
DU000ZZ	Beam Radiation of Ovary using Photons <1 MeV	Procedure	ICD-10-PCS
DU001ZZ	Beam Radiation of Ovary using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DU002ZZ	Beam Radiation of Ovary using Photons >10 MeV	Procedure	ICD-10-PCS
DU003ZZ	Beam Radiation of Ovary using Electrons	Procedure	ICD-10-PCS
DU004ZZ	Beam Radiation of Ovary using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DU005ZZ	Beam Radiation of Ovary using Neutrons	Procedure	ICD-10-PCS
DU006ZZ	Beam Radiation of Ovary using Neutron Capture	Procedure	ICD-10-PCS
DU010ZZ	Beam Radiation of Cervix using Photons <1 MeV	Procedure	ICD-10-PCS
DU011ZZ	Beam Radiation of Cervix using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DU012ZZ	Beam Radiation of Cervix using Photons >10 MeV	Procedure	ICD-10-PCS
DU013ZZ	Beam Radiation of Cervix using Electrons	Procedure	ICD-10-PCS
DU014ZZ	Beam Radiation of Cervix using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DU015ZZ	Beam Radiation of Cervix using Neutrons	Procedure	ICD-10-PCS
DU016ZZ	Beam Radiation of Cervix using Neutron Capture	Procedure	ICD-10-PCS
DU020ZZ	Beam Radiation of Uterus using Photons <1 MeV	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DU021ZZ	Beam Radiation of Uterus using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DU022ZZ	Beam Radiation of Uterus using Photons >10 MeV	Procedure	ICD-10-PCS
DU023ZZ	Beam Radiation of Uterus using Electrons	Procedure	ICD-10-PCS
DU024ZZ	Beam Radiation of Uterus using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DU025ZZ	Beam Radiation of Uterus using Neutrons	Procedure	ICD-10-PCS
DU026ZZ	Beam Radiation of Uterus using Neutron Capture	Procedure	ICD-10-PCS
DU1097Z	High Dose Rate (HDR) Brachytherapy of Ovary using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DU1098Z	High Dose Rate (HDR) Brachytherapy of Ovary using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DU1099Z	High Dose Rate (HDR) Brachytherapy of Ovary using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DU109BZ	High Dose Rate (HDR) Brachytherapy of Ovary using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DU109CZ	High Dose Rate (HDR) Brachytherapy of Ovary using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DU109YZ	High Dose Rate (HDR) Brachytherapy of Ovary using Other Isotope	Procedure	ICD-10-PCS
DU10B7Z	Low Dose Rate (LDR) Brachytherapy of Ovary using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DU10B8Z	Low Dose Rate (LDR) Brachytherapy of Ovary using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DU10B9Z	Low Dose Rate (LDR) Brachytherapy of Ovary using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DU10BBZ	Low Dose Rate (LDR) Brachytherapy of Ovary using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DU10BCZ	Low Dose Rate (LDR) Brachytherapy of Ovary using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DU10BYZ	Low Dose Rate (LDR) Brachytherapy of Ovary using Other Isotope	Procedure	ICD-10-PCS
DU1197Z	High Dose Rate (HDR) Brachytherapy of Cervix using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DU1198Z	High Dose Rate (HDR) Brachytherapy of Cervix using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DU1199Z	High Dose Rate (HDR) Brachytherapy of Cervix using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DU119BZ	High Dose Rate (HDR) Brachytherapy of Cervix using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DU119CZ	High Dose Rate (HDR) Brachytherapy of Cervix using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DU119YZ	High Dose Rate (HDR) Brachytherapy of Cervix using Other Isotope	Procedure	ICD-10-PCS
DU11B7Z	Low Dose Rate (LDR) Brachytherapy of Cervix using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DU11B8Z	Low Dose Rate (LDR) Brachytherapy of Cervix using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DU11B9Z	Low Dose Rate (LDR) Brachytherapy of Cervix using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DU11BBZ	Low Dose Rate (LDR) Brachytherapy of Cervix using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DU11BCZ	Low Dose Rate (LDR) Brachytherapy of Cervix using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DU11BYZ	Low Dose Rate (LDR) Brachytherapy of Cervix using Other Isotope	Procedure	ICD-10-PCS
DU1297Z	High Dose Rate (HDR) Brachytherapy of Uterus using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DU1298Z	High Dose Rate (HDR) Brachytherapy of Uterus using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DU1299Z	High Dose Rate (HDR) Brachytherapy of Uterus using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DU129BZ	High Dose Rate (HDR) Brachytherapy of Uterus using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DU129CZ	High Dose Rate (HDR) Brachytherapy of Uterus using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DU129YZ	High Dose Rate (HDR) Brachytherapy of Uterus using Other Isotope	Procedure	ICD-10-PCS
DU12B7Z	Low Dose Rate (LDR) Brachytherapy of Uterus using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DU12B8Z	Low Dose Rate (LDR) Brachytherapy of Uterus using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DU12B9Z	Low Dose Rate (LDR) Brachytherapy of Uterus using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DU12BBZ	Low Dose Rate (LDR) Brachytherapy of Uterus using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DU12BCZ	Low Dose Rate (LDR) Brachytherapy of Uterus using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DU12BYZ	Low Dose Rate (LDR) Brachytherapy of Uterus using Other Isotope	Procedure	ICD-10-PCS
DUY07ZZ	Contact Radiation of Ovary	Procedure	ICD-10-PCS
DUY0CZZ	Intraoperative Radiation Therapy (IORT) of Ovary	Procedure	ICD-10-PCS
DUY0FZZ	Plaque Radiation of Ovary	Procedure	ICD-10-PCS
DUY17ZZ	Contact Radiation of Cervix	Procedure	ICD-10-PCS
DUY1CZZ	Intraoperative Radiation Therapy (IORT) of Cervix	Procedure	ICD-10-PCS
DUY1FZZ	Plaque Radiation of Cervix	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DUY27ZZ	Contact Radiation of Uterus	Procedure	ICD-10-PCS
DUY2CZZ	Intraoperative Radiation Therapy (IORT) of Uterus	Procedure	ICD-10-PCS
DUY2FZZ	Plaque Radiation of Uterus	Procedure	ICD-10-PCS
DV000ZZ	Beam Radiation of Prostate using Photons <1 MeV	Procedure	ICD-10-PCS
DV001ZZ	Beam Radiation of Prostate using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DV002ZZ	Beam Radiation of Prostate using Photons >10 MeV	Procedure	ICD-10-PCS
DV003ZZ	Beam Radiation of Prostate using Electrons	Procedure	ICD-10-PCS
DV004ZZ	Beam Radiation of Prostate using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DV005ZZ	Beam Radiation of Prostate using Neutrons	Procedure	ICD-10-PCS
DV006ZZ	Beam Radiation of Prostate using Neutron Capture	Procedure	ICD-10-PCS
DV010ZZ	Beam Radiation of Testis using Photons <1 MeV	Procedure	ICD-10-PCS
DV011ZZ	Beam Radiation of Testis using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DV012ZZ	Beam Radiation of Testis using Photons >10 MeV	Procedure	ICD-10-PCS
DV013ZZ	Beam Radiation of Testis using Electrons	Procedure	ICD-10-PCS
DV014ZZ	Beam Radiation of Testis using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DV015ZZ	Beam Radiation of Testis using Neutrons	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DV016ZZ	Beam Radiation of Testis using Neutron Capture	Procedure	ICD-10-PCS
DV1097Z	High Dose Rate (HDR) Brachytherapy of Prostate using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DV1098Z	High Dose Rate (HDR) Brachytherapy of Prostate using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DV1099Z	High Dose Rate (HDR) Brachytherapy of Prostate using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DV109BZ	High Dose Rate (HDR) Brachytherapy of Prostate using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DV109CZ	High Dose Rate (HDR) Brachytherapy of Prostate using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DV109YZ	High Dose Rate (HDR) Brachytherapy of Prostate using Other Isotope	Procedure	ICD-10-PCS
DV10B7Z	Low Dose Rate (LDR) Brachytherapy of Prostate using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DV10B8Z	Low Dose Rate (LDR) Brachytherapy of Prostate using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DV10B9Z	Low Dose Rate (LDR) Brachytherapy of Prostate using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DV10BBZ	Low Dose Rate (LDR) Brachytherapy of Prostate using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DV10BCZ	Low Dose Rate (LDR) Brachytherapy of Prostate using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DV10BYZ	Low Dose Rate (LDR) Brachytherapy of Prostate using Other Isotope	Procedure	ICD-10-PCS
DV1197Z	High Dose Rate (HDR) Brachytherapy of Testis using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DV1198Z	High Dose Rate (HDR) Brachytherapy of Testis using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DV1199Z	High Dose Rate (HDR) Brachytherapy of Testis using Iodine 125 (I-125)	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DV119BZ	High Dose Rate (HDR) Brachytherapy of Testis using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DV119CZ	High Dose Rate (HDR) Brachytherapy of Testis using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DV119YZ	High Dose Rate (HDR) Brachytherapy of Testis using Other Isotope	Procedure	ICD-10-PCS
DV11B7Z	Low Dose Rate (LDR) Brachytherapy of Testis using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DV11B8Z	Low Dose Rate (LDR) Brachytherapy of Testis using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DV11B9Z	Low Dose Rate (LDR) Brachytherapy of Testis using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DV11BBZ	Low Dose Rate (LDR) Brachytherapy of Testis using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DV11BCZ	Low Dose Rate (LDR) Brachytherapy of Testis using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DV11BYZ	Low Dose Rate (LDR) Brachytherapy of Testis using Other Isotope	Procedure	ICD-10-PCS
DVY07ZZ	Contact Radiation of Prostate	Procedure	ICD-10-PCS
DVY0CZZ	Intraoperative Radiation Therapy (IORT) of Prostate	Procedure	ICD-10-PCS
DVY0FZZ	Plaque Radiation of Prostate	Procedure	ICD-10-PCS
DVY17ZZ	Contact Radiation of Testis	Procedure	ICD-10-PCS
DVY1FZZ	Plaque Radiation of Testis	Procedure	ICD-10-PCS
DW010ZZ	Beam Radiation of Head and Neck using Photons <1 MeV	Procedure	ICD-10-PCS
DW011ZZ	Beam Radiation of Head and Neck using Photons 1 - 10 MeV	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DW012ZZ	Beam Radiation of Head and Neck using Photons >10 MeV	Procedure	ICD-10-PCS
DW013ZZ	Beam Radiation of Head and Neck using Electrons	Procedure	ICD-10-PCS
DW014ZZ	Beam Radiation of Head and Neck using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DW015ZZ	Beam Radiation of Head and Neck using Neutrons	Procedure	ICD-10-PCS
DW016ZZ	Beam Radiation of Head and Neck using Neutron Capture	Procedure	ICD-10-PCS
DW020ZZ	Beam Radiation of Chest using Photons <1 MeV	Procedure	ICD-10-PCS
DW021ZZ	Beam Radiation of Chest using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DW022ZZ	Beam Radiation of Chest using Photons >10 MeV	Procedure	ICD-10-PCS
DW023ZZ	Beam Radiation of Chest using Electrons	Procedure	ICD-10-PCS
DW024ZZ	Beam Radiation of Chest using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DW025ZZ	Beam Radiation of Chest using Neutrons	Procedure	ICD-10-PCS
DW026ZZ	Beam Radiation of Chest using Neutron Capture	Procedure	ICD-10-PCS
DW030ZZ	Beam Radiation of Abdomen using Photons <1 MeV	Procedure	ICD-10-PCS
DW031ZZ	Beam Radiation of Abdomen using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DW032ZZ	Beam Radiation of Abdomen using Photons >10 MeV	Procedure	ICD-10-PCS
DW033ZZ	Beam Radiation of Abdomen using Electrons	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DW034ZZ	Beam Radiation of Abdomen using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DW035ZZ	Beam Radiation of Abdomen using Neutrons	Procedure	ICD-10-PCS
DW036ZZ	Beam Radiation of Abdomen using Neutron Capture	Procedure	ICD-10-PCS
DW040ZZ	Beam Radiation of Hemibody using Photons <1 MeV	Procedure	ICD-10-PCS
DW041ZZ	Beam Radiation of Hemibody using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DW042ZZ	Beam Radiation of Hemibody using Photons >10 MeV	Procedure	ICD-10-PCS
DW043ZZ	Beam Radiation of Hemibody using Electrons	Procedure	ICD-10-PCS
DW044ZZ	Beam Radiation of Hemibody using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DW045ZZ	Beam Radiation of Hemibody using Neutrons	Procedure	ICD-10-PCS
DW046ZZ	Beam Radiation of Hemibody using Neutron Capture	Procedure	ICD-10-PCS
DW050ZZ	Beam Radiation of Whole Body using Photons <1 MeV	Procedure	ICD-10-PCS
DW051ZZ	Beam Radiation of Whole Body using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DW052ZZ	Beam Radiation of Whole Body using Photons >10 MeV	Procedure	ICD-10-PCS
DW053ZZ	Beam Radiation of Whole Body using Electrons	Procedure	ICD-10-PCS
DW054ZZ	Beam Radiation of Whole Body using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DW055ZZ	Beam Radiation of Whole Body using Neutrons	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DW056ZZ	Beam Radiation of Whole Body using Neutron Capture	Procedure	ICD-10-PCS
DW060ZZ	Beam Radiation of Pelvic Region using Photons <1 MeV	Procedure	ICD-10-PCS
DW061ZZ	Beam Radiation of Pelvic Region using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DW062ZZ	Beam Radiation of Pelvic Region using Photons >10 MeV	Procedure	ICD-10-PCS
DW063ZZ	Beam Radiation of Pelvic Region using Electrons	Procedure	ICD-10-PCS
DW064ZZ	Beam Radiation of Pelvic Region using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DW065ZZ	Beam Radiation of Pelvic Region using Neutrons	Procedure	ICD-10-PCS
DW066ZZ	Beam Radiation of Pelvic Region using Neutron Capture	Procedure	ICD-10-PCS
DW1197Z	High Dose Rate (HDR) Brachytherapy of Head and Neck using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DW1198Z	High Dose Rate (HDR) Brachytherapy of Head and Neck using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DW1199Z	High Dose Rate (HDR) Brachytherapy of Head and Neck using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DW119BZ	High Dose Rate (HDR) Brachytherapy of Head and Neck using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DW119CZ	High Dose Rate (HDR) Brachytherapy of Head and Neck using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DW119YZ	High Dose Rate (HDR) Brachytherapy of Head and Neck using Other Isotope	Procedure	ICD-10-PCS
DW11B7Z	Low Dose Rate (LDR) Brachytherapy of Head and Neck using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DW11B8Z	Low Dose Rate (LDR) Brachytherapy of Head and Neck using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DW11B9Z	Low Dose Rate (LDR) Brachytherapy of Head and Neck using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DW11BBZ	Low Dose Rate (LDR) Brachytherapy of Head and Neck using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DW11BCZ	Low Dose Rate (LDR) Brachytherapy of Head and Neck using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DW11BYZ	Low Dose Rate (LDR) Brachytherapy of Head and Neck using Other Isotope	Procedure	ICD-10-PCS
DW1297Z	High Dose Rate (HDR) Brachytherapy of Chest using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DW1298Z	High Dose Rate (HDR) Brachytherapy of Chest using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DW1299Z	High Dose Rate (HDR) Brachytherapy of Chest using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DW129BZ	High Dose Rate (HDR) Brachytherapy of Chest using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DW129CZ	High Dose Rate (HDR) Brachytherapy of Chest using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DW129YZ	High Dose Rate (HDR) Brachytherapy of Chest using Other Isotope	Procedure	ICD-10-PCS
DW12B7Z	Low Dose Rate (LDR) Brachytherapy of Chest using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DW12B8Z	Low Dose Rate (LDR) Brachytherapy of Chest using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DW12B9Z	Low Dose Rate (LDR) Brachytherapy of Chest using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DW12BBZ	Low Dose Rate (LDR) Brachytherapy of Chest using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DW12BCZ	Low Dose Rate (LDR) Brachytherapy of Chest using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DW12BYZ	Low Dose Rate (LDR) Brachytherapy of Chest using Other Isotope	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DW1397Z	High Dose Rate (HDR) Brachytherapy of Abdomen using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DW1398Z	High Dose Rate (HDR) Brachytherapy of Abdomen using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DW1399Z	High Dose Rate (HDR) Brachytherapy of Abdomen using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DW139BZ	High Dose Rate (HDR) Brachytherapy of Abdomen using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DW139CZ	High Dose Rate (HDR) Brachytherapy of Abdomen using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DW139YZ	High Dose Rate (HDR) Brachytherapy of Abdomen using Other Isotope	Procedure	ICD-10-PCS
DW13B7Z	Low Dose Rate (LDR) Brachytherapy of Abdomen using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DW13B8Z	Low Dose Rate (LDR) Brachytherapy of Abdomen using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DW13B9Z	Low Dose Rate (LDR) Brachytherapy of Abdomen using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DW13BBZ	Low Dose Rate (LDR) Brachytherapy of Abdomen using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DW13BCZ	Low Dose Rate (LDR) Brachytherapy of Abdomen using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DW13BYZ	Low Dose Rate (LDR) Brachytherapy of Abdomen using Other Isotope	Procedure	ICD-10-PCS
DW1697Z	High Dose Rate (HDR) Brachytherapy of Pelvic Region using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DW1698Z	High Dose Rate (HDR) Brachytherapy of Pelvic Region using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DW1699Z	High Dose Rate (HDR) Brachytherapy of Pelvic Region using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DW169BZ	High Dose Rate (HDR) Brachytherapy of Pelvic Region using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DW169CZ	High Dose Rate (HDR) Brachytherapy of Pelvic Region using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DW169YZ	High Dose Rate (HDR) Brachytherapy of Pelvic Region using Other Isotope	Procedure	ICD-10-PCS
DW16B7Z	Low Dose Rate (LDR) Brachytherapy of Pelvic Region using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DW16B8Z	Low Dose Rate (LDR) Brachytherapy of Pelvic Region using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DW16B9Z	Low Dose Rate (LDR) Brachytherapy of Pelvic Region using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DW16BBZ	Low Dose Rate (LDR) Brachytherapy of Pelvic Region using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DW16BCZ	Low Dose Rate (LDR) Brachytherapy of Pelvic Region using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DW16BYZ	Low Dose Rate (LDR) Brachytherapy of Pelvic Region using Other Isotope	Procedure	ICD-10-PCS
DWY17ZZ	Contact Radiation of Head and Neck	Procedure	ICD-10-PCS
DWY1FZZ	Plaque Radiation of Head and Neck	Procedure	ICD-10-PCS
DWY27ZZ	Contact Radiation of Chest	Procedure	ICD-10-PCS
DWY2FZZ	Plaque Radiation of Chest	Procedure	ICD-10-PCS
DWY37ZZ	Contact Radiation of Abdomen	Procedure	ICD-10-PCS
DWY3FZZ	Plaque Radiation of Abdomen	Procedure	ICD-10-PCS
DWY47ZZ	Contact Radiation of Hemibody	Procedure	ICD-10-PCS
DWY4FZZ	Plaque Radiation of Hemibody	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
DWY57ZZ	Contact Radiation of Whole Body	Procedure	ICD-10-PCS
DWY5FZZ	Plaque Radiation of Whole Body	Procedure	ICD-10-PCS
DWY67ZZ	Contact Radiation of Pelvic Region	Procedure	ICD-10-PCS
DWY6FZZ	Plaque Radiation of Pelvic Region	Procedure	ICD-10-PCS
G0458	Low dose rate (ldr) prostate brachytherapy services, composite rate	Procedure	HCPCS
G0498	Chemotherapy administration, intravenous infusion technique; initiation of infusion in the	Procedure	HCPCS
G3001	Administration and supply of tositumomab, 450 mg	Procedure	HCPCS
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	Procedure	HCPCS
G6003	Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple	Procedure	HCPCS
G6004	Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple	Procedure	HCPCS
G6005	Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple	Procedure	HCPCS
G6006	Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple	Procedure	HCPCS
G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment	Procedure	HCPCS
G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment	Procedure	HCPCS
G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19 mev	Procedure	HCPCS
G6010	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment	Procedure	HCPCS
G6011	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential	Procedure	HCPCS
G6012	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential	Procedure	HCPCS
G6013	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential	Procedure	HCPCS
G6014	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential	Procedure	HCPCS
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs,via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session	Procedure	HCPCS
G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation	Procedure	HCPCS
G9835	Trastuzumab administered within 12 months of diagnosis	Procedure	HCPCS
G9837	Trastuzumab not administered within 12 months of diagnosis	Procedure	HCPCS
J0129	Injection, abatacept, 10 mg (code may be used for Medicare when drug administered under the	Procedure	HCPCS
J0135	Injection, adalimumab, 20 mg	Procedure	HCPCS
J0202	Injection, alemtuzumab, 1 mg	Procedure	HCPCS
J0207	Injection, amifostine, 500 mg	Procedure	HCPCS

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Code	Description	Code Category	Code Type
J0215	Injection, alefacept, 0.5 mg	Procedure	HCPCS
J0480	Injection, basiliximab, 20 mg	Procedure	HCPCS
J0485	Injection, belatacept, 1 mg	Procedure	HCPCS
J0490	belimumab	Procedure	HCPCS
J0593	Inj., lanadelumab-flyo, 1 mg	Procedure	HCPCS
J0594	Injection, busulfan, 1 mg	Procedure	HCPCS
J0638	canakinumab	Procedure	HCPCS
J0717	Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered	Procedure	HCPCS
J0718	Injection, certolizumab pegol, 1 mg	Procedure	HCPCS
J0894	Injection, decitabine, 1 mg	Procedure	HCPCS
J0897	Denosumab	Procedure	HCPCS
J1300	Injection, eculizumab, 10 mg	Procedure	HCPCS
J1303	ravulizumab	Procedure	HCPCS
J1438	Injection, etanercept, 25 mg (code may be used for Medicare when drug administered under the	Procedure	HCPCS
J1595	Injection, glatiramer acetate, 20 mg	Procedure	HCPCS
J1600	Injection, gold sodium thiomalate, up to 50 mg	Procedure	HCPCS
J1602	Injection, golimumab, 1 mg, for intravenous use	Procedure	HCPCS
J1628	guselkumab	Procedure	HCPCS
J1745	Injection, infliximab, excludes biosimilar, 10 mg	Procedure	HCPCS
J1825	Injection, interferon beta-1a, 33 mcg	Procedure	HCPCS
J1826	Injection, interferon beta-1a, 30 mcg	Procedure	HCPCS
J1830	Injection interferon beta-1b, 0.25 mg (code may be used for Medicare when drug administered	Procedure	HCPCS
J2323	Natalizumab	Procedure	HCPCS
J2350	ocrelizumab	Procedure	HCPCS
J2504	Injection, pegademase bovine, 25 IU	Procedure	HCPCS
J2793	rilonacept	Procedure	HCPCS
J2860	siltuximab	Procedure	HCPCS
J2910	Aurothioglucose	Procedure	HCPCS
J3031	fremanezumab	Procedure	HCPCS
J3111	Romosozumab	Procedure	HCPCS
J3245	tildrakizumab	Procedure	HCPCS
J3262	Injection, tocilizumab, 1 mg	Procedure	HCPCS
J3357	Ustekinumab, for subcutaneous injection, 1 mg	Procedure	HCPCS

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Code	Description	Code Category	Code Type
J3358	Ustekinumab, for intravenous injection, 1 mg	Procedure	HCPCS
J3380	vedolizumab	Procedure	HCPCS
J7500	Azathioprine, oral, 50 mg	Procedure	HCPCS
J7501	Azathioprine, parenteral, 100 mg	Procedure	HCPCS
J7502	Cyclosporine, oral, 100 mg	Procedure	HCPCS
J7503	Tacrolimus, extended release, oral, 0.25 mg	Procedure	HCPCS
J7505	Muromonab-CD3, parenteral, 5 mg	Procedure	HCPCS
J7507	Tacrolimus, immediate release, oral, 1 mg	Procedure	HCPCS
J7508	Tacrolimus, extended release, (Astagraf XL), oral, 0.1 mg	Procedure	HCPCS
J7513	Daclizumab, parenteral, 25 mg	Procedure	HCPCS
J7515	Cyclosporine, oral, 25 mg	Procedure	HCPCS
J7516	Cyclosporine, parenteral, 250 mg	Procedure	HCPCS
J7517	Mycophenolate mofetil, oral, 250 mg	Procedure	HCPCS
J7520	Sirolimus, oral, 1 mg	Procedure	HCPCS
J7525	Tacrolimus, parenteral, 5 mg	Procedure	HCPCS
J7527	Everolimus, oral, 0.25 mg	Procedure	HCPCS
J7599	Immunosuppressive drug, not otherwise classified	Procedure	HCPCS
J8510	Busulfan, oral, 2 mg	Procedure	HCPCS
J8520	Capecitabine, oral, 150 mg	Procedure	HCPCS
J8521	Capecitabine, oral, 500 mg	Procedure	HCPCS
J8530	Cyclophosphamide, oral, 25 mg	Procedure	HCPCS
J8560	Etoposide, oral, 50 mg	Procedure	HCPCS
J8561	Everolimus, oral, 0.25 mg	Procedure	HCPCS
J8562	Fludarabine phosphate, oral, 10 mg	Procedure	HCPCS
J8565	Gefitinib, oral, 250 mg	Procedure	HCPCS
J8600	Melphalan, oral, 2 mg	Procedure	HCPCS
J8610	Methotrexate, oral, 2.5 mg	Procedure	HCPCS
J8700	Temozolomide, oral, 5 mg	Procedure	HCPCS
J8705	Topotecan, oral, 0.25 mg	Procedure	HCPCS
J8999	Prescription drug, oral, chemotherapeutic, NOS	Procedure	HCPCS
J9000	Injection, doxorubicin HCl, 10 mg	Procedure	HCPCS
J9001	Injection, doxorubicin HCl, all lipid formulations, 10 mg	Procedure	HCPCS
J9002	Injection, doxorubicin hydrochloride, liposomal, Doxil, 10 mg	Procedure	HCPCS
J9010	Injection, alemtuzumab, 10 mg	Procedure	HCPCS

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Code	Description	Code Category	Code Type
J9015	Injection, aldesleukin, per single use vial	Procedure	HCPCS
J9017	Injection, arsenic trioxide, 1 mg	Procedure	HCPCS
J9019	Injection, asparaginase (Erwinaze), 1,000 IU	Procedure	HCPCS
J9020	Injection, asparaginase, not otherwise specified, 10,000 units	Procedure	HCPCS
J9025	Injection, azacitidine, 1 mg	Procedure	HCPCS
J9027	Injection, clofarabine, 1 mg	Procedure	HCPCS
J9033	Injection, bendamustine HCl (Treanda), 1 mg	Procedure	HCPCS
J9034	Injection, bendamustine HCl (Bendeka), 1 mg	Procedure	HCPCS
J9035	Injection, bevacizumab, 10 mg	Procedure	HCPCS
J9036	Injection, bendamustine hydrochloride, (Belrapzo), 1 mg	Procedure	HCPCS
J9040	Injection, bleomycin sulfate, 15 units	Procedure	HCPCS
J9041	Injection, bortezomib, 0.1 mg	Procedure	HCPCS
J9042	Injection, brentuximab vedotin, 1 mg	Procedure	HCPCS
J9043	Injection, cabazitaxel, 1 mg	Procedure	HCPCS
J9045	Injection, carboplatin, 50 mg	Procedure	HCPCS
J9047	Injection, carfilzomib, 1 mg	Procedure	HCPCS
J9050	Injection, carmustine, 100 mg	Procedure	HCPCS
J9055	Injection, cetuximab, 10 mg	Procedure	HCPCS
J9057	Injection, copanlisib, 1 mg	Procedure	HCPCS
J9060	Injection, cisplatin, powder or solution, 10 mg	Procedure	HCPCS
J9062	Cisplatin, 50 mg	Procedure	HCPCS
J9065	Injection, cladribine, per 1 mg	Procedure	HCPCS
J9070	Cyclophosphamide, 100 mg	Procedure	HCPCS
J9080	Cyclophosphamide, 200 mg	Procedure	HCPCS
J9090	Cyclophosphamide, 500 mg	Procedure	HCPCS
J9091	Cyclophosphamide, 1 g	Procedure	HCPCS
J9092	Cyclophosphamide, 2 g	Procedure	HCPCS
J9093	Cyclophosphamide, lyophilized, 100 mg	Procedure	HCPCS
J9094	Cyclophosphamide, lyophilized, 200 mg	Procedure	HCPCS
J9095	Cyclophosphamide, lyophilized, 500 mg	Procedure	HCPCS
J9096	Cyclophosphamide, lyophilized, 1 g	Procedure	HCPCS
J9097	Cyclophosphamide, lyophilized, 2 g	Procedure	HCPCS
J9098	Injection, cytarabine liposome, 10 mg	Procedure	HCPCS
J9100	Injection, cytarabine, 100 mg	Procedure	HCPCS

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Code	Description	Code Category	Code Type
J9110	Injection, cytarabine, 500 mg	Procedure	HCPCS
J9118	Inj. Calaspargase pegol-mknl	Procedure	HCPCS
J9119	cemiplimab	Procedure	HCPCS
J9120	Injection, dactinomycin, 0.5 mg	Procedure	HCPCS
J9130	Dacarbazine, 100 mg	Procedure	HCPCS
J9140	Dacarbazine, 200 mg	Procedure	HCPCS
J9150	Injection, daunorubicin, 10 mg	Procedure	HCPCS
J9151	Injection, daunorubicin citrate, liposomal formulation, 10 mg	Procedure	HCPCS
J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	Procedure	HCPCS
J9160	Injection, denileukin diftitox, 300 mcg	Procedure	HCPCS
J9170	Injection, docetaxel, 20 mg	Procedure	HCPCS
J9171	Injection, docetaxel, 1 mg	Procedure	HCPCS
J9173	Injection, durvalumab, 10 mg	Procedure	HCPCS
J9178	Injection, epirubicin HCl, 2 mg	Procedure	HCPCS
J9179	Injection, eribulin mesylate, 0.1 mg	Procedure	HCPCS
J9180	Epirubicin HCl, 50 mg	Procedure	HCPCS
J9181	Injection, etoposide, 10 mg	Procedure	HCPCS
J9182	Etoposide, 100 mg	Procedure	HCPCS
J9185	Injection, fludarabine phosphate, 50 mg	Procedure	HCPCS
J9190	Injection, fluorouracil, 500 mg	Procedure	HCPCS
J9200	Injection, floxuridine, 500 mg	Procedure	HCPCS
J9201	Injection, gemcitabine HCl, 200 mg	Procedure	HCPCS
J9203	Injection, gemtuzumab ozogamicin, 0.1 mg	Procedure	HCPCS
J9204	Mogamulizumab	Procedure	HCPCS
J9205	Injection, irinotecan liposome, 1 mg	Procedure	HCPCS
J9206	Injection, irinotecan, 20 mg	Procedure	HCPCS
J9207	Injection, ixabepilone, 1 mg	Procedure	HCPCS
J9208	Injection, ifosfamide, 1 g	Procedure	HCPCS
J9210	emapalumab	Procedure	HCPCS
J9211	Injection, idarubicin HCl, 5 mg	Procedure	HCPCS
J9212	Injection, interferon alfacon-1, recombinant, 1 mcg	Procedure	HCPCS
J9213	Injection, interferon, alfa-2a, recombinant, 3 million units	Procedure	HCPCS
J9214	Injection, interferon, alfa-2b, recombinant, 1 million units	Procedure	HCPCS
J9215	Injection, interferon, alfa-N3, (human leukocyte derived), 250,000 IU	Procedure	HCPCS

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Code	Description	Code Category	Code Type
J9216	Injection, interferon, gamma 1-b, 3 million units	Procedure	HCPCS
J9228	Injection, ipilimumab, 1 mg	Procedure	HCPCS
J9229	Injection, inotuzumab ozogamicin, 0.1 mg	Procedure	HCPCS
J9230	Injection, mechlorethamine HCl, (nitrogen mustard), 10 mg	Procedure	HCPCS
J9245	Injection, melphalan HCl, 50 mg	Procedure	HCPCS
J9250	Methotrexate sodium, 5 mg	Procedure	HCPCS
J9260	Methotrexate sodium, 50 mg	Procedure	HCPCS
J9261	Injection, nelarabine, 50 mg	Procedure	HCPCS
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg	Procedure	HCPCS
J9263	Injection, oxaliplatin, 0.5 mg	Procedure	HCPCS
J9264	Injection, paclitaxel protein-bound particles, 1 mg	Procedure	HCPCS
J9265	Injection, paclitaxel, 30 mg	Procedure	HCPCS
J9266	Injection, pegaspargase, per single dose vial	Procedure	HCPCS
J9267	Injection, paclitaxel, 1 mg	Procedure	HCPCS
J9268	Injection, pentostatin, 10 mg	Procedure	HCPCS
J9269	Injection, tagraxofusp-erzs, 10 micrograms	Procedure	HCPCS
J9270	Injection, plicamycin, 2.5 mg	Procedure	HCPCS
J9271	pembrolizumab	Procedure	HCPCS
J9280	Injection, mitomycin, 5 mg	Procedure	HCPCS
J9290	Mitomycin, 20 mg	Procedure	HCPCS
J9291	Mitomycin, 40 mg	Procedure	HCPCS
J9293	Injection, mitoxantrone HCl, per 5 mg	Procedure	HCPCS
J9300	Injection, gemtuzumab ozogamicin, 5 mg	Procedure	HCPCS
J9301	Injection, obinutuzumab, 10 mg	Procedure	HCPCS
J9302	Injection, ofatumumab, 10 mg	Procedure	HCPCS
J9303	Injection, panitumumab, 10 mg	Procedure	HCPCS
J9305	Injection, pemetrexed, 10 mg	Procedure	HCPCS
J9306	Injection, pertuzumab, 1 mg	Procedure	HCPCS
J9307	Injection, pralatrexate, 1 mg	Procedure	HCPCS
J9310	Injection, rituximab, 100 mg	Procedure	HCPCS
J9311	Injection, rituximab 10 mg and hyaluronidase	Procedure	HCPCS
J9312	Injection, rituximab, 10 mg	Procedure	HCPCS
J9315	Injection, romidepsin, 1 mg	Procedure	HCPCS
J9320	Injection, streptozocin, 1 g	Procedure	HCPCS

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Code	Description	Code Category	Code Type
J9328	Injection, temozolomide, 1 mg	Procedure	HCPCS
J9330	Injection, temsirolimus, 1 mg	Procedure	HCPCS
J9340	Injection, thiotepa, 15 mg	Procedure	HCPCS
J9350	Injection, topotecan, 4 mg	Procedure	HCPCS
J9351	Injection, topotecan, 0.1 mg	Procedure	HCPCS
J9355	Injection, trastuzumab, 10 mg	Procedure	HCPCS
J9356	Injection, trastuzumab, 10 mg and Hyaluronidase-oysk	Procedure	HCPCS
J9360	Injection, vinblastine sulfate, 1 mg	Procedure	HCPCS
J9370	Vincristine sulfate, 1 mg	Procedure	HCPCS
J9371	Injection, vincristine sulfate liposome, 1 mg	Procedure	HCPCS
J9375	Vincristine sulfate, 2 mg	Procedure	HCPCS
J9380	Vincristine sulfate, 5 mg	Procedure	HCPCS
J9390	Injection, vinorelbine tartrate, 10 mg	Procedure	HCPCS
J9999	Not otherwise classified, antineoplastic drugs	Procedure	HCPCS
K0119	Azathioprine, oral, tab, 50 mg	Procedure	HCPCS
K0120	Azathioprine, parenteral, 100 mg	Procedure	HCPCS
K0122	Cyclosporine, parenteral, 250 mg	Procedure	HCPCS
K0412	Mycophenolate mofetil, oral, 250 mg (CellCept)	Procedure	HCPCS
Q2010	Injection, glatiramer acetate, per dose	Procedure	HCPCS
Q2012	Injection, pegademase bovine, 25 IU	Procedure	HCPCS
Q2019	Injection, basiliximab, 20 mg	Procedure	HCPCS
Q2025	Fludarabine phosphate, oral, 1 mg	Procedure	HCPCS
Q2043	Sipuleucel-T, minimum of 50 million autologous cd54+ cells activated with PAP-GM-CSF, including	Procedure	HCPCS
Q2044	Injection, belimumab, 10 mg	Procedure	HCPCS
Q2048	Injection, doxorubicin hydrochloride, liposomal, DOXIL, 10 mg	Procedure	HCPCS
Q2049	Injection, doxorubicin hydrochloride, liposomal, imported Lipodox, 10 mg	Procedure	HCPCS
Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	Procedure	HCPCS
Q3001	Radioelements for brachytherapy, any type, each	Procedure	HCPCS
Q3025	Injection, interferon beta-1a, 11 mcg for intramuscular use	Procedure	HCPCS
Q3026	Injection, interferon beta-1a, 11 mcg for subcutaneous use	Procedure	HCPCS
Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use	Procedure	HCPCS
Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use	Procedure	HCPCS
Q4079	Injection, natalizumab, 1 mg	Procedure	HCPCS

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Code	Description	Code Category	Code Type
Q5102	Injection, infliximab, biosimilar, 10 mg	Procedure	HCPCS
Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	Procedure	HCPCS
Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg	Procedure	HCPCS
Q5107	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	Procedure	HCPCS
Q5109	Injection, infliximab-qbtx, biosimilar, (ixifi), 10 mg	Procedure	HCPCS
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	Procedure	HCPCS
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	Procedure	HCPCS
Q5114	Injection, trastuzumab-dkst, biosimilar, (ogivri), 10 mg	Procedure	HCPCS
Q5115	Injection, rituximab-abbs, biosimilar, (truxima), 10 mg	Procedure	HCPCS
Q5116	Injection, trastuzumab-qyyp, biosimilar, (Trazimera), 10 mg	Procedure	HCPCS
Q5117	Injection, trastuzumab-anns, biosimilar, (Kanjinti), 10 mg	Procedure	HCPCS
Q5118	Injection, bevacizumab-bvzr, biosimilar, (zirabev), 10 mg	Procedure	HCPCS
Q5119	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg	Procedure	HCPCS
Q5121	Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg	Procedure	HCPCS
Q9979	Injection, Alemtuzumab, 1 mg	Procedure	HCPCS
Q9989	Ustekinumab, for intravenous injection, 1 mg	Procedure	HCPCS
S0087	Injection, alemtuzumab, 30 mg	Procedure	HCPCS
S0088	Imatinib, 100 mg	Procedure	HCPCS
S0108	Mercaptopurine, oral, 50 mg	Procedure	HCPCS
S0115	Bortezomib, 3.5 mg	Procedure	HCPCS
S0116	Bevacizumab, 100 mg	Procedure	HCPCS
S0145	Injection, pegylated interferon alfa-2a, 180 mcg per ml	Procedure	HCPCS
S0146	Injection, pegylated interferon alfa-2b, 10 mcg per 0.5 ml	Procedure	HCPCS

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Code	Description	Code Category	Code Type
S0148	Injection, pegylated interferon alfa-2B, 10 mcg	Procedure	HCPCS
S0162	Injection, efalizumab, 125 mg	Procedure	HCPCS
S0168	Injection, azacitidine, 100 mg	Procedure	HCPCS
S0172	Chlorambucil, oral, 2 mg	Procedure	HCPCS
S0176	Hydroxyurea, oral, 500 mg	Procedure	HCPCS
S0178	Lomustine, oral, 10 mg	Procedure	HCPCS
S0182	Procarbazine HCl, oral, 50 mg	Procedure	HCPCS
S0193	Injection alefacept, 7.5 mg (includes dose packaging)	Procedure	HCPCS
T80810	Extravasation of vesicant antineoplastic chemotherapy	Diagnosis	ICD-10-CM
T80810A	Extravasation of vesicant antineoplastic chemotherapy, initial encounter	Diagnosis	ICD-10-CM
T80810D	Extravasation of vesicant antineoplastic chemotherapy, subsequent encounter	Diagnosis	ICD-10-CM
XW03351	Introduction of Blinatumomab Antineoplastic Immunotherapy into Peripheral Vein, Percutaneous Approach, New Technology Group 1	Procedure	ICD-10-PCS
XW033B3	Introduction of Cytarabine and Daunorubicin Liposome Antineoplastic into Peripheral Vein, Percutaneous Approach, New Technology Group 3	Procedure	ICD-10-PCS
XW033C3	Introduction of Engineered Autologous Chimeric Antigen Receptor T-cell Immunotherapy into Peripheral Vein, Percutaneous Approach, New Technology Group 3	Procedure	ICD-10-PCS
XW033Q5	Introduction of Tagraxofusp-erzs Antineoplastic into Peripheral Vein, Percutaneous Approach, New Technology Group 5	Procedure	ICD-10-PCS
XW033S5	Introduction of Iobenguane I-131 Antineoplastic into Peripheral Vein, Percutaneous Approach, New Technology Group 5	Procedure	ICD-10-PCS
XW04351	Introduction of Blinatumomab Antineoplastic Immunotherapy into Central Vein, Percutaneous Approach, New Technology Group 1	Procedure	ICD-10-PCS
XW043B3	Introduction of Cytarabine and Daunorubicin Liposome Antineoplastic into Central Vein, Percutaneous Approach, New Technology Group 3	Procedure	ICD-10-PCS
XW043C3	Introduction of Engineered Autologous Chimeric Antigen Receptor T-cell Immunotherapy into Central Vein, Percutaneous Approach, New Technology Group 3	Procedure	ICD-10-PCS
XW043Q5	Introduction of Tagraxofusp-erzs Antineoplastic into Central Vein, Percutaneous Approach, New Technology Group 5	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
XW043S5	Introduction of Iobenguane I-131 Antineoplastic into Central Vein, Percutaneous Approach, New Technology Group 5	Procedure	ICD-10-PCS
XW0DXL5	Introduction of Erdafitinib Antineoplastic into Mouth and Pharynx, External Approach, New Technology Group 5	Procedure	ICD-10-PCS
XW0DXR5	Introduction of Venetoclax Antineoplastic into Mouth and Pharynx, External Approach, New	Procedure	ICD-10-PCS
XW0DXT5	Introduction of Ruxolitinib into Mouth and Pharynx, External Approach, New Technology Group 5	Procedure	ICD-10-PCS
XW0DXV5	Introduction of Gilteritinib Antineoplastic into Mouth and Pharynx, External Approach, New	Procedure	ICD-10-PCS
Z510	Encounter for antineoplastic radiation therapy	Diagnosis	ICD-10-CM
Z511	Encounter for antineoplastic chemotherapy and immunotherapy	Diagnosis	ICD-10-CM
Z5111	Encounter for antineoplastic chemotherapy	Diagnosis	ICD-10-CM
Z5112	Encounter for antineoplastic immunotherapy	Diagnosis	ICD-10-CM
Tumor Necrosis Factor (TNF) Inhibitors			
80230	Infliximab	Procedure	CPT-4
C9249	Injection, certolizumab pegol, 1 mg	Procedure	HCPCS
G8868	Patients receiving a first course of anti-TNF therapy	Procedure	HCPCS
G8869	Patient has documented immunity to hepatitis B and initiating anti-TNF therapy	Procedure	HCPCS
G9914	Patient receiving an anti-TNF agent	Procedure	HCPCS
J0135	Injection, adalimumab, 20 mg	Procedure	HCPCS
J0717	Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered	Procedure	HCPCS
J0718	Injection, certolizumab pegol, 1 mg	Procedure	HCPCS
J1438	Injection, etanercept, 25 mg (code may be used for Medicare when drug administered under the	Procedure	HCPCS
J1602	Injection, golimumab, 1 mg, for intravenous use	Procedure	HCPCS
J1745	Injection, infliximab, excludes biosimilar, 10 mg	Procedure	HCPCS
Q5102	Injection, infliximab, biosimilar, 10 mg	Procedure	HCPCS
Q5103	Injection, infliximab-dyyb, biosimilar, (Inflectra), 10 mg	Procedure	HCPCS
Q5104	Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg	Procedure	HCPCS
Q5109	Injection, infliximab-qbtx, biosimilar, (Ixifi), 10 mg	Procedure	HCPCS
Q5121	Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg	Procedure	HCPCS
Inhaled Corticosteroids			
J7401	Mometasone furoate sinus implant, 10 micrograms	Procedure	HCPCS
J7622	Beclomethasone, inhalation solution, compounded product, administered through dme, unit	Procedure	HCPCS
J7624	BETAMETHASONE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM,	Procedure	HCPCS
J7626	Budesonide, inhalation solution, fda-approved final product, non-compounded, administered	Procedure	HCPCS
J7627	Budesonide, inhalation solution, compounded product, administered through dme, unit dose	Procedure	HCPCS
J7633	Budesonide, inhalation solution, fda-approved final product, non-compounded, administered	Procedure	HCPCS
J7634	Budesonide, inhalation solution, compounded product, administered through dme, concentrated	Procedure	HCPCS
J7637	Dexamethasone, inhalation solution, compounded product, administered through dme,	Procedure	HCPCS
J7638	Dexamethasone, inhalation solution, compounded product, administered through dme, unit	Procedure	HCPCS

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

Code	Description	Code Category	Code Type
J7641	Flunisolide, inhalation solution, compounded product, administered through dme, unit dose, per	Procedure	HCPCS
J7683	Triamcinolone, inhalation solution, compounded product, administered through dme,	Procedure	HCPCS
J7684	Triamcinolone, inhalation solution, compounded product, administered through dme, unit dose	Procedure	HCPCS

Appendix J: Specifications for the Parameters Used in this Request

Specifications for Request ID: cder_mpl2r_wp018

The Center for Drug Evaluation and Research (CDER) has requested execution of the Cohort Identification and Descriptive Analysis (CIDA) tool, version 12.0.1, to examine the association between PPI/Famotidine use and COVID-19 related outcomes (hospitalization, severe clinical course of COVID-19 defined as requiring intubation or mechanical ventilation or ICU care, and inpatient death) in the Sentinel Distributed Database.

Query Period: 04/01/2020 - 10/01/2020
Follow-up end date: 12/15/2020
Coverage Requirement: Medical and Drug Coverage
Pre-index enrollment requirement: 183 days
Post-index enrollment requirement: 0 days
Post-episode enrollment requirement for Type 2 analyses: 0 days
Enrollment gap: 45 days
Restrictions: Sex: Male, Female
Age groups: 18-64, 65+
Envelope macro: *Reclassify encounters during inpatient stay as inpatient except on Adate
Never-exposed cohort: No
Additional Output (Dist of Index, MFU): N/A
Freeze data: No
Lab Date Hierarchy: Lab date (L) > Result date (R) > Order date (O)

	Comparison 1		Comparison 2		Comparison 3	
Logic	**COVID-19 Hospitalization**		**COVID-19 Severe Hospitalization or In-Hospital Death**		**COVID-19 Hospitalization**	
Group	ppi_hosp	famo_hosp	ppi_sev	famo_sev	ppi_hosp_7	famo_hosp_7
Analysis Group	ppi_famo_hosp		ppi_famo_sev		ppi_famo_hosp_7	
Index Exposure/Comparator	Proton Pump Inhibitor	Famotidine only	Proton Pump Inhibitor	Famotidine only	Proton Pump Inhibitor	Famotidine only
Cohort Definition	First valid incident treatment episode		First valid incident treatment episode		First valid incident treatment episode	
Incidence Exposure washout period	-183 days		-183 days		-183 days	
Incident w/ Respect to:	PPI (done as t2washper), H2RA (done as an exclusion criteria)	PPI (done as an exclusion criteria, H2RA (done as an exclusion criteria and t2washper)	PPI (done as t2washper), H2RA (done as an exclusion criteria)	PPI (done as an exclusion criteria, H2RA (done as an exclusion criteria and t2washper)	PPI (done as t2washper), H2RA (done as an exclusion criteria)	PPI (done as an exclusion criteria, H2RA (done as an exclusion criteria and t2washper)
Exclude evidence of days supply if exposure washout include dispensings	Washout lookback period should search for evidence of days supply		Washout lookback period should search for evidence of days supply		Washout lookback period should search for evidence of days supply	
Stockpiling	Generic Name		Generic Name		Generic Name	

Appendix J: Specifications for the Parameters Used in this Request

Specifications for Request ID: cder_mpl2r_wp018			
Point Exposure	No	No	No
Treatment Episode Gap	15 days	15 days	7 days
Exposure Episode Extension	15 days	15 days	7 days
Incidence Criteria Care Setting/PDX	Any	Any	Any
Create Baseline Table?	Yes	Yes	Yes
Inclusion/Exclusion Criteria			
Criteria	GERD diagnosis	GERD diagnosis	GERD diagnosis
Type	Inclusion	Inclusion	Inclusion
Evaluation Window	-90, 0	-90, 0	-90, 0
Care Setting/PDX	Any	Any	Any
Number of instances the criteria should be found in the evaluation period	1	1	1
Criteria	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	ICD-10 U07.1 or B97.29, (+) COVID-19
Type	Exclusion	Exclusion	Exclusion
Evaluation Window	-183, -1	-183, -1	-183, -1
Care Setting/PDX	Any	Any	Any
Number of instances the criteria should be found in the evaluation period	1	1	1
Criteria	H2RA dispensing; PPI dispensing, H2RA dispensing (other than Famotidine)	H2RA dispensing; PPI dispensing, H2RA dispensing (other than Famotidine)	H2RA dispensing; PPI dispensing, H2RA dispensing (other than Famotidine)
Type	Exclusion	Exclusion	Exclusion
Evaluation Window	-183, 0	-183, 0	-183, 0
Care Setting/PDX	N/A	N/A	N/A
Number of instances the criteria should be found in the evaluation period	1	1	1
At Risk Time			
Minimum exposure episode duration	1	1	1
Maximum exposure episode duration	----	----	----

Appendix J: Specifications for the Parameters Used in this Request

Specifications for Request ID: cder_mpl2r_wp018						
Censoring Criteria	*Death, DP end date, Query end date; *Disenrollment; *Event; *H2RA dispensing (including Famotidine)	*Death, DP end date, Query end date; *Disenrollment; *Event; *PPI dispensing, *H2RA dispensing (other than Famotidine)	*Death, DP end date, Query end date; *Disenrollment; *Event; *H2RA dispensing (including Famotidine)	*Death, DP end date, Query end date; *Disenrollment; *Event; *PPI dispensing, *H2RA dispensing (other than Famotidine)	Yes	*Death, DP end date, Query end date; *Disenrollment; *Event; *PPI dispensing, *H2RA dispensing (other than Famotidine)
Delayed Risk Window (T2ATRISKSTART)	5	5	5	5	5	5
Blackout Period	---		---		---	
Event/Outcome						
Event/Outcome *Further details on Outcomes tab*	Hospitalization due to COVID-19: defined as the U07.1 DX code in ANY diagnosis position (IP*)		Severe outcome due to COVID-19 (Mechnical Ventilation or ICU Admission) or In-Hospital Death (Combo: SEVOUTCOME1 or IP_DTH)		Hospitalization due to COVID-19: defined as the U07.1 DX code in ANY diagnosis position (IP*)	
Incident event washout period	0		0		0	
Care Setting	Inpatient		Inpatient		Inpatient	
Event de-duplication	De-duplicates occurrences of the same event group on the same day		De-duplicates occurrences of the same event group on the same day		De-duplicates occurrences of the same event group on the same day	
Propensity Score Estimation and Cohort Balancing						
PS Model User-Specified vs HDPS	User-Specified		User-Specified		User-Specified	
Covariates for User-Specified Model	See PSModel_Cov tab		See PSModel_Cov tab		See PSModel_Cov tab	
IP Weight	ATT		ATT		ATT	
Truncate IP Weight	p = 0, 1		p = 0, 1		p = 0, 1	
Apply Firth Correction	No		No		No	
Subgroup Analysis	Age (18-64, 65+) and Sex (M, F)		Age (18-64, 65+) and Sex (M,F)		Age (18-64, 65+) and Sex (M, F)	
Re-estimate PS within subgroups	Yes		Yes		Yes	
PS distribution histogram (unweighted, weighted before trimming, and weighted after trimming)	Yes		Yes		Yes	
Effect Estimation	ATT		ATT		ATT	
Forest Plots	Yes		Yes		Yes	

Appendix J: Specifications for the Parameters Used in this Request

Specifications for Request ID: cder_mpl2r_wp018			
Kaplan Meier Plot	Yes	Yes	Yes
Redaction	No	No	No
ICD-9-CM, HCPCS, and CPT codes are provided by Optum360. NDC codes are checked against First Data Bank's "National Drug Data File (NDDF®) Plus."			

Appendix K: Specifications Defining Parameters for the Combo Tool for this Request

Combo Specifications

Combination description	Combination date	Combination Code Behavior	Encounter type for each combination component	Principal diagnosis for each combination component
Severe Outcome (Mechnical Ventilation or ICU Admission) due to COVID-19	Date of hospital admission	RX	Positive COVID diagnosis: *N/A because of RX code behavior Mechnical ventilation or ICU admission: *N/A because of RX code behavior	Positive COVID diagnosis: *N/A because of RX code behavior Mechanical ventilation or ICU admission: *N/A because of RX code behavior
Inpatient Hospital Death during a COVID-19 Hospitalization	Date of hospital discharge	PX	Inpatient hospital stay with discharge disposition = expired: Inpatient hospital setting Positive COVID diagnosis: Inpatient hospital setting	Inpatient hospital stay with discharge disposition = expired: Any diagnosis position Positive COVID diagnosis: Any diagnosis position

Appendix L: Specifications Defining Parameters for Covariates (Baseline Comorbidities) in this Request

Baseline Characteristics - Comorbidities

Covar Num	Covariate	Care setting	Principal diagnosis position	Evaluation period start	Evaluation period end	Exclude evidence of days supply if covariate includes dispensings	Number of instances the covariate should be found in evaluation period	Forced supply to attach to dispensings
1	Diabetes	*Any care setting	*Any	-183	0	N/A	>=1	N/A
2	Obesity	*Any care setting	*Any	-183	0	N/A	>=1	N/A
3	Hypertension	*Any care setting	*Any	-183	0	N/A	>=1	N/A
4	Hospitalized Stroke/Transient Ishchemic Attack	***Inpatient Care Setting**	*Any	-183	0	N/A	>=1	N/A
5	Coronary Revascularization	*Any care setting	*Any	-183	0	N/A	>=1	N/A
6	Atrial Fibrillation	*Any care setting	*Any	-183	0	N/A	>=1	N/A
7	Congestive Heart Failure	*Any care setting	*Any	-183	0	N/A	>=1	N/A
8	Hospitalized Acute Myocardial Infarction	***Inpatient Care Setting**	*Any	-183	0	N/A	>=1	N/A
9	Other Cerebrovascular Disease	*Any care setting	*Any	-183	0	N/A	>=1	N/A
10	Chronic Obstructive Pulmonary Disease	*Any care setting	*Any	-183	0	N/A	>=1	N/A
11	Asthma without COPD	*Any care setting	*Any	-183	0	N/A	>=1	N/A
12	Chronic Liver Disease	*Any care setting	*Any	-183	0	N/A	>=1	N/A
13	Chronic Kidney Disease	*Any care setting	*Any	-183	0	N/A	>=1	N/A
14	Any malignant neoplasm	*Any care setting	*Any	-183	0	N/A	>=1	N/A
15	Hemiplegia	*Any care setting	*Any	-183	0	N/A	>=1	N/A
16	Neurological/Neurodegenerative Conditions	*Any care setting	*Any	-183	0	N/A	>=1	N/A
17	Dementia	*Any care setting	*Any	-183	0	N/A	>=1	N/A
18	Depression	*Any care setting	*Any	-183	0	N/A	>=1	N/A
19	Schizophrenia	*Any care setting	*Any	-183	0	N/A	>=1	N/A
20	Rheumatic Disorders	*Any care setting	*Any	-183	0	N/A	>=1	N/A
21	Multiple Sclerosis	*Any care setting	*Any	-183	0	N/A	>=1	N/A
22	HIV	*Any care setting	*Any	-183	0	N/A	>=1	N/A
35	Coronary Artery Disease	*Any care setting	*Any	-183	0	N/A	>=1	N/A
37	Immunodeficiency	*Any care setting	*Any	-183	0	N/A	>=1	N/A
38	Smoking or Nicotine Use	*Any care setting	*Any	-183	0	N/A	>=1	N/A
39	Hyperlipidemia	*Any care setting	*Any	-183	0	N/A	>=1	N/A

Appendix M: Specifications Defining Parameters for Covariates (Baseline Medications) in this Request

	Baseline Characteristics - Medications							
Covar Num	Covariate	Care setting	Principal diagnosis position	Evaluation period start	Evaluation period end	Exclude evidence of days supply if covariate includes dispensings	Number of instances the covariate should be found in evaluation period	Forced supply to attach to dispensings
23	ACEI/ARB	N/A	*Any	-183	0	*Evaluation period should search for evidence of days supply;	>=1	N/A
24	NSAID	N/A	*Any	-183	0	*Evaluation period should search for evidence of days supply;	>=1	N/A
25	aspirin (all products and all strengths)	N/A	*Any	-183	0	*Evaluation period should search for evidence of days supply;	>=1	N/A
26	Anti-depressants	N/A	*Any	-183	0	*Evaluation period should search for evidence of days supply;	>=1	N/A
27	Statins	N/A	*Any	-183	0	*Evaluation period should search for evidence of days supply;	>=1	N/A
28	insulin	N/A	*Any	-183	0	*Evaluation period should search for evidence of days supply;	>=1	N/A
29	Anti-Diabetic Oral Drugs	N/A	*Any	-183	0	*Evaluation period should search for evidence of days supply;	>=1	N/A
30	Antihypertensive Drugs	N/A	*Any	-183	0	*Evaluation period should search for evidence of days supply;	>=1	N/A
31	Anticoagulants (oral and injectable)	N/A	*Any	-183	0	*Evaluation period should search for evidence of days supply;	>=1	N/A
32	Corticosteroids (only systemic, only glucocorticoids)	N/A	*Any	-183	0	*Evaluation period should search for evidence of days supply;	>=1	N/A
33	Acetaminophen (all products and all strengths)	N/A	*Any	-183	0	*Evaluation period should search for evidence of days supply;	>=1	N/A
34	TNF Inhibitors	N/A	*Any	-183	0	*Evaluation period should search for evidence of days supply;	>=1	N/A
36	Immunosuppressants	N/A	*Any	-183	0	*Evaluation period should search for evidence of days supply;	>=1	N/A
40	Inhaled Corticosteroids	N/A	*Any	-183	0	*Evaluation period should search for evidence of days supply;	>=1	N/A

Appendix N: Specifications of the Propensity Score Model Covariates Used in this Request

Propensity Score Model Covariates

Variable	Variable Type	Include in Descriptive "Table 1"?	Include in PS Model?
Demographic Characteristics			
Age (years)	Continuous	Yes	Yes
Age Group (18-64, 65+)	Categorical	Yes	No
Sex	Categorical	Yes	Yes
Race	Categorical	Yes	No
Hispanic origin	Categorical	Yes	No
Year of Exposure	Categorical	Yes	No
Health Characteristics [-183, 0]			
Charlson/Elixhauser combined comorbidity score	Continuous	Yes	Yes
Any Malignant Neoplasm	Categorical	Yes	Yes
Asthma (without COPD)	Categorical	Yes	Yes
Atrial Fibrillation	Categorical	Yes	Yes
Chronic Kidney Disease	Categorical	Yes	Yes
Chronic Liver Disease	Categorical	Yes	Yes
Chronic Obstructive Pulmonary Disease	Categorical	Yes	Yes
Congestive Heart Failure	Categorical	Yes	Yes
Coronary Revascularization	Categorical	Yes	No
Dementia	Categorical	Yes	Yes
Depression	Categorical	Yes	Yes
Diabetes	Categorical	Yes	Yes
Hemiplegia	Categorical	Yes	No
Hospitalized Acute Myocardial Infarction	Categorical	Yes	No
Hospitalized Stroke/Transient Ischemic Attack	Categorical	Yes	No
Human Immunodeficiency Virus (HIV)	Categorical	Yes	No
Hypertension	Categorical	Yes	Yes
Multiple Sclerosis	Categorical	Yes	No
Neurological/Neurodegenerative Conditions	Categorical	Yes	No
Obesity	Categorical	Yes	Yes
Other Cerebrovascular Disease	Categorical	Yes	Yes
Rheumatic Disorders	Categorical	Yes	Yes
Schizophrenia	Categorical	Yes	No
Medical Product Use [-183, 0]			
Acetaminophen	Categorical	Yes	No
ACEi/ARB	Categorical	Yes	Yes
Anticoagulants	Categorical	Yes	Yes
Antidepressants	Categorical	Yes	Yes
Antidiabetic Oral Drugs	Categorical	Yes	Yes

Appendix N: Specifications of the Propensity Score Model Covariates Used in this Request

Propensity Score Model Covariates

Variable	Variable Type	Include in Descriptive "Table 1"?	Include in PS Model?
Antihypertensive Drugs	Categorical	Yes	Yes
Aspirin	Categorical	Yes	No
Systemic corticosteroids	Categorical	Yes	Yes
Insulin	Categorical	Yes	Yes
NSAID	Categorical	Yes	Yes
Statins	Categorical	Yes	Yes
Tumor Necrosis Factor (TNF) Inhibitors	Categorical	Yes	No

Health Service Utilization Intensity Metrics [-183, 0]	Variable Type	Include in Descriptive "Table 1"?	Include in PS Model?
Mean number of ambulatory encounters	Continuous	Yes	Yes
Mean number of emergency room encounters	Continuous	Yes	Yes
Mean number of inpatient hospital encounters	Continuous	Yes	No
Mean number of non-acute institutional encounters	Continuous	Yes	Yes
Mean number of other ambulatory encounters	Continuous	Yes	Yes
Mean number of filled prescriptions	Continuous	Yes	Yes
Mean number of generics dispensed	Continuous	Yes	Yes
Mean number of unique drug classes dispensed	Continuous	Yes	Yes
Other	**Variable Type**	**Include in Descriptive "Table 1"?**	**Include in PS Model?**
Calendar Month	Categorical	Yes	No
Coronary Artery Disease	Categorical	Yes	Yes
Immunocompromise (Condition)	Categorical	Yes	Yes
Immunocompromising Medications	Categorical	Yes	Yes
Evidence of smoking or nicotine use	Categorical	Yes	No
Inhaled corticosteroids	Categorical	Yes	Yes
Hyperlipidemia	Categorical	Yes	Yes

Appendix O: Specifications Defining Parameters for the Comorbidity Score in this Request

Comorbidity Score

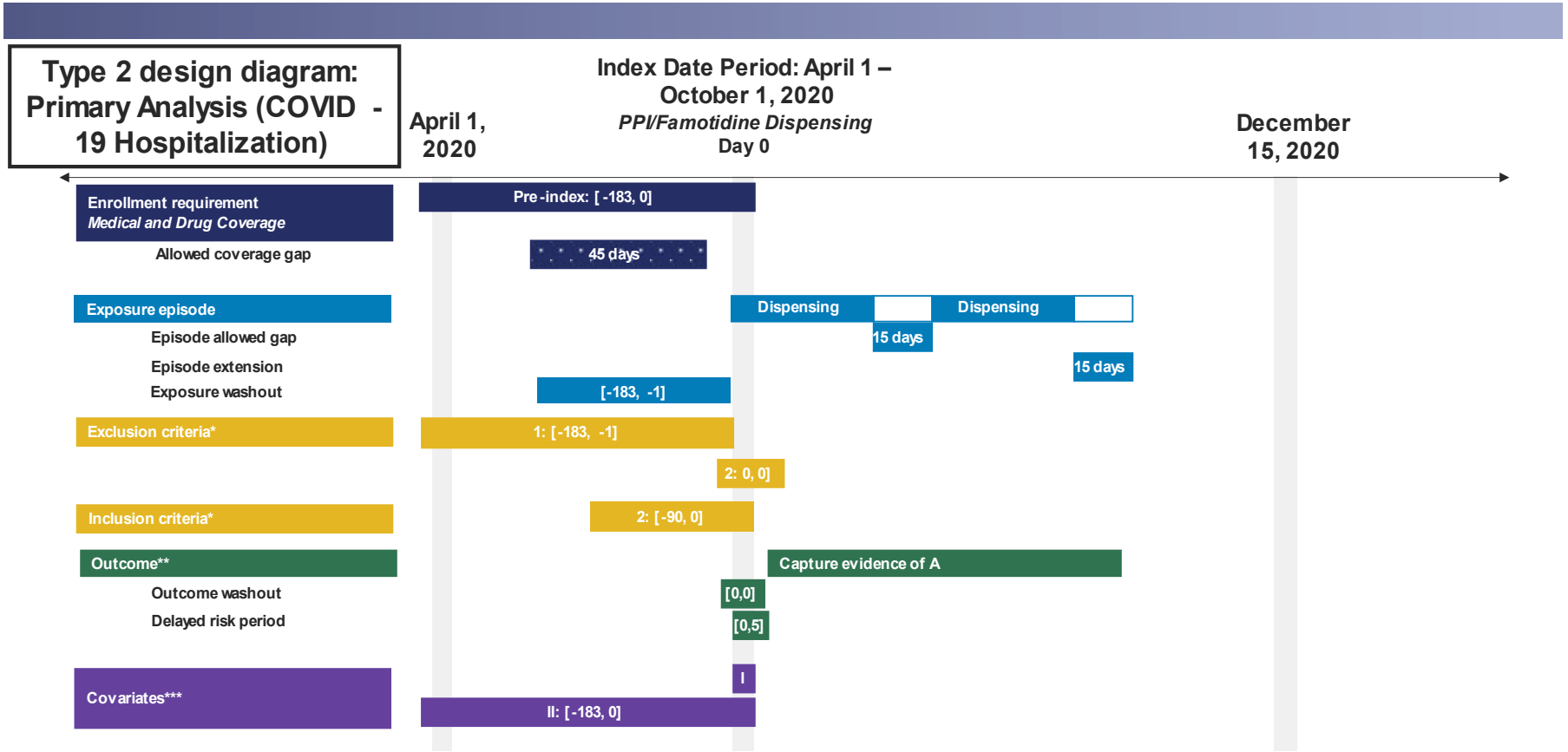
Evaluation period start	Evaluation period end
-183	0

Appendix P: Specifications Defining the Utilization Parameters in this Request

Utilization

Medical utilization evaluation period start	Medical utilization evaluation period end	Medical visit care settings	Drug utilization evaluation period start	Drug utilization evaluation period end
-183	0	*Inpatient hospital stay; *Non-acute institutional stay; *Emergency department encounter; *Ambulatory visit; *Other ambulatory visit; *Any care setting	-183	0

Appendix Q: Diagram Detailing the Design of this Request



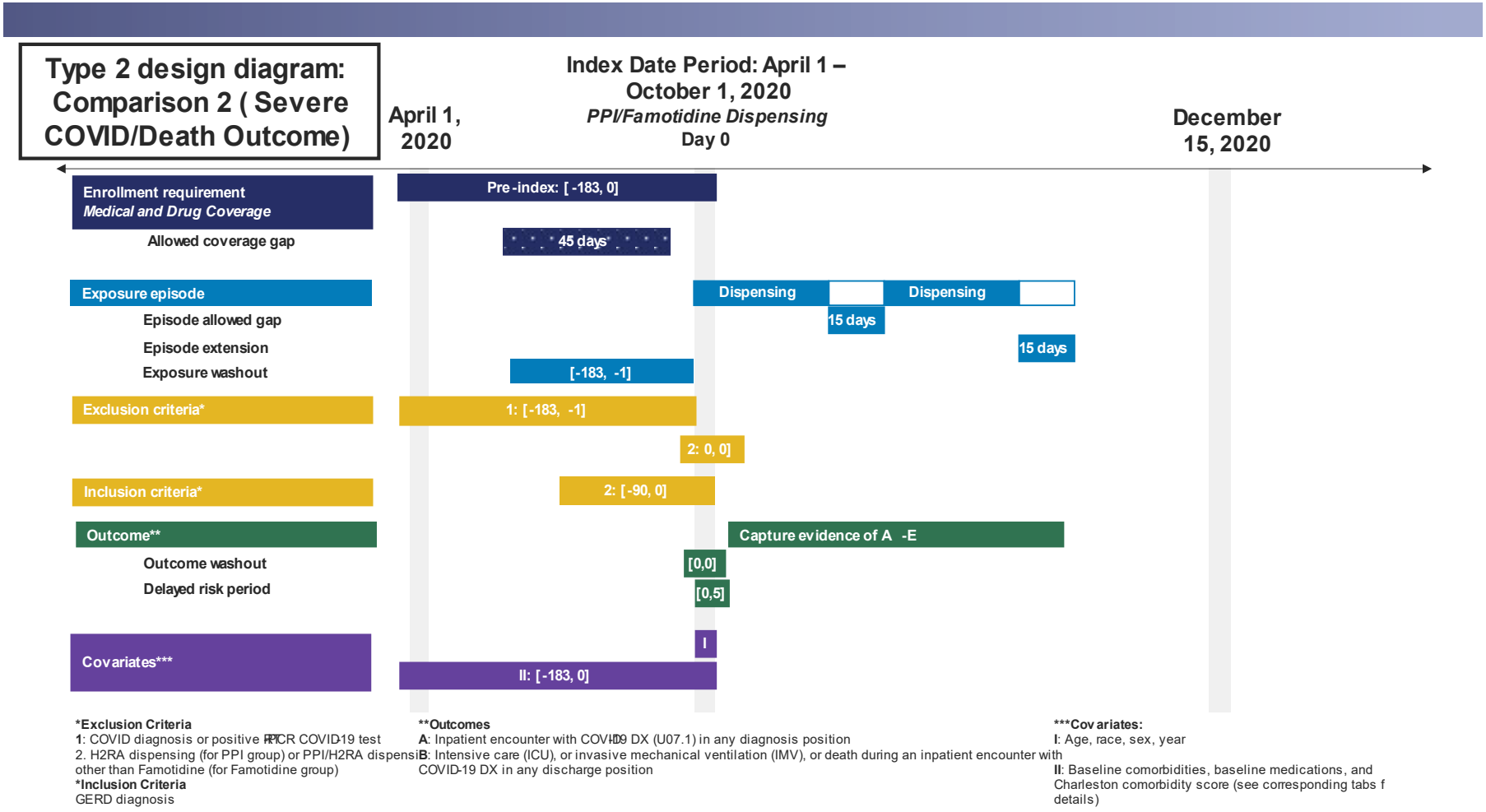
***Exclusion Criteria**
1: COVID diagnosis or positive RT-PCR COVID-19 test
2. H2RA dispensing (for PPI group) or PPI/H2RA dispensi other than Famotidine (for Famotidine group)
***Inclusion Criteria**
GERD diagnosis

****Outcomes**
A: Inpatient encounter with COVID-19 DX (U07.1) in any diagnosis position

*****Covariates:**
I: Age, race, sex, year

II: Baseline comorbidities, baseline medications, and Charleston comorbidity score (see corresponding tabs f details)

Appendix Q: Diagram Detailing the Design of this Request



Appendix Q: Diagram Detailing the Design of this Request

