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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 pmp wp002

Request ID: cder_pmp_wp002

<u>Request Description:</u> The objective of this request was to identify patients of all ages with evidence of baricitinib or tocilizumab use in the hospital setting, with and without a COVID-19 diagnosis and/or COVID-19 positive lab. We also assessed evidence of concomitant use of remdesivir with baricitinib and systemic corticosteroids with tocilizumab.

<u>Modular Program Tool Used:</u> National Patient-Centered Clinical Research Network (PCORnet) Modular Program version 1.10 with Baseline Characteristics and Vitals Modules

<u>Data Source:</u> We included data from 22 PCORnet DataMarts (DMs) in this report. We distributed this request on September 21, 2021.

Study Design: We identified individuals with a prescribing, dispensing, medication administration, or procedure record for baricitinib and tocilizumab, separately, within the PCORnet network between April 1, 2020 and March 31, 2021. The record for baricitinib or tocilizumab serves as the 'index date' in the analyses. Because care setting of medications is not recorded in the PCORnet data model, and we wanted to identify in-hospital use of these medications, we did the following: we identified baricitinib or tocilizumab use and evidence of an inpatient or observational stay (via any diagnosis code) in the 10 days before through one day after the medication record.

Cohort Eligibility Criteria: We identified the following 13 cohorts:

- 1. Baricitinib with remdesivir within two days of the baricitinib exposure, and any diagnosis in an inpatient or observational stay setting from ten days prior to one day after the exposure.
- 2. Baricitinib with no record of remdesivir within two days of the baricitinib exposure, and any diagnosis in an inpatient or observational stay setting from ten days prior to one day after the exposure.
- 3. Baricitinib with remdesivir within two days of the baricitinib exposure and a COVID-19 diagnosis or COVID-19 positive lab test in any care setting from ten days prior to one day after the exposure, and any diagnosis in an inpatient or observational stay setting from ten days prior to one day after the exposure.
- 4. Baricitinib with no record of remdesivir within two days of the baricitinib exposure and a COVID-19 diagnosis or COVID-19 positive lab test in any care setting from ten days prior to one day after the exposure, and any diagnosis in an inpatient or observational stay setting from ten days prior to one day after the exposure.
- 5. Baricitinib with remdesivir within two days of the baricitinib exposure and no evidence of a COVID-19 diagnosis or COVID-19 positive lab test in any care setting from ten days prior to one day after the exposure, and any diagnosis in an inpatient or observational stay setting from ten days prior to one day after the exposure.
- 6. Baricitinib with no record of remdesivir within two days of the baricitinib exposure and no record of a COVID-19 diagnosis or COVID-19 positive lab test in any care setting from ten days prior to one day after the exposure, and any diagnosis in an inpatient or observational stay setting from ten days prior to one day after the exposure.
- 7. A COVID-19 diagnosis or COVID-19 positive lab test in an inpatient or observational stay setting.

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- 8. Tocilizumab with systemic corticosteroids within two days of the tocilizumab exposure, and any diagnosis in an inpatient or observational stay setting from ten days prior to one day after the exposure.
- 9. Tocilizumab with no record of systemic corticosteroids within two days of the tocilizumab exposure, and any diagnosis in an inpatient or observational stay setting from ten days prior to one day after the exposure.
- 10. Tocilizumab with systemic corticosteroids within two days of the tocilizumab exposure and a COVID-19 diagnosis or COVID-19 positive lab test in any care setting from ten days prior to one day after the exposure, and any diagnosis in an inpatient or observational stay setting from ten days prior to one day after the exposure.
- 11. Tocilizumab with no record of systemic corticosteroids within two days of the tocilizumab exposure and a COVID-19 diagnosis or COVID-19 positive lab test in any care setting from ten days prior to one day after the exposure, and any diagnosis in an inpatient or observational stay setting from ten days prior to one day after the exposure.
- 12. Tocilizumab with systemic corticosteroids within two days of the tocilizumab exposure and no evidence of a COVID-19 diagnosis or COVID-19 positive lab test in any care setting from ten days prior to one day after the exposure, and any diagnosis in an inpatient or observational stay setting from ten days prior to one day after the exposure.
- 13. Tocilizumab with no record of systemic corticosteroids within two days of the tocilizumab exposure and no record of a COVID-19 diagnosis or COVID-19 positive lab test in any care setting from ten days prior to one day after the exposure, and any diagnosis in an inpatient or observational stay setting from ten days prior to one day after the exposure.

All patients included in the cohort were required to have a minimum of one encounter within the query period. We included the following age groups in the cohorts: 0-17, 18-34, 35-54, 55-64, 65-74, 75-84, and 85+ years.

Please see Appendix A for the list of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), and Healthcare Common Procedure Coding System (HCPCS) Codes used to define exposures and health events of interest for this request.

Please see Appendix C for the full list of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-09-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), and Healthcare Common Procedure Coding System (HCPCS) Codes used to define cohort eligibility for this request.

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Baseline Characteristics: We assessed the following characteristics:

From 21 days prior to the day following the index date: Diagnosis of COVID-19 or performance of a COVID-19 lab test.

In the seven days prior to and including the index date: Oxygen (O_2) administration, mechanical ventilation, extra-corporeal membrane oyxygenation (ECMO), and the combination of any of these three characteristics.

In the one day prior to and including the index date: O₂ administration, mechanical ventilation, extra-corporeal membrane oxygenation (ECMO), and the combination of any of these three characteristics.

In the ten days prior to and including the index date: dyspnea, pneumonia, acute respiratory distress syndrome (ARDS), acute respiratory failure (ARF), shock, and loss of taste or smell.

From seven days prior to seven days following the index date: azithromycin, dexamethasone, tocilizumab, systemic corticosteroids, baricitinib, remdesivir, inhaled corticosteroids, oral anticoagulants, non-oral anticoagulants, antiplatelets, convalescent plasma, hydroxychloroquine, and chloroquine.

In the 183 days prior to and including the index date: hospitalized stroke/transient ischemic attack (TIA); other hospitalized cerebrovascular disease (CVD); non-hospitalized stroke, TIA, or other CVD; atrial fibrillation; coronary revascularization; congestive heart failure; hospitalized acute myocardial infarction (AMI); hypertension; asthma; chronic obstructive pulmonary disorder (COPD); interstitial lung disease; hypersensitivity pneumonitis; bronchiectasis; idiopathic pulmonary fibrosis; pulmonary hypertension; diabetes; chronic liver disease; chronic kidney disease; rheumatological and inflammatory disease; hyperglycemia; ketoacidosis; psychosis (baseline); neurological disease; hematological malignancy; solid malignancy; immunodeficiency; and immunosuppressant use.

Please see Appendix E for the full list of codes used to define baseline characteristics for this request. Overall query and baseline table specifications can be found in Appendices G.1, G.2, and G.3.

<u>Vitals Characteristics:</u> We assessed smoking status and body mass index (BMI) in the 365 days prior to and including index date. BMI categories are reported as underweight, normal weight, overweight/obese, severely obese, and "BMI other" or missing and are derived using standard definitions for the different age groups (<2 years of age, 2-19 years, and >=20 years).

Vital assessment specifications can be found in Appendix G.3.

<u>Limitations:</u> Algorithms to define exposures are imperfect and may be misclassified. Electronic health record (EHR) data lack a consistent definition of enrollment and we are therefore unable to confirm that all elements of a patient care are captured within the given health system. As a result, misclassification may occur. Data should be interpreted with these limitations in mind.

Notes: Please contact the Sentinel Operations Center (info@sentinelsystem.org) for questions.

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Glossary of Terms for Analyses Using PCORnet Modular Program (PMP) Tool

Health Event of Interest (HEI) - the HEI represents the index exposure or health event that should be used to define the cohort. All patients within a cohort will be required to have the HEI. Cohorts can be further refined or restricted through the use of

Query Period - the time range from the start of the query identification period to the end of the query identification period. The identification of HEIs is restricted to the query period. Identification of inclusion/exclusion criteria, covariates and vital measures are **NOT** restricted to the query period.

Enrollment Requirement - indicates the parameter options used to define enrollment, based on the encounters table.

EB1 - Patients must have at least one encounter within a specified query period.

EB2 - Patients must have a minimum number of records in the specified query period, with a minimum number of days between the first and last encounter. Users can indicate if records can come from any combination of encounter, diagnosis, procedure, dispensing, prescribing, or lab result tables. For encounter, diagnosis and procedure records, users have the option to limit valid records to specific caresettings.

"Patients must have at least \underline{two} encounters of an $\underline{ambulatory}$ (AV) or $\underline{inpatient}$ (IP) encounter type between $\underline{01/01/2015}$ - $\underline{12/31/2016}$, with at least \underline{sixty} days between the first and last encounter."

EB2 Number - Number of records to be included in denominator (exposed and unexposed population). This parameter is only applied when an EB2 enrollment definition is selected.

EB2 List - Can be used to limit identification of enrollment proxy records to specific caresettings. Can only be defined when the EB2 Table is set to a combination of encounter, diagnosis, or procedure tables. Acceptable values are listed under "Care Setting" in this document. This parameter is only applied when an EB2 enrollment definition is selected.

EB2 Days - Minimum number of days between first and last record. This parameter is only applied when an EB2 enrollment definition is selected.

EB2 Table - Indicates which CDM table should be checked for contributing records. This parameter is only applied when an EB2 enrollment definition is selected.

Age Group - parameter for restricting the cohort of interest to certain age groups and specifying age group stratification in result **Age Calculation** - indicates which method of calculation will be used for patient age.

Fixed (F) - age calculated on last day of query period.

Index (I) - age calculated at date of HEI index event.

Sex - optional sex categories for stratification in result tables. Users should specify which specific groups they would like included as separate strata. All patients whose sex does not fall into one of these categories will be categorized as "Other"

Ambiguous (A)

Female (F)

Male (M)

No Information (NI)

Unknown (UN)

Other (OT)

Race - optional race categories for stratification in result tables. Users should specify which specific groups they would like included as separate strata. All patients whose race does not fall into one of these categories will be categorized as "Other"

American Indian or Alaska Native (01)

Asian (02)

Black or African American (03)

Native Hawaiian or Other Pacific Islander (04)

White (05)

Multiple Race (06)

Refuse to Answer (07)

No Information (NI)

Unknown (UN)

Other (OT)

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Glossary of Terms for Analyses Using

PCORnet Modular Program (PMP) Tool

Hispanic - optional ethnicity categories for stratification in result tables. Users should specify which specific groups they would like included as separate strata. All patients whose ethnicity does not fall into one of these categories will be categorized as "Other"

Yes (Y)
No (N)
Refuse to Answer (R)
No Information (NI)
Unknown (UN)
Other (OT)

Difference Table - The difference table captures patients who meet all enrollment proxy and inclusion/exclusion criteria and have at least one valid record within the same CDM tables as the HEI-defining code lists, but who DO NOT have an HEI code. These patients are intended to serve as a rough proxy for an unexposed population. However, limitations of Electronic Health Record systems should be considered when results interpreting this group.

Cohort Quality Assessment Module - Cohort Quality Assessment is an optional module that can be run on the numerator and the difference table populations to perform data quality and availability assessments. CQA will output counts, distributions, and frequencies on any of the variables within the PCORnet CDM tables. Cross-variable checks are also permitted within CDM tables (e.g. a distribution of result_number by result_unit can be requested in the Lab Result table.) Data assessments will be limited to the cohorts formed using PMP functionality. Users can limit checks to specific calendar-based time periods (e.g. 2016-2017) and to code lists of interest (e.g. provide a distribution of result_num values for records with an HbA1c LOINC code in the Lab Result table.)

Counts - returns counts of all qualifying records, and of all unique patients with qualifying records in a given table, limited by specified criteria. Counts can be performed against ID variables within the PCORnet CDM.

"What is the count of unique and all patient IDs in records in the Diagnosis table, limited to records for Diabetes or Heart Failure

Frequency - returns frequency of values occurring for a specified variable. Frequencies can be performed against categorical variables within the PCORnet CDM.

"How frequently are each dose ordered unit value occurring in Warfarin prescribing records?"

Distribution - returns percentile-based summary statistics. Distributions can be performed against numeric variables within the PCORnet CDM

"What is the distribution of warfarin dose ordered in prescribing records when the dose ordered unit is mg?"

Baseline Table (Covariate Assessment) Module - Baseline Table is an optional module that can be run to generate a Table 1 for your PMP-formed cohort. Users can indicate a list of covariates and the baseline table will provide counts and percentage of your PMP-formed cohort who have the covariate of interest. Covariates can be identified in a time period relative to your HEI date (e.g. in the 365 days prior to the HEI) or within a set period of calendar time (e.g. in 2016).

"Of the patients with a Heart Failure primary diagnosis in 2017, how many had a Diabetes diagnosis in the previous year?"

Vitals Module - Vitals module is an optional module that further stratifies cohorts based on vitals records, including height, weight, BMI, smoking and tobacco use statuses. Users will indicate a period relative to the HEI date in which to identify vital records and the program will search for the vital record closest to the index date and classify according to user-requested stratifications. Vital measures can be cross-stratified against certain demographic data, including age, sex, race, and ethnicity.

"What is the BMI distribution of patients who had a Diabetes diagnosis record in 2015?"

*all terms may not be used in this report

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Table 1a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from April 1, 2020 to June 30, 2020

	Baricitir	nib with Remdesivir	Baricitinib, no Remdesivir			Baricitinib with Remdesivir and evidence of COVID-19		
Characteristic ¹		Number		Number	Number			
Number of Unique Patients		31		65	31			
Demographics	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation		
Mean Age (Years)	58.7	19.0	34.1	7.6	58.7	19.0		
Age (Years)	Number	Percent	Number	Percent	Number	Percent		
0-17	0	0%	<11	-	0	0%		
18-34	<11	-	43	66%	<11	-		
35-54	12	39%	13	20%	12	39%		
55-64		-	<11	-	<11	-		
65-74	<11	-	<11	-	<11	-		
75-84	<11	-	<11	-	<11	-		
≥85	<11	-	<11	-	<11	-		
Sex								
Female	17	55%	<60	-	17	55%		
Male	14	45%	<11	-	14	45%		
Other/Missing ⁴	0	0%	0	0%	0	0%		
Race								
Black or African American	<11	-	<11	-	<11	-		
White	13	42%	41	63%	13	42%		
Asian	0	0%	<11	-	0	0%		
Other (American Indian or Alaska Native, Native								
Hawaiian or Pacific Islander, Multiple Race, Other)	<11	-	<11	-	<11	-		
Missing (No Information, Refuse to Answer,								
Unknown, Not in CDM)	0	0%	0	0%	0	0%		
Hispanic								

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Table 1a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from April 1, 2020 to June 30, 2020

	Baricitinib	with Remdesivir	Baricitinib	, no Remdesivir		th Remdesivir and e of COVID-19
Yes	<11	-	<11	-	<11	-
No	21	68%	<60	-	21	68%
Other	0	0%	0	0%	0	0%
Missing (Unknown, Refuse to Answer, No						
Information, Not in CDM)	<11	-	0	0%	<11	-
Recorded Evidence of:	Number	Percent	Number	Percent	Number	Percent
-21/+1 Days From Index Event						
COVID-19 Diagnosis (DX) or COVID-19 Lab Test						
Performed	31	100%	43	66%	31	100%
-1/ 0 Days From Index Event						
Procedure (PX): O ₂ Administration	<11	-	<11	-	<11	-
PX: Mechanical Ventilation	<11	-	<11	-	<11	-
PX: ECMO	<11	-	0	0%	<11	-
PX: O ₂ Administration or Mechanical Ventilation o	r					
ECMO	<11	-	<11	-	<11	-
-7/ 0 Days From Index Event						
PX: O ₂ Administration	<11	-	<11	-	<11	-
PX: Mechanical Ventilation	<11	-	<11	_	<11	-
PX: ECMO	<11	-	0	0%	<11	-
PX: O ₂ Administration or Mechanical Ventilation o	r					
ECMO	<11	-	<11	-	<11	-
-10/ 0 Days From Index Event						
DX: Dyspnea	22	71%	<11	-	22	71%
DX: Pneumonia	28	90%	<11	-	28	90%
DX: ARDS	<11	-	<11	-	<11	-
DX: Acute Respiratory Failure	27	87%	<11	-	27	87%
DX: Shock	<11	-	<11	-	<11	-

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Table 1a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from April 1, 2020 to June 30, 2020

	Baricitinib with Remdesivir		Baricitinib	Baricitinib, no Remdesivir		th Remdesivir and e of COVID-19
DX: Loss of Taste or Smell	0	0%	0	0%	0	0%
-/+ 7 Days From Index Event						
MEDICATION: Azithromycin	21	68%	28	43%	21	68%
MEDICATION: Dexamethasone	<11	-	<11	-	<11	-
MEDICATION: Tocilizumab	0	0%	0	0%	0	0%
MEDICATION: Systemic Corticosteroid	<11	-	15	23%	<11	-
MEDICATION: Inhaled Corticosteroid	0	0%	0	0%	0	0%
MEDICATION: Oral Anticoagulants	<11	-	<11	-	<11	-
MEDICATION: Non-Oral Anticoagulants	30	97%	<11	-	30	97%
MEDICATION: Antiplatelets	<11	-	<11	-	<11	-
MEDICATION: Convalescent Plasma	0	0%	<11	-	0	0%
MEDICATION: Hydroxychloroquine	0	0%	<11	-	0	0%
MEDICATION: Chloroquine	0	0%	0	0%	0	0%
Underlying History of:	Number	Percent	Number	Percent	Number	Percent
-183/0 Days From Index Event						
Cerebrovascular Disease						
DX: Hospitalized Stroke/Transient Ischemic						
Attack	<11	-	<11	-	<11	-
DX: Other hospitalized cerebrovascular disease						
(CVD)	0	0%	0	0%	0	0%
DX: Non-hospitalized stroke, TIA, or other CVD	0	0%	<11	-	0	0%
Cardiovascular Disease						
DX: Atrial Fibrillation	<11	-	<11	-	<11	-
DX/PX: Coronary Revascularization	<11	-	<11	-	<11	-
DX/PX: Congestive Heart Failure	<11	-	<11	-	<11	-
DX: Hospitalized AMI	<11	-	0	0%	<11	-
DX: Hypertension	23	74%	<11	-	23	74%

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Table 1a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from April 1, 2020 to June 30, 2020

	Baricitinib with Remdesivir		Baricitinib, no Remdesivir		Baricitinib with Remdesivir an evidence of COVID-19	
Pulmonary Disease						
DX: Asthma	<11	-	<11	-	<11	-
DX: COPD	<11	-	0	0%	<11	-
DX: Interstitial Lung Disease	<11	-	<11	-	<11	-
DX: Hypersensitivity Pneumonitis	0	0%	0	0%	0	0%
DX: Bronchiectasis	0	0%	<11	-	0	0%
DX: Idiopathic Pulmonary Fibrosis	0	0%	<11	-	0	0%
DX: Pulmonary Hypertension	<11	-	0	0%	<11	-
Metabolic Disease						
DX: Diabetes	18	58%	11	17%	18	58%
Liver Disease						
DX: Chronic Liver Disease	<11	-	<11	-	<11	-
Renal Disease						
DX: Chronic Kidney Disease	<11	-	<11	-	<11	-
Other Medical Conditions						
DX: Rheumatological and Inflammatory Disease	<11	_	<11	_	<11	-
DX: Hyperglycemia	11	35%	<11	_	11	35%
DX: Ketoacidosis	0	0%	<11	_	0	0%
DX: Psychosis (Baseline)	0	0%	0	0%	0	0%
DX: Neurological Disease	<11	-	<11	-	<11	-
Cancer					· · · ·	
DX: Hematological Malignancy	0	0%	0	0%	0	0%
DX: Solid Malignancy	<11	-	<11	-	<11	-

Immunocompromising Conditions and Treatments

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Table 1a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from April 1, 2020 to June 30, 2020

	Baricitinib	with Remdesivir	Baricitinib	, no Remdesivir		th Remdesivir and e of COVID-19
DX/PX: Immunodeficiency	<11	-	<11	-	<11	-
PX/MEDICATION: Immunosuppressants	0	0%	<11	-	0	0%
Patient Vitals ² :	Number	Percent	Number	Percent	Number	Percent
Body Mass Index (BMI) by Age						
Age: < 2 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	0	0%	0	0%	0	0%
Overweight/Obese	0	0%	0	0%	0	0%
Severely Obese	0	0%	0	0%	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Age: 2-17 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	0	0%	0	0%	0	0%
Overweight	0	0%	0	0%	0	0%
Obese	0	0%	<11	-	0	0%
Severely Obese	0	0%	0	0%	0	0%
BMI Other/Missing ^{3,4}	0	0%	<11	-	0	0%
Age: 18-20 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	0	0%	<11	-	0	0%
Overweight	0	0%	0	0%	0	0%
Obese	0	0%	<11	-	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%

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Table 1a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from April 1, 2020 to June 30, 2020

	Baricitinib	with Remdesivir	Baricitinik	Baricitinib, no Remdesivir		ith Remdesivir and e of COVID-19
Age: 21-34 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	0	0%	<11	-	0	0%
Overweight	0	0%	<11	-	0	0%
Obese	<11	-	29	73%	<11	-
BMI Other/Missing ^{3,4}	<11	-	0	0%	<11	-
Age: 35-54 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	<11	-	<11	-	<11	-
Overweight	<11	-	<11	-	<11	-
Obese	<11	-	<11	-	<11	-
BMI Other/Missing ^{3,4}	<11	-	0	0%	<11	-
Age: 55-64 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	<11	-	<11	-	<11	-
Overweight	<11	-	0	0%	<11	-
Obese	<11	-	0	0%	<11	-
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Age: 65-74 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	<11	-	0	0%	<11	-
Overweight	<11	-	<11	-	<11	-
Obese	<11	-	0	0%	<11	-
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%

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Table 1a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from April 1, 2020 to June 30, 2020

	Baricitinib	Baricitinib with Remdesivir		Baricitinib, no Remdesivir		ith Remdesivir and e of COVID-19
Age: 75-84 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	0	0%	<11	-	0	0%
Overweight	<11	-	0	0%	<11	-
Obese	<11	-	<11	-	<11	-
BMI Other/Missing ^{3,4}	<11	-	0	0%	<11	-
Age: 85+ Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	0	0%	<11	-	0	0%
Overweight	<11	-	0	0%	<11	-
Obese	0	0%	0	0%	0	0%
BMI Other/Missing ^{3,4}	<11	-	0	0%	<11	-
Smoking	Number	Percent	Number	Percent	Number	Percent
Current every day smoker	0	0%	<11	-	0	0%
Current some day smoker	0	0%	0	0%	0	0%
Former smoker	<11	-	<11	-	<11	-
Never smoker	24	77%	48	74%	24	77%
All other smoking values	<11	-	<11	-	<11	-
Smoking missing ³	0	0%	<11	-	0	0%

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Table 1a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from April 1, 2020 to June 30, 2020

	of COVII	with evidence D-19 and no ndesivir	Remdes	inib with ivir and no of COVID-19	Remdes	nib with no ivir and no of COVID-19		th evidence of VID-19
Characteristic ¹	Number <11		Number 0		Number <60		Nu	mber
Number of Unique Patients							58,724	
Demographics	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Mean Age (Years)	48.7	12.8	0	0%	32.6	7.2	44.4	19.1
Age (Years)	Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-17	0	0%	0	0%	<11	-	4,321	7%
18-34	<11	-	0	0%	<50	-	16,688	28%
35-54	<11	-	0	0%	<20	-	18,736	32%
55-64		-	0	0%	0	0%	8,497	14%
65-74	0	0%	0	0%	<11	-	5,507	9%
75-84	<11	-	0	0%	<11	-	3,160	5%
≥85	0	0%	0	0%	<11	-	1,815	3%
Sex								
Female	<11	-	0	0%	<60	-	30,658	52%
Male	<11	-	0	0%	<11	-	28,041	48%
Other/Missing ⁴	0	0%	0	0%	0	0%	25	0%
Race								
Black or African American	0	0%	0	0%	<11	-	14,114	24%
White	<11	-	0	0%	<40	-	25,962	44%
Asian	<11	-	0	0%	<11	-	2,496	4%
Other (American Indian or Alaska Native, Native Hawaiian or Pacific Islander, Multiple								
Race, Other) Missing (No Information, Refuse to Answer,	<11	-	0	0%	<11	-	8537	14%
Unknown, Not in CDM) Hispanic	0	0%	0	0%	0	0%	4194	7%
Yes	<11	-	0	0%	<11	-	19,478	33%

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Table 1a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from April 1, 2020 to June 30, 2020

	of COVID	Baricitinib with evidence of COVID-19 and no Remdesivir		Baricitinib with Remdesivir and no evidence of COVID-19		ib with no ivir and no of COVID-19	Patients with evidence of COVID-19	
No	<11	-	0	0%	<60	-	34,808	59%
Other	0	0%	0	0%	0	0%	74	0%
Missing (Unknown, Refuse to Answer, No								
Information, Not in CDM)	0	0%	0	0%	0	0%	4364	0.07
Recorded Evidence of:	Number	Percent	Number	Percent	Number	Percent	Number	Percent
-21/+1 Days From Index Event								
COVID-19 DX or COVID-19 Lab Test								
Performed	<11	-	0	0%	<40	-	58,724	100%
-1/ 0 Days From Index Event								
PX: O ₂ Administration	0	0%	0	0%	<11	-	442	1%
PX: Mechanical Ventilation	<11	-	0	0%	0	0%	1,308	2%
PX: ECMO	0	0%	0	0%	0	0%	55	0%
PX: O ₂ Administration or Mechanical								
Ventilation or ECMO	<11	-	0	0%	<11	-	1,677	3%
-7/ 0 Days From Index Event								
PX: O ₂ Administration	0	0%	0	0%	<11	-	454	1%
PX: Mechanical Ventilation	<11	-	0	0%	<11	-	1,365	2%
PX: ECMO	0	0%	0	0%	0	0%	63	0%
PX: O ₂ Administration or Mechanical								
Ventilation or ECMO	<11	-	0	0%	<11	-	1,746	3%
-10/ 0 Days From Index Event							·	
DX: Dyspnea	<11	-	0	0%	<11	-	7,243	12%
DX: Pneumonia	<11	-	0	0%	0	0%	8,687	15%
DX: ARDS	<11	-	0	0%	0	0%	1,456	2%
DX: Acute Respiratory Failure	<11	-	0	0%	<11	-	6,291	11%
DX: Shock	<11	-	0	0%	0	0%	1,346	2%

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Table 1a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from April 1, 2020 to June 30, 2020

	of COVID	with evidence 0-19 and no desivir	Remdesi	inib with ivir and no of COVID-19	Remdesi	ib with no ivir and no of COVID-19		th evidence o /ID-19
DX: Loss of Taste or Smell	0	0%	0	0%	0	0%	299	1%
-/+ 7 Days From Index Event								
MEDICATION: Azithromycin	<11	-	0	0%	<30	-	7,852	13%
MEDICATION: Dexamethasone	0	0%	0	0%	<11	-	1,173	2%
MEDICATION: Tocilizumab	0	0%	0	0%	0	0%	325	1%
MEDICATION: Systemic Corticosteroid	<11	-	0	0%	<20	-	4,802	8%
MEDICATION: Inhaled Corticosteroid	0	0%	0	0%	0	0%	637	1%
MEDICATION: Oral Anticoagulants	0	0%	0	0%	<11	-	1,987	3%
MEDICATION: Non-Oral Anticoagulants	<11	-	0	0%	<11	-	12,857	22%
MEDICATION: Antiplatelets	<11	-	0	0%	<11	-	4,880	8%
MEDICATION: Convalescent Plasma	<11	-	0	0%	0	0%	<11	-
MEDICATION: Hydroxychloroquine	<11	-	0	0%	<11	-	4,378	7%
MEDICATION: Chloroquine	0	0%	0	0%	0	0%	<11	-
Underlying History of:	Number	Percent	Number	Percent	Number	Percent	Number	Percent
-183/0 Days From Index Event								
Cerebrovascular Disease								
DX: Hospitalized Stroke/Transient								
Ischemic Attack	<11	-	0	0%	0	0%	606	1%
DX: Other hospitalized cerebrovascular								
disease (CVD)	0	0%	0	0%	0	0%	655	1%
DX: Non-hospitalized stroke, TIA, or other								
CVD	<11	-	0	0%	0	0%	885	2%
Cardiovascular Disease								
DX: Atrial Fibrillation	<11	-	0	0%	<11	-	2,455	4%
DX/PX: Coronary Revascularization	0	0%	0	0%	<11	-	1,140	2%
DX/PX: Congestive Heart Failure	0	0%	0	0%	<11	-	2,612	4%
DX: Hospitalized AMI	0	0%	0	0%	0	0%	1,139	2%
DX: Hypertension	<11		0	0%	<11		12,547	21%

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Table 1a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from April 1, 2020 to June 30, 2020

	of COVID	vith evidence -19 and no desivir	Remdes	inib with ivir and no of COVID-19	Remdes	nib with no ivir and no of COVID-19	Patients with evidend COVID-19	
Pulmonary Disease								
DX: Asthma	0	0%	0	0%	<11	-	2,935	5%
DX: COPD	0	0%	0	0%	0	0%	1,598	3%
DX: Interstitial Lung Disease	<11	-	0	0%	0	0%	375	1%
DX: Hypersensitivity Pneumonitis	0	0%	0	0%	0	0%	25	0%
DX: Bronchiectasis	<11	-	0	0%	0	0%	158	0%
DX: Idiopathic Pulmonary Fibrosis	<11	_	0	0%	0	0%	211	0%
DX: Pulmonary Hypertension	0	0%	0	0%	0	0%	634	1%
Metabolic Disease								
DX: Diabetes	<11	-	0	0%	<11	-	7,997	14%
Liver Disease								
DX: Chronic Liver Disease	<11	-	0	0%	<11	-	1,082	2%
Renal Disease								
DX: Chronic Kidney Disease	<11	-	0	0%	<11	-	3,539	6%
Other Medical Conditions								
DX: Rheumatological and Inflammatory								
Disease	<11	-	0	0%	<11	-	1,933	3%
DX: Hyperglycemia	<11	-	0	0%	<11	-	3,537	6%
DX: Ketoacidosis	<11	-	0	0%	0	0%	273	0%
DX: Psychosis (Baseline)	0	0%	0	0%	0	0%	721	1%
DX: Neurological Disease	0	0%	0	0%	<11	-	2,374	4%
Cancer								
DX: Hematological Malignancy	0	0%	0	0%	0	0%	478	1%
DX: Solid Malignancy	0	0%	0	0%	<11	-	1,634	3%
Immunocompromising Conditions and Tre	atments							
DX/PX: Immunodeficiency	<11	-	0	0%	<11	-	4,008	7%

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Table 1a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from April 1, 2020 to June 30, 2020

	Baricitinib with evidence of COVID-19 and no Remdesivir		Baricitinib with Remdesivir and no evidence of COVID-19		Baricitinib with no Remdesivir and no evidence of COVID-19		Patients with evidence of COVID-19	
PX/MEDICATION: Immunosuppressants	0	0%	0	0%	<11	-	1,377	2%
Patient Vitals ² :	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Body Mass Index (BMI) by Age								
Age: < 2 Years								
Underweight	0	0%	0	0%	0	0%	0	0%
Normal Weight	0	0%	0	0%	0	0%	0	0%
Overweight/Obese	0	0%	0	0%	0	0%	0	0%
Severely Obese	0	0%	0	0%	0	0%	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	0	0%
Age: 2-17 Years								
Underweight	0	0%	0	0%	0	0%	60	2%
Normal Weight	0	0%	0	0%	0	0%	939	26%
Overweight	0	0%	0	0%	0	0%	378	11%
Obese	0	0%	0	0%	<11	-	376	11%
Severely Obese	0	0%	0	0%	0	0%	225	6%
BMI Other/Missing ^{3,4}	0	0%	0	0%	<11	-	1,582	44%
Age: 18-20 Years								
Underweight	0	0%	0	0%	0	0%	40	2%
Normal Weight	0	0%	0	0%	<11	-	535	26%
Overweight	0	0%	0	0%	0	0%	232	11%
Obese	0	0%	0	0%	<11	-	302	14%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	0	0%
Age: 21-34 Years								
Underweight	0	0%	0	0%	0	0%	112	1%
Normal Weight	0	0%	0	0%	<11	-	2,149	15%
Overweight	<11	-	0	0%	<11	-	2,194	15%
Obese	<11	-	0	0%	<30	-	3,291	22%

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Table 1a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from April 1, 2020 to June 30, 2020

	of COVID	with evidence -19 and no desivir	Remdes	inib with ivir and no of COVID-19	Remdesi	ib with no ivir and no of COVID-19	Patients with evidence COVID-19	
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	6,885	47%
Age: 35-54 Years								
Underweight	0	0%	0	0%	0	0%	65	0%
Normal Weight	<11	-	0	0%	<11	-	1,613	9%
Overweight	0	0%	0	0%	<11	-	3,355	18%
Obese	0	0%	0	0%	<11	-	6,149	33%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	7,554	40%
Age: 55-64 Years								
Underweight	0	0%	0	0%	0	0%	70	1%
Normal Weight	<11	-	0	0%	0	0%	983	12%
Overweight	0	0%	0	0%	0	0%	1,765	21%
Obese	0	0%	0	0%	0	0%	2,904	34%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	2,775	33%
Age: 65-74 Years								
Underweight	0	0%	0	0%	0	0%	87	2%
Normal Weight	0	0%	0	0%	0	0%	918	17%
Overweight	0	0%	0	0%	<11	-	1,293	23%
Obese	0	0%	0	0%	0	0%	1,609	29%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	1,600	29%
Age: 75-84 Years								
Underweight	0	0%	0	0%	0	0%	79	3%
Normal Weight	<11	-	0	0%	<11	-	702	22%
Overweight	0	0%	0	0%	0	0%	758	24%
Obese	0	0%	0	0%	<11	-	686	22%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	935	30%
Age: 85+ Years								
Underweight	0	0%	0	0%	0	0%	94	5%
Normal Weight	0	0%	0	0%	<11	-	520	29%

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Table 1a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from April 1, 2020 to June 30, 2020

		1 0 1					,		
	of COVID	with evidence 0-19 and no desivir	Baricitinib with Remdesivir and no evidence of COVID-19		Baricitinib with no Remdesivir and no evidence of COVID-19		Patients with evidence of COVID-19		
Overweight	0	0%	0	0%	0	0%	343	19%	
Obese	0	0%	0	0%	0	0%	205	11%	
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	653	36%	
Smoking	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
Current every day smoker	0	0%	0	0%	<11	-	1,629	3%	
Current some day smoker	0	0%	0	0%	0	0%	482	1%	
Former smoker	<11	-	0	0%	<11	-	4,782	8%	
Never smoker	<11	-	0	0%	<50	-	18,468	31%	
All other smoking values	0	0%	0	0%	<11	-	12,780	22%	
Smoking missing ³	<11	-	0	0%	<11	-	20,583	35%	

¹ All metrics are based on total number of patients meeting cohort criteria.

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² For populated vitals measures, the reported value represents the closest vital measure to the Health Event of Interest. For additional information regarding selection of the vital measure, please contact the PCORnet Query Fulfillment team.

³ Vital record missingness is limited to the time period around the Health Event of Interest in which vital measures are assessed and does not reflect the entire patient history.

⁴ Other/Missing categories represent a combination of all other potential values for the given category AND true missing values.



Table 1b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from July 1, 2020 to September 30, 2020

mdesivir	Baricitinib with Remdesivir and evidence of COVID-19 Number		
		12	
rd Deviation	Mean	Standard Deviation	
10.9	65.3	16.6	
ercent	Number	Percent	
-	0	0%	
59%	0	0%	
17%	<11	-	
-	<11	-	
-	<11	-	
-	<11	-	
0%	<11	-	
83%	<11	-	
17%	<11	-	
0%	0	0%	
22%	<11	-	
61%	<11	-	
-	0	0%	
-	<11	-	
_	0	0%	
	-	- <11 - 0	

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Table 1b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from July 1, 2020 to September 30, 2020

	Baricitinib v	with Remdesivir	Baricitinib,	no Remdesivir		th Remdesivir and of COVID-19
Yes	<11	-	11	17%	<11	-
No	<11	-	52	81%	<11	-
Other	0	0%	0	0%	0	0%
Missing (Unknown, Refuse to Answer, No						
Information, Not in CDM)	0	0%	<11	-	0	0%
Recorded Evidence of:	Number	Percent	Number	Percent	Number	Percent
-21/+1 Days From Index Event						
COVID-19 Diagnosis (DX) or COVID-19 Lab						
Test Performed	12	100%	58	91%	12	100%
-1/ 0 Days From Index Event						
Procedure (PX): O ₂ Administration	<11	-	0	0%	<11	-
PX: Mechanical Ventilation	0	0%	<11	-	0	0%
PX: ECMO	0	0%	0	0%	0	0%
PX: O ₂ Administration or Mechanical						
Ventilation or ECMO	<11	-	<11	-	<11	-
-7/ 0 Days From Index Event						
PX: O ₂ Administration	<11	-	0	0%	<11	-
PX: Mechanical Ventilation	0	0%	<11	-	0	0%
PX: ECMO	0	0%	0	0%	0	0%
PX: O ₂ Administration or Mechanical						
Ventilation or ECMO	<11	-	<11	-	<11	-
-10/ 0 Days From Index Event						
DX: Dyspnea	<11	-	<11	-	<11	-
DX: Pneumonia	12	100%	<11	-	12	100%
DX: ARDS	<11	-	<11	-	<11	-

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Table 1b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from July 1, 2020 to September 30, 2020

	Baricitinib v	with Remdesivir	Baricitinib,	no Remdesivir	Baricitinib with Remdesivir an evidence of COVID-19		
DX: Acute Respiratory Failure	11	92%	<11	-	11	92%	
DX: Shock	<11	-	<11	-	<11	-	
DX: Loss of Taste or Smell	0	0%	0	0%	0	0%	
-/+ 7 Days From Index Event							
MEDICATION: Azithromycin	<11	-	18	28%	<11	-	
MEDICATION: Dexamethasone	<11	-	<11	-	<11	-	
MEDICATION: Tocilizumab	<11	-	<11	-	<11	-	
MEDICATION: Systemic Corticosteroid	<11	-	16	25%	<11	-	
MEDICATION: Inhaled Corticosteroid	0	0%	<11	-	0	0%	
MEDICATION: Oral Anticoagulants	<11	-	<11	-	<11	-	
MEDICATION: Non-Oral Anticoagulants	11	92%	15	23%	11	92%	
MEDICATION: Antiplatelets	<11	-	<11	-	<11	-	
MEDICATION: Convalescent Plasma	<11	-	0	0%	<11	-	
MEDICATION: Hydroxychloroquine	0	0%	0	0%	0	0%	
MEDICATION: Chloroquine	0	0%	0	0%	0	0%	
nderlying History of:	Number	Percent	Number	Percent	Number	Percent	
-183/0 Days From Index Event							
Cerebrovascular Disease							
DX: Hospitalized Stroke/Transient Ischemic							
Attack	<11	-	0	0%	<11	-	
DX: Other hospitalized cerebrovascular							
disease (CVD)	0	0%	0	0%	0	0%	
DX: Non-hospitalized stroke, TIA, or other							
CVD	0	0%	<11	-	0	0%	
Cardiovascular Disease							
DX: Atrial Fibrillation	<11	-	<11	-	<11	-	

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Table 1b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from July 1, 2020 to September 30, 2020

	Baricitinib	Baricitinib with Remdesivir		, no Remdesivir	Baricitinib with Remdesivir and evidence of COVID-19		
DX/PX: Coronary Revascularization	<11	-	<11	-	<11	-	
DX/PX: Congestive Heart Failure	<11	-	<11	-	<11	-	
DX: Hospitalized AMI	0	0%	0	0%	0	0%	
DX: Hypertension	<11	-	13	20%	<11	-	
Pulmonary Disease							
DX: Asthma	<11	-	<11	-	<11	-	
DX: COPD	0	0%	<11	-	0	0%	
DX: Interstitial Lung Disease	<11	-	0	0%	<11	-	
DX: Hypersensitivity Pneumonitis	0	0%	0	0%	0	0%	
DX: Bronchiectasis	<11	-	<11	-	<11	-	
DX: Idiopathic Pulmonary Fibrosis	0	0%	0	0%	0	0%	
DX: Pulmonary Hypertension	<11	-	<11	-	<11	-	
Metabolic Disease							
DX: Diabetes	<11	-	12	19%	<11	-	
Liver Disease							
DX: Chronic Liver Disease	<11	-	<11	-	<11	-	
Renal Disease							
DX: Chronic Kidney Disease	<11	-	<11	-	<11	-	
Other Medical Conditions							
DX: Rheumatological and Inflammatory							
Disease	<11	-	<11	-	<11	-	
DX: Hyperglycemia	<11	-	<11	-	<11	-	
DX: Ketoacidosis	0	0%	0	0%	0	0%	
DX: Psychosis (Baseline)	0	0%	<11	-	0	0%	
DX: Neurological Disease	<11	-	<11	-	<11	-	

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Table 1b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from July 1, 2020 to September 30, 2020

	Baricitinib v	vith Remdesivir	Baricitinib,	no Remdesivir		th Remdesivir and of COVID-19
Cancer						
DX: Hematological Malignancy	0	0%	<11	-	0	0%
DX: Solid Malignancy	0	0%	<11	-	0	0%
Immunocompromising Conditions and Treatn	nents					
DX/PX: Immunodeficiency	<11	-	<11	-	<11	-
PX/MEDICATION: Immunosuppressants	<11	-	<11	-	<11	-
Patient Vitals ² :	Number	Percent	Number	Percent	Number	Percent
Body Mass Index (BMI)						
Age: < 2 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	0	0%	0	0%	0	0%
Overweight/Obese	0	0%	0	0%	0	0%
Severely Obese	0	0%	0	0%	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Age: 2-17 Years						
Underweight	0	0%	<11	-	0	0%
Normal Weight	0	0%	<11	-	0	0%
Overweight	0	0%	0	0%	0	0%
Obese	0	0%	0	0%	0	0%
Severely Obese	0	0%	0	0%	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Age: 18-20 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	0	0%	0	0%	0	0%
Overweight	0	0%	<11	-	0	0%
Obese	0	0%	<11	-	0	0%

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Table 1b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from July 1, 2020 to September 30, 2020

	Baricitinib v	with Remdesivir	Baricitinib	, no Remdesivir	Baricitinib with Remdesivir and evidence of COVID-19		
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	
Age: 21-34 Years							
Underweight	0	0%	0	0%	0	0%	
Normal Weight	0	0%	<11	-	0	0%	
Overweight	0	0%	<11	-	0	0%	
Obese	0	0%	21	58%	0	0%	
BMI Other/Missing ^{3,4}	0	0%	<11	-	0	0%	
Age: 35-54 Years							
Underweight	0	0%	0	0%	0	0%	
Normal Weight	<11	-	0	0%	<11	-	
Overweight	<11	-	<11	-	<11	-	
Obese	<11	-	<11	-	<11	-	
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	
Age: 55-64 Years							
Underweight	0	0%	0	0%	0	0%	
Normal Weight	0	0%	0	0%	0	0%	
Overweight	<11	-	<11	-	<11	-	
Obese	0	0%	<11	-	0	0%	
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	
Age: 65-74 Years							
Underweight	0	0%	0	0%	0	0%	
Normal Weight	<11	-	<11	-	<11	-	
Overweight	<11	-	<11	-	<11	-	
Obese	<11	-	<11	-	<11	-	
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	

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Table 1b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from July 1, 2020 to September 30, 2020

	Baricitinib v	Baricitinib with Remdesivir		no Remdesivir	Baricitinib with Remdesivir ar evidence of COVID-19		
Age: 75-84 Years							
Underweight	0	0%	0	0%	0	0%	
Normal Weight	0	0%	<11	-	0	0%	
Overweight	<11	-	0	0%	<11	-	
Obese	0	0%	<11	-	0	0%	
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	
Age: 85+ Years							
Underweight	0	0%	0	0%	0	0%	
Normal Weight	0	0%	0	0%	0	0%	
Overweight	<11	-	0	0%	<11	-	
Obese	0	0%	0	0%	0	0%	
BMI Other/Missing ^{3,4}	<11	-	0	0%	<11	-	
moking	Number	Percent	Number	Percent	Number	Percent	
Current every day smoker	0	0%	<11	-	0	0%	
Current some day smoker	0	0%	0	0%	0	0%	
Former smoker	<11	-	<11	-	<11	-	
Never smoker	<11	-	42	66%	<11	-	
All other smoking values	<11	-	<11	-	<11	-	
Smoking missing ³	0	0%	<11	-	0	0%	

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Table 1b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from July 1, 2020 to September 30, 2020

	evidence	tinib with of COVID-19 Remdesivir			Baricitinib with no Remdesivir and no evidence of COVID-19		Patients with evidence of COVID-19	
Characteristic ¹	Number 15		Number 0		Number 49		Number 80,371	
Number of Unique Patients								
Demographics	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Mean Age (Years)	45.2	14.5	-	-	29.5	8.6	39.8	19.6
Age (Years)	Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-17	0	0%	0	0%	<11	-	9,149	11%
18-34	<11	-	0	0%	<40	-	27,611	34%
35-54	<11	-	0	0%	<11	-	22,535	28%
55-64		-	0	0%	<11	-	9,882	12%
65-74	<11	-	0	0%	<11	-	6,317	8%
75-84	<11	-	0	0%	<11	-	3,395	4%
≥85	0	0%	0	0%	0	0%	1,482	2%
Sex								
Female	<11	-	0	0%	<50	-	43,724	54%
Male	<11	-	0	0%	<11	-	36,605	46%
Other/Missing ⁴	0	0%	0	0%	0	0%	42	0%
Race								
Black or African American	<11	-	0	0%	<11	-	14,571	18%
White	<11	-	0	0%	<40	-	48,665	61%
Asian	<11	-	0	0%	<11	-	1,937	2%
Other (American Indian or Alaska Native, Native								
Hawaiian or Pacific Islander, Multiple Race, Other) Missing (No Information, Refuse to Answer,	<11	-	0	0%	<11	-	6682	8%
Unknown, Not in CDM)	<11	-	0	0%	<11	-	8516	11%

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Table 1b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from July 1, 2020 to September 30, 2020

	evidence (inib with of COVID-19 Remdesivir	Baricitinib with Remdesivir and no evidence of COVID-19		Baricitinib with no Remdesivir and no evidence of COVID-19		Patients with evidence of COVID-19	
Hispanic								
Yes	<11	-	0	0%	<11	-	19,679	24%
No	<20	-	0	0%	<50	-	54,227	67%
Other	0	0%	0	0%	0	0%	153	0%
Missing (Unknown, Refuse to Answer, No								
Information, Not in CDM)	0	0%	0	0%	<11	-	6312	8%
Recorded Evidence of:	Number	Percent	Number	Percent	Number	Percent	Number	Percent
-21/+1 Days From Index Event								
COVID-19 DX or COVID-19 Lab Test Performed	15	100%	0	0%	43	88%	80,371	100%
-1/ 0 Days From Index Event								
PX: O ₂ Administration	0	0%	0	0%	0	0%	446	1%
PX: Mechanical Ventilation	<11	-	0	0%	0	0%	976	1%
PX: ECMO	0	0%	0	0%	0	0%	56	0%
PX: O ₂ Administration or Mechanical Ventilation								
or ECMO	<11	-	0	0%	0	0%	1,369	2%
-7/ 0 Days From Index Event							·	
PX: O ₂ Administration	0	0%	0	0%	0	0%	454	1%
PX: Mechanical Ventilation	<11	-	0	0%	0	0%	998	1%
PX: ECMO	0	0%	0	0%	0	0%	57	0%
PX: O ₂ Administration or Mechanical Ventilation								
or ECMO	<11	-	0	0%	0	0%	1,398	2%
-10/ 0 Days From Index Event							•	
DX: Dyspnea	<11	-	0	0%	<11	-	5,441	7%
DX: Pneumonia	<11	-	0	0%	0	0%	7,208	9%
DX: ARDS	<11	-	0	0%	0	0%	604	1%
DX: Acute Respiratory Failure	<11	-	0	0%	<11	-	4,982	6%

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Table 1b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from July 1, 2020 to September 30, 2020

	evidence o	Baricitinib with evidence of COVID-19 and no Remdesivir		Baricitinib with Remdesivir and no evidence of COVID-19		ib with no vir and no of COVID-19	Patients with evidence of COVID-19	
DX: Shock	<11	-	0	0%	<11	-	987	1%
DX: Loss of Taste or Smell	0	0%	0	0%	0	0%	625	1%
-/+ 7 Days From Index Event								
MEDICATION: Azithromycin	<11	-	0	0%	<20	-	6,247	8%
MEDICATION: Dexamethasone	<11	-	0	0%	<11	-	6,336	8%
MEDICATION: Tocilizumab	<11	-	0	0%	0	0%	175	0%
MEDICATION: Systemic Corticosteroid	<11	-	0	0%	<11	-	8,861	11%
MEDICATION: Inhaled Corticosteroid	<11	-	0	0%	0	0%	779	1%
MEDICATION: Oral Anticoagulants	0	0%	0	0%	<11	-	2,321	3%
MEDICATION: Non-Oral Anticoagulants	<11	-	0	0%	<11	-	10,984	14%
MEDICATION: Antiplatelets	<11	-	0	0%	<11	-	4,517	6%
MEDICATION: Convalescent Plasma	0	0%	0	0%	0	0%	764	1%
MEDICATION: Hydroxychloroquine	0	0%	0	0%	0	0%	209	0%
MEDICATION: Chloroquine	0	0%	0	0%	0	0%	<11	-
nderlying History of:	Number	Percent	Number	Percent	Number	Percent	Number	Percent
-183/0 Days From Index Event								
Cerebrovascular Disease								
DX: Hospitalized Stroke/Transient Ischemic								
Attack	0	0%	0	0%	0	0%	541	1%
DX: Other hospitalized cerebrovascular disease								
(CVD)	0	0%	0	0%	0	0%	687	1%
DX: Non-hospitalized stroke, TIA, or other CVD	0	0%	0	0%	<11	-	643	1%
Cardiovascular Disease								
DX: Atrial Fibrillation	<11	-	0	0%	<11	-	2,339	3%
DX/PX: Coronary Revascularization	<11	-	0	0%	0	0%	1,293	2%
,								
DX/PX: Congestive Heart Failure	0	0%	0	0%	<11	-	2,745	3%

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Table 1b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from July 1, 2020 to September 30, 2020

	Baricitinib with evidence of COVID-19 and no Remdesivir		Baricitinib with Remdesivir and no evidence of COVID-19		Baricitinib with no Remdesivir and no evidence of COVID-19		Patients with evidence of COVID-19	
DX: Hypertension	<11	-	0	0%	<11	-	14,284	18%
Pulmonary Disease								
DX: Asthma	<11	-	0	0%	<11	-	3,443	4%
DX: COPD	<11	-	0	0%	0	0%	1,806	2%
DX: Interstitial Lung Disease	0	0%	0	0%	0	0%	404	1%
DX: Hypersensitivity Pneumonitis	0	0%	0	0%	0	0%	27	0%
DX: Bronchiectasis	<11	-	0	0%	0	0%	164	0%
DX: Idiopathic Pulmonary Fibrosis	0	0%	0	0%	0	0%	218	0%
DX: Pulmonary Hypertension	0	0%	0	0%	<11	-	604	1%
Metabolic Disease								
DX: Diabetes	<11	-	0	0%	<11	-	8,817	11%
iver Disease								
DX: Chronic Liver Disease	<11	-	0	0%	0	0%	1,234	2%
Renal Disease								
DX: Chronic Kidney Disease	<11	-	0	0%	<11	-	3,785	5%
Other Medical Conditions								
DX: Rheumatological and Inflammatory Disease	0	0%	0	0%	<11	-	2,369	3%
DX: Hyperglycemia	<11	-	0	0%	<11	_	4,061	5%
DX: Ketoacidosis	0	0%	0	0%	0	0%	267	0%
DX: Psychosis (Baseline)	0	0%	0	0%	<11	-	623	1%
DX: Neurological Disease	<11	-	0	0%	<11	-	2,321	3%
Cancer							,	
DX: Hematological Malignancy	0	0%	0	0%	<11	-	482	1%
DX: Solid Malignancy	<11	-	0	0%	<11	-	2,009	2%
mmunocompromising Conditions and Treatments							,	
DX/PX: Immunodeficiency	<11	-	0	0%	<11	-	4,121	5%

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Table 1b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from July 1, 2020 to September 30, 2020

	Baricitinib with evidence of COVID-19 and no Remdesivir		Baricitinib with Remdesivir and no evidence of COVID-19		Baricitinib with no Remdesivir and no evidence of COVID-19		Patients with evidence of COVID-19	
PX/MEDICATION: Immunosuppressants	<11	-	0	0%	<11	-	1,633	2%
Patient Vitals ² :	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Body Mass Index (BMI)								
Age: < 2 Years								
Underweight	0	0%	0	0%	0	0%	0	0%
Normal Weight	0	0%	0	0%	0	0%	0	0%
Overweight/Obese	0	0%	0	0%	0	0%	0	0%
Severely Obese	0	0%	0	0%	0	0%	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	0	0%
Age: 2-17 Years								
Underweight	0	0%	0	0%	<11	-	116	1%
Normal Weight	0	0%	0	0%	<11	-	2,297	28%
Overweight	0	0%	0	0%	0	0%	756	9%
Obese	0	0%	0	0%	0	0%	670	8%
Severely Obese	0	0%	0	0%	0	0%	400	5%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	3,903	48%
Age: 18-20 Years								
Underweight	0	0%	0	0%	0	0%	74	1%
Normal Weight	0	0%	0	0%	0	0%	1,666	23%
Overweight	0	0%	0	0%	<11	-	523	7%
Obese	<11	-	0	0%	0	0%	467	6%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	4,525	62%
Age: 21-34 Years								
Underweight	0	0%	0	0%	0	0%	151	1%
Normal Weight	0	0%	0	0%	<11	-	2,832	14%
Overweight	<11	-	0	0%	<11	-	2,772	14%
Obese	<11	-	0	0%	<20	-	4,116	20%

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Table 1b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from July 1, 2020 to September 30, 2020

	evidence	Baricitinib with evidence of COVID-19 and no Remdesivir		Baricitinib with Remdesivir and no evidence of COVID-19		Baricitinib with no Remdesivir and no evidence of COVID-19		Patients with evidence of COVID-19	
BMI Other/Missing ^{3,4}	0	0%	0	0%	<11	-	10,485	52%	
Age: 35-54 Years									
Underweight	0	0%	0	0%	0	0%	56	0%	
Normal Weight	0	0%	0	0%	0	0%	1,991	9%	
Overweight	<11	-	0	0%	<11	-	3,708	16%	
Obese	<11	-	0	0%	<11	-	7,587	34%	
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	9,193	41%	
Age: 55-64 Years									
Underweight	0	0%	0	0%	0	0%	62	1%	
Normal Weight	0	0%	0	0%	0	0%	1,025	10%	
Overweight	0	0%	0	0%	<11	-	2,080	21%	
Obese	<11	-	0	0%	0	0%	3,589	36%	
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	3,126	32%	
Age: 65-74 Years									
Underweight	0	0%	0	0%	0	0%	74	1%	
Normal Weight	<11	-	0	0%	0	0%	907	14%	
Overweight	<11	-	0	0%	<11	-	1,559	25%	
Obese	<11	-	0	0%	0	0%	2,182	35%	
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	1,595	25%	
Age: 75-84 Years									
Underweight	0	0%	0	0%	0	0%	67	2%	
Normal Weight	<11	-	0	0%	0	0%	686	20%	
Overweight	0	0%	0	0%	0	0%	868	26%	
Obese	0	0%	0	0%	<11	-	862	25%	
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	912	27%	

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Table 1b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from July 1, 2020 to September 30, 2020

	evidence (Baricitinib with evidence of COVID-19 and no Remdesivir		Baricitinib with Remdesivir and no evidence of COVID-19		Baricitinib with no Remdesivir and no evidence of COVID-19		Patients with evidence of COVID-19	
Age: 85+ Years									
Underweight	0	0%	0	0%	0	0%	54	4%	
Normal Weight	0	0%	0	0%	0	0%	394	27%	
Overweight	0	0%	0	0%	0	0%	338	23%	
Obese	0	0%	0	0%	0	0%	194	13%	
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	502	34%	
Smoking	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
Current every day smoker	<11	-	0	0%	<11	-	1,804	2%	
Current some day smoker	0	0%	0	0%	0	0%	625	1%	
Former smoker	<11	-	0	0%	<11	-	6,999	9%	
Never smoker	<11	-	0	0%	<40	-	28,788	36%	
All other smoking values	<11	-	0	0%	<11	-	16,760	21%	
Smoking missing ³	<11	-	0	0%	<11	-	25,395	32%	

All metrics are based on total number of patients meeting cohort criteria.

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² For populated vitals measures, the reported value represents the closest vital measure to the Health Event of Interest. For additional information regarding selection of the vital measure, please contact the PCORnet Query Fulfillment team.

³ Vital record missingness is limited to the time period around the Health Event of Interest in which vital measures are assessed and does not reflect the entire patient history.

⁴ Other/Missing categories represent a combination of all other potential values for the given category AND true missing values.



Table 1c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from October 1, 2020 to December 31, 2020

	Bariciti	nib with Remdesivir	Baricitinib, no Remdesivir		Baricitinib with Remdesivir and evidence of COVID-19		
Characteristic ¹		Number		Number	Number 163		
Number of Unique Patients		163		164			
Demographics	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	
Mean Age (Years)	64.0	15.4	51.5	12.6	64.0	15.4	
Age (Years)	Number	Percent	Number	Percent	Number	Percent	
0-17	<11	-	<11	-	<11	-	
18-34	<11	-	44	27%	<11	-	
35-54	41	25%	34	21%	41	25%	
55-64		20%	18	11%	32	20%	
65-74	41	25%	32	20%	41	25%	
75-84	25	15%	19	12%	25	15%	
≥85	18	11%	<11	-	18	11%	
Sex							
Female	74	45%	89	54%	74	45%	
Male	89	55%	75	46%	89	55%	
Other/Missing ⁴	0	0%	0	0%	0	0%	
Race							
Black or African American	25	15%	20	12%	25	15%	
White	113	69%	131	80%	113	69%	
Asian	<11	-	<11	-	<11	-	
Other (American Indian or Alaska Native, Native Hawaiian or Pacific Islander, Multiple Race, Other)	16	9%	<11	_	16	9%	
Missing (No Information, Refuse to Answer, Unknown, Not in CDM)	<11	-	<11	-	<11	-	

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Table 1c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from October 1, 2020 to December 31, 2020

	Baricitinib with Remde		Baricitinib	, no Remdesivir	Baricitinib with Remdesivir and evidence of COVID-19		
Hispanic							
Yes	47	29%	31	19%	47	29%	
No	115	71%	132	80%	115	71%	
Other	0	0%	0	0%	0	0%	
Missing (Unknown, Refuse to Answer, No							
Information, Not in CDM)	<11	-	<11	-	<11	-	
Recorded Evidence of:	Number	Percent	Number	Percent	Number	Percent	
-21/+1 Days From Index Event							
COVID-19 Diagnosis (DX) or COVID-19 Lab Test							
Performed	163	100%	159	97%	163	100%	
-1/ 0 Days From Index Event							
Procedure (PX): O ₂ Administration	11	7%	<11	-	11	7%	
PX: Mechanical Ventilation	11	7%	<11	-	11	7%	
PX: ECMO	0	0%	0	0%	0	0%	
PX: O ₂ Administration or Mechanical Ventilation or							
ECMO	22	13%	<11	-	22	13%	
-7/ 0 Days From Index Event							
PX: O ₂ Administration	14	9%	<11	-	14	9%	
PX: Mechanical Ventilation	15	9%	17	10%	15	9%	
PX: ECMO	0	0%	0	0%	0	0%	
PX: O ₂ Administration or Mechanical Ventilation or							
ECMO	28	17%	23	14%	28	17%	
-10/ 0 Days From Index Event							
DX: Dyspnea	28	17%	<11	-	28	17%	
DX: Pneumonia	159	98%	95	58%	159	98%	
DX: ARDS	13	8%	17	10%	13	8%	
DX: Acute Respiratory Failure	142	87%	80	49%	142	87%	

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Table 1c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from October 1, 2020 to December 31, 2020

	Baricitinib	with Remdesivir	Baricitinib	, no Remdesivir	Baricitinib with Remdesivir and evidence of COVID-19		
DX: Shock	12	7%	15	9%	12	7%	
DX: Loss of Taste or Smell	<11	-	0	0%	<11	-	
-/+ 7 Days From Index Event							
MEDICATION: Azithromycin	80	49%	68	41%	80	49%	
MEDICATION: Dexamethasone	131	80%	91	55%	131	80%	
MEDICATION: Tocilizumab	<11	-	0	0%	<11	-	
MEDICATION: Systemic Corticosteroid	144	88%	99	60%	144	88%	
MEDICATION: Inhaled Corticosteroid	<11	-	<11	-	<11	-	
MEDICATION: Oral Anticoagulants	27	17%	21	13%	27	17%	
MEDICATION: Non-Oral Anticoagulants	154	94%	92	56%	154	94%	
MEDICATION: Antiplatelets	37	23%	18	11%	37	23%	
MEDICATION: Convalescent Plasma	29	18%	<11	-	29	18%	
MEDICATION: Hydroxychloroquine	0	0%	<11	-	0	0%	
MEDICATION: Chloroquine	0	0%	0	0%	0	0%	
Underlying History of:	Number	Percent	Number	Percent	Number	Percent	
-183/0 Days From Index Event							
Cerebrovascular Disease							
DX: Hospitalized Stroke/Transient Ischemic Attack	<11	-	<11	-	<11	-	
DX: Other hospitalized cerebrovascular disease							
(CVD)	<11	-	<11	-	<11	-	
DX: Non-hospitalized stroke, TIA, or other CVD	<11	-	<11	-	<11	-	
Cardiovascular Disease							
DX: Atrial Fibrillation	27	17%	19	12%	27	17%	
DX/PX: Coronary Revascularization	18	11%	11	7%	18	11%	
			24	130/	-20		
DX/PX: Congestive Heart Failure	<30	-	21	13%	<30	-	



Table 1c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from October 1, 2020 to December 31, 2020

	Baricitinib	with Remdesivir	Baricitinib, no Remdesivir			with Remdesivir and ce of COVID-19
DX: Hypertension	117	72%	94	57%	117	72%
Pulmonary Disease						
DX: Asthma	11	7%	14	9%	11	7%
DX: COPD	23	14%	15	9%	23	14%
DX: Interstitial Lung Disease	<11	-	<11	-	<11	-
DX: Hypersensitivity Pneumonitis	0	0%	0	0%	0	0%
DX: Bronchiectasis	<11	-	<11	-	<11	-
DX: Idiopathic Pulmonary Fibrosis	<11	-	<11	-	<11	-
DX: Pulmonary Hypertension	<11	-	<11	-	<11	-
Metabolic Disease						
DX: Diabetes	73	45%	60	37%	73	45%
Liver Disease						
DX: Chronic Liver Disease	<11	-	<11	-	<11	-
Renal Disease						
DX: Chronic Kidney Disease	39	24%	37	23%	39	24%
Other Medical Conditions						
DX: Rheumatological and Inflammatory Disease	-11		12	00/	.4.4	
5v II	<11	-	13	8%	<11	-
DX: Hyperglycemia	56	34%	49	30%	56	34%
DX: Ketoacidosis	<11	-	<11	-	<11	-
DX: Psychosis (Baseline)	<11	-	0	0%	<11	-
DX: Neurological Disease	16	10%	11	7%	16	10%
Cancer			4.4			
DX: Hematological Malignancy	<11	-	<11	-	<11	-
DX: Solid Malignancy	<11	-	<11	-	<11	-
Immunocompromising Conditions and Treatments						
DX/PX: Immunodeficiency	29	18%	35	21%	29	18%
PX/MEDICATION: Immunosuppressants	<11	-	13	8%	<11	-



Table 1c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from October 1, 2020 to December 31, 2020

	Baricitinib	with Remdesivir	Baricitinik	o, no Remdesivir	Baricitinib with Remdesivir and evidence of COVID-19		
Patient Vitals ² :	Number	Percent	Number	Percent	Number	Percent	
Body Mass Index (BMI)							
Age: < 2 Years							
Underweight	0	0%	0	0%	0	0%	
Normal Weight	0	0%	0	0%	0	0%	
Overweight/Obese	0	0%	0	0%	0	0%	
Severely Obese	0	0%	0	0%	0	0%	
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	
Age: 2-17 Years							
Underweight	0	0%	<11	-	0	0%	
Normal Weight	0	0%	<11	-	0	0%	
Overweight	0	0%	0	0%	0	0%	
Obese	<11	-	<11	-	<11	-	
Severely Obese	0	0%	0	0%	0	0%	
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	
Age: 18-20 Years							
Underweight	0	0%	0	0%	0	0%	
Normal Weight	0	0%	<11	-	0	0%	
Overweight	0	0%	<11	-	0	0%	
Obese	0	0%	<11	-	0	0%	
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	
Age: 21-34 Years							
Underweight	0	0%	0	0%	0	0%	
Normal Weight	0	0%	<11	-	0	0%	
Overweight	0	0%	<20	-	0	0%	
Obese	<11	-	23	58%	<11	-	
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	

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Table 1c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from October 1, 2020 to December 31, 2020

	Baricitinib	Baricitinib with Remdesivir		b, no Remdesivir	Baricitinib with Remdesivir and evidence of COVID-19		
Age: 35-54 Years							
Underweight	0	0%	<11	-	0	0%	
Normal Weight	<11	-	<11	-	<11	-	
Overweight	12	29%	<11	-	12	29%	
Obese	27	66%	25	74%	27	66%	
BMI Other/Missing ^{3,4}	<11	-	0	0%	<11	-	
Age: 55-64 Years							
Underweight	0	0%	0	0%	0	0%	
Normal Weight	<11	-	<11	-	<11	-	
Overweight	12	38%	<11	-	12	38%	
Obese	16	50%	<11	-	16	50%	
BMI Other/Missing ^{3,4}	<11	-	<11	-	<11	-	
Age: 65-74 Years							
Underweight	<11	-	0	0%	<11	-	
Normal Weight	<11	-	<11	-	<11	-	
Overweight	<11	-	14	44%	<11	-	
Obese	22	54%	16	50%	22	54%	
BMI Other/Missing ^{3,4}	<11	-	<11	-	<11	-	
Age: 75-84 Years							
Underweight	0	0%	0	0%	0	0%	
Normal Weight	<11	-	<11	-	<11	-	
Overweight	<11	-	<11	-	<11	-	
Obese	16	64%	<11	-	16	64%	
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	

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Table 1c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from October 1, 2020 to December 31, 2020

	Baricitinib	Baricitinib with Remdesivir		, no Remdesivir	Baricitinib with Remdesivir and evidence of COVID-19		
Age: 85+ Years							
Underweight	0	0%	<11	-	0	0%	
Normal Weight	<11	-	<11	-	<11	-	
Overweight	<11	-	<11	-	<11	-	
Obese	<11	-	<11	-	<11	-	
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	
Smoking	Number	Percent	Number	Percent	Number	Percent	
Current every day smoker	<11	-	<11	-	<11	-	
Current some day smoker	<11	-	0	0%	<11	-	
Former smoker	19	12%	24	15%	19	12%	
Never smoker	48	29%	58	35%	48	29%	
All other smoking values	<11	-	<11	-	<11	-	
Smoking missing ³	90	55%	76	46%	90	55%	

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Table 1c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from October 1, 2020 to December 31, 2020

	Baricitinib with evidence of COVID-19 and no Remdesivir Number		Remde	tinib with sivir and no of COVID-19	Baricitinib with no Remdesivir and no evidence of COVID-19		Patients with evidence of COVID-19	
Characteristic ¹			Number		Number		Number	
Number of Unique Patients		111	0			53	19	4,369
Demographics	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Mean Age (Years)	62.8	14.4	-	-	27.9	7.8	41.8	19.9
Age (Years)	Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-17	0	0%	0	0%	<11	-	29,201	15%
18-34	<11	-	0	0%	<40	-	48,893	25%
35-54	<30	-	0	0%	<11	-	56,287	29%
55-64		-	0	0%	<11	-	27,615	14%
65-74	32	29%	0	0%	0	0%	18,460	9%
75-84	<20	-	0	0%	<11	-	9,913	5%
≥85	<11	-	0	0%	0	0%	4,000	2%
Sex								
Female	<50	-	0	0%	<50	-	103,703	53%
Male	<70	-	0	0%	<11	-	90,642	47%
Other/Missing ⁴	0	0%	0	0%	0	0%	24	0%
Race								
Black or African American	<20	-	0	0%	<11	-	24,230	12%
White	90	81%	0	0%	41	77%	135,189	70%
Asian	<11	-	0	0%	<11	-	6,007	3%
Other (American Indian or Alaska Native, Native Hawaiian or Pacific Islander, Multiple Race,								
Other) Missing (No Information, Refuse to Answer,	<11	-	0	0%	<11	-	10.468	5%
Unknown, Not in CDM)	<11	-	0	0%	0	0%	18,475	1%

Table 1c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from October 1, 2020 to December 31, 2020

	evidence	tinib with of COVID-19 Remdesivir	Remdes	inib with ivir and no of COVID-19	Remdes	nib with no sivir and no of COVID-19	Patients with evidence COVID-19	
Hispanic								
Yes	<30	-	0	0%	<11	-	29,496	15%
No	<90	-	0	0%	<50	-	150,339	77%
Other	0	0%	0	0%	0	0%	147	0%
Missing (Unknown, Refuse to Answer, No								
Information, Not in CDM)	<11	-	0	0%	0	0%	14,387	8%
Recorded Evidence of:	Number	Percent	Number	Percent	Number	Percent	Number	Percent
-21/+1 Days From Index Event								
COVID-19 DX or COVID-19 Lab Test Performed	111	100%	0	0%	48	91%	194,369	100%
-1/ 0 Days From Index Event								
PX: O ₂ Administration	<11	-	0	0%	0	0%	1,189	1%
PX: Mechanical Ventilation	<11	-	0	0%	0	0%	1,999	1%
PX: ECMO	0	0%	0	0%	0	0%	59	0%
PX: O ₂ Administration or Mechanical								
Ventilation or ECMO	<11	-	0	0%	0	0%	2,982	2%
-7/ 0 Days From Index Event								
PX: O ₂ Administration	<11	-	0	0%	0	0%	1,215	1%
PX: Mechanical Ventilation	17	15%	0	0%	0	0%	2,027	1%
PX: ECMO	0	0%	0	0%	0	0%	62	0%
PX: O ₂ Administration or Mechanical								
Ventilation or ECMO	23	21%	0	0%	0	0%	3,028	2%
-10/ 0 Days From Index Event								
DX: Dyspnea	<11	-	0	0%	0	0%	10,428	5%
DX: Pneumonia	95	86%	0	0%	0	0%	16,170	8%
DX: ARDS	17	15%	0	0%	0	0%	1,653	1%
DX: Acute Respiratory Failure	80	72%	0	0%	0	0%	11,239	6%

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Table 1c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from October 1, 2020 to December 31, 2020

	evidence	cinib with of COVID-19 Remdesivir	Remdes	inib with ivir and no of COVID-19	Remdes	nib with no livir and no of COVID-19		th evidence o
DX: Shock	15	14%	0	0%	0	0%	1,936	1%
DX: Loss of Taste or Smell	0	0%	0	0%	0	0%	1,206	1%
-/+ 7 Days From Index Event								
MEDICATION: Azithromycin	50	45%	0	0%	18	34%	11,375	6%
MEDICATION: Dexamethasone	<90	-	0	0%	<11	-	15,196	8%
MEDICATION: Tocilizumab	0	0%	0	0%	0	0%	336	0%
MEDICATION: Systemic Corticosteroid	<100	-	0	0%	<11	-	24,336	13%
MEDICATION: Inhaled Corticosteroid	<11	-	0	0%	0	0%	1,763	1%
MEDICATION: Oral Anticoagulants	21	19%	0	0%	0	0%	5,680	3%
MEDICATION: Non-Oral Anticoagulants	<90	-	0	0%	<11	-	21,721	11%
MEDICATION: Antiplatelets	<20	-	0	0%	<11	-	8,867	5%
MEDICATION: Convalescent Plasma	<11	-	0	0%	0	0%	3,030	2%
MEDICATION: Hydroxychloroquine	<11	-	0	0%	0	0%	366	0%
MEDICATION: Chloroquine	<11	-	0	0%	0	0%	<11	-
nderlying History of:	Number	Percent	Number	Percent	Number	Percent	Number	Percent
183/0 Days From Index Event								
Cerebrovascular Disease								
DX: Hospitalized Stroke/Transient Ischemic								
Attack	<11	-	0	0%	0	0%	994	1%
DX: Other hospitalized cerebrovascular								
disease (CVD)	<11	-	0	0%	<11	-	1,343	1%
DX: Non-hospitalized stroke, TIA, or other								
CVD	<11	-	0	0%	0	0%	1,891	1%
Cardiovascular Disease								
Cardiovascular Disease DX: Atrial Fibrillation	19	17%	0	0%	0	0%	6,802	3%
	19 11	17% 10%	0	0% 0%	0	0% 0%	6,802 3,785	3% 2%

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Table 1c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from October 1, 2020 to December 31, 2020

	Baricitinib with evidence of COVID-19 and no Remdesivir		Baricitinib with Remdesivir and no evidence of COVID-19		Baricitinib with no Remdesivir and no evidence of COVID-19		Patients with evidence of COVID-19	
DX: Hospitalized AMI	<11	-	0	0%	0	0%	1,549	1%
DX: Hypertension	<90	-	0	0%	<11	-	36,575	19%
Pulmonary Disease								
DX: Asthma	<11	-	0	0%	<11	-	8,494	4%
DX: COPD	<20	-	0	0%	<11	-	4,593	2%
DX: Interstitial Lung Disease	<11	-	0	0%	0	0%	924	0%
DX: Hypersensitivity Pneumonitis	0	0%	0	0%	0	0%	86	0%
DX: Bronchiectasis	<11	-	0	0%	0	0%	395	0%
DX: Idiopathic Pulmonary Fibrosis	<11	-	0	0%	0	0%	528	0%
DX: Pulmonary Hypertension	<11	-	0	0%	0	0%	1,337	1%
Metabolic Disease								
DX: Diabetes	<60	-	0	0%	<11	-	20,331	10%
Liver Disease								
DX: Chronic Liver Disease	<11	-	0	0%	0	0%	3,083	2%
Renal Disease								
DX: Chronic Kidney Disease	<40	-	0	0%	<11	-	9,248	5%
Other Medical Conditions								
DX: Rheumatological and Inflammatory								
Disease	<11	-	0	0%	<11	-	5,795	3%
DX: Hyperglycemia	<50	-	0	0%	<11	-	9,704	5%
DX: Ketoacidosis	<11	-	0	0%	0	0%	486	0%
DX: Psychosis (Baseline)	0	0%	0	0%	0	0%	1,189	1%
DX: Neurological Disease	<11	-	0	0%	<11	-	5,140	3%
Cancer								
DX: Hematological Malignancy	<11	-	0	0%	0	0%	1,262	1%
DX: Solid Malignancy	<11	-	0	0%	<11	-	5,725	3%

Table 1c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from October 1, 2020 to December 31, 2020

	evidence	inib with of COVID-19 Remdesivir	Remdes	tinib with sivir and no of COVID-19	Remdes	nib with no ivir and no of COVID-19	Patients with evidence o COVID-19	
Immunocompromising Conditions and Treati	ments							
DX/PX: Immunodeficiency	<40	-	0	0%	<11	-	9,731	5%
PX/MEDICATION: Immunosuppressants	<20	-	0	0%	<11	-	4,174	2%
Patient Vitals ² :	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Body Mass Index (BMI)								
Age: < 2 Years								
Underweight	0	0%	0	0%	0	0%	0	0%
Normal Weight	0	0%	0	0%	0	0%	0	0%
Overweight/Obese	0	0%	0	0%	0	0%	0	0%
Severely Obese	0	0%	0	0%	0	0%	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	0	0%
Age: 2-17 Years								
Underweight	0	0%	0	0%	<11	-	330	1%
Normal Weight	0	0%	0	0%	<11	-	7,156	27%
Overweight	0	0%	0	0%	0	0%	2,224	8%
Obese	0	0%	0	0%	<11	-	1,916	7%
Severely Obese	0	0%	0	0%	0	0%	1,173	4%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	13,409	51%
Age: 18-20 Years								
Underweight	0	0%	0	0%	0	0%	109	1%
Normal Weight	0	0%	0	0%	<11	-	1,821	23%
Overweight	<11	-	0	0%	<11	-	708	9%
Obese	<11	-	0	0%	0	0%	831	11%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	4,442	56%
Age: 21-34 Years								
Underweight	0	0%	0	0%	0	0%	294	1%
Normal Weight	0	0%	0	0%	<11	-	5,691	14%

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Table 1c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from October 1, 2020 to December 31, 2020

	evidence	Baricitinib with evidence of COVID-19 and no Remdesivir		Baricitinib with Remdesivir and no evidence of COVID-19		Baricitinib with no Remdesivir and no evidence of COVID-19		Patients with evidence of COVID-19	
Overweight	<11	-	0	0%	<20	-	5,400	13%	
Obese	<11	-	0	0%	<20	-	7,931	19%	
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	21,666	53%	
Age: 35-54 Years									
Underweight	<11	-	0	0%	0	0%	194	0%	
Normal Weight	<11	-	0	0%	0	0%	4,936	9%	
Overweight	<11	-	0	0%	<11	-	8,731	16%	
Obese	<30	-	0	0%	<11	-	17,470	31%	
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	24,956	44%	
Age: 55-64 Years									
Underweight	0	0%	0	0%	0	0%	111	0%	
Normal Weight	<11	-	0	0%	0	0%	2,818	10%	
Overweight	<11	-	0	0%	<11	-	5,690	21%	
Obese	<11	-	0	0%	<11	-	9,749	35%	
BMI Other/Missing ^{3,4}	<11	-	0	0%	0	0%	9,247	33%	
Age: 65-74 Years									
Underweight	0	0%	0	0%	0	0%	154	1%	
Normal Weight	<11	-	0	0%	0	0%	2,421	13%	
Overweight	14	44%	0	0%	0	0%	4,587	25%	
Obese	16	50%	0	0%	0	0%	6,862	37%	
BMI Other/Missing ^{3,4}	<11	-	0	0%	0	0%	4,436	24%	
Age: 75-84 Years									
Underweight	0	0%	0	0%	0	0%	146	1%	
Normal Weight	<11	-	0	0%	<11	-	2,059	21%	
Overweight	<11	-	0	0%	0	0%	2,899	29%	
Obese	<11	-	0	0%	0	0%	2,881	29%	
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	1,928	19%	

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Table 1c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from October 1, 2020 to December 31, 2020

	evidence	tinib with of COVID-19 Remdesivir	Remdes	tinib with livir and no of COVID-19	Remdes	nib with no ivir and no of COVID-19		th evidence of /ID-19
Age: 85+ Years								
Underweight	<11	-	0	0%	0	0%	161	4%
Normal Weight	<11	-	0	0%	0	0%	1,257	31%
Overweight	<11	-	0	0%	0	0%	1,056	26%
Obese	<11	-	0	0%	0	0%	652	16%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	874	22%
Smoking	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Current every day smoker	0	0%	0	0%	<11	-	5,117	3%
Current some day smoker	0	0%	0	0%	0	0%	1,378	1%
Former smoker	<20	-	0	0%	<20	-	22,772	12%
Never smoker	24	22%	0	0%	34	64%	70,367	36%
All other smoking values	<11	-	0	0%	<11	-	64,182	33%
Smoking missing ³	<80	-	0	0%	<11	-	30,553	16%

¹ All metrics are based on total number of patients meeting cohort criteria.

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² For populated vitals measures, the reported value represents the closest vital measure to the Health Event of Interest. For additional information regarding selection of the vital measure, please contact the PCORnet Query Fulfillment team.

³ Vital record missingness is limited to the time period around the Health Event of Interest in which vital measures are assessed and does not reflect the entire patient history.

⁴ Other/Missing categories represent a combination of all other potential values for the given category AND true missing values.



Table 1d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from January 1, 2021 to March 31, 2021

	Baricitin	ib with Remdesivir	Baricitin	ib, no Remdesivir	Baricitinib with Remdesivir and evidence of COVID-19		
Characteristic ¹		Number		Number		Number	
Number of Unique Patients		250		204		<250	
Demographics	Mean	Standard Deviation	Mean	Standard Deviation	n Mean	Standard Deviation	
Mean Age (Years)	59.3	15.5	47.3	13.1	59.4	15.3	
Age (Years)	Number	Percent	Number	Percent	Number	Percent	
0-17	0	0%	<20	-	0	0%	
18-34	<30	-	52	25%	<20	-	
35-54	65	26%	52	25%	65	26%	
55-64		25%	33	16%	63	25%	
65-74	59	24%	30	15%	59	24%	
75-84	30	12%	16	8%	30	12%	
≥85	<20	-	<11	-	<20	-	
Sex							
Female	<120	-	109	53%	<120	-	
Male	<140	-	95	47%	<140	-	
Other/Missing ⁴	0	0%	0	0%	0	0%	
Race							
Black or African American	74	30%	22	11%	74	30%	
White	110	44%	144	71%	<110	-	
Asian	<11	-	<11	-	<11	-	
Other (American Indian or Alaska Native, Native Hawaiian or Pacific Islander, Multiple Race, Other)	<11	_	25	11%	<11	_	
Missing (No Information, Refuse to Answer, Unknown, Not in CDM)	52	21%	<11	-	52	21%	
Hispanic							
Yes	99	40%	64	31%	99	40%	
No	146	58%	139	68%	<150	-	

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Table 1d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from January 1, 2021 to March 31, 2021

	Baricitinib with Remdesivir		Baricitinib,	Baricitinib, no Remdesivir		h Remdesivir and of COVID-19
Other	0	0%	0	0%	0	0%
Missing (Unknown, Refuse to Answer, No						
Information, Not in CDM)	<11	-	<11	-	<11	-
Recorded Evidence of:	Number	Percent	Number	Percent	Number	Percent
-21/+1 Days From Index Event						
COVID-19 Diagnosis (DX) or COVID-19 Lab Test						
Performed	250	100%	194	95%	<250	-
-1/ 0 Days From Index Event						
Procedure (PX): O ₂ Administration	<11	-	<11	-	<11	-
PX: Mechanical Ventilation	22	9%	12	6%	22	9%
PX: ECMO	0	0%	<11	-	0	0%
PX: O ₂ Administration or Mechanical Ventilation or						
ECMO	25	10%	17	8%	25	10%
-7/ 0 Days From Index Event						
PX: O ₂ Administration	<11	-	<11	-	<11	-
PX: Mechanical Ventilation	24	10%	33	16%	24	10%
PX: ECMO	0	0%	<11	-	0	0%
PX: O ₂ Administration or Mechanical Ventilation or						
ECMO	29	12%	40	20%	29	12%
-10/ 0 Days From Index Event						
DX: Dyspnea	79	32%	16	8%	79	32%
DX: Pneumonia	246	98%	122	60%	246	99%
DX: ARDS	26	10%	25	12%	26	10%
DX: Acute Respiratory Failure	169	68%	104	51%	<170	-
DX: Shock	15	6%	18	9%	15	6%
DX: Loss of Taste or Smell	11	4%	<11	-	11	4%



Table 1d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from January 1, 2021 to March 31, 2021

	Baricitinib v	with Remdesivir	Baricitinib, ı	no Remdesivir		n Remdesivir and of COVID-19
-/+ 7 Days From Index Event						
MEDICATION: Azithromycin	194	78%	115	56%	<200	-
MEDICATION: Dexamethasone	121	48%	128	63%	<130	-
MEDICATION: Tocilizumab	22	9%	<11	-	22	9%
MEDICATION: Systemic Corticosteroid	240	96%	145	71%	<240	-
MEDICATION: Inhaled Corticosteroid	<11	-	<11	-	<11	-
MEDICATION: Oral Anticoagulants	36	14%	29	14%	36	14%
MEDICATION: Non-Oral Anticoagulants	232	93%	125	61%	<240	-
MEDICATION: Antiplatelets	64	26%	17	8%	64	26%
MEDICATION: Convalescent Plasma	17	7%	14	7%	17	7%
MEDICATION: Hydroxychloroquine	<11	-	0	0%	<11	-
MEDICATION: Chloroquine	0	0%	0	0%	0	0%
Underlying History of:	Number	Percent	Number	Percent	Number	Percent
Officerrying mistory of:	Nullibel	reiteilt	Number	rereciit	Number	reiteiit
-183/0 Days From Index Event	Number	reitent	Number	rereent	Number	reiteiit
	Number	reitent	Number	refeelit	Number	reitent
-183/0 Days From Index Event	<11	-	<11	-	<11	-
-183/0 Days From Index Event Cerebrovascular Disease		-		-		-
-183/0 Days From Index Event Cerebrovascular Disease DX: Hospitalized Stroke/Transient Ischemic Attack		- -		-		-
-183/0 Days From Index Event Cerebrovascular Disease DX: Hospitalized Stroke/Transient Ischemic Attack DX: Other hospitalized cerebrovascular disease	<11	- -	<11	- -	<11	- -
-183/0 Days From Index Event Cerebrovascular Disease DX: Hospitalized Stroke/Transient Ischemic Attack DX: Other hospitalized cerebrovascular disease (CVD)	<11 <11	- -	<11 <11	- -	<11 <11	- -
-183/0 Days From Index Event Cerebrovascular Disease DX: Hospitalized Stroke/Transient Ischemic Attack DX: Other hospitalized cerebrovascular disease (CVD) DX: Non-hospitalized stroke, TIA, or other CVD	<11 <11	- - - 12%	<11 <11	13%	<11 <11	- - - 12%
-183/0 Days From Index Event Cerebrovascular Disease DX: Hospitalized Stroke/Transient Ischemic Attack DX: Other hospitalized cerebrovascular disease (CVD) DX: Non-hospitalized stroke, TIA, or other CVD Cardiovascular Disease	<11 <11 <11	-	<11 <11 <11	-	<11 <11 <11	- -
-183/0 Days From Index Event Cerebrovascular Disease DX: Hospitalized Stroke/Transient Ischemic Attack DX: Other hospitalized cerebrovascular disease (CVD) DX: Non-hospitalized stroke, TIA, or other CVD Cardiovascular Disease DX: Atrial Fibrillation	<11 <11 <11 30	- - - 12%	<11 <11 <11 26	-	<11 <11 <11 30	- - - 12%
-183/0 Days From Index Event Cerebrovascular Disease DX: Hospitalized Stroke/Transient Ischemic Attack DX: Other hospitalized cerebrovascular disease (CVD) DX: Non-hospitalized stroke, TIA, or other CVD Cardiovascular Disease DX: Atrial Fibrillation DX/PX: Coronary Revascularization	<11 <11 <11 30 19	- - - 12% 8%	<11 <11 <11 26 <11	- - - 13%	<11 <11 <11 30 19	- - - 12% 8%
-183/0 Days From Index Event Cerebrovascular Disease DX: Hospitalized Stroke/Transient Ischemic Attack DX: Other hospitalized cerebrovascular disease (CVD) DX: Non-hospitalized stroke, TIA, or other CVD Cardiovascular Disease DX: Atrial Fibrillation DX/PX: Coronary Revascularization DX/PX: Congestive Heart Failure	<11 <11 <11 30 19 29	- - - 12% 8% 12%	<11 <11 <11 26 <11 12	- - - 13%	<11 <11 <11 30 19 29	- - - 12% 8% 12%

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Table 1d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from January 1, 2021 to March 31, 2021

	Baricitinib	with Remdesivir	Baricitinib,	no Remdesivir		h Remdesivir and of COVID-19
DX: Asthma	28	11%	28	14%	28	11%
DX: COPD	27	11%	12	6%	27	11%
DX: Interstitial Lung Disease	<11	-	<11	-	<11	-
DX: Hypersensitivity Pneumonitis	<11	-	0	0%	<11	-
DX: Bronchiectasis	<11	-	0	0%	<11	-
DX: Idiopathic Pulmonary Fibrosis	<11	-	<11	-	<11	-
DX: Pulmonary Hypertension	<11	-	<11	-	<11	-
Metabolic Disease						
DX: Diabetes	131	52%	75	37%	131	53%
Liver Disease						
DX: Chronic Liver Disease	17	7%	18	9%	17	7%
Renal Disease						
DX: Chronic Kidney Disease	42	17%	16	8%	42	17%
Other Medical Conditions						
DX: Rheumatological and Inflammatory Disease	13	5%	17	8%	13	5%
DX: Hyperglycemia	84	34%	64	31%	84	34%
DX: Ketoacidosis	<11	-	<11	-	<11	-
DX: Psychosis (Baseline)	<11	-	<11	-	<11	-
DX: Neurological Disease	27	11%	13	6%	27	11%
Cancer						
DX: Hematological Malignancy	<11	-	<11	-	<11	-
DX: Solid Malignancy	<11	-	<11	-	<11	-
Immunocompromising Conditions and Treatments						
DX/PX: Immunodeficiency	27	11%	23	11%	27	11%
PX/MEDICATION: Immunosuppressants	12	5%	16	8%	12	5%

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Table 1d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from January 1, 2021 to March 31, 2021

	Baricitinib v	Baricitinib with Remdesivir		Baricitinib, no Remdesivir		Baricitinib with Remdesivir and evidence of COVID-19		
Patient Vitals ² :	Number	Percent	Number	Percent	Number	Percent		
Body Mass Index (BMI)								
Age: < 2 Years								
Underweight	0	0%	0	0%	0	0%		
Normal Weight	0	0%	0	0%	0	0%		
Overweight/Obese	0	0%	0	0%	0	0%		
Severely Obese	0	0%	0	0%	0	0%		
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%		
Age: 2-17 Years								
Underweight	0	0%	<11	-	0	0%		
Normal Weight	0	0%	<11	-	0	0%		
Overweight	0	0%	<11	-	0	0%		
Obese	0	0%	<11	-	0	0%		
Severely Obese	0	0%	0	0%	0	0%		
BMI Other/Missing ^{3,4}	0	0%	<11	-	0	0%		
Age: 18-20 Years								
Underweight	0	0%	0	0%	0	0%		
Normal Weight	<11	-	<11	-	0	0%		
Overweight	0	0%	<11	-	0	0%		
Obese	<11	-	<11	-	<11	-		
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%		
Age: 21-34 Years								
Underweight	0	0%	0	0%	0	0%		
Normal Weight	<11	-	<11	-	<11	-		
Overweight	<11	-	15	33%	<11	-		
Obese	12	63%	28	62%	12	63%		
BMI Other/Missing ^{3,4}	<11	-	<11	-	<11	-		



Table 1d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from January 1, 2021 to March 31, 2021

	Baricitinib v	with Remdesivir	Baricitinib,	no Remdesivir		h Remdesivir and of COVID-19
Age: 35-54 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	<11	-	<11	-	<11	-
Overweight	18	28%	13	25%	18	28%
Obese	42	65%	33	63%	42	65%
BMI Other/Missing ^{3,4}	<11	-	<11	-	<11	-
Age: 55-64 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	<11	-	<11	-	<11	-
Overweight	17	27%	<11	-	17	27%
Obese	42	67%	26	79%	42	67%
BMI Other/Missing ^{3,4}	<11	-	0	0%	<11	-
Age: 65-74 Years						
Underweight	<11	-	0	0%	<11	-
Normal Weight	<11	-	<11	-	<11	-
Overweight	25	42%	14	47%	25	42%
Obese	21	36%	<20	-	21	36%
BMI Other/Missing ^{3,4}	<11	-	0	0%	<11	-
Age: 75-84 Years						
Underweight	0	0%	<11	-	0	0%
Normal Weight	<11	-	<11	-	<11	-
Overweight	14	47%	<11	-	14	47%
Obese	<11	-	<11	-	<11	-
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%



Table 1d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from January 1, 2021 to March 31, 2021

	<u> </u>							
	Baricitinib v	with Remdesivir	th Remdesivir Baricitinib, no Remdesivir evidence of CO					
Age: 85+ Years								
Underweight	<11	-	0	0%	<11	-		
Normal Weight	<11	-	<11	-	<11	-		
Overweight	<11	-	<11	-	<11	-		
Obese	<11	-	0	0%	<11	-		
BMI Other/Missing ^{3,4}	0	0%	<11	-	0	0%		
Smoking	Number	Percent	Number	Percent	Number	Percent		
Current every day smoker	<11	-	<11	-	<11	-		
Current some day smoker	<11	-	0	0%	<11	-		
Former smoker	40	16%	21	10%	40	16%		
Never smoker	100	40%	59	29%	<100	-		
All other smoking values	<11	-	<11	-	<11	-		
Smoking missing ³	91	36%	116	57%	91	37%		

Table 1d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from January 1, 2021 to March 31, 2021

	Baricitinib with evidence of COVID-19 and no Remdesivir Number 134		Remdes	Baricitinib with Remdesivir and no evidence of COVID-19		Baricitinib with no Remdesivir and no evidence of COVID-19		Patients with evidence of COVID-19	
Characteristic ¹			Number <11		Number		Nι	ımber	
Number of Unique Patients						71	114,509		
Demographics	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	
Mean Age (Years)	56.5	14.8	19.0		30.6	8.3	42.9	21.0	
Age (Years)	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
0-17	0	0%	0	0%	<20	-	20,570	18%	
18-34	16	12%	<11	-	36	51%	23,578	21%	
35-54	41	31%	0	0%	11	15%	30,323	26%	
55-64		-	0	0%	<11	-	16,648	15%	
65-74	<40	-	0	0%	<11	-	12,497	11%	
75-84	<20	-	0	0%	<11	-	7,372	6%	
≥85	<11	-	0	0%	<11	-	3,521	3%	
Sex									
Female	56	42%	0	0%	53	75%	60,307	53%	
Male	78	58%	<11	-	18	25%	54,173	47%	
Other/Missing ⁴	0	0%	0	0%	0	0%	29	0%	
Race									
Black or African American	<20	-	0	0%	<11	-	18,699	16%	
White	100	75%	<11	-	45	63%	71,705	63%	
Asian	<11	-	0	0%	<11	-	4,828	4%	
Other (American Indian or Alaska Native, Native Hawaiian or Pacific Islander, Multiple Race,									
Other) Missing (No Information, Refuse to Answer,	14	10%	0	0%	11	15%	7,596	6%	
Unknown, Not in CDM)	<11		0	0%	0	0%	11,681	10%	

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Table 1d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from January 1, 2021 to March 31, 2021

	of COVID	with evidence 0-19 and no desivir	Remdes	inib with ivir and no of COVID-19	Remdes	ib with no ivir and no of COVID-19		ith evidence VID-19
Hispanic								
Yes	<60	-	0	0%	<11	-	20,330	18%
No	<80	-	<11	-	<70	-	86,356	75%
Other	0	0%	0	0%	0	0%	68	0%
Missing (Unknown, Refuse to Answer, No								
Information, Not in CDM)	<11	-	0	0%	0	0%	7,755	7%
Recorded Evidence of:	Number	Percent	Number	Percent	Number	Percent	Number	Percent
-21/+1 Days From Index Event								
COVID-19 DX or COVID-19 Lab Test Performed	134	100%	<11	-	61	86%	114,509	100%
-1/ 0 Days From Index Event								
PX: O ₂ Administration	<11	-	0	0%	<11	-	910	1%
PX: Mechanical Ventilation	<11	-	0	0%	<11	-	1,661	1%
PX: ECMO	<11	-	0	0%	0	0%	62	0%
PX: O ₂ Administration or Mechanical Ventilation								
or ECMO	<20	-	0	0%	<11	-	2,440	2%
-7/ 0 Days From Index Event								
PX: O ₂ Administration	<11	-	0	0%	<11	-	932	1%
PX: Mechanical Ventilation	<40	-	0	0%	<11	-	1,727	2%
PX: ECMO	<11	-	0	0%	0	0%	63	0%
PX: O ₂ Administration or Mechanical Ventilation								
or ECMO	<40	-	0	0%	<11	-	2,522	2%
-10/ 0 Days From Index Event								
DX: Dyspnea	<20	-	0	0%	<11	-	8,422	7%
DX: Pneumonia	<130	-	0	0%	<11	-	13,391	12%
DX: ARDS	<30	-	0	0%	<11	-	1,410	1%
DX: Acute Respiratory Failure	<100	-	<11	-	<11	-	9,702	8%

Table 1d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from January 1, 2021 to March 31, 2021

	of COVID	with evidence 0-19 and no desivir	Remdesi	inib with vir and no of COVID-19	Remdesi	ib with no vir and no of COVID-19		rith evidence OVID-19
DX: Shock	<20	-	0	0%	<11	-	1,655	1%
DX: Loss of Taste or Smell	<11	-	0	0%	0	0%	555	0%
-/+ 7 Days From Index Event								
MEDICATION: Azithromycin	98	73%	<11	-	17	24%	8,388	7%
MEDICATION: Dexamethasone	114	85%	<11	-	14	20%	12,591	11%
MEDICATION: Tocilizumab	<11	-	0	0%	0	0%	587	1%
MEDICATION: Systemic Corticosteroid	121	90%	<11	-	24	34%	21,342	19%
MEDICATION: Inhaled Corticosteroid	<11	-	0	0%	<11	-	1,178	1%
MEDICATION: Oral Anticoagulants	<30	-	0	0%	<11	-	4,622	4%
MEDICATION: Non-Oral Anticoagulants	113	84%	<11	-	13	18%	18,130	16%
MEDICATION: Antiplatelets	<20	-	0	0%	<11	-	7,136	6%
MEDICATION: Convalescent Plasma	14	10%	0	0%	0	0%	1,621	1%
MEDICATION: Hydroxychloroquine	0	0%	0	0%	0	0%	279	0%
MEDICATION: Chloroquine	0	0%	0	0%	0	0%	<11	-
Underlying History of:	Number	Percent	Number	Percent	Number	Percent	Number	Percent
-183/0 Days From Index Event								
Cerebrovascular Disease								
DX: Hospitalized Stroke/Transient Ischemic								
Attack	<11	-	0	0%	<11	-	965	1%
DX: Other hospitalized cerebrovascular								
disease (CVD)	<11	-	0	0%	<11	-	1,217	1%
DX: Non-hospitalized stroke, TIA, or other CVD	<11	-	0	0%	<11	-	1,477	1%
Cardiovascular Disease								
DX: Atrial Fibrillation	<30	-	0	0%	<11	-	5,067	4%
DX/PX: Coronary Revascularization	<11	-	0	0%	0	0%	2,901	3%
DX/PX: Congestive Heart Failure	<11	-	0	0%	<11	-	5,187	5%
DX: Hospitalized AMI	<11	-	0	0%	<11	-	1,722	2%

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Table 1d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from January 1, 2021 to March 31, 2021

	of COVID	Baricitinib with evidence of COVID-19 and no Remdesivir		Baricitinib with Remdesivir and no evidence of COVID-19		Baricitinib with no Remdesivir and no evidence of COVID-19		Patients with evidence of COVID-19	
DX: Hypertension	69	51%	0	0%	15	21%	25,847	23%	
Pulmonary Disease									
DX: Asthma	14	10%	0	0%	14	20%	5,850	5%	
DX: COPD	<11	-	0	0%	<11	-	3,386	3%	
DX: Interstitial Lung Disease	<11	-	0	0%	<11	-	834	1%	
DX: Hypersensitivity Pneumonitis	0	0%	0	0%	0	0%	81	0%	
DX: Bronchiectasis	0	0%	0	0%	0	0%	322	0%	
DX: Idiopathic Pulmonary Fibrosis	<11	-	0	0%	0	0%	458	0%	
DX: Pulmonary Hypertension	<11	-	0	0%	<11	-	1,150	1%	
Metabolic Disease									
DX: Diabetes	60	45%	0	0%	16	23%	14,561	13%	
Liver Disease									
DX: Chronic Liver Disease	<20	-	0	0%	<11	-	2,443	2%	
Renal Disease									
DX: Chronic Kidney Disease	<20	-	0	0%	<11	-	7,078	6%	
Other Medical Conditions									
DX: Rheumatological and Inflammatory									
Disease	<11	-	0	0%	<11	-	4,089	4%	
DX: Hyperglycemia	<60	-	0	0%	<11	-	7,352	6%	
DX: Ketoacidosis	<11	-	0	0%	0	0%	467	0%	
DX: Psychosis (Baseline)	<11	-	0	0%	0	0%	984	1%	
DX: Neurological Disease	<20	-	0	0%	<11	-	4,011	4%	
Cancer									
DX: Hematological Malignancy	<11	-	0	0%	<11	-	1,101	1%	
DX: Solid Malignancy	<11	-	0	0%	<11	-	3,924	3%	
Immunocompromising Conditions and Treatn	nents								
DX/PX: Immunodeficiency	<20	-	0	0%	<11	-	7,663	7%	
PX/MEDICATION: Immunosuppressants	<11	-	0	0%	<11	-	2,847	2%	

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Table 1d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from January 1, 2021 to March 31, 2021

	of COVID-	vith evidence 19 and no desivir	Baricitinib with Remdesivir and no evidence of COVID-19		Remdesi	ib with no vir and no of COVID-19	Patients with evidence of COVID-19	
Patient Vitals ² :	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Body Mass Index (BMI)								
Age: < 2 Years								
Underweight	0	0%	0	0%	0	0%	0	0%
Normal Weight	0	0%	0	0%	0	0%	0	0%
Overweight/Obese	0	0%	0	0%	0	0%	0	0%
Severely Obese	0	0%	0	0%	0	0%	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	0	0%
Age: 2-17 Years								
Underweight	0	0%	0	0%	<11	-	254	1%
Normal Weight	0	0%	0	0%	<11	-	5,016	28%
Overweight	0	0%	0	0%	<11	-	1,552	9%
Obese	0	0%	0	0%	<11	-	1,413	8%
Severely Obese	0	0%	0	0%	0	0%	841	5%
BMI Other/Missing ^{3,4}	0	0%	0	0%	<11	_	9,025	50%
Age: 18-20 Years								
Underweight	0	0%	0	0%	0	0%	71	1%
Normal Weight	0	0%	<11	-	<11	-	1,120	27%
Overweight	<11	-	0	0%	<11	-	355	8%
Obese	0	0%	0	0%	<11	-	518	12%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	2,188	51%
Age: 21-34 Years							·	
Underweight	0	0%	0	0%	0	0%	170	1%
Normal Weight	0	0%	0	0%	<11	-	2,857	15%
Overweight	<11	-	0	0%	<20	-	2,805	15%
Obese	12	80%	0	0%	16	53%	4,688	24%
BMI Other/Missing ^{3,4}	<11	-	0	0%	0	0%	8,806	46%

Table 1d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from January 1, 2021 to March 31, 2021

	of COVII	with evidence O-19 and no ndesivir	Remdes	inib with ivir and no of COVID-19	Remdes	ib with no ivir and no of COVID-19		ith evidence VID-19
Age: 35-54 Years								
Underweight	0	0%	0	0%	0	0%	131	0%
Normal Weight	<11	-	0	0%	<11	-	2,985	10%
Overweight	<11	-	0	0%	<11	-	5,344	18%
Obese	<30	-	0	0%	<11	-	10,318	34%
BMI Other/Missing ^{3,4}	<11	-	0	0%	<11	-	11,545	38%
Age: 55-64 Years								
Underweight	0	0%	0	0%	0	0%	105	1%
Normal Weight	<11	-	0	0%	<11	-	1,876	11%
Overweight	<11	-	0	0%	0	0%	3,605	22%
Obese	<30	-	0	0%	<11	-	6,143	37%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	4,919	30%
Age: 65-74 Years								
Underweight	0	0%	0	0%	0	0%	168	1%
Normal Weight	<11	-	0	0%	0	0%	1,938	16%
Overweight	14	50%	0	0%	0	0%	3,025	24%
Obese	<11	-	0	0%	<11	-	4,408	35%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	2,958	24%
Age: 75-84 Years								
Underweight	0	0%	0	0%	<11	-	157	2%
Normal Weight	<11	-	0	0%	<11	-	1,581	21%
Overweight	<11	-	0	0%	<11	-	1,996	27%
Obese	<11	-	0	0%	0	0%	1,953	26%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	1,685	23%
Age: 85+ Years								
Underweight	0	0%	0	0%	0	0%	178	5%
Normal Weight	<11	-	0	0%	0	0%	1,090	31%

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Table 1d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from January 1, 2021 to March 31, 2021

	of COVID	of COVID-19 and no Remdesivir and no Rem		Remdesi	Baricitinib with no Remdesivir and no evidence of COVID-19		rith evidence OVID-19	
Overweight	<11	-	0	0%	<11	-	870	25%
Obese	0	0%	0	0%	0	0%	469	13%
BMI Other/Missing ^{3,4}	<11	-	0	0%	0	0%	914	26%
Smoking	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Current every day smoker	0	0%	0	0%	<11	-	2,912	3%
Current some day smoker	0	0%	0	0%	0	0%	784	1%
Former smoker	<11	-	0	0%	<20	-	11,539	10%
Never smoker	18	13%	<11	-	42	59%	36,542	32%
All other smoking values	<11	-	0	0%	<11	-	39,393	34%
Smoking missing ³	<110	-	0	0%	<11	-	23,339	20%

¹ All metrics are based on total number of patients meeting cohort criteria.

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² For populated vitals measures, the reported value represents the closest vital measure to the Health Event of Interest. For additional information regarding selection of the vital measure, please contact the PCORnet Query Fulfillment team.

³ Vital record missingness is limited to the time period around the Health Event of Interest in which vital measures are assessed and does not reflect the entire patient history.

⁴ Other/Missing categories represent a combination of all other potential values for the given category AND true missing values.



Table 2a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from April 1, 2020 to June 30, 2020

		Tocilizumab with Systemic Corticosteroids		Tocilizumab, no Systemic Corticosteroids		ab with Systemic oids and evidence of COVID-19	
Characteristic ¹		Number		Number	Number 120		
Number of Unique Patients		158		281			
Demographics	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	
Mean Age (Years)	55.5	13.6	58.8	14.8	58.1	13.1	
Age (Years)	Number	Percent	Number	Percent	Number	Percent	
0-17	<20	-	<11	-	<11	-	
18-34	13	8%	18	6%	<11	-	
35-54	38	24%	87	31%	<40	-	
55-64		28%	67	24%	<40	-	
65-74	29	18%	64	23%	<30	-	
75-84	16	10%	27	10%	<20	-	
≥85	<11	-	<20	-	<11	-	
Sex							
Female	61	39%	100	36%	45	38%	
Male	97	61%	181	64%	75	63%	
Other/Missing ⁴	0	0%	0	0%	0	0%	
Race							
Black or African American	34	22%	51	18%	<40	-	
White	90	57%	122	43%	59	49%	
Asian	<11	-	30	11%	<11	-	
Other (American Indian or Alaska Native, Native Hawaiian or Pacific Islander, Multiple Race, Other)	22	14%	39	14%	<30	-	
Missing (No Information, Refuse to Answer, Unknown, Not in CDM)	<11	- ···	36	13%	<11	-	

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Table 2a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from April 1, 2020 to June 30, 2020

	Tocilizumab with Systemic Corticosteroids		Tocilizumab, no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and evidence COVID-19	
Hispanic						
Yes	43	27%	65	23%	<50	-
No	113	72%	208	74%	<80	-
Other	0	0%	0	0%	0	0%
Missing (Unknown, Refuse to Answer, No						
Information, Not in CDM)	<11	-	<11	-	<11	-
Recorded Evidence of:	Number	Percent	Number	Percent	Number	Percent
-21/+1 Days From Index Event						
COVID-19 Diagnosis (DX) or COVID-19 Lab Test						
Performed	151	96%	271	96%	120	100%
-1/ 0 Days From Index Event						
Procedure (PX): O ₂ Administration	<11	-	<11	-	<11	-
PX: Mechanical Ventilation	44	28%	74	26%	<50	-
PX: ECMO	<11	-	<11	-	<11	-
PX: O ₂ Administration or Mechanical Ventilation or						
ECMO	47	30%	79	28%	<50	-
-7/ 0 Days From Index Event						
PX: O ₂ Administration	<11	-	13	5%	<11	-
PX: Mechanical Ventilation	69	44%	107	38%	<70	-
PX: ECMO	<11	-	12	4%	<11	-
PX: O ₂ Administration or Mechanical Ventilation or						
ECMO	72	46%	115	41%	<70	-
-10/ 0 Days From Index Event						
DX: Dyspnea	41	26%	116	41%	28	23%
DX: Pneumonia	113	72%	229	81%	113	94%
DX: ARDS	50	32%	101	36%	50	42%



Table 2a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from April 1, 2020 to June 30, 2020

	Tocilizumab with Systemic Corticosteroids			b, no Systemic osteroids	Tocilizumab with Systemic Corticosteroids and evidence of COVID-19		
DX: Acute Respiratory Failure	97	61%	228	81%	<100	-	
DX: Shock	49	31%	80	28%	<50	-	
DX: Loss of Taste or Smell	<11	-	<11	-	<11	-	
-/+ 7 Days From Index Event							
MEDICATION: Azithromycin	67	42%	125	44%	<70	-	
MEDICATION: Dexamethasone	69	44%	16	6%	49	41%	
MEDICATION: Baricitinib	0	0%	0	0%	0	0%	
MEDICATION: Remdesivir	19	12%	62	22%	19	16%	
MEDICATION: Inhaled Corticosteroid	<11	-	<11	-	<11	-	
MEDICATION: Oral Anticoagulants	17	11%	27	10%	<20	-	
MEDICATION: Non-Oral Anticoagulants	130	82%	256	91%	111	93%	
MEDICATION: Antiplatelets	45	28%	76	27%	<40	-	
MEDICATION: Convalescent Plasma	0	0%	<11	-	0	0%	
MEDICATION: Hydroxychloroquine	24	15%	90	32%	<30	-	
MEDICATION: Chloroquine	0	0%	0	0%	0	0%	
Underlying History of:	Number	Percent	Number	Percent	Number	Percent	
-183/0 Days From Index Event							
Cerebrovascular Disease							
DX: Hospitalized Stroke/Transient Ischemic Attack	<11	-	13	5%	<11	-	
DX: Other hospitalized cerebrovascular disease							
(CVD)	<11	-	11	4%	<11	-	
DX: Non-hospitalized stroke, TIA, or other CVD	<11	-	<11	-	<11	-	
Cardiovascular Disease							
DX: Atrial Fibrillation	33	21%	46	16%	<30	-	
DX/PX: Coronary Revascularization	18	11%	11	4%	<20	-	



Table 2a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from April 1, 2020 to June 30, 2020

	Tocilizumab with Systemic Corticosteroids		Tocilizumab, no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and evidence COVID-19	
DX/PX: Congestive Heart Failure	25	16%	38	14%	<20	-
DX: Hospitalized AMI	<11	-	12	4%	<11	-
DX: Hypertension	108	68%	174	62%	87	73%
Pulmonary Disease						
DX: Asthma	16	10%	29	10%	<20	-
DX: COPD	12	8%	16	6%	<20	-
DX: Interstitial Lung Disease	<11	-	16	6%	<11	-
DX: Hypersensitivity Pneumonitis	0	0%	0	0%	0	0%
DX: Bronchiectasis	<11	-	<11	-	<11	-
DX: Idiopathic Pulmonary Fibrosis	<11	-	<11	-	<11	-
DX: Pulmonary Hypertension	<11	-	11	4%	<11	-
Metabolic Disease						
DX: Diabetes	68	43%	112	40%	<70	-
Liver Disease						
DX: Chronic Liver Disease	15	9%	24	9%	<11	-
Renal Disease	_					
DX: Chronic Kidney Disease	45	28%	60	21%	<40	-
Other Medical Conditions	_					
DX: Rheumatological and Inflammatory Disease						
	37	23%	27	10%	18	15%
DX: Hyperglycemia	65	41%	86	31%	<60	-
DX: Ketoacidosis	<11	-	<11	-	<11	-
DX: Psychosis (Baseline)	<11	-	11	4%	<11	-
DX: Neurological Disease	20	13%	24	9%	<20	-
Cancer						
DX: Hematological Malignancy	22	14%	20	7%	0	0%
DX: Solid Malignancy	<11	-	<11	-	<11	-

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Table 2a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from April 1, 2020 to June 30, 2020

		Tocilizumab with Systemic Corticosteroids		Tocilizumab, no Systemic Corticosteroids		with Systemic and evidence of ID-19
Immunocompromising Conditions and Treatme	nts					
DX/PX: Immunodeficiency	78	49%	75	27%	44	37%
PX/MEDICATION: Immunosuppressants	156	99%	280	100%	118	98%
Patient Vitals ² :	Number	Percent	Number	Percent	Number	Percent
Body Mass Index (BMI)						
Age: < 2 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	0	0%	0	0%	0	0%
Overweight/Obese	0	0%	0	0%	0	0%
Severely Obese	0	0%	0	0%	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Age: 2-17 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	<11	-	0	0%	<11	-
Overweight	0	0%	<11	-	0	0%
Obese	<11	-	<11	-	0	0%
Severely Obese	<11	-	<11	-	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Age: 18-20 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	<11	-	<11	-	0	0%
Overweight	<11	-	0	0%	0	0%
Obese	<11	-	0	0%	<11	-
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%

Age: 21-34 Years



Table 2a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from April 1, 2020 to June 30, 2020

		Tocilizumab with Systemic Corticosteroids		ab, no Systemic costeroids	Tocilizumab with Systemic Corticosteroids and evidence of COVID-19		
Underweight	0	0%	<11	-	0	0%	
Normal Weight	<11	-	<11	-	<11	-	
Overweight	<11	-	<11	-	<11	-	
Obese	<11	-	<11	-	<11	-	
BMI Other/Missing ^{3,4}	<11	-	<11	-	<11	-	
Age: 35-54 Years							
Underweight	<11	-	0	0%	<11	-	
Normal Weight	<11	-	<11	-	<11	-	
Overweight	<11	-	19	22%	<11	-	
Obese	22	58%	47	54%	<20	-	
BMI Other/Missing ^{3,4}	0	0%	<20	-	0	0%	
Age: 55-64 Years							
Underweight	0	0%	<11	-	0	0%	
Normal Weight	<11	-	<11	-	<11	-	
Overweight	13	29%	22	33%	<11	-	
Obese	24	53%	22	33%	<30	-	
BMI Other/Missing ^{3,4}	<11	-	11	16%	<11	-	
Age: 65-74 Years							
Underweight	0	0%	0	0%	0	0%	
Normal Weight	<11	-	<11	-	<11	-	
Overweight	13	45%	<20	-	<11	-	
Obese	11	38%	22	34%	<11	-	
BMI Other/Missing ^{3,4}	<11	-	18	28%	<11	-	
Age: 75-84 Years							
Underweight	0	0%	0	0%	0	0%	
Normal Weight	<11	-	<11	-	<11	-	
Overweight	<11	-	<11	-	<11	-	

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Table 2a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from April 1, 2020 to June 30, 2020

		Tocilizumab with Systemic Corticosteroids		b, no Systemic costeroids	Tocilizumab with Systemic Corticosteroids and evidence of COVID-19		
Obese	<11	-	<11	-	<11	-	
BMI Other/Missing ^{3,4}	<11	-	<11	-	0	0%	
Age: 85+ Years							
Underweight	0	0%	<11	-	0	0%	
Normal Weight	<11	-	<11	-	<11	-	
Overweight	<11	-	<11	-	0	0%	
Obese	<11	-	<11	-	<11	-	
BMI Other/Missing ^{3,4}	0	0%	<11	-	0	0%	
Smoking	Number	Percent	Number	Percent	Number	Percent	
Current every day smoker	<11	-	<11	-	<11	-	
Current some day smoker	0	0%	<11	-	0	0%	
Former smoker	26	16%	51	18%	<20	-	
Never smoker	64	41%	88	31%	44	37%	
All other smoking values	53	34%	62	22%	<50	-	
Smoking missing ³	<20	-	75	27%	<11	-	

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Table 2a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from April 1, 2020 to June 30, 2020

Tocilizumab with evidence Tocilizumab with Systemic

	of COVID-19 and no Systemic Corticosteroids Number 255			Corticosteroids and no evidence of COVID-19		and no evidence of COVID-		Patients with evidence of COVID-19	
Characteristic ¹			Number 38		N	umber	Nu	mber	
Number of Unique Patients					26		58,724		
Demographics	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	
Mean Age (Years)	59.0	14.8	47.3	12.6	56.5	11.9	44.4	19.1	
Age (Years)	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
0-17	<11	-	<11	-	0	0%	4,321	7%	
18-34	<20	-	<11	-	<11	-	16,688	28%	
35-54	<90	-	<11	-	<11	-	18,736	32%	
55-64		-	<11	-	<11	-	8,497	14%	
65-74	<60	-	<11	-	<11	-	5,507	9%	
75-84	<30	-	<11	-	<11	-	3,160	5%	
≥85	<20	-	<11	-	<11	-	1,815	3%	
Sex									
Female	<90	-	16	42%	<20	-	30,658	52%	
Male	<180	-	22	58%	<11	-	28,041	48%	
Other/Missing ⁴	0	0%	0	0%	0	0%	25	0%	
Race									
Black or African American	<50	-	<11	-	<11	-	14,114	24%	
White	100	39%	31	82%	22	85%	25,962	44%	
Asian	30	12%	<11	-	0	0%	2,496	4%	
Other (American Indian or Alaska Native, Native Hawaiian or Pacific Islander, Multiple									
Race, Other) Missing (No Information, Refuse to Answer,	<40	-	<11	-	<11	-	8,537	14%	
Unknown, Not in CDM)	36	15%	<11	-	0	0%	4,194	7%	

Tocilizumab with no

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Table 2a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from April 1, 2020 to June 30, 2020

	of COVII	Tocilizumab with evidence of COVID-19 and no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and no evidence of COVID-19		Tocilizumab with no Systemic Corticosteroids and no evidence of COVID- 19		Patients with evidence of COVID-19	
Hispanic									
Yes	<70	-	<11	-	<11	-	19,478	33%	
No	<190	-	<40	-	<30	-	34,808	59%	
Other	0	0%	0	0%	0	0%	74	0%	
Missing (Unknown, Refuse to Answer, No									
Information, Not in CDM)	<11	-	0	0%	0	0%	4,364	7%	
Recorded Evidence of:	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
-21/+1 Days From Index Event									
COVID-19 DX or COVID-19 Lab Test									
Performed	255	100%	31	82%	16	62%	58,724	100%	
-1/ 0 Days From Index Event									
PX: O ₂ Administration	<11	-	0	0%	0	0%	442	1%	
PX: Mechanical Ventilation	<80	-	<11	-	<11	-	1,308	2%	
PX: ECMO	<11	-	0	0%	0	0%	55	0%	
PX: O ₂ Administration or Mechanical									
Ventilation or ECMO	<80	-	<11	-	<11	-	1,677	3%	
-7/ 0 Days From Index Event									
PX: O ₂ Administration	13	5%	0	0%	0	0%	454	1%	
PX: Mechanical Ventilation	<110	-	<11	-	<11	_	1,365	2%	
PX: ECMO	12	5%	0	0%	0	0%	63	0%	
PX: O ₂ Administration or Mechanical									
Ventilation or ECMO	<120	-	<11	-	<11	-	1,746	3%	
-10/ 0 Days From Index Event							•		
DX: Dyspnea	<120	-	13	34%	<11	-	7,243	12%	
DX: Pneumonia	229	90%	0	0%	0	0%	8,687	15%	
DX: ARDS	<110	-	0	0%	<11	-	1,456	2%	

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Table 2a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from April 1, 2020 to June 30, 2020

	of COVII	with evidence D-19 and no Corticosteroids	Corticoste	with Systemic croids and no of COVID-19	Systemic C and no evid	nab with no orticosteroids ence of COVID- 19	Patients wi	ith evidence VID-19
DX: Acute Respiratory Failure	<230	-	<11	-	<11	-	6,291	11%
DX: Shock	80	31%	<11	-	0	0%	1,346	2%
DX: Loss of Taste or Smell	<11	-	0	0%	0	0%	299	1%
-/+ 7 Days From Index Event								
MEDICATION: Azithromycin	<120	-	<11	-	<11	-	7,852	13%
MEDICATION: Dexamethasone	<20	-	20	53%	<11	-	1,173	2%
MEDICATION: Baricitinib	0	0%	0	0%	0	0%	34	0%
MEDICATION: Remdesivir	62	24%	0	0%	0	0%	1,094	2%
MEDICATION: Inhaled Corticosteroid	<11	-	0	0%	0	0%	637	1%
MEDICATION: Oral Anticoagulants	<30	-	<11	-	<11	-	1,987	3%
MEDICATION: Non-Oral Anticoagulants	244	96%	19	50%	12	46%	12,857	22%
MEDICATION: Antiplatelets	<80	-	<11	-	<11	-	4,880	8%
MEDICATION: Convalescent Plasma	<11	-	0	0%	0	0%	<11	-
MEDICATION: Hydroxychloroquine	<90	-	<11	-	<11	-	4,378	7%
MEDICATION: Chloroquine	0	0%	0	0%	0	0%	<11	-
nderlying History of:	Number	Percent	Number	Percent	Number	Percent	Number	Percent
-183/0 Days From Index Event								
Cerebrovascular Disease								
DX: Hospitalized Stroke/Transient Ischemi	С							
Attack	11	4%	<11	-	<11	-	606	1%
DX: Other hospitalized cerebrovascular								
disease (CVD)	<11	-	<11	-	<11	-	655	1%
DX: Non-hospitalized stroke, TIA, or other								
CVD	<11	<u>-</u>	<11		<11	<u>-</u>	885	2%
Cardiovascular Disease								
DX: Atrial Fibrillation	<50	-	<11	-	<11	-	2,455	4%
DX/PX: Coronary Revascularization	11	4%	<11		0	0%	1,140	2%

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Table 2a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from April 1, 2020 to June 30, 2020

	of COVID	with evidence 0-19 and no orticosteroids	Corticoste	with Systemic eroids and no of COVID-19	Systemic C	mab with no Corticosteroids lence of COVID- 19		th evidence VID-19
DX/PX: Congestive Heart Failure	<40	-	<11	-	<11	-	2,612	4%
DX: Hospitalized AMI	<20	-	0	0%	<11	-	1,139	2%
DX: Hypertension	163	64%	21	55%	11	42%	12,547	21%
Pulmonary Disease								
DX: Asthma	<30	-	<11	-	<11	-	2,935	5%
DX: COPD	<20	-	<11	-	<11	-	1,598	3%
DX: Interstitial Lung Disease	<20	-	<11	-	<11	-	375	1%
DX: Hypersensitivity Pneumonitis	0	0%	0	0%	0	0%	25	0%
DX: Bronchiectasis	<11	-	<11	-	0	0%	158	0%
DX: Idiopathic Pulmonary Fibrosis	<11	-	<11	-	0	0%	211	0%
DX: Pulmonary Hypertension	11	4%	0	0%	0	0%	634	1%
Metabolic Disease								
DX: Diabetes	<110	-	<11	-	<11	-	7,997	14%
Liver Disease								
DX: Chronic Liver Disease	<30	-	<11	-	<11	-	1,082	2%
Renal Disease								
DX: Chronic Kidney Disease	<60	-	<11	-	<11	-	3,539	6%
Other Medical Conditions								
DX: Rheumatological and Inflammatory								
Disease	<20	-	19	50%	<11	-	1,933	3%
DX: Hyperglycemia	<90	-	<11	-	<11	-	3,537	6%
DX: Ketoacidosis	<11	-	0	0%	0	0%	273	0%
DX: Psychosis (Baseline)	<11	-	<11	-	<11	-	721	1%
DX: Neurological Disease	<30	-	<11	-	<11	-	2,374	4%
Cancer								
DX: Hematological Malignancy	<11	-	22	58%	<20	-	478	1%
DX: Solid Malignancy	<11	-	<11	-	<11	-	1,634	3%

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Table 2a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from April 1, 2020 to June 30, 2020

	of COVII	with evidence O-19 and no orticosteroids	Corticoste	with Systemic eroids and no of COVID-19	Systemic C	nab with no orticosteroids ence of COVID- 19	Patients with evidence of COVID-19	
Immunocompromising Conditions and Trea	tments							
DX/PX: Immunodeficiency	56	22%	34	89%	19	73%	4,008	7%
PX/MEDICATION: Immunosuppressants	254	100%	38	100%	26	100%	1,377	2%
Patient Vitals ² :	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Body Mass Index (BMI)								
Age: < 2 Years							_	
Underweight	0	0%	0	0%	0	0%	0	0%
Normal Weight	0	0%	0	0%	0	0%	0	0%
Overweight/Obese	0	0%	0	0%	0	0%	0	0%
Severely Obese	0	0%	0	0%	0	0%	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	0	0%
Age: 2-17 Years								
Underweight	0	0%	0	0%	0	0%	60	2%
Normal Weight	0	0%	<11	-	0	0%	939	26%
Overweight	<11	-	0	0%	0	0%	378	11%
Obese	<11	-	<11	-	0	0%	376	11%
Severely Obese	<11	-	<11	-	0	0%	225	6%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	1,582	44%
Age: 18-20 Years								
Underweight	0	0%	0	0%	0	0%	40	2%
Normal Weight	0	0%	<11	-	<11	-	535	26%
Overweight	0	0%	<11	-	0	0%	232	11%
Obese	0	0%	0	0%	0	0%	302	14%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	0	0%
Age: 21-34 Years								
Underweight	0	0%	0	0%	<11	-	112	1%
Normal Weight	0	0%	0	0%	<11	-	2,149	15%

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Table 2a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from April 1, 2020 to June 30, 2020

	of COVID	with evidence 0-19 and no orticosteroids	Corticoste	with Systemic eroids and no of COVID-19	Systemic C	nab with no corticosteroids ence of COVID- 19		
Overweight	<11	-	0	0%	0	0%	2,194	15%
Obese	<11	-	<11	-	0	0%	3,291	22%
BMI Other/Missing ^{3,4}	<11	-	0	0%	0	0%	6,885	47%
Age: 35-54 Years								
Underweight	0	0%	0	0%	0	0%	65	0%
Normal Weight	<11	-	<11	-	<11	-	1,613	9%
Overweight	<20	-	<11	-	<11	-	3,355	18%
Obese	<50	-	<11	-	<11	-	6,149	33%
BMI Other/Missing ^{3,4}	<20	-	0	0%	0	0%	7,554	40%
Age: 55-64 Years								
Underweight	<11	-	0	0%	0	0%	70	1%
Normal Weight	<11	-	<11	-	0	0%	983	12%
Overweight	<20	-	<11	-	<11	-	1,765	21%
Obese	<30	-	<11	-	<11	-	2,904	34%
BMI Other/Missing ^{3,4}	11	18%	0	0%	0	0%	2,775	33%
Age: 65-74 Years								
Underweight	0	0%	0	0%	0	0%	87	2%
Normal Weight	<11	-	0	0%	<11	-	918	17%
Overweight	<20	-	<11	-	<11	-	1,293	23%
Obese	<30	-	<11	-	<11	-	1,609	29%
BMI Other/Missing ^{3,4}	18	32%	0	0%	0	0%	1,600	29%
Age: 75-84 Years								
Underweight	0	0%	0	0%	0	0%	79	3%
Normal Weight	<11	-	<11	-	<11	-	702	22%
Overweight	<11	-	0	0%	<11	-	758	24%
Obese	<11	-	0	0%	0	0%	686	22%

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Table 2a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from April 1, 2020 to June 30, 2020

	of COVID	Tocilizumab with evidence T of COVID-19 and no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and no evidence of COVID-19		Tocilizumab with no Systemic Corticosteroids and no evidence of COVID-			
BMI Other/Missing ^{3,4}	<11	-	<11	-	0	0%	935	30%	
Age: 85+ Years									
Underweight	<11	-	0	0%	0	0%	94	5%	
Normal Weight	<11	-	0	0%	0	0%	520	29%	
Overweight	<11	-	<11	-	<11	-	343	19%	
Obese	<11	-	0	0%	0	0%	205	11%	
BMI Other/Missing ^{3,4}	<11	-	0	0%	0	0%	653	36%	
Smoking	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
Current every day smoker	<11	-	0	0%	0	0%	1,629	3%	
Current some day smoker	<11	-	0	0%	0	0%	482	1%	
Former smoker	<50	-	<11	-	<11	-	4,782	8%	
Never smoker	<90	-	20	53%	<11	-	18,468	31%	
All other smoking values	<60	-	<11	-	<11	-	12,780	22%	
Smoking missing ³	<80	-	<11	-	<11	-	20,583	35%	

¹ All metrics are based on total number of patients meeting cohort criteria.

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² For populated vitals measures, the reported value represents the closest vital measure to the Health Event of Interest. For additional information regarding selection of the vital measure, please contact the PCORnet Query Fulfillment team.

³ Vital record missingness is limited to the time period around the Health Event of Interest in which vital measures are assessed and does not reflect the entire patient history.

⁴ Other/Missing categories represent a combination of all other potential values for the given category AND true missing values.



Table 2b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from July 1, 2020 to September 30, 2020

		with Systemic osteroids	Tocilizumab, no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and evidence of COVID-19		
Characteristic ¹	Nu	ımber	N	Number		ımber	
Number of Unique Patients		192		90	144		
Demographics	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	
Mean Age (Years)	59.3	15.3	60.5	12.3	60.0	14.4	
Age (Years)	Number	Percent	Number	Percent	Number	Percent	
0-17	<11	-	<11	-	<11	-	
18-34	<11	-	<11	-	<11	-	
35-54	47	24%	16	18%	<40	-	
55-64		24%	25	28%	<40	-	
65-74	39	20%	33	37%	<40	-	
75-84	33	17%	<11	-	22	15%	
≥85	<11	-	<11	-	<11	-	
Sex							
Female	59	31%	37	41%	44	31%	
Male	133	69%	53	59%	100	69%	
Other/Missing ⁴	0	0%	0	0%	0	0%	
Race							
Black or African American	34	18%	<11	-	<40	-	
White	122	64%	71	79%	78	54%	
Asian	11	6%	<11	-	11	8%	
Other (American Indian or Alaska Native, Native Hawaiian or Pacific Islander, Multiple Race, Other)	18	10%	<11	-	18	12%	
Missing (No Information, Refuse to Answer, Unknown, Not in CDM)	<11	-	<11	-	<11	-	

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Table 2b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from July 1, 2020 to September 30, 2020

		with Systemic osteroids		o, no Systemic osteroids	Corticosteroids	with Systemic and evidence of ID-19
Hispanic						
Yes	41	21%	31	34%	41	28%
No	147	77%	55	61%	100	69%
Other	0	0%	0	0%	0	0%
Missing (Unknown, Refuse to Answer, No						
Information, Not in CDM)	<11	-	<11	-	<11	-
Recorded Evidence of:	Number	Percent	Number	Percent	Number	Percent
-21/+1 Days From Index Event						
COVID-19 Diagnosis (DX) or COVID-19 Lab Test						
Performed	188	98%	86	96%	144	100%
-1/ 0 Days From Index Event						
Procecure (PX): O ₂ Administration	11	6%	0	0%	<11	-
PX: Mechanical Ventilation	40	21%	17	19%	<40	-
PX: ECMO	<11	-	<11	-	<11	-
PX: O ₂ Administration or Mechanical Ventilation or						
ECMO	49	26%	18	20%	<50	-
-7/ 0 Days From Index Event						
PX: O ₂ Administration	13	7%	0	0%	<20	-
PX: Mechanical Ventilation	63	33%	24	27%	<60	-
PX: ECMO	<11	-	<11	-	<11	-
PX: O ₂ Administration or Mechanical Ventilation or						
ECMO	72	38%	24	27%	<70	-
-10/ 0 Days From Index Event						
DX: Dyspnea	49	26%	11	12%	<50	-
DX: Pneumonia	139	72%	52	58%	139	97%
DX: ARDS	27	14%	12	13%	27	19%

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Table 2b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from July 1, 2020 to September 30, 2020

	Tocilizumab with Systemic Corticosteroids		Tocilizumab, no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and evidence of COVID-19	
DX: Acute Respiratory Failure	137	71%	49	54%	<130	-
DX: Shock	47	24%	14	16%	<40	-
DX: Loss of Taste or Smell	<11	-	<11	-	<11	-
-/+ 7 Days From Index Event						
MEDICATION: Azithromycin	97	51%	36	40%	<100	-
MEDICATION: Dexamethasone	153	80%	23	26%	125	87%
MEDICATION: Baricitinib	<11	-	0	0%	<11	-
MEDICATION: Remdesivir	62	32%	38	42%	62	43%
MEDICATION: Inhaled Corticosteroid	<11	-	<11	-	<11	-
MEDICATION: Oral Anticoagulants	35	18%	13	14%	<30	-
MEDICATION: Non-Oral Anticoagulants	150	78%	67	74%	135	94%
MEDICATION: Antiplatelets	57	30%	22	24%	<50	-
MEDICATION: Convalescent Plasma	37	19%	21	23%	37	26%
MEDICATION: Hydroxychloroquine	<11	-	0	0%	<11	-
MEDICATION: Chloroquine	0	0%	0	0%	0	0%
Underlying History of:	Number	Percent	Number	Percent	Number	Percent
-183/0 Days From Index Event						
Cerebrovascular Disease						
DX: Hospitalized Stroke/Transient Ischemic Attack	<11	-	<11	-	<11	-
DX: Other hospitalized cerebrovascular disease						
(CVD)	<11	-	0	0%	<11	-
DX: Non-hospitalized stroke, TIA, or other CVD	<11	-	<11		<11	
Cardiovascular Disease						
DX: Atrial Fibrillation	40	21%	<11	-	27	19%
DX/PX: Coronary Revascularization	24	13%	<11	-	<20	-

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Table 2b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from July 1, 2020 to September 30, 2020

	Tocilizumab with Systemic Corticosteroids		Tocilizumab, no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and evidence COVID-19	
DX/PX: Congestive Heart Failure	38	20%	<11	-	25	17%
DX: Hospitalized AMI	11	6%	<11	-	<11	-
DX: Hypertension	130	68%	53	59%	102	71%
Pulmonary Disease						
DX: Asthma	22	11%	11	12%	<20	-
DX: COPD	24	13%	<11	-	<30	-
DX: Interstitial Lung Disease	12	6%	<11	-	<11	-
DX: Hypersensitivity Pneumonitis	0	0%	0	0%	0	0%
DX: Bronchiectasis	<11	-	0	0%	<11	-
DX: Idiopathic Pulmonary Fibrosis	<11	-	<11	-	<11	-
DX: Pulmonary Hypertension	12	6%	0	0%	<11	-
Metabolic Disease						
DX: Diabetes	97	51%	39	43%	85	59%
Liver Disease						
DX: Chronic Liver Disease	21	11%	<11	-	<20	-
Renal Disease						
DX: Chronic Kidney Disease	48	25%	15	17%	36	25%
Other Medical Conditions	_					
DX: Rheumatological and Inflammatory Disease	42	22%	16	18%	20	14%
DX: Hyperglycemia	81	42%	36	40%	70	49%
DX: Ketoacidosis	<11	-	<11	-	<11	-
DX: Psychosis (Baseline)	<11	-	<11	-	<11	-
DX: Neurological Disease	16	8%	<11	-	<11	-
Cancer						
DX: Hematological Malignancy	29	15%	21	23%	<11	-
DX: Solid Malignancy	12	6%	<11	-	<11	-

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Table 2b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from July 1, 2020 to September 30, 2020

		Tocilizumab with Systemic Tocilizumab, no Corticosteroids Corticoste		•	Tocilizumab with Systemi Corticosteroids and evidenc COVID-19	
Immunocompromising Conditions and Treatme	nts					
DX/PX: Immunodeficiency	92	48%	34	38%	49	34%
PX/MEDICATION: Immunosuppressants	172	90%	55	61%	124	86%
Patient Vitals ² :	Number	Percent	Number	Percent	Number	Percent
Body Mass Index (BMI)						
Age: < 2 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	0	0%	0	0%	0	0%
Overweight/Obese	0	0%	0	0%	0	0%
Severely Obese	0	0%	0	0%	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Age: 2-17 Years						
Underweight	<11	-	0	0%	0	0%
Normal Weight	<11	-	0	0%	<11	-
Overweight	0	0%	0	0%	0	0%
Obese	<11	-	0	0%	0	0%
Severely Obese	<11	-	<11	-	<11	-
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Age: 18-20 Years						
Underweight	<11	-	0	0%	0	0%
Normal Weight	<11	-	0	0%	<11	-
Overweight	0	0%	0	0%	0	0%
Obese	0	0%	0	0%	0	0%
BMI Other/Missing ^{3,4}	0	0%	<11	-	0	0%
Age: 21-34 Years						
Underweight	<11	-	<11	-	0	0%
Normal Weight	0	0%	<11	-	0	0%

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Table 2b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from July 1, 2020 to September 30, 2020

		Tocilizumab with Systemic Corticosteroids		b, no Systemic osteroids	Tocilizumab with Systemic Corticosteroids and evidence of COVID-19	
Overweight	0	0%	<11	-	0	0%
Obese	<11	-	0	0%	<11	-
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Age: 35-54 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	<11	-	<11	-	<11	-
Overweight	<11	-	<11	-	<11	-
Obese	33	70%	<11	-	<30	-
BMI Other/Missing ^{3,4}	<11	-	0	0%	<11	-
Age: 55-64 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	<11	-	<11	-	<11	-
Overweight	<20	-	<11	-	<20	-
Obese	22	47%	15	60%	<20	-
BMI Other/Missing ^{3,4}	0	0%	<11	-	0	0%
Age: 65-74 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	<11	-	<11	-	<11	-
Overweight	16	41%	17	52%	<11	-
Obese	16	41%	<11	-	<20	-
BMI Other/Missing ^{3,4}	<11	-	<11	-	<11	-
Age: 75-84 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	<11	-	<11	-	<11	-
Overweight	11	33%	<11	-	<11	-
Obese	<11	-	<11	-	<11	-

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Table 2b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from July 1, 2020 to September 30, 2020

		Tocilizumab with Systemic Corticosteroids		o, no Systemic osteroids	Tocilizumab with Systemic Corticosteroids and evidence o COVID-19	
BMI Other/Missing ^{3,4}	<11	-	0	0%	<11	-
Age: 85+ Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	<11	-	<11	-	<11	-
Overweight	<11	-	<11	-	<11	-
Obese	<11	-	<11	-	<11	-
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Smoking	Number	Percent	Number	Percent	Number	Percent
Current every day smoker	<11	-	<11	-	<11	-
Current some day smoker	0	0%	0	0%	0	0%
Former smoker	50	26%	13	14%	33	23%
Never smoker	71	37%	33	37%	49	34%
All other smoking values	56	29%	39	43%	<60	-
Smoking missing ³	<20	-	<11	-	<11	-

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Table 2b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from July 1, 2020 to September 30, 2020

	Tocilizumab with evidence of COVID-19 and no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and no evidence of COVID-19 Number		Tocilizumab with no Systemic Corticosteroids and no evidence of COVID-19 Number		Patients with evidence of COVID-19 Number	
Characteristic ¹								
Number of Unique Patients		57		49		33	80,371	
Demographics	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Mean Age (Years)	63.0	12.0	56.2	14.7	56.2	12.6	39.8	19.6
Age (Years)	Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-17	<11	-	<11	-	<11	-	9,149	11%
18-34	<11	-	<11	-	<11	-	27,611	34%
35-54	<20	-	<11	-	<11	-	22,535	28%
55-64		-	<11	-	11	33%	9,882	12%
65-74	<30	-	<11	-	<11	-	6,317	8%
75-84	<11	-	11	22%	<11	-	3,395	4%
≥85	<11	-	<11	-	<11	-	1,482	2%
Sex								
Female	20	35%	16	33%	17	52%	43,724	54%
Male	37	65%	33	67%	16	48%	36,605	46%
Other/Missing ⁴	0	0%	0	0%	0	0%	42	0%
Race								
Black or African American	<11	-	<11	-	<11	-	14,571	18%
White	41	72%	45	92%	30	91%	48,665	61%
Asian	<11	-	0	0%	0	0%	1,937	2%
Other (American Indian or Alaska Native, Native Hawaiian or Pacific Islander, Multiple Race,								
Other) Missing (No Information, Refuse to Answer,	<11	-	0	0	<11	-	6,682	8%
Unknown, Not in CDM)	<11	-	<11	-	<11	-	8,516	11%

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Table 2b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from July 1, 2020 to September 30, 2020

	evidence and no	imab with of COVID-19 Systemic osteroids	Systemic Co and no e	mab with orticosteroids evidence of /ID-19	Tocilizumab with no Systemic Corticosteroids and no evidence of COVID-19		Patients with evidence of COVID-19	
Hispanic								
Yes	<40	-	0	0%	<11	-	19,679	24%
No	24	42%	48	98%	31	94%	54,227	67%
Other	0	0%	0	0%	0	0%	153	0%
Missing (Unknown, Refuse to Answer, No								
Information, Not in CDM)	<11	-	<11	-	<11	-	6,312	8%
Recorded Evidence of:	Number	Percent	Number	Percent	Number	Percent	Number	Percent
-21/+1 Days From Index Event								
COVID-19 DX or COVID-19 Lab Test Performed	57	100%	45	92%	29	88%	80,371	100%
-1/ 0 Days From Index Event								
PX: O ₂ Administration	0	0%	<11	-	0	0%	446	1%
PX: Mechanical Ventilation	<20	-	<11	-	<11	-	976	1%
PX: ECMO	<11	-	0	0%	0	0%	56	0%
PX: O ₂ Administration or Mechanical								
Ventilation or ECMO	<20	-	<11	-	<11	-	1,369	2%
-7/ 0 Days From Index Event								
PX: O ₂ Administration	0	0%	<11	-	0	0%	454	1%
PX: Mechanical Ventilation	<30	-	<11	-	<11	-	998	1%
PX: ECMO	<11	-	0	0%	0	0%	57	0%
PX: O ₂ Administration or Mechanical								
Ventilation or ECMO	<30	_	<11	<u>-</u>	<11	<u>-</u>	1,398	2%
-10/ 0 Days From Index Event								
DX: Dyspnea	<11	-	<11	-	<11	-	5,441	7%
DX: Pneumonia	52	91%	0	0%	0	0%	7,208	9%
DX: ARDS	12	21%	0	0%	0	0%	604	1%

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Table 2b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from July 1, 2020 to September 30, 2020

	evidence and no	mab with of COVID-19 Systemic osteroids	Systemic Co and no e	mab with orticosteroids evidence of /ID-19	Tocilizumab with no Systemic Corticosteroids and no evidence of COVID-19		Patients with evidence of COVID-19	
DX: Acute Respiratory Failure	<50	-	<11	-	<11	-	4,982	6%
DX: Shock	<20	-	<11	-	<11	-	987	1%
DX: Loss of Taste or Smell	<11	-	0	0%	0	0%	625	1%
-/+ 7 Days From Index Event								
MEDICATION: Azithromycin	<40	-	<11	-	<11	-	6,247	8%
MEDICATION: Dexamethasone	<20	-	28	57%	<11	-	6,336	8%
MEDICATION: Baricitinib	0	0%	0	0%	0	0%	11	0%
MEDICATION: Remdesivir	38	67%	0	0%	0	0%	2,789	3%
MEDICATION: Inhaled Corticosteroid	0	0%	<11	-	<11	-	779	1%
MEDICATION: Oral Anticoagulants	<11	-	<11	-	<11	-	2,321	3%
MEDICATION: Non-Oral Anticoagulants	52	91%	15	31%	15	45%	10,984	14%
MEDICATION: Antiplatelets	<20	-	<11	-	<11	-	4,517	6%
MEDICATION: Convalescent Plasma	21	37%	0	0%	0	0%	764	1%
MEDICATION: Hydroxychloroquine	0	0%	<11	-	0	0%	209	0%
MEDICATION: Chloroquine	0	0%	0	0%	0	0%	<11	-
Underlying History of:	Number	Percent	Number	Percent	Number	Percent	Number	Percent
-183/0 Days From Index Event								
Cerebrovascular Disease								
DX: Hospitalized Stroke/Transient Ischemic								
Attack	<11	-	<11	-	<11	-	541	1%
DX: Other hospitalized cerebrovascular								
disease (CVD)	0	0%	<11	-	0	0%	687	1%
DX: Non-hospitalized stroke, TIA, or other								
CVD	0	0%	<11	-	<11	-	643	1%
Cardiovascular Disease								
DX: Atrial Fibrillation	<11	-	13	27%	<11	-	2,339	3%
DX/PX: Coronary Revascularization	<11	-	<11	-	<11	-	1,293	2%

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Table 2b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from July 1, 2020 to September 30, 2020 Tocilizumab with Tocilizumab								
	evidence and no	umab with of COVID-19 Systemic osteroids	Systemic C and no	umab with forticosteroids evidence of VID-19	Sy: Corticosto	nab with no stemic eroids and no of COVID-19		h evidence of ID-19
DX/PX: Congestive Heart Failure	<11	-	13	27%	<11	-	2,745	3%
DX: Hospitalized AMI	<11	-	<11	-	0	0%	676	1%
DX: Hypertension	39	68%	29	59%	14	42%	14,284	18%
Pulmonary Disease								
DX: Asthma	<11	-	<11	-	<11	-	3,443	4%
DX: COPD	<11	-	<11	-	<11	-	1,806	2%
DX: Interstitial Lung Disease	<11	-	<11	-	<11	-	404	1%
DX: Hypersensitivity Pneumonitis	0	0%	0	0%	0	0%	27	0%
DX: Bronchiectasis	0	0%	<11	-	0	0%	164	0%
DX: Idiopathic Pulmonary Fibrosis	<11	-	<11	-	<11	-	218	0%
DX: Pulmonary Hypertension	0	0%	<11	-	0	0%	604	1%
Metabolic Disease								
DX: Diabetes	<40	-	13	27%	<11	-	8,817	11%
Liver Disease								
DX: Chronic Liver Disease	<11	-	<11	-	<11	-	1,234	2%
Renal Disease								
DX: Chronic Kidney Disease	<20	-	12	24%	<11	-	3,785	5%
Other Medical Conditions								
DX: Rheumatological and Inflammatory								
Disease	<11	-	23	47%	<20	-	2,369	3%
DX: Hyperglycemia	31	54%	11	22%	<11	-	4,061	5%
DX: Ketoacidosis	<11	-	<11	-	0	0%	267	0%
DX: Psychosis (Baseline)	<11	-	<11	-	<11	-	623	1%
DX: Neurological Disease	<11	_	<11	-	<11	-	2,321	3%
Cancer								
DX: Hematological Malignancy	<11	-	<30	-	<20	-	482	1%
DX: Solid Malignancy	0	0%	<11	-	<11	-	2,009	2%

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	evidence and no	imab with of COVID-19 Systemic osteroids	Systemic Co and no e	umab with orticosteroids evidence of VID-19	Sys Corticoste	nab with no stemic eroids and no of COVID-19		th evidence of /ID-19
Immunocompromising Conditions and Treatr	nents							
DX/PX: Immunodeficiency	<11	-	44	90%	<30	-	4,121	5%
PX/MEDICATION: Immunosuppressants	22	39%	49	100%	33	100%	1,633	2%
Patient Vitals ² :	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Body Mass Index (BMI)								
Age: < 2 Years								
Underweight	0	0%	0	0%	0	0%	0	0%
Normal Weight	0	0%	0	0%	0	0%	0	0%
Overweight/Obese	0	0%	0	0%	0	0%	0	0%
Severely Obese	0	0%	0	0%	0	0%	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	0	0%
Age: 2-17 Years								
Underweight	0	0%	<11	-	0	0%	116	1%
Normal Weight	0	0%	0	0%	0	0%	2,297	28%
Overweight	0	0%	0	0%	0	0%	756	9%
Obese	0	0%	<11	-	0	0%	670	8%
Severely Obese	<11	-	0	0%	<11	-	400	5%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	3,903	48%
Age: 18-20 Years								
Underweight	0	0%	<11	-	0	0%	74	1%
Normal Weight	0	0%	<11	-	0	0%	1,666	23%
Overweight	0	0%	0	0%	0	0%	523	7%
Obese	0	0%	0	0%	0	0%	467	6%
BMI Other/Missing ^{3,4}	0	0%	0	0%	<11	-	4,525	62%
Age: 21-34 Years								
Underweight	0	0%	<11	-	<11	-	151	1%
Normal Weight	0	0%	0	0%	<11	-	2,832	14%

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Table 2b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from July 1, 2020 to September 30, 2020

	evidence and no	imab with of COVID-19 Systemic osteroids	f COVID-19 Systemic Corticosteroids Systemic Systemic and no evidence of Corticosteroids and no		stemic eroids and no	Patients with evidence of COVID-19		
Overweight	<11	-	0	0%	0	0%	2,772	14%
Obese	0	0%	<11	-	0	0%	4,116	20%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	10,485	52%
Age: 35-54 Years								
Underweight	0	0%	0	0%	0	0%	56	0%
Normal Weight	0	0%	<11	-	<11	-	1,991	9%
Overweight	<11	-	<11	-	0	0%	3,708	16%
Obese	<11	-	<11	-	<11	-	7,587	34%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	9,193	41%
Age: 55-64 Years								
Underweight	0	0%	0	0%	0	0%	62	1%
Normal Weight	0	0%	<11	-	<11	-	1,025	10%
Overweight	<11	-	<11	-	<11	-	2,080	21%
Obese	<20	-	<11	-	<11	-	3,589	36%
BMI Other/Missing ^{3,4}	<11	-	0	0%	0	0%	3,126	32%
Age: 65-74 Years								
Underweight	0	0%	0	0%	0	0%	74	1%
Normal Weight	<11	-	<11	-	<11	-	907	14%
Overweight	<20	-	<11	-	<11	-	1,559	25%
Obese	<11	-	<11	-	<11	-	2,182	35%
BMI Other/Missing ^{3,4}	<11	-	0	0%	0	0%	1,595	25%
Age: 75-84 Years								
Underweight	0	0%	0	0%	0	0%	67	2%
Normal Weight	<11	-	<11	-	0	0%	686	20%
Overweight	0	0%	<11	-	<11	-	868	26%
Obese	<11	-	<11	-	0	0%	862	25%

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Table 2b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from July 1, 2020 to September 30, 2020

	evidence of and no	mab with Tocilizumab with Tocilizumab with no of COVID-19 Systemic Corticosteroids Systemic Corticosteroids and no evidence of COVID-19 evidence of COVID-19						
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	912	27%
Age: 85+ Years								
Underweight	0	0%	0	0%	0	0%	54	4%
Normal Weight	<11	-	<11	-	0	0%	394	27%
Overweight	<11	-	0	0%	0	0%	338	23%
Obese	<11	-	<11	-	<11	-	194	13%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	502	34%
Smoking	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Current every day smoker	<11	-	<11	-	0	0%	1,804	2%
Current some day smoker	0	0%	0	0%	0	0%	625	1%
Former smoker	<11	-	17	35%	<11	-	6,999	9%
Never smoker	11	19%	23	47%	22	67%	28,788	36%
All other smoking values	<40	-	<11	-	<11	-	16,760	21%
Smoking missing ³	<11	-	<11	-	<11	-	25,395	32%

¹ All metrics are based on total number of patients meeting cohort criteria.

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² For populated vitals measures, the reported value represents the closest vital measure to the Health Event of Interest. For additional information regarding selection of the vital measure, please contact the PCORnet Query Fulfillment team.

³ Vital record missingness is limited to the time period around the Health Event of Interest in which vital measures are assessed and does not reflect the entire patient history.

⁴ Other/Missing categories represent a combination of all other potential values for the given category AND true missing values.



Table 2c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from October 1, 2020 to December 31, 2020

		Tocilizumab with Systemic Corticosteroids		ab, no Systemic costeroids	Tocilizumab with Systemic Corticosteroids and evidence of COVID-19		
Characteristic ¹	Nu	ımber	N	umber	Number		
Number of Unique Patients		260		180		201	
Demographics	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	
Mean Age (Years)	60.9	12.5	61.0	14.3	64.8	12.6	
Age (Years)	Number	Percent	Number	Percent	Number	Percent	
0-17	13	5%	<11	-	0	0%	
18-34	12	5%	12	7%	<11	-	
35-54	39	15%	38	21%	<40	-	
55-64		25%	39	22%	48	24%	
65-74	84	32%	49	27%	71	35%	
75-84	35	13%	30	17%	<40	-	
≥85	11	4%	<11	-	<20	-	
Sex							
Female	112	43%	65	36%	79	39%	
Male	148	57%	115	64%	122	61%	
Other/Missing ⁴	0	0%	0	0%	0	0%	
Race							
Black or African American	77	30%	32	18%	<80	-	
White	116	45%	109	61%	70	35%	
Asian	<11	-	<11	-	<11	-	
Other (American Indian or Alaska Native, Native Hawaiian or Pacific Islander, Multiple Race, Other)	<11	-	20	12%	<11	-	
Missing (No Information, Refuse to Answer, Unknown, Not in CDM)	54	20%	<20	-	<60	-	

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Table 2c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from October 1, 2020 to December 31, 2020

		with Systemic osteroids		b, no Systemic osteroids	Corticostero	b with Systemic ids and evidence OVID-19
Hispanic						
Yes	70	27%	60	33%	<70	-
No	182	70%	109	61%	129	64%
Other	0	0%	0	0%	0	0%
Missing (Unknown, Refuse to Answer, No						
Information, Not in CDM)	<11	-	11	7%	<11	-
Recorded Evidence of:	Number	Percent	Number	Percent	Number	Percent
-21/+1 Days From Index Event						
COVID-19 Diagnosis (DX) or COVID-19 Lab Test						
Performed	253	97%	178	99%	201	100%
-1/ 0 Days From Index Event						
Procedure (PX): O ₂ Administration	<11	-	<11	-	<11	-
PX: Mechanical Ventilation	54	21%	32	18%	<60	-
PX: ECMO	<11	-	0	0%	<11	-
PX: O ₂ Administration or Mechanical Ventilation or						
ECMO	59	23%	33	18%	<60	-
-7/ 0 Days From Index Event						
PX: O ₂ Administration	13	5%	<11	-	<20	-
PX: Mechanical Ventilation	77	30%	44	24%	<80	-
PX: ECMO	<11	-	0	0%	<11	-
PX: O ₂ Administration or Mechanical Ventilation or						
ECMO	84	32%	48	27%	<80	-
-10/ 0 Days From Index Event						
DX: Dyspnea	126	48%	67	37%	110	55%
DX: Pneumonia	199	77%	139	77%	199	99%
DX: ARDS	39	15%	44	24%	<40	-

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Table 2c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from October 1, 2020 to December 31, 2020

	Tocilizumab with Systemic Corticosteroids			b, no Systemic osteroids	Tocilizumab with Systemic Corticosteroids and evidence of COVID-19	
DX: Acute Respiratory Failure	176	68%	125	69%	<170	-
DX: Shock	55	21%	41	23%	<60	-
DX: Loss of Taste or Smell	<11	-	0	0%	<11	-
-/+ 7 Days From Index Event						
MEDICATION: Azithromycin	162	62%	61	34%	<160	-
MEDICATION: Dexamethasone	90	35%	44	24%	57	28%
MEDICATION: Baricitinib	<11	-	<11	-	<11	-
MEDICATION: Remdesivir	191	73%	131	73%	191	95%
MEDICATION: Inhaled Corticosteroid	<11	-	<11	-	<11	-
MEDICATION: Oral Anticoagulants	28	11%	17	9%	<30	-
MEDICATION: Non-Oral Anticoagulants	219	84%	151	84%	195	97%
MEDICATION: Antiplatelets	91	35%	59	33%	<90	-
MEDICATION: Convalescent Plasma	82	32%	74	41%	82	41%
MEDICATION: Hydroxychloroquine	<11	-	<11	-	<11	-
MEDICATION: Chloroquine	0	0%	0	0%	0	0%
Underlying History of:	Number	Percent	Number	Percent	Number	Percent
-183/0 Days From Index Event						
Cerebrovascular Disease						
DX: Hospitalized Stroke/Transient Ischemic Attack	<11	-	<11	-	<11	-
DX: Other hospitalized cerebrovascular disease						
(CVD)	14	5%	<11	-	<11	-
DX: Non-hospitalized stroke, TIA, or other CVD	<11	-	<11	-	<11	-
Cardiovascular Disease						
DX: Atrial Fibrillation	49	19%	43	24%	<40	-
DX/PX: Coronary Revascularization	31	12%	16	9%	<30	-

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Table 2c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from October 1, 2020 to December 31, 2020

		with Systemic osteroids		Tocilizumab, no Systemic Corticosteroids		b with Systemic ids and evidence OVID-19
DX/PX: Congestive Heart Failure	52	20%	31	17%	<60	-
DX: Hospitalized AMI	32	12%	19	11%	<40	-
DX: Hypertension	186	72%	120	67%	156	78%
Pulmonary Disease						
DX: Asthma	34	13%	19	11%	<30	-
DX: COPD	31	12%	19	11%	<30	-
DX: Interstitial Lung Disease	16	6%	<11	-	16	8%
DX: Hypersensitivity Pneumonitis	0	0%	0	0%	0	0%
DX: Bronchiectasis	<11	-	<11	-	<11	-
DX: Idiopathic Pulmonary Fibrosis	15	6%	<11	-	15	7%
DX: Pulmonary Hypertension	13	5%	11	6%	13	6%
Metabolic Disease						
DX: Diabetes	122	47%	81	45%	110	55%
Liver Disease						
DX: Chronic Liver Disease	15	6%	13	7%	<11	-
Renal Disease						
DX: Chronic Kidney Disease	77	30%	42	23%	66	33%
Other Medical Conditions						
DX: Rheumatological and Inflammatory Disease						
	46	18%	27	15%	19	9%
DX: Hyperglycemia	104	40%	69	38%	93	46%
DX: Ketoacidosis	<11	-	<11	-	<11	-
DX: Psychosis (Baseline)	<11	-	<11	-	<11	-
DX: Neurological Disease	30	12%	13	7%	<30	-
Cancer						
DX: Hematological Malignancy	39	15%	32	18%	<11	-
DX: Solid Malignancy	15	6%	<11	-	<11	-

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Table 2c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from October 1, 2020 to December 31, 2020

		with Systemic osteroids	Tocilizumab, no Systemic Corticosteroids		Corticostero	b with Systemic ids and evidence OVID-19
Immunocompromising Conditions and Treatme	nts					
DX/PX: Immunodeficiency	107	41%	59	33%	56	28%
PX/MEDICATION: Immunosuppressants	89	34%	49	27%	30	15%
Patient Vitals ² :	Number	Percent	Number	Percent	Number	Percent
Body Mass Index (BMI)						
Age: < 2 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	0	0%	0	0%	0	0%
Overweight/Obese	0	0%	0	0%	0	0%
Severely Obese	0	0%	0	0%	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Age: 2-17 Years						
Underweight	<11	-	0	0%	0	0%
Normal Weight	<11	-	0	0%	0	0%
Overweight	<11	-	<11	-	0	0%
Obese	<11	-	0	0%	0	0%
Severely Obese	<11	-	<11	-	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Age: 18-20 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	<11	-	<11	-	0	0%
Overweight	0	0%	<11	-	0	0%
Obese	0	0%	0	0%	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Age: 21-34 Years						
Underweight	<11	-	<11	-	0	0%
Normal Weight	<11	-	<11	-	0	0%

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Table 2c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from October 1, 2020 to December 31, 2020

		Tocilizumab with Systemic Corticosteroids		b, no Systemic costeroids	Tocilizumab with Systemic Corticosteroids and evidence of COVID-19		
Overweight	<11	-	<11	-	<11	-	
Obese	<11	-	<11	-	<11	-	
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	
Age: 35-54 Years							
Underweight	0	0%	0	0%	0	0%	
Normal Weight	<11	-	<11	-	<11	-	
Overweight	<11	-	<11	-	<11	-	
Obese	27	69%	21	55%	<30	-	
BMI Other/Missing ^{3,4}	0	0%	<11	-	0	0%	
Age: 55-64 Years							
Underweight	<11	-	<11	-	0	0%	
Normal Weight	<11	-	<11	-	<11	-	
Overweight	16	24%	<11	-	<20	-	
Obese	41	62%	23	59%	<40	-	
BMI Other/Missing ^{3,4}	<11	-	0	0%	0	0%	
Age: 65-74 Years							
Underweight	<11	-	0	0%	<11	-	
Normal Weight	<11	-	<11	-	<11	-	
Overweight	32	38%	<20	-	<30	-	
Obese	39	46%	23	47%	<40	-	
BMI Other/Missing ^{3,4}	<11	-	0	0%	<11	-	
Age: 75-84 Years							
Underweight	0	0%	<11	-	0	0%	
Normal Weight	11	31%	<11	-	<11	-	
Overweight	14	40%	12	40%	<20	-	
Obese	<11	-	<11	-	<11	-	

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Table 2c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from October 1, 2020 to December 31, 2020

		Tocilizumab with Systemic Corticosteroids		b, no Systemic osteroids	Tocilizumab with Systemic Corticosteroids and evidenc of COVID-19	
BMI Other/Missing ^{3,4}	<11	-	0	0%	<11	-
Age: 85+ Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	<11	-	<11	-	<11	-
Overweight	<11	-	<11	-	<11	-
Obese	<11	-	<11	-	<11	-
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Smoking	Number	Percent	Number	Percent	Number	Percent
Current every day smoker	12	5%	<11	-	<20	-
Current some day smoker	<11	-	<11	-	<11	-
Former smoker	77	30%	15	8%	60	30%
Never smoker	111	43%	54	30%	80	40%
All other smoking values	<20	-	28	16%	<20	-
Smoking missing ³	40	15%	79	44%	<40	-

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Table 2c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from October 1, 2020 to December 31, 2020

	evidence and no	umab with of COVID-19 o Systemic costeroids	Systemic C and no	umab with corticosteroids evidence of VID-19	Systemic C and no evid	nab with no orticosteroids ence of COVID- 19	Patients with evider of COVID-19	
Characteristic ¹	Number 140		Number 59		Number		Number	
Number of Unique Patients						40	194,369	
Demographics	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Mean Age (Years)	64.0	14.7	47.7	11.6	50.5	13.2	41.8	19.9
Age (Years)	Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-17	0	0%	13	22%	<11	-	29,201	15%
18-34	<11	-	<11	-	<11	-	48,893	25%
35-54	26	19%	<11	-	12	30%	56,287	29%
55-64		-	18	31%	<11	-	27,615	14%
65-74	<50	-	13	22%	<11	-	18,460	9%
75-84	<30	-	<11	-	<11	-	9,913	5%
≥85	<11	-	0	0%	0	0%	4,000	2%
Sex								
Female	45	32%	33	56%	20	50%	103,703	53%
Male	95	68%	26	44%	20	50%	90,642	47%
Other/Missing ⁴	0	0%	0	0%	0	0%	24	0%
Race								
Black or African American	<30	-	<11	-	<11	-	24,230	12%
White	78	56%	46	78%	31	78%	135,189	70%
Asian	<11	-	<11	-	0	0%	6,007	3%
Other (American Indian or Alaska Native, Native Hawaiian or Pacific Islander, Multiple Race,								
Other) Missing (No Information, Refuse to Answer,	<20	-	<11	-	<11	-	10,468	5%
Unknown, Not in CDM) Hispanic	<20	-	<11	-	<11	-	18,475	10%

Table 2c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from October 1, 2020 to December 31, 2020

	evidence and no	Tocilizumab with evidence of COVID-19 and no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and no evidence of COVID-19		Tocilizumab with no Systemic Corticosteroids and no evidence of COVID- 19		Patients with evidence of COVID-19	
Yes	<60	-	<11	-	<11	-	29,496	15%	
No	73	52%	53	90%	36	90%	150,339	77%	
Other	0	0%	0	0%	0	0%	147	0%	
Missing (Unknown, Refuse to Answer, No									
Information, Not in CDM)	<11	-	<11	-	<11	-	14,387	8%	
Recorded Evidence of:	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
-21/+1 Days From Index Event									
COVID-19 DX or COVID-19 Lab Test Performed	140	100%	52	88%	38	95%	194,369	100%	
-1/ 0 Days From Index Event									
PX: O ₂ Administration	<11	-	0	0%	0	0%	1,189	1%	
PX: Mechanical Ventilation	32	23%	<11	-	0	0%	1,999	1%	
PX: ECMO	0	0%	<11	-	0	0%	59	0%	
PX: O ₂ Administration or Mechanical									
Ventilation or ECMO	33	24%	<11	-	0	0%	2,982	2%	
-7/ 0 Days From Index Event									
PX: O ₂ Administration	<11	-	<11	-	0	0%	1,215	1%	
PX: Mechanical Ventilation	<50	-	<11	-	<11	-	2,027	1%	
PX: ECMO	0	0%	<11	-	0	0%	62	0%	
PX: O ₂ Administration or Mechanical									
Ventilation or ECMO	<50	-	<11	-	<11	-	3,028	2%	
-10/ 0 Days From Index Event									
DX: Dyspnea	<70	-	16	27%	<11	-	10,428	5%	
DX: Pneumonia	139	99%	0	0%	0	0%	16,170	8%	
DX: ARDS	44	31%	<11	-	0	0%	1,653	1%	
DX: Acute Respiratory Failure	122	87%	<11	-	<11	-	11,239	6%	

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Table 2c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from October 1, 2020 to December 31, 2020

	evidence and no	mab with of COVID-19 Systemic osteroids	Tocilizumab with Systemic Corticosteroids and no evidence of COVID-19		Tocilizumab with no Systemic Corticosteroids and no evidence of COVID- 19		Patients with evidenc of COVID-19	
DX: Shock	<50	-	<11	-	<11	-	1,936	1%
DX: Loss of Taste or Smell	0	0%	0	0%	0	0%	1,206	1%
-/+ 7 Days From Index Event								
MEDICATION: Azithromycin	61	44%	<11	-	0	0%	11,375	6%
MEDICATION: Dexamethasone	<40	-	33	56%	<11	-	15,196	8%
MEDICATION: Baricitinib	<11	-	0	0%	0	0%	237	0%
MEDICATION: Remdesivir	131	94%	0	0%	0	0%	11,986	6%
MEDICATION: Inhaled Corticosteroid	<11	-	0	0%	0	0%	1,763	1%
MEDICATION: Oral Anticoagulants	<20	-	<11	-	<11	-	5,680	3%
MEDICATION: Non-Oral Anticoagulants	133	95%	24	41%	18	45%	21,721	11%
MEDICATION: Antiplatelets	<60	-	<11	-	<11	-	8,867	5%
MEDICATION: Convalescent Plasma	74	53%	0	0%	0	0%	3,030	2%
MEDICATION: Hydroxychloroquine	<11	-	<11	-	<11	-	366	0%
MEDICATION: Chloroquine	0	0%	0	0%	0	0%	<11	-
nderlying History of:	Number	Percent	Number	Percent	Number	Percent	Number	Percent
-183/0 Days From Index Event								
Cerebrovascular Disease								
DX: Hospitalized Stroke/Transient Ischemic								
Attack	<11	-	<11	-	0	0%	994	1%
DX: Other hospitalized cerebrovascular								
disease (CVD)	<11	-	<11	-	<11	-	1,343	1%
DX: Non-hospitalized stroke, TIA, or other								
CVD	<11	-	<11	-	0	0%	1,891	1%
Cardiovascular Disease								
DX: Atrial Fibrillation	<40	-	<11	-	<11	-	6,802	3%
DX/PX: Coronary Revascularization	<20	-	<11	-	<11	-	3,785	2%
DX/PX: Congestive Heart Failure	<30		<11		<11	_	6,548	3%

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Table 2c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from October 1, 2020 to December 31, 2020

	evidence and no	Tocilizumab with evidence of COVID-19 and no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and no evidence of COVID-19		nab with no orticosteroids ence of COVID- 19	Patients with evidence of COVID-19	
DX: Hospitalized AMI	19	14%	<11	-	0	0%	1,549	1%
DX: Hypertension	102	73%	30	51%	18	45%	36,575	19%
Pulmonary Disease								
DX: Asthma	<20	-	<11	-	<11	-	8,494	4%
DX: COPD	<20	-	<11	-	<11	-	4,593	2%
DX: Interstitial Lung Disease	<11	-	0	0%	<11	-	924	0%
DX: Hypersensitivity Pneumonitis	0	0%	0	0%	0	0%	86	0%
DX: Bronchiectasis	<11	-	<11	-	0	0%	395	0%
DX: Idiopathic Pulmonary Fibrosis	<11	-	0	0%	<11	-	528	0%
DX: Pulmonary Hypertension	<11	-	0	0%	<11	-	1,337	1%
Metabolic Disease								
DX: Diabetes	<80	-	12	20%	<11	-	20,331	10%
Liver Disease								
DX: Chronic Liver Disease	<11	-	<11	-	<11	-	3,083	2%
Renal Disease								
DX: Chronic Kidney Disease	<40	-	11	19%	<11	-	9,248	5%
Other Medical Conditions								
DX: Rheumatological and Inflammatory								
Disease	<11	-	27	46%	<20	-	5,795	3%
DX: Hyperglycemia	<70	-	11	19%	<11	-	9,704	5%
DX: Ketoacidosis	<11	-	0	0%	0	0%	486	0%
DX: Psychosis (Baseline)	<11	-	0	0%	<11	-	1,189	1%
DX: Neurological Disease	<11	-	<11	-	<11	-	5,140	3%
Cancer								
DX: Hematological Malignancy	<11	-	<40	-	<30	-	1,262	1%
DX: Solid Malignancy	<11	-	<11	-	<11	-	5,725	3%

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Table 2c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from October 1, 2020 to December 31, 2020

	evidence and no	Tocilizumab with evidence of COVID-19 and no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and no evidence of COVID-19		Tocilizumab with no Systemic Corticosteroids and no evidence of COVID- 19		Patients with evidence of COVID-19	
Immunocompromising Conditions and Treatr	nents								
DX/PX: Immunodeficiency	27	19%	51	86%	32	80%	9,731	5%	
PX/MEDICATION: Immunosuppressants	<11	-	59	100%	<50	-	4,174	2%	
Patient Vitals ² :	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
Body Mass Index (BMI)									
Age: < 2 Years									
Underweight	0	0%	0	0%	0	0%	0	0%	
Normal Weight	0	0%	0	0%	0	0%	0	0%	
Overweight/Obese	0	0%	0	0%	0	0%	0	0%	
Severely Obese	0	0%	0	0%	0	0%	0	0%	
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	0	0%	
Age: 2-17 Years									
Underweight	0	0%	<11	-	0	0%	330	1%	
Normal Weight	0	0%	<11	-	0	0%	7,156	27%	
Overweight	0	0%	<11	-	<11	-	2,224	8%	
Obese	0	0%	<11	-	0	0%	1,916	7%	
Severely Obese	0	0%	<11	-	<11	-	1,173	4%	
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	13,409	51%	
Age: 18-20 Years									
Underweight	0	0%	0	0%	0	0%	109	1%	
Normal Weight	<11	-	<11	-	<11	-	1,821	23%	
Overweight	0	0%	0	0%	<11	-	708	9%	
Obese	0	0%	0	0%	0	0%	831	11%	
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	4,442	56%	
Age: 21-34 Years									
Underweight	0	0%	<11	-	<11	-	294	1%	
Normal Weight	0	0%	<11	-	<11	-	5,691	14%	

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Table 2c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from October 1, 2020 to December 31, 2020

	evidence of and no	Tocilizumab with evidence of COVID-19 and no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and no evidence of COVID-19		Tocilizumab with no Systemic Corticosteroids and no evidence of COVID- 19		ith evidence VID-19
Overweight	<11	-	0	0%	0	0%	5,400	13%
Obese	<11	-	<11	-	<11	-	7,931	19%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	21,666	53%
Age: 35-54 Years								
Underweight	0	0%	0	0%	0	0%	194	0%
Normal Weight	<11	-	0	0%	<11	-	4,936	9%
Overweight	<11	-	<11	-	<11	-	8,731	16%
Obese	<20	-	<11	-	<11	-	17,470	31%
BMI Other/Missing ^{3,4}	<11	-	0	0%	0	0%	24,956	44%
Age: 55-64 Years								
Underweight	<11	-	<11	-	0	0%	111	0%
Normal Weight	<11	-	<11	-	<11	-	2,818	10%
Overweight	<11	-	<11	-	0	0%	5,690	21%
Obese	<20	-	<11	-	<11	-	9,749	35%
BMI Other/Missing ^{3,4}	0	0%	<11	-	0	0%	9,247	33%
Age: 65-74 Years								
Underweight	0	0%	0	0%	0	0%	154	1%
Normal Weight	<11	-	<11	-	<11	-	2,421	13%
Overweight	<20	-	<11	-	<11	-	4,587	25%
Obese	<30	-	<11	-	<11	-	6,862	37%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	4,436	24%
Age: 75-84 Years								
Underweight	<11	-	0	0%	0	0%	146	1%
Normal Weight	<11	-	<11	-	0	0%	2,059	21%
Overweight	<20	-	<11	-	<11	-	2,899	29%
Obese	<11	-	0	0%	<11	-	2,881	29%

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Table 2c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from October 1, 2020 to December 31, 2020

	evidence and no	imab with of COVID-19 Systemic osteroids	Tocilizumab with Systemic Corticosteroids and no evidence of COVID-19		Tocilizumab with no Systemic Corticosteroids and no evidence of COVID- 19		Patients with evidence of COVID-19	
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	1,928	19%
Age: 85+ Years								
Underweight	0	0%	0	0%	0	0%	161	4%
Normal Weight	<11	-	0	0%	0	0%	1,257	31%
Overweight	<11	-	0	0%	0	0%	1,056	26%
Obese	<11	-	0	0%	0	0%	652	16%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	874	22%
Smoking	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Current every day smoker	<11	-	0	0%	<11	-	5,117	3%
Current some day smoker	0	0%	<11	-	<11	-	1,378	1%
Former smoker	<11	-	17	29%	<11	-	22,772	12%
Never smoker	28	20%	31	53%	26	65%	70,367	36%
All other smoking values	28	20%	<11	-	0	0%	64,182	33%
Smoking missing ³	<80	-	<11	-	<11	-	30,553	16%

¹ All metrics are based on total number of patients meeting cohort criteria.

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² For populated vitals measures, the reported value represents the closest vital measure to the Health Event of Interest. For additional information regarding selection of the vital measure, please contact the PCORnet Query Fulfillment team.

³ Vital record missingness is limited to the time period around the Health Event of Interest in which vital measures are assessed and does not reflect the entire patient history.

⁴ Other/Missing categories represent a combination of all other potential values for the given category AND true missing values.



Table 2d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from January 1, 2021 to March 31, 2021

		o with Systemic osteroids	•		Tocilizumab with Systemic Corticosteroids and evidence COVID-19		
Characteristic ¹	Nυ	ımber	Nu	ımber	Number		
Number of Unique Patients		522		218	•	456	
Demographics	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	
Mean Age (Years)	61.0	14.5	62.6	13.7	61.9	13.8	
Age (Years)	Number	Percent	Number	Percent	Number	Percent	
0-17	<11	-	<11	-	0	0%	
18-34	<30	-	<11	-	17	4%	
35-54	114	22%	48	22%	<110	-	
55-64		27%	49	22%	126	28%	
65-74	141	27%	65	30%	122	27%	
75-84	75	14%	33	15%	<70	-	
≥85	21	4%	14	6%	<30	-	
Sex							
Female	214	41%	85	39%	177	39%	
Male	308	59%	133	61%	279	61%	
Other/Missing ⁴	0	0%	0	0%	0	0%	
Race							
Black or African American	111	21%	30	14%	<110	-	
White	273	52%	137	63%	222	49%	
Asian	32	6%	<11	-	<40	-	
Other (American Indian or Alaska Native, Native Hawaiian or Pacific Islander, Multiple Race, Other)	53	10%	37	17%	<50	-	
Missing (No Information, Refuse to Answer, Unknown, Not in CDM)	53	10%	<11	-	<60	-	

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Table 2d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from January 1, 2021 to March 31, 2021

		•		Tocilizumab, no Systemic Corticosteroids		with Systemic and evidence of ID-19
Hispanic						
Yes	99	19%	36	17%	<100	-
No	399	76%	171	78%	340	75%
Other	0	0%	0	0%	0	0%
Missing (Unknown, Refuse to Answer, No						
Information, Not in CDM)	24	4%	11	5%	<30	-
Recorded Evidence of:	Number	Percent	Number	Percent	Number	Percent
-21/+1 Days From Index Event						
COVID-19 Diagnosis (DX) or COVID-19 Lab Test						
Performed	514	98%	210	96%	456	100%
-1/ 0 Days From Index Event						
Procedure (PX): O ₂ Administration	18	3%	<11	-	18	4%
PX: Mechanical Ventilation	108	21%	44	20%	<110	-
PX: ECMO	<11	-	<11	-	<11	-
PX: O ₂ Administration or Mechanical Ventilation						
or ECMO	119	23%	50	23%	<120	-
-7/ 0 Days From Index Event						
PX: O ₂ Administration	28	5%	12	6%	28	6%
PX: Mechanical Ventilation	149	29%	51	23%	144	32%
PX: ECMO	<11	-	<11	-	<11	-
PX: O ₂ Administration or Mechanical Ventilation						
or ECMO	165	32%	62	28%	160	35%
-10/ 0 Days From Index Event						
DX: Dyspnea	261	50%	108	50%	247	54%
DX: Pneumonia	441	84%	173	79%	<450	-
DX: ARDS	160	31%	79	36%	<160	-

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Table 2d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from January 1, 2021 to March 31, 2021

		with Systemic osteroids	Tocilizumab, no Systemic Corticosteroids		Tocilizumab with System Corticosteroids and evidend COVID-19	
DX: Acute Respiratory Failure	405	78%	172	79%	390	86%
DX: Shock	109	21%	45	21%	96	21%
DX: Loss of Taste or Smell	<11	-	<11	-	<11	-
-/+ 7 Days From Index Event						
MEDICATION: Azithromycin	174	33%	40	18%	171	38%
MEDICATION: Dexamethasone	357	68%	54	25%	321	70%
MEDICATION: Baricitinib	21	4%	<11	-	21	5%
MEDICATION: Remdesivir	376	72%	150	69%	<370	-
MEDICATION: Inhaled Corticosteroid	16	3%	<11	-	<20	-
MEDICATION: Oral Anticoagulants	83	16%	40	18%	<80	-
MEDICATION: Non-Oral Anticoagulants	469	90%	190	87%	430	94%
MEDICATION: Antiplatelets	149	29%	66	30%	135	30%
MEDICATION: Convalescent Plasma	90	17%	57	26%	90	20%
MEDICATION: Hydroxychloroquine	<11	-	<11	-	<11	-
MEDICATION: Chloroquine	0	0%	0	0%	0	0%
Underlying History of:	Number	Percent	Number	Percent	Number	Percent
-183/0 Days From Index Event						
Cerebrovascular Disease						
DX: Hospitalized Stroke/Transient Ischemic						
Attack	22	4%	<11	-	<30	-
DX: Other hospitalized cerebrovascular disease						
(CVD)	14	3%	<11	-	<20	-
DX: Non-hospitalized stroke, TIA, or other CVD	22	4%	11	5%	<20	-
Cardiovascular Disease						
DX: Atrial Fibrillation	95	18%	39	18%	<90	-
DX/PX: Coronary Revascularization	42	8%	23	11%	<40	-

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Table 2d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from January 1, 2021 to March 31, 2021

		Tocilizumab with Systemic Corticosteroids		Tocilizumab, no Systemic Corticosteroids		with Systemic and evidence of ID-19
DX: Hospitalized AMI	47	9%	45	21%	<50	-
DX: Hypertension	373	71%	153	70%	337	74%
Pulmonary Disease						
DX: Asthma	86	16%	20	9%	74	16%
DX: COPD	64	12%	18	8%	<60	-
DX: Interstitial Lung Disease	32	6%	15	7%	<30	-
DX: Hypersensitivity Pneumonitis	<11	-	<11	-	0	0%
DX: Bronchiectasis	<11	-	<11	-	<11	-
DX: Idiopathic Pulmonary Fibrosis	17	3%	<11	-	<20	-
DX: Pulmonary Hypertension	35	7%	18	8%	<40	-
Metabolic Disease						
DX: Diabetes	246	47%	92	42%	225	49%
Liver Disease						
DX: Chronic Liver Disease	45	9%	22	10%	<50	-
Renal Disease						
DX: Chronic Kidney Disease	124	24%	47	22%	110	24%
Other Medical Conditions						
DX: Rheumatological and Inflammatory Disease	82	16%	39	18%	53	12%
DX: Hyperglycemia	228	44%	72	33%	203	45%
DX: Ketoacidosis	20	4%	<11	-	20	4%
DX: Psychosis (Baseline)	<11	-	<11	-	<11	-
DX: Neurological Disease	41	8%	23	11%	<40	-
Cancer						
DX: Hematological Malignancy	50	10%	29	13%	13	3%
DX: Solid Malignancy	32	6%	17	8%	<30	-

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Table 2d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from January 1, 2021 to March 31, 2021

		Tocilizumab with Systemic Corticosteroids		Tocilizumab, no Systemic Corticosteroids		with Systemic and evidence of ID-19
Immunocompromising Conditions and Treatme	ents					
DX/PX: Immunodeficiency	172	33%	69	32%	115	25%
PX/MEDICATION: Immunosuppressants	212	41%	53	24%	147	32%
Patient Vitals ² :	Number	Percent	Number	Percent	Number	Percent
Body Mass Index (BMI)						
Age: < 2 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	0	0%	0	0%	0	0%
Overweight/Obese	0	0%	0	0%	0	0%
Severely Obese	0	0%	0	0%	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Age: 2-17 Years						
Underweight	0	0%	<11	-	0	0%
Normal Weight	<11	-	<11	-	0	0%
Overweight	<11	-	0	0%	0	0%
Obese	<11	-	0	0%	0	0%
Severely Obese	<11	-	0	0%	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Age: 18-20 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	<11	-	0	0%	<11	-
Overweight	<11	-	0	0%	0	0%
Obese	0	0%	0	0%	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Age: 21-34 Years						
Underweight	<11	-	<11	-	<11	-
Normal Weight	<11	-	<11	-	<11	-

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Table 2d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from January 1, 2021 to March 31, 2021

		with Systemic osteroids	Corticosteroids		Corticosteroids	Tocilizumab with Systemic Corticosteroids and evidence of COVID-19		
Overweight	<11	-	0	0%	<11	-		
Obese	<11	-	<11	-	<11	-		
BMI Other/Missing ^{3,4}	<11	-	0	0%	<11	-		
Age: 35-54 Years								
Underweight	<11	-	0	0%	<11	-		
Normal Weight	<11	-	<11	-	<11	-		
Overweight	26	23%	<20	-	<30	-		
Obese	78	68%	28	58%	<80	-		
BMI Other/Missing ^{3,4}	<11	-	0	0%	<11	-		
Age: 55-64 Years								
Underweight	<11	-	0	0%	<11	-		
Normal Weight	18	13%	<11	-	<20	-		
Overweight	45	32%	14	29%	<40	-		
Obese	72	51%	30	61%	<70	-		
BMI Other/Missing ^{3,4}	<11	-	<11	-	<11	-		
Age: 65-74 Years								
Underweight	<11	-	0	0%	<11	-		
Normal Weight	19	13%	16	25%	<20	-		
Overweight	47	33%	20	31%	<50	-		
Obese	67	48%	27	42%	<70	-		
BMI Other/Missing ^{3,4}	<11	-	<11	-	<11	-		
Age: 75-84 Years								
Underweight	0	0%	0	0%	0	0%		
Normal Weight	22	29%	<11	-	<20	-		
Overweight	25	33%	12	36%	<30	-		
Obese	27	36%	15	45%	<30	-		

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Table 2d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from January 1, 2021 to March 31, 2021

		with Systemic osteroids		, no Systemic esteroids	Tocilizumab with Systemic Corticosteroids and evidence of COVID-19		
BMI Other/Missing ^{3,4}	<11		0	0%	<11	-	
Age: 85+ Years							
Underweight	0	0%	0	0%	0	0%	
Normal Weight	<11	-	<11	-	<11	-	
Overweight	<11	-	<11	-	<11	-	
Obese	<11	-	<11	-	<11	-	
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	
Smoking	Number	Percent	Number	Percent	Number	Percent	
Current every day smoker	<20	-	<11	-	<20	-	
Current some day smoker	<11	-	0	0%	<11	-	
Former smoker	118	23%	<30	-	96	21%	
Never smoker	162	31%	38	17%	132	29%	
All other smoking values	99	19%	92	42%	<100	-	
Smoking missing ³	128	25%	67	31%	<120	-	

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Table 2d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from January 1, 2021 to March 31, 2021

	evidence and no	umab with of COVID-19 o Systemic costeroids	Systemic C and no	umab with Corticosteroids evidence of VID-19	Systemic (and no	mab with no Corticosteroids evidence of VID-19	Patients with evidence of COVID-19	
Characteristic ¹	Number		N	umber	N	umber	Number	
Number of Unique Patients		175		67		43	13	14,509
Demographics	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Mean Age (Years)	64.5	13.4	55.2	15.4	55.0	15.0	42.9	21.0
Age (Years)	Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-17	0	0%	<11	-	<11	-	20,570	18%
18-34	<11	-	<11	-	<11	-	23,578	21%
35-54	<40	-	<11	-	<11	-	30,323	26%
55-64		-	16	24%	<11	-	16,648	15%
65-74	52	30%	19	28%	13	30%	12,497	11%
75-84	<30	-	<11	-	<11	-	7,372	6%
≥85	<20	-	<11	-	0	0%	3,521	3%
Sex								
Female	66	38%	37	55%	19	44%	60,307	53%
Male	109	62%	30	45%	24	56%	54,173	47%
Other/Missing ⁴	0	0%	0	0%	0	0%	29	0%
Race								
Black or African American	<30	-	<11	-	<11	-	18,699	16%
White	101	58%	52	78%	36	84%	71,705	63%
Asian	<11	-	<11	-	<11	-	4,828	4%
Other (American Indian or Alaska Native, Native Hawaiian or Pacific Islander, Multiple Race,								
Other) Missing (No Information, Refuse to Answer,	<40	-	<11	-	<11	-	7,596	6%
Unknown, Not in CDM) Hispanic	<11	-	<11	-	0	0%	11,681	10%

Table 2d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from January 1, 2021 to March 31, 2021

	evidence and no	umab with of COVID-19 o Systemic osteroids	Systemic C and no e	umab with orticosteroids evidence of VID-19	Systemic C and no	nab with no orticosteroids evidence of VID-19		Patients with evidence of COVID-19	
3	<40	-	<11	-	<11	-	20,330	18%	
	130	74%	60	90%	41	95%	86,356	75%	
ner	0	0%	0	0%	0	0%	68	0%	
ssing (Unknown, Refuse to Answer, No									
ormation, Not in CDM)	<11	-	<11	-	<11	-	7,755	7%	
rded Evidence of:	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
/+1 Days From Index Event									
OVID-19 DX or COVID-19 Lab Test Perform	ed 175	100%	59	88%	35	81%	114,509	100%	
0 Days From Index Event									
X: O ₂ Administration	<11	-	0	0%	0	0%	910	1%	
X: Mechanical Ventilation	<50	-	<11	-	<11	-	1,661	1%	
X: ECMO	<11	-	0	0%	0	0%	62	0%	
X: O ₂ Administration or Mechanical									
entilation or ECMO	<50	-	<11	-	<11	-	2,440	2%	
0 Days From Index Event									
X: O ₂ Administration	12	7%	0	0%	0	0%	932	1%	
X: Mechanical Ventilation	<60	-	<11	-	<11	-	1,727	2%	
X: ECMO	<11	-	0	0%	0	0%	63	0%	
X: O ₂ Administration or Mechanical									
entilation or ECMO	<70	-	<11	-	<11	-	2,522	2%	
/ 0 Days From Index Event									
X: Dyspnea	97	55%	15	22%	11	26%	8,422	7%	
X: Pneumonia	173	99%	<11	-	0	0%	13,391	12%	
X: ARDS	79	45%	<11	-	0	0%	1,410	1%	
X: Acute Respiratory Failure	<170	-	15	22%	<11	-	9,702	8%	
X: Acute Respiratory Failure	<170	-	15	22%	<11	-	9,7	702	

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Table 2d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from January 1, 2021 to March 31, 2021

	evidence and no	imab with of COVID-19 Systemic osteroids	Systemic Co and no e	mab with orticosteroids evidence of /ID-19	Systemic Co and no e	nab with no orticosteroids evidence of /ID-19		vith evidence OVID-19
DX: Shock	<50	-	13	19%	<11	-	1,655	1%
DX: Loss of Taste or Smell	<11	-	0	0%	0	0%	555	0%
-/+ 7 Days From Index Event								
MEDICATION: Azithromycin	<40	-	<11	-	<11	-	8,388	7%
MEDICATION: Dexamethasone	42	24%	37	55%	12	28%	12,591	11%
MEDICATION: Baricitinib	<11	-	0	0%	0	0%	292	0%
MEDICATION: Remdesivir	<150	-	<11	-	<11	-	9,040	8%
MEDICATION: Inhaled Corticosteroid	<11	-	<11	-	0	0%	1,178	1%
MEDICATION: Oral Anticoagulants	<40	-	<11	-	<11	-	4,622	4%
MEDICATION: Non-Oral Anticoagulants	170	97%	40	60%	20	47%	18,130	16%
MEDICATION: Antiplatelets	<70	-	14	21%	<11	-	7,136	6%
MEDICATION: Convalescent Plasma	57	33%	0	0%	0	0%	1,621	1%
MEDICATION: Hydroxychloroquine	<11	-	<11	-	0	0%	279	0%
MEDICATION: Chloroquine	0	0%	0	0%	0	0%	<11	-
Underlying History of:	Number	Percent	Number	Percent	Number	Percent	Number	Percent
-183/0 Days From Index Event								
Cerebrovascular Disease								
DX: Hospitalized Stroke/Transient Ischemic								
Attack	<11	-	<11	-	<11	-	965	1%
DX: Other hospitalized cerebrovascular								
disease (CVD)	<11	-	<11	-	<11	-	1,217	1%
DX: Non-hospitalized stroke, TIA, or other								
CVD	11	6%	<11	-	0	0%	1,477	1%
Cardiovascular Disease								
DX: Atrial Fibrillation	<40	-	<11	-	<11	-	5,067	4%
			-11		<11		2.001	3%
DX/PX: Coronary Revascularization	<30	-	<11	-	<11	-	2,901	3/0

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Table 2d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from January 1, 2021 to March 31, 2021

	evidence and no	Tocilizumab with Tocilizumab with Tocilizumab with no evidence of COVID-19 Systemic Corticosteroids Systemic Corticosteroids and no Systemic and no evidence of Corticosteroids COVID-19 COVID-19		Patients with evidence of COVID-19				
DX: Hospitalized AMI	<50	-	<11	-	<11	-	1,722	2%
DX: Hypertension	129	74%	37	55%	24	56%	25,847	23%
Pulmonary Disease								
DX: Asthma	<20	-	12	18%	<11	-	5,850	5%
DX: COPD	<20	-	<11	-	<11	-	3,386	3%
DX: Interstitial Lung Disease	<20	-	<11	-	<11	-	834	1%
DX: Hypersensitivity Pneumonitis	<11	-	<11	-	0	0%	81	0%
DX: Bronchiectasis	<11	-	<11	-	<11	-	322	0%
DX: Idiopathic Pulmonary Fibrosis	<11	-	<11	-	0	0%	458	0%
DX: Pulmonary Hypertension	<20	-	<11	-	<11	-	1,150	1%
Metabolic Disease								
DX: Diabetes	<90	-	22	33%	<11	-	14,561	13%
Liver Disease								
DX: Chronic Liver Disease	<20	-	<11	-	<11	-	2,443	2%
Renal Disease								
DX: Chronic Kidney Disease	<50	-	15	22%	<11	-	7,078	6%
Other Medical Conditions								
DX: Rheumatological and Inflammatory								
Disease	22	13%	29	43%	17	40%	4,089	4%
DX: Hyperglycemia	<70	-	26	39%	<11	-	7,352	6%
DX: Ketoacidosis	<11	-	0	0%	0	0%	467	0%
DX: Psychosis (Baseline)	<11	-	<11	-	<11	-	984	1%
DX: Neurological Disease	<30	-	<11	-	<11	-	4,011	4%
Cancer								
DX: Hematological Malignancy	<11	-	38	57%	<30	-	1,101	1%
DX: Solid Malignancy	<11	-	<11	-	<20	-	3,924	3%

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Table 2d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from January 1, 2021 to March 31, 2021

	evidence and no	of COVID-19 Systemic osteroids	Systemic C and no e	umab with orticosteroids evidence of VID-19	Systemic C and no o	nab with no orticosteroids evidence of VID-19		vith evidence OVID-19
Immunocompromising Conditions and Treati	ments							
DX/PX: Immunodeficiency	34	19%	58	87%	35	81%	7,663	7%
PX/MEDICATION: Immunosuppressants	<11	-	66	99%	<50	-	2,847	2%
Patient Vitals ² :	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Body Mass Index (BMI)								
Age: < 2 Years								
Underweight	0	0%	0	0%	0	0%	0	0%
Normal Weight	0	0%	0	0%	0	0%	0	0%
Overweight/Obese	0	0%	0	0%	0	0%	0	0%
Severely Obese	0	0%	0	0%	0	0%	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	0	0%
Age: 2-17 Years								
Underweight	0	0%	0	0%	<11	-	254	1%
Normal Weight	0	0%	<11	-	<11	-	5,016	28%
Overweight	0	0%	<11	-	0	0%	1,552	9%
Obese	0	0%	<11	-	0	0%	1,413	8%
Severely Obese	0	0%	<11	-	0	0%	841	5%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	9,025	50%
Age: 18-20 Years								
Underweight	0	0%	0	0%	0	0%	71	1%
Normal Weight	0	0%	<11	-	0	0%	1,120	27%
Overweight	0	0%	<11	-	0	0%	355	8%
Obese	0	0%	0	0%	0	0%	518	12%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	2,188	51%
Age: 21-34 Years								
Underweight	0	0%	0	0%	<11	-	170	1%
Normal Weight	0	0%	<11	-	<11	-	2,857	15%

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Table 2d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from January 1, 2021 to March 31, 2021

	evidence and no	Tocilizumab with evidence of COVID-19 and no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and no evidence of COVID-19		Tocilizumab with no Systemic Corticosteroids and no evidence of COVID-19		Patients with evidence of COVID-19	
Overweight	0	0%	<11	-	0	0%	2,805	15%	
Obese	<11	-	0	0%	<11	-	4,688	24%	
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	8,806	46%	
Age: 35-54 Years									
Underweight	0	0%	0	0%	0	0%	131	0%	
Normal Weight	<11	-	<11	-	<11	-	2,985	10%	
Overweight	<20	-	<11	-	<11	-	5,344	18%	
Obese	<30	-	<11	-	<11	-	10,318	34%	
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	11,545	38%	
Age: 55-64 Years									
Underweight	0	0%	0	0%	0	0%	105	1%	
Normal Weight	<11	-	<11	-	<11	-	1,876	11%	
Overweight	<20	-	<11	-	<11	-	3,605	22%	
Obese	<30	-	<11	-	<11	-	6,143	37%	
BMI Other/Missing ^{3,4}	<11	-	<11	-	0	0%	4,919	30%	
Age: 65-74 Years									
Underweight	0	0%	0	0%	0	0%	168	1%	
Normal Weight	<20	-	<11	-	<11	-	1,938	16%	
Overweight	<20	-	<11	-	<11	-	3,025	24%	
Obese	<30	-	<11	-	<11	-	4,408	35%	
BMI Other/Missing ^{3,4}	<11	-	<11	-	0	0%	2,958	24%	
Age: 75-84 Years									
Underweight	0	0%	0	0%	0	0%	157	2%	
Normal Weight	<11	-	<11	-	0	0%	1,581	21%	
Overweight	<11	-	<11	-	<11	-	1,996	27%	
Obese	<20	-	<11	-	<11	-	1,953	26%	

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Table 2d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from January 1, 2021 to March 31, 2021

	evidence and no	Tocilizumab with Tocilizumab with Tocilizumab evidence of COVID-19 Systemic Corticosteroids Systemic Corticosteroids and no evidence of and no evidence of COVID-19 COVID-		orticosteroids evidence of	teroids Patients with ce of COVID			
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	1,685	23%
Age: 85+ Years								
Underweight	0	0%	0	0%	0	0%	178	5%
Normal Weight	<11	-	<11	-	0	0%	1,090	31%
Overweight	<11	-	0	0%	0	0%	870	25%
Obese	<11	-	0	0%	0	0%	469	13%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	914	26%
Smoking	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Current every day smoker	<11	-	<11	-	0	0%	2,912	3%
Current some day smoker	0	0%	<11	-	0	0%	784	1%
Former smoker	<11	-	22	33%	<20	-	11,539	10%
Never smoker	16	9%	31	46%	22	51%	36,542	32%
All other smoking values	<90	-	<11	-	<11	-	39,393	34%
Smoking missing ³	<70	-	<11	-	<11	-	23,339	20%

¹ All metrics are based on total number of patients meeting cohort criteria.

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² For populated vitals measures, the reported value represents the closest vital measure to the Health Event of Interest. For additional information regarding selection of the vital measure, please contact the PCORnet Query Fulfillment team.

³ Vital record missingness is limited to the time period around the Health Event of Interest in which vital measures are assessed and does not reflect the entire patient history.

⁴ Other/Missing categories represent a combination of all other potential values for the given category AND true missing values.



Code	Description	Code Category	Code Type
	Baricitinib		
XW0DXM6	Introduction of baricitinib into mouth and pharynx, external approach, new technology group 6	Procedure	ICD-10-PCS
XW0G7M6	Introduction of baricitinib into upper GI, via natural or artificial opening, new technology group 6	Procedure	ICD-10-PCS
XW0H7M6	Introduction of baricitinib into lower GI, via natural or artificial opening, new technology group 6	Procedure	ICD-10-PCS
XW0DXF5	Introduction of other new technology therapeutic substance into mouth and pharynx, external approach, new technology group 5	Procedure	ICD-10-PCS
3E0G7GC	Introduction of other therapeutic substance into upper G.I. via natural or artificial opening	Procedure	ICD-10-PCS
3E0H7GC	Introduction of other therapeutic substance into lower G.I. via natural or artificial opening	Procedure	ICD-10-PCS
2047232	baricitinib	Prescribing, Medication	RXCUI
		Administration	
2047237		Prescribing, Medication	RXCUI
2047242	havistatisth 2 MC [Ohorisan]	Administration	DVCIII
2047243	baricitinib 2 MG [Olumiant]	Prescribing, Medication Administration	RXCUI
2047241	baricitinib 2 MG Oral Tablet	Prescribing, Medication	RXCUI
10 172 11	Surficients 2 title Gran radice	Administration	10.001
2047247	baricitinib 2 MG Oral Tablet [Olumiant]	Prescribing, Medication	RXCUI
		Administration	
2047238	baricitinib Oral Product	Prescribing, Medication	RXCUI
		Administration	
2047240	baricitinib Oral Tablet	Prescribing, Medication	RXCUI
2047244	havisitinih Oval Tahlat [Olympiant]	Administration	DVCIII
2047244	baricitinib Oral Tablet [Olumiant]	Prescribing, Medication Administration	RXCUI
2047239	baricitinib Pill	Prescribing, Medication	RXCUI
2017233		Administration	10.001
2047242	Olumiant	Prescribing, Medication	RXCUI
		Administration	
2047245	Olumiant Oral Product	Prescribing, Medication	RXCUI
		Administration	
2047246	Olumiant Pill	Prescribing, Medication	RXCUI
2205472	la antatà in th	Administration	DVCIII
2205473	baricitinib	Prescribing, Medication	RXCUI
2205472	baricitinib	Administration Prescribing, Medication	RXCUI
-2UJ+/2	Dancidiib	Administration	NACUI
2205471	baricitinib	Prescribing, Medication	RXCUI
		Administration	

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Code	Description	Code Category	Code Type
2205474	baricitinib	Prescribing, Medication	RXCUI
		Administration	
	Tocilizumab		
XW033H5	Introduction of Tocilizumab into Peripheral Vein, Percutaneous	Procedure	ICD-10-PCS
	Approach, New Technology Group 5		
J3262	Injection, tocilizumab, 1 mg	Procedure	HCPCS
2106077	tocilizumab 180 MG/ML	Prescribing, Medication	RXCUI
		Administration	
1441532	tocilizumab 180 MG/ML	Prescribing, Medication	RXCUI
		Administration	
895764	tocilizumab 20 MG/ML	Prescribing, Medication	RXCUI
		Administration	
1657978	tocilizumab 20 MG/ML	Prescribing, Medication	RXCUI
		Administration	
895763	tocilizumab Injectable Solution	Prescribing, Medication	RXCUI
		Administration	
2106076	tocilizumab 180 MG/ML	Prescribing, Medication	RXCUI
4.44.524	1 11 1 400 MG/MI	Administration	DVCIII
1441531	tocilizumab 180 MG/ML	Prescribing, Medication	RXCUI
005760	to ellipsome le 20 MaC /MAI	Administration	DVCIII
895760	tocilizumab 20 MG/ML	Prescribing, Medication	RXCUI
1657077	to cilia uma la 20 NAC /NAI	Administration	DVCIII
1657977	tocilizumab 20 MG/ML	Prescribing, Medication	RXCUI
895759	tacilizumah Injectable Solution	Administration Proscribing Medication	RXCUI
093739	tocilizumab Injectable Solution	Prescribing, Medication	KACUI
2106075	tocilizumab 180 MG/ML	Administration Prescribing, Medication	RXCUI
2100073	tocilizarilab 100 Mid/ME	Administration	IXCOI
1441530	tocilizumab 180 MG/ML	Prescribing, Medication	RXCUI
111230	toomzaniab 200 Moj Mz	Administration	101001
1657980	tocilizumab 20 MG/ML	Prescribing, Medication	RXCUI
		Administration	
1657982	tocilizumab 20 MG/ML	Prescribing, Medication	RXCUI
	'	Administration	
1657976	tocilizumab 20 MG/ML	Prescribing, Medication	RXCUI
		Administration	
1441528	tocilizumab 180 MG/ML	Prescribing, Medication	RXCUI
		Administration	
895762	tocilizumab 20 MG/ML	Prescribing, Medication	RXCUI
		Administration	
2106074	tocilizumab Auto-Injector	Prescribing, Medication	RXCUI
		Administration	
1657975	tocilizumab Injection	Prescribing, Medication	RXCUI
		Administration	
1441529	tocilizumab Prefilled Syringe	Prescribing, Medication	RXCUI
		Administration	
2106073	tocilizumab 180 MG/ML	Prescribing, Medication	RXCUI
		Administration	

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Code	Description	Code Category	Code Type
1441527	tocilizumab 180 MG/ML	Prescribing, Medication	RXCUI
		Administration	
1657979	tocilizumab 20 MG/ML	Prescribing, Medication	RXCUI
		Administration	
1657981	tocilizumab 20 MG/ML	Prescribing, Medication	RXCUI
	,	Administration	
1657974	tocilizumab 20 MG/ML	Prescribing, Medication	RXCUI
		Administration	
612865	tocilizumab	Prescribing, Medication	RXCUI
012003	Companies	Administration	10.001
1441525	tocilizumab 180 MG/ML	Prescribing, Medication	RXCUI
1441323	tocilizarias 100 Moj ME	Administration	IIICOI
005750	tocilizumah 20 MC/MI		DVCIII
895758	tocilizumab 20 MG/ML	Prescribing, Medication	RXCUI
2406072		Administration	DVCI II
2106072	tocilizumab Auto-Injector	Prescribing, Medication	RXCUI
		Administration	
1162729	tocilizumab Injectable Product	Prescribing, Medication	RXCUI
		Administration	
1657973	tocilizumab Injection	Prescribing, Medication	RXCUI
		Administration	
1441526	tocilizumab Prefilled Syringe	Prescribing, Medication	RXCUI
		Administration	
1649574	Introduction of Tocilizumab into Central Vein, Percutaneous	Prescribing, Medication	RXCUI
	Approach, New Technology Group 5	Administration	
	COVID-19		
U07.1	COVID-19, virus identified [code effective April 1, 2020]	Diagnosis	ICD-10-CM
94307-6	SARS-CoV-2 (COVID-19) N gene [Presence] in Specimen by Nucleic	Lab	LOINC
	acid amplification using CDC primer-probe set N1		
94308-4	SARS-CoV-2 (COVID-19) N gene [Presence] in Specimen by Nucleic	Lab	LOINC
	acid amplification using CDC primer-probe set N2		
94309-2	SARS-CoV-2 (COVID-19) RNA [Presence] in Specimen by NAA with	Lab	LOINC
	probe detection		
94314-2	SARS-CoV-2 (COVID-19) RdRp gene [Presence] in Specimen by NAA	Lab	LOINC
	with probe detection		
042467	CARC C V/2/COV/ID 40\A)		101116
94316-7	SARS-CoV-2 (COVID-19) N gene [Presence] in Specimen by NAA with	Lab	LOINC
	probe detection		
94500-6	SARS COV 2 (COVID 10) BNA [Proconcol in Respiratory specimen by	Lab	LOINC
94500-6	SARS-CoV-2 (COVID-19) RNA [Presence] in Respiratory specimen by	Lab	LOINC
	NAA with probe detection		
94533-7	SARS-CoV-2 (COVID-19) N gene [Presence] in Respiratory specimen by	. Lah	LOINC
J 4 JJJ-/		Lub	LOTING
	NAA with probe detection		
94534-5	SARS-CoV-2 (COVID-19) RdRp gene [Presence] in Respiratory	Lab	LOINC
· •	specimen by NAA with probe detection		
	specimen by IVAA with probe detection		

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Code	Description	Code Category	Code Type
94559-2	SARS-CoV-2 (COVID-19) ORF1ab region [Presence] in Respiratory specimen by NAA with probe detection	Lab	LOINC
94565-9	SARS-CoV-2 (COVID-19) RNA [Presence] in Nasopharynx by NAA with non-probe detection	Lab	LOINC
94639-2	SARS-CoV-2 (COVID-19) ORF1ab region [Presence] in Specimen by NAA with probe detection	Lab	LOINC
94640-0	SARS-CoV-2 (COVID-19) S gene [Presence] in Respiratory specimen by NAA with probe detection	Lab	LOINC
94641-8	SARS-CoV-2 (COVID-19) S gene [Presence] in Specimen by NAA with probe detection	Lab	LOINC
94660-8	SARS-CoV-2 (COVID-19) RNA [Presence] in Serum or Plasma by NAA with probe detection	Lab	LOINC
94756-4	SARS-CoV-2 (COVID-19) N gene [Presence] in Respiratory specimen by Nucleic acid amplification using CDC primer-probe set N1	Lab	LOINC
94757-2	SARS-CoV-2 (COVID-19) N gene [Presence] in Respiratory specimen by Nucleic acid amplification using CDC primer-probe set N2	Lab	LOINC
94759-8	SARS-CoV-2 (COVID-19) RNA [Presence] in Nasopharynx by NAA with probe detection	Lab	LOINC
94760-6	SARS-CoV-2 (COVID-19) N gene [Presence] in Nasopharynx by NAA with probe detection	Lab	LOINC
94766-3	SARS-CoV-2 (COVID-19) N gene [Presence] in Serum or Plasma by NAA with probe detection	Lab	LOINC
94767-1	SARS-CoV-2 (COVID-19) S gene [Presence] in Serum or Plasma by NAA with probe detection	Lab	LOINC
94822-4	SARS-CoV-2 (COVID-19) RNA [Presence] in Saliva (oral fluid) by Sequencing	Lab	LOINC
94845-5	SARS-CoV-2 (COVID-19) RNA [Presence] in Saliva (oral fluid) by NAA with probe detection	Lab	LOINC
95406-5	SARS-CoV-2 (COVID-19) RNA [Presence] in Nose by NAA with probe detection	Lab	LOINC
95409-9	SARS-CoV-2 (COVID-19) N gene [Presence] in Nose by NAA with probe detection	Lab	LOINC

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Code	Description	Code Category	Code Type
95424-8	SARS-CoV-2 (COVID-19) RNA [Presence] in Respiratory specimen by Sequencing	Lab	LOINC
95425-5	SARS-CoV-2 (COVID-19) N gene [Presence] in Saliva (oral fluid) by NAA with probe detection	Lab	LOINC
95608-6	SARS-CoV-2 (COVID-19) RNA [Presence] in Respiratory specimen by NAA with non-probe detection	Lab	LOINC
95609-4	SARS-CoV-2 (COVID-19) S gene [Presence] in Respiratory specimen by Sequencing	Lab	LOINC
95824-9	SARS-CoV-2 (COVID-19) ORF1ab region [Presence] in Saliva (oral fluid) by NAA with probe detection	Lab	LOINC
96091-4	SARS-CoV-2 (COVID-19) RdRp gene [Presence] in Saliva (oral fluid) by NAA with probe detection	Lab	LOINC
96120-1	SARS-CoV-2 (COVID-19) RdRp gene [Presence] in Lower respiratory specimen by NAA with probe detection	Lab	LOINC
96123-5	SARS-CoV-2 (COVID-19) RdRp gene [Presence] in Upper respiratory specimen by NAA with probe detection	Lab	LOINC
96448-6	SARS-CoV-2 (COVID-19) N gene [Presence] in Saliva (oral fluid) by Nucleic acid amplification using CDC primer-probe set N1	Lab	LOINC
96765-3	SARS-CoV-2 (COVID-19) S gene [Presence] in Saliva (oral fluid) by NAA with probe detection	Lab	LOINC
96797-6	SARS-CoV-2 (COVID-19) RNA [Presence] in Oropharyngeal wash by NAA with probe detection	Lab	LOINC
96829-7	SARS-CoV-2 (COVID-19) RNA [Presence] in Specimen from Donor by NAA with probe detection	Lab	LOINC
96958-4	SARS-CoV-2 (COVID-19) N gene [Presence] in Saliva (oral fluid) by Nucleic acid amplification using CDC primer-probe set N2	Lab	LOINC
96986-5	SARS-CoV-2 (COVID-19) N gene [Presence] in Nose by NAA with non-probe detection	Lab	LOINC
94310-0	SARS-like coronavirus N gene [Presence] in Unspecified specimen by NAA with probe detection	Lab	LOINC
94315-9	SARS-related coronavirus E gene [Presence] in Unspecified specimen by NAA with probe detection	Lab	LOINC

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Code	Description	Code Category	Code Type
94532-9	SARS-related coronavirus+MERS coronavirus RNA [Presence] in Respiratory specimen by NAA with probe detection	Lab	LOINC
94647-5	SARS-related coronavirus RNA [Presence] in Unspecified specimen by NAA with probe detection	Lab	LOINC
94758-0	SARS-related coronavirus E gene [Presence] in Respiratory specimen by NAA with probe detection	Lab	LOINC
94765-5	SARS-related coronavirus E gene [Presence] in Serum or Plasma by NAA with probe detection	Lab	LOINC
95423-0	Influenza virus A and B and SARS-CoV-2 (COVID-19) identified in Respiratory specimen by NAA with probe detection	Lab	LOINC
95823-1	SARS-related coronavirus E gene [Presence] in Saliva (oral fluid) by NAA with probe detection	Lab	LOINC
95826-4	SARS-CoV-2 (COVID-19) RNA panel - Saliva (oral fluid) by NAA with probe detection	Lab	LOINC
95970-0	SARS-CoV-2 (COVID-19) specific TCRB gene rearrangements [Presence] in Blood by Sequencing	Lab	LOINC
96094-8	SARS-CoV-2 (COVID-19) and SARS-related CoV RNA panel - Respiratory specimen by NAA with probe detection	Lab	LOINC
96121-9	SARS-related coronavirus E gene [Presence] in Lower respiratory specimen by NAA with probe detection	Lab	LOINC
96122-7	SARS-related coronavirus E gene [Presence] in Upper respiratory specimen by NAA with probe detection	Lab	LOINC
96741-4	SARS-CoV-2 (COVID-19) variant [Type] in Specimen by Sequencing	Lab	LOINC
96751-3	SARS-CoV-2 (COVID-19) S gene mutation detected [Identifier] in Specimen by Molecular genetics method	Lab	LOINC
96752-1	SARS-CoV-2 (COVID-19) S gene mutation [Presence] in Specimen by Molecular genetics method	Lab	LOINC
96763-8	SARS-CoV-2 (COVID-19) E gene [Presence] in Respiratory specimen by NAA with probe detection	Lab	LOINC
96894-1	SARS-CoV-2 (COVID-19) whole genome sequencing and identification panel - Specimen by Molecular genetics method	Lab	LOINC

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Code	Description	Code Category	Code Type
96895-8	SARS-CoV-2 (COVID-19) lineage [Identifier] in Specimen by Molecular genetics method	Lab	LOINC
96896-6	SARS-CoV-2 (COVID-19) clade [Type] in Specimen by Molecular genetics method	Lab	LOINC
96957-6	SARS-CoV-2 (COVID-19) M gene [Presence] in Upper respiratory specimen by NAA with probe detection	Lab	LOINC
97098-8	SARS-CoV-2 (COVID-19) Nsp2 gene [Presence] in Upper respiratory specimen by NAA with probe detection	Lab	LOINC
94764-8	SARS-CoV-2 (COVID-19) whole genome [Nucleotide sequence] in Isolate or Specimen by Sequencing	Lab	LOINC
94502-2	SARS-related coronavirus RNA [Presence] in Respiratory specimen by NAA with probe detection	Lab	LOINC
94306-8	SARS-CoV-2 (COVID-19) RNA panel - Unspecified specimen by NAA with probe detection	Lab	LOINC
96897-4	SARS-CoV-2 (COVID-19) RNA panel - Oropharyngeal wash by NAA with probe detection	Lab	LOINC

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

Generic Name	Brand Name	
	Baricitinib	
baricitinib	Olumiant	
	Tocilizumab	
tocilizumab	Actemra	
tocilizumab	Actemra ACTPen	

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Code	Description	Code Category	Code Type
	Any Diagnosis		
*	Any diagnosis	Diagnosis	ICD-9-CM
*	Any diagnosis	Diagnosis	ICD-10-CM
	Remdesivir		
XW033E5	Introduction of Remdesivir Anti-infective into Peripheral Vein,	Procedure	ICD-10-PCS
	Percutaneous Approach, New Technology Group 5	_	
XW043E5	Introduction of Remdesivir Anti-infective into Central Vein,	Procedure	ICD-10-PCS
	Percutaneous Approach, New Technology Group 5		
2284960	remdesivir 100 MG Injection	Prescribing, Medication	RXCUI
		Administration	
2284957	remdesivir 100 MG	Prescribing, Medication	RXCUI
		Administration	
2284958		Prescribing, Medication	RXCUI
		Administration	
2284959	remdesivir Injection	Prescribing, Medication	RXCUI
		Administration	
2284718	remdesivir	Prescribing, Medication	RXCUI
		Administration	
2367757	remdesivir 5 MG/ML	Prescribing, Medication	RXCUI
		Administration	
2367758	20 ML remdesivir 5 MG/ML Injection	Prescribing, Medication	RXCUI
		Administration	
2395499	remdesivir 100 MG [Veklury]	Prescribing, Medication	RXCUI
	, ,,	Administration	
2395500	remdesivir Injection [Veklury]	Prescribing, Medication	RXCUI
	, , , , , , , , , , , , , , , , , , , ,	Administration	
2395502	remdesivir 100 MG Injection [Veklury]	Prescribing, Medication	RXCUI
	remaces and injection (remain)	Administration	
2395503	remdesivir 5 MG/ML [Veklury]	Prescribing, Medication	RXCUI
2333303	remaesivii 5 ivio, ivie [veidary]	Administration	TIACOT
2395504	20 ML remdesivir 5 MG/ML Injection [Veklury]	Prescribing, Medication	RXCUI
2333304	20 WE Terridesivii 5 Way WE injection [Vexidiy]	Administration	IXCOI
	Systemic Corticosteroid		
J1700	Injection, hydrocortisone acetate, up to 25 mg	Procedure	HCPCS
J1710	Injection, hydrocortisone sodium phosphate, up to 50 mg	Procedure	HCPCS
31,10	injection, ny arocortisone socialin phosphate, up to so mg	110000010	1101 03
J1720	Injection, hydrocortisone sodium succinate, up to 100 mg	Procedure	HCPCS
31720	injection, nyurocortisone sociam succinate, up to 100 mg	rocedure	TICI CS
J1020	Injection, methylprednisolone acetate, 20 mg	Procedure	HCPCS
J1020 J1030	Injection, methylprednisolone acetate, 20 mg	Procedure	HCPCS
J1030 J1040	Injection, methylprednisolone acetate, 40 mg	Procedure	HCPCS
J2920	Injection, methylprednisolone sodium succinate, up to 40 mg	Procedure	HCPCS
12320	injection, methylpreumsolone socium succinate, up to 40 mg	Fiocedule	псесэ
12020	Injection mothylproduicalana cadium sussinata un ta 125	Drocoduro	ПСРСС
J2930	Injection, methylprednisolone sodium succinate, up to 125 mg	Procedure	HCPCS
12650	Interation considerations are taken as to do a	Due se deves	Hence
J2650	Injection, prednisolone acetate, up to 1 ml	Procedure	HCPCS

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Code	Description	Code Category	Code Type
7512	Prednisone, immediate release or delayed release, oral, 1 mg	Procedure	HCPCS
1094	Injection, dexamethasone acetate, 1 mg	Procedure	HCPCS
1100	Injection, dexamethasone sodium phosphate, 1 mg	Procedure	HCPCS
3540	Dexamethasone, oral, 0.25 mg	Procedure	HCPCS
0702	Injection, betamethasone acetate 3 mg and betamethasone sodi		HCPCS
58138	beclomethasone dipropionate 1 MG Oral Tablet	Prescribing, Medication	RXCUI
20120	becomethasone dipropionate 1 MG Oral Tablet	Administration	KACUI
58134	beclomethasone dipropionate 1 MG	Prescribing, Medication	RXCUI
30134	bedomethasone dipropionate 1 Wo	Administration	TOTO
58137	beclomethasone Oral Tablet	Prescribing, Medication	RXCUI
30137	bedomethasone oral rasice	Administration	TOTO
155695	beclomethasone Oral Product	Prescribing, Medication	RXCUI
.133033	becioniethasone oral Froduct	-	KACOI
155606	haclamathacana Dill	Administration Proscribing Modication	DVCIII
155696	beclomethasone Pill	Prescribing, Medication	RXCUI
200554	LICEDIC	Administration	DVCLU
366551	UCERIS	Prescribing, Medication	RXCUI
		Administration	
53171	ENTOCORT	Prescribing, Medication	RXCUI
		Administration	
273102	ORTIKOS	Prescribing, Medication	RXCUI
		Administration	
9831	BUDESONIDE	Prescribing, Medication	RXCUI
		Administration	
367172	BUDESONIDE (11.BETA.,16.ALPHA.(S))	Prescribing, Medication	RXCUI
		Administration	
244213	24 HR BUDESONIDE 3 MG EXTENDED RELEASE ENTERIC COATED	Prescribing, Medication	RXCUI
		Administration	
244215	BUDESONIDE 3 MG DELAYED RELEASE ORAL CAPSULE	Prescribing, Medication	RXCUI
	[ENTOCORT]	Administration	
366556	24 HR BUDESONIDE 9 MG EXTENDED RELEASE ORAL TABLET	Prescribing, Medication	RXCUI
	[UCERIS]	Administration	
.366558	BUDESONIDE 9 MG EXTENDED RELEASE ORAL TABLET [UCERIS]	Prescribing, Medication	RXCUI
		Administration	
52595	24 HR BUDESONIDE 3 MG EXTENDED RELEASE CAPSULE	Prescribing, Medication	RXCUI
	[ENTOCORT EC]	Administration	
273107	24 HR BUDESONIDE 6 MG EXTENDED RELEASE ORAL CAPSULE	Prescribing, Medication	RXCUI
_, 510,	[ORTIKOS]	Administration	
273108	BUDESONIDE 6 MG EXTENDED RELEASE ORAL CAPSULE	Prescribing, Medication	RXCUI
2/3100	[ORTIKOS]	Administration	IVACOI
273110	24 HR BUDESONIDE 9 MG EXTENDED RELEASE ORAL CAPSULE	Prescribing, Medication	RXCUI
Z/3110		<u> </u>	NACUI
272111	[ORTIKOS]	Administration Proceeding Modication	DVCIII
273111	BUDESONIDE 9 MG EXTENDED RELEASE ORAL CAPSULE	Prescribing, Medication	RXCUI
44427	[ORTIKOS]	Administration	BVC!!!
44427	BUDESONIDE 3 MG EXTENDED RELEASE CAPSULE [ENTOCORT	Prescribing, Medication	RXCUI
	EC]	Administration	

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Code	Description	Code Category	Code Type
991401	24 HR BUDESONIDE 3 MG EXTENDED RELEASE CAPSULE	Prescribing, Medication	RXCUI
	[ENTOCORT]	Administration	
991402	BUDESONIDE 3 MG EXTENDED RELEASE CAPSULE [ENTOCORT]	Prescribing, Medication	RXCUI
		Administration	
.366552	BUDESONIDE 9 MG [UCERIS]	Prescribing, Medication	RXCUI
		Administration	
273103	BUDESONIDE 6 MG [ORTIKOS]	Prescribing, Medication	RXCUI
.275105	poprooning a ma [ammos]	Administration	10.001
273109	BUDESONIDE 9 MG [ORTIKOS]	Prescribing, Medication	RXCUI
.273103	BOBESONIBE 5 ING [ONTINOS]	Administration	MACOI
64993	BUDESONIDE 3 MG [ENTOCORT EC]	Prescribing, Medication	RXCUI
004333	BODESONIDE 3 MG [ENTOCONT EC]	-	KACUI
04200	DUDECONIDE 2 MC [ENTOCODT]	Administration	DVCIII
991399	BUDESONIDE 3 MG [ENTOCORT]	Prescribing, Medication	RXCUI
244245	DUDECONUDE EVERNDED DELENCE ENTERIOR DELENCE	Administration	B. 1.51
244212	BUDESONIDE EXTENDED RELEASE ENTERIC COATED CAPSULE	Prescribing, Medication	RXCUI
	[ENTOCORT]	Administration	
366553	BUDESONIDE EXTENDED RELEASE ORAL TABLET [UCERIS]	Prescribing, Medication	RXCUI
		Administration	
489772	BUDESONIDE DELAYED RELEASE ORAL CAPSULE [ENTOCORT]	Prescribing, Medication	RXCUI
		Administration	
273104	BUDESONIDE EXTENDED RELEASE ORAL CAPSULE [ORTIKOS]	Prescribing, Medication	RXCUI
		Administration	
67142	BUDESONIDE 24 HOUR EXTENDED RELEASE CAPSULE	Prescribing, Medication	RXCUI
	[ENTOCORT EC]	Administration	
91400	BUDESONIDE EXTENDED RELEASE CAPSULE [ENTOCORT]	Prescribing, Medication	RXCUI
	505-506-102-2-102-2-102-3-103-2-1-103-3-1-1	Administration	
167031	ENTOCORT ORAL PRODUCT	Prescribing, Medication	RXCUI
10/031	ENTOCONT ONALT RODOCT	Administration	IXCOI
167032	ENTOCORT PILL	Prescribing, Medication	RXCUI
.10/032	LINIOCONI FILL	-	KACUI
266554	LICEDIC ODAL DRODLICT	Administration	DVCIII
366554	UCERIS ORAL PRODUCT	Prescribing, Medication	RXCUI
		Administration	
366555	UCERIS PILL	Prescribing, Medication	RXCUI
		Administration	
273105	ORTIKOS ORAL PRODUCT	Prescribing, Medication	RXCUI
		Administration	
273106	ORTIKOS PILL	Prescribing, Medication	RXCUI
		Administration	
.006089	BUDESONIDE 3 MG ENTERIC COATED CAPSULE	Prescribing, Medication	RXCUI
		Administration	
244211	24 HR BUDESONIDE 3 MG EXTENDED RELEASE ENTERIC COATED		RXCUI
· ·	CAPSULE	Administration	
.244214	BUDESONIDE 3 MG DELAYED RELEASE ORAL CAPSULE	Prescribing, Medication	RXCUI
∠-17∠1 7	DODESCRIDE STRIC DELATED RELEASE OTAL CATSOLE		IVACOI
266550	24 HD DLIDESONIDE O MC EVTENDED DELEASE ODAL TABLET	Administration Proscribing Modication	DVCIII
366550	24 HR BUDESONIDE 9 MG EXTENDED RELEASE ORAL TABLET	Prescribing, Medication Administration	RXCUI

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Code	Description	Code Category	Code Type
1366557	BUDESONIDE 9 MG EXTENDED RELEASE ORAL TABLET	Prescribing, Medication	RXCUI
		Administration	
152594	24 HR BUDESONIDE 3 MG EXTENDED RELEASE CAPSULE	Prescribing, Medication	RXCUI
		Administration	
048810	BUDESONIDE 3 MG ORAL CAPSULE	Prescribing, Medication	RXCUI
		Administration	
2269305	24 HR BUDESONIDE 6 MG EXTENDED RELEASE ORAL CAPSULE	Prescribing, Medication	RXCUI
		Administration	
2269306	BUDESONIDE 6 MG EXTENDED RELEASE ORAL CAPSULE	Prescribing, Medication	RXCUI
		Administration	
2269307	24 HR BUDESONIDE 9 MG EXTENDED RELEASE ORAL CAPSULE	Prescribing, Medication	RXCUI
		Administration	
2269308	BUDESONIDE 9 MG EXTENDED RELEASE ORAL CAPSULE	Prescribing, Medication	RXCUI
		Administration	
49241	BUDESONIDE 3 MG ORAL TABLET	Prescribing, Medication	RXCUI
		Administration	
87015	BUDESONIDE 3 MG ORAL CAPSULE	Prescribing, Medication	RXCUI
		Administration	
84697	BUDESONIDE 3 MG EXTENDED RELEASE CAPSULE	Prescribing, Medication	RXCUI
		Administration	
44426	BUDESONIDE 3 MG EXTENDED RELEASE CAPSULE	Prescribing, Medication	RXCUI
		Administration	
366548	BUDESONIDE 9 MG	Prescribing, Medication	RXCUI
		Administration	
269303	BUDESONIDE 6 MG	Prescribing, Medication	RXCUI
		Administration	
32685	BUDESONIDE 3 MG	Prescribing, Medication	RXCUI
02000	2022002200	Administration	
1006088	BUDESONIDE ENTERIC COATED CAPSULE	Prescribing, Medication	RXCUI
		Administration	
244210	BUDESONIDE EXTENDED RELEASE ENTERIC COATED CAPSULE	Prescribing, Medication	RXCUI
	THE STATE OF THE S	Administration	10.001
.366549	BUDESONIDE EXTENDED RELEASE ORAL TABLET	Prescribing, Medication	RXCUI
.5555	TOTAL TRANSPORTER TO THE PROPERTY OF THE PROPE	Administration	11/1001
489770	BUDESONIDE DELAYED RELEASE ORAL CAPSULE	Prescribing, Medication	RXCUI
. 103770	BOSESSINSE BEEKTES NEELFISE STOLE STOLES	Administration	10.001
2048809	BUDESONIDE ORAL CAPSULE	Prescribing, Medication	RXCUI
.0-10003	BODESONIDE ONNE ON SOLE	Administration	TOTO
269304	BUDESONIDE EXTENDED RELEASE ORAL CAPSULE	Prescribing, Medication	RXCUI
203304	BODESONIDE EXTENDED RELEASE ONAL CAI SOLE	Administration	IIXCOI
76186	BUDESONIDE ORAL TABLET	Prescribing, Medication	RXCUI
,, 0100	DODESONIDE ONAL PADELI	-	NACOI
379057	BUDESONIDE 24 HOUR EXTENDED RELEASE CAPSULE	Administration Prescribing, Medication	RXCUI
13031	BODESONIDE 24 FIOUR EXTENDED RELEASE CAPSULE		KACUI
93140	BUDESONIDE ORAL CAPSULE	Administration Proscribing Modication	RXCUI
J314U	DUDESUNIDE UNAL CAPSULE	Prescribing, Medication	KACUI
		Administration	

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Code	Description	Code Category	Code Type
84696	BUDESONIDE EXTENDED RELEASE CAPSULE	Prescribing, Medication	RXCUI
		Administration	
151338	BUDESONIDE ORAL PRODUCT	Prescribing, Medication	RXCUI
		Administration	
.151339	BUDESONIDE PILL	Prescribing, Medication	RXCUI
		Administration	
329479	Cortisone 10 MG	Prescribing, Medication	RXCUI
		Administration	
L97543	Cortisone 10 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
329229	Cortisone 5 MG	Prescribing, Medication	RXCUI
723223	Cortisone 5 Mid	Administration	MACOI
543434	Cortisone 5 MG [Cortone]	Prescribing, Medication	RXCUI
143434	Cortisone 3 Mid [Cortone]	-	KACUI
197545	Cortisone 5 MG Oral Tablet	Administration Proscribing Medication	RXCUI
.5/343	Curtisurie 3 Mid Ordi Tablet	Prescribing, Medication	KACUI
.42426	Cartinana F MC Oval Tablet [Cartana]	Administration	DVCIII
643436	Cortisone 5 MG Oral Tablet [Cortone]	Prescribing, Medication	RXCUI
4.5700	0 50.40/64	Administration	B./ (C) !!
15722	Cortisone 50 MG/ML	Prescribing, Medication	RXCUI
		Administration	
67278	Cortisone 50 MG/ML [Cortone acetate]	Prescribing, Medication	RXCUI
		Administration	
309542	Cortisone 50 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
		Administration	
06445	Cortisone 50 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
206446	Cortisone 50 MG/ML Injectable Suspension [Cortone acetate]	Prescribing, Medication	RXCUI
		Administration	
1655	cortisone acetate	Prescribing, Medication	RXCUI
		Administration	
328247	cortisone acetate 25 MG	Prescribing, Medication	RXCUI
		Administration	
328283	cortisone acetate 25 MG [Cortone]	Prescribing, Medication	RXCUI
	• •	Administration	
328248	cortisone acetate 25 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
328284	cortisone acetate 25 MG Oral Tablet [Cortone]	Prescribing, Medication	RXCUI
		Administration	
28285	cortisone acetate 25 MG/ML	Prescribing, Medication	RXCUI
_5255	55. 1.556 doctate 25 maj m2	Administration	10.001
28286	cortisone acetate 25 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
20200	cortisone acetate 25 Mo/ME injectable suspension		NACOI
1155527	Cartisana Injectable Product	Administration Proscribing Modication	RXCUI
.155527	Cortisone Injectable Product	Prescribing, Medication	KACUI
75724	Cartisana Injectable Calution	Administration	DVCIII
75724	Cortisone Injectable Solution	Prescribing, Medication	RXCUI
		Administration	

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Code	Description	Code Category	Code Type
371634	Cortisone Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
365662	Cortisone Injectable Suspension [Cortone acetate]	Prescribing, Medication	RXCUI
		Administration	
155528	Cortisone Oral Product	Prescribing, Medication	RXCUI
		Administration	
371635	Cortisone Oral Tablet	Prescribing, Medication	RXCUI
	33.00000 3.00.000	Administration	
543435	Cortisone Oral Tablet [Cortone]	Prescribing, Medication	RXCUI
		Administration	
1155815	Cortisone Pill	Prescribing, Medication	RXCUI
1133013	Cortisone i ili	Administration	MACOI
02645	Cortef	Prescribing, Medication	RXCUI
202043	Corter	-	KACUI
מחמבחמ	Salu Cartof	Administration	DVCIII
.03592	Solu-Cortef	Prescribing, Medication	RXCUI
02504	A Ulvelon newt	Administration	BVC: "
03594	A-Hydrocort	Prescribing, Medication	RXCUI
		Administration	
.08680	hydrocortisone 5 MG Oral Tablet [Cortef]	Prescribing, Medication	RXCUI
		Administration	
08712	hydrocortisone 10 MG Oral Tablet [Cortef]	Prescribing, Medication	RXCUI
		Administration	
08816	hydrocortisone 20 MG Oral Tablet [Cortef]	Prescribing, Medication	RXCUI
		Administration	
.05398	hydrocortisone 100 MG Injection [Solu-Cortef]	Prescribing, Medication	RXCUI
		Administration	
208947	hydrocortisone 100 MG Injection [A-Hydrocort]	Prescribing, Medication	RXCUI
		Administration	
.738589	hydrocortisone 1000 MG Injection [Solu-Cortef]	Prescribing, Medication	RXCUI
		Administration	
.738592	hydrocortisone 250 MG Injection [Solu-Cortef]	Prescribing, Medication	RXCUI
	, , , , , , , ,	Administration	
738596	hydrocortisone 500 MG Injection [Solu-Cortef]	Prescribing, Medication	RXCUI
	, 123. assure and a assure [solution]	Administration	
69343	hydrocortisone 5 MG [Cortef]	Prescribing, Medication	RXCUI
.555-5	managarisance a ma [cortai]	Administration	III
69375	hydrocortisone 10 MG [Cortef]	Prescribing, Medication	RXCUI
103373	Hydrocortisonic to Mid [Corter]		RACUI
56046E	hydrocarticana 20 MG [Cartof]	Administration Prescribing, Medication	DVCIII
69465	hydrocortisone 20 MG [Cortef]	- -	RXCUI
720507	harden entire and 4000 MG [G L G L G	Administration	BVCI II
.738587	hydrocortisone 1000 MG [Solu-Cortef]	Prescribing, Medication	RXCUI
		Administration	
.738591	hydrocortisone 250 MG [Solu-Cortef]	Prescribing, Medication	RXCUI
		Administration	
.738595	hydrocortisone 500 MG [Solu-Cortef]	Prescribing, Medication	RXCUI
		Administration	

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Code	Description	Code Category	Code Type
1738600	hydrocortisone 100 MG [Solu-Cortef]	Prescribing, Medication	RXCUI
		Administration	
1738602	hydrocortisone 100 MG [A-Hydrocort]	Prescribing, Medication	RXCUI
		Administration	
197782	hydrocortisone 10 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
197783	hydrocortisone 20 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
197787	hydrocortisone 5 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
1738590	hydrocortisone 250 MG Injection	Prescribing, Medication	RXCUI
	,	Administration	
238755	hydrocortisone 100 MG Injection	Prescribing, Medication	RXCUI
	,	Administration	
1738586	hydrocortisone 1000 MG Injection	Prescribing, Medication	RXCUI
	,	Administration	
1738594	hydrocortisone 500 MG Injection	Prescribing, Medication	RXCUI
	,	Administration	
316056	hydrocortisone 10 MG	Prescribing, Medication	RXCUI
	,	Administration	
316058	hydrocortisone 20 MG	Prescribing, Medication	RXCUI
	,	Administration	
317387	hydrocortisone 5 MG	Prescribing, Medication	RXCUI
	,	Administration	
446496	hydrocortisone 250 MG	Prescribing, Medication	RXCUI
	,	Administration	
1738584	hydrocortisone 1000 MG	Prescribing, Medication	RXCUI
	,	Administration	
1738593	hydrocortisone 500 MG	Prescribing, Medication	RXCUI
	,	Administration	
1738598	hydrocortisone 100 MG	Prescribing, Medication	RXCUI
	,	Administration	
370649	hydrocortisone Oral Tablet	Prescribing, Medication	RXCUI
	,	Administration	
1738585	hydrocortisone Injection	Prescribing, Medication	RXCUI
	, , , , , , , , , , , , , , , , ,	Administration	
1164007	hydrocortisone Oral Product	Prescribing, Medication	RXCUI
	,	Administration	
1164010	hydrocortisone Pill	Prescribing, Medication	RXCUI
	,	Administration	
1165880	A-Hydrocort Injectable Product	Prescribing, Medication	RXCUI
	,	Administration	
1170955	Cortef Oral Product	Prescribing, Medication	RXCUI
		Administration	
1170956	Cortef Pill	Prescribing, Medication	RXCUI
		Administration	
		Auministration	

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Code	Description	Code Category	Code Type
L184839	Solu-Cortef Injectable Product	Prescribing, Medication	RXCUI
		Administration	
.05403	Methylprednisolone 125 MG/ML	Prescribing, Medication	RXCUI
		Administration	
357888	Methylprednisolone 2000 MG	Prescribing, Medication	RXCUI
	,,,	Administration	
.358512	methylprednisolone acetate 20 MG/ML	Prescribing, Medication	RXCUI
		Administration	
.358610	methylprednisolone acetate 40 MG/ML	Prescribing, Medication	RXCUI
		Administration	
.358612	methylprednisolone acetate 40 MG/ML	Prescribing, Medication	RXCUI
330012	methylpreumsolone acetate 40 MG/ME	_	IXCOI
250617	mathylaradaicalana acatata 20 NAC/NAL	Administration	DVCIII
358617	methylprednisolone acetate 80 MG/ML	Prescribing, Medication	RXCUI
250640	mothylprodpicaloga acetata 20 MAC/MAI	Administration	DVCIII
358619	methylprednisolone acetate 80 MG/ML	Prescribing, Medication	RXCUI
742724	M II	Administration	51/6111
743704	Methylprednisolone 125 MG	Prescribing, Medication	RXCUI
		Administration	
743707	Methylprednisolone 125 MG	Prescribing, Medication	RXCUI
		Administration	
743720	Methylprednisolone 500 MG	Prescribing, Medication	RXCUI
		Administration	
.743722	Methylprednisolone 500 MG	Prescribing, Medication	RXCUI
		Administration	
743726	Methylprednisolone 1000 MG	Prescribing, Medication	RXCUI
		Administration	
743729	Methylprednisolone 1000 MG	Prescribing, Medication	RXCUI
		Administration	
743779	methylprednisolone acetate 40 MG/ML	Prescribing, Medication	RXCUI
		Administration	
743781	methylprednisolone acetate 40 MG/ML	Prescribing, Medication	RXCUI
	, p	Administration	
743855	methylprednisolone acetate 80 MG/ML	Prescribing, Medication	RXCUI
		Administration	10.001
.743856	methylprednisolone acetate 80 MG/ML	Prescribing, Medication	RXCUI
., 43030	mempipiedinisolone decidie oo mojime	Administration	III
.97971	Methylprednisolone 32 MG	Prescribing, Medication	RXCUI
.J/3/1	Metry predmissione 32 MG	<u> </u>	RACUI
07072	Mathylprodpicalona 9 MC	Administration	DVCIII
97973	Methylprednisolone 8 MG	Prescribing, Medication	RXCUI
07126	Matheulaua daisa lana 2 MAC	Administration	DVCIII
07136	Methylprednisolone 2 MG	Prescribing, Medication	RXCUI
0740-		Administration	
07137	Methylprednisolone 8 MG	Prescribing, Medication	RXCUI
		Administration	
07138	Methylprednisolone 16 MG	Prescribing, Medication	RXCUI
		Administration	

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Code	Description	Code Category	Code Type
207141	Methylprednisolone 32 MG	Prescribing, Medication	RXCUI
		Administration	
207143	Methylprednisolone 20 MG/ML	Prescribing, Medication	RXCUI
		Administration	
207168	Methylprednisolone 40 MG/ML	Prescribing, Medication	RXCUI
		Administration	
207179	Methylprednisolone 80 MG/ML	Prescribing, Medication	RXCUI
		Administration	
207189	Methylprednisolone 125 MG/ML	Prescribing, Medication	RXCUI
		Administration	
207191	Methylprednisolone 40 MG	Prescribing, Medication	RXCUI
	, .	Administration	
207193	Methylprednisolone 62.5 MG/ML	Prescribing, Medication	RXCUI
	,	Administration	
213010	Methylprednisolone 65.3 MG/ML	Prescribing, Medication	RXCUI
		Administration	
238760	Methylprednisolone 80 MG/ML	Prescribing, Medication	RXCUI
	,,,,	Administration	
259966	Methylprednisolone 4 MG	Prescribing, Medication	RXCUI
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Administration	
260330	Methylprednisolone 4 MG	Prescribing, Medication	RXCUI
200550	meany presimbolone i me	Administration	10.001
311659	Methylprednisolone 40 MG/ML	Prescribing, Medication	RXCUI
311033	Weary preamsolone 40 May ME	Administration	incor
314099	Methylprednisolone 62.5 MG/ML	Prescribing, Medication	RXCUI
314033	Wiethylpreamsolone 02.5 Mo/ME	Administration	IIICOI
328161	Methylprednisolone 16 MG	Prescribing, Medication	RXCUI
320101	Wethylpredmsolone to WG	Administration	IXCOI
346535	Methylprednisolone 40 MG/ML	Prescribing, Medication	RXCUI
340333	Wethylpreumsolone 40 Mg/ML	Administration	KACOI
762675	21 (Methylprednisolone 4 MG Oral Tablet)	Prescribing, Medication	RXCUI
702073	21 (Methylpreunsolone 4 MG Oral Tablet)	-	KACUI
1008080	Aspirin / Methylprednisolone	Administration	RXCUI
1000000	Aspiriir / Methylprednisolone	Prescribing, Medication	KACUI
105200	Salu Madrana 40 MC/MI Injectable Salution	Administration	DVCIII
105399	Solu-Medrone 40 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
405400	Calu Madaga CO F NAC /NAL late stable Calution	Administration	DVCIII
105400	Solu-Medrone 62.5 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
405404	C AA 425 A4C A41 1 1 1 C 1 1	Administration	DVCI II
105401	Solu-Medrone 125 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
405 400	Cally Mandrey of C 2 Mac (Matter)	Administration	DVC: ::
105402	Solu-Medrone 65.3 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
		Administration	
105404	methylprednisolone (as methylprednisolone sodium succinate)	Prescribing, Medication	RXCUI
	50 MG/ML Injectable Solution	Administration	_
1163488	Methylprednisolone Oral Product	Prescribing, Medication	RXCUI
		Administration	

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Code	Description	Code Category	Code Type
163489	Methylprednisolone Pill	Prescribing, Medication	RXCUI
		Administration	
1357885	Methylprednisolone 65.4 MG/ML	Prescribing, Medication	RXCUI
		Administration	
.357886	methylprednisolone (as methylprednisolone sodium succinate)	Prescribing, Medication	RXCUI
	65.4 MG/ML Injectable Solution	Administration	
.357887	Methylprednisolone 65.4 MG/ML [Solu-Medrol]	Prescribing, Medication	RXCUI
		Administration	
L358509	methylprednisolone acetate 20 MG/ML	Prescribing, Medication	RXCUI
	, , , , , , , , , , , , , , , , , ,	Administration	
1358510	methylprednisolone acetate 20 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
.550510	metry preumonone adetate 20 may me mjestable suspension	Administration	10.001
.358511	methylprednisolone acetate 20 MG/ML [Depo-Medrol]	Prescribing, Medication	RXCUI
330311	methylpreamsolone acctate 20 Ma/ME [Depo Mearor]	Administration	IIXCOI
.358611	methylprednisolone acetate 40 MG/ML [Depo-Medrol]	Prescribing, Medication	RXCUI
.550011	methylpredinsolone decide 40 Mo/ME [Depo-Mediol]	Administration	IVICOI
.358616	methylprednisolone acetate 80 MG/ML	Prescribing, Medication	RXCUI
.550010	methylpreumsolone acetate oo woywil	Administration	NACUI
358618	methylprednisolone acetate 80 MG/ML [Depo-Medrol]	Prescribing, Medication	RXCUI
330010	methylpreumsolone acetate 80 Mg/ML [Depo-Methol]	-	KACUI
250745	methylprednisolone acetate 10 MG/ML	Administration	DVCIII
358745	methylpreumsolone acetate 10 MG/ML	Prescribing, Medication	RXCUI
250747	mostle de madeira la capatata 1.C. NAC/NAL	Administration	DVCIII
.358747	methylprednisolone acetate 16 MG/ML	Prescribing, Medication	RXCUI
250740	and the least desired and another AC NAC /NAL lesis stable. Commencing	Administration	DVCIII
.358748	methylprednisolone acetate 16 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
252742		Administration	B./.6/. II
358749	methylprednisolone acetate 2.5 MG/ML	Prescribing, Medication	RXCUI
25252		Administration	B./.6/. II
.358760	methylprednisolone acetate 40 MG	Prescribing, Medication	RXCUI
		Administration	
.358761	methylprednisolone acetate 40 MG Enema	Prescribing, Medication	RXCUI
		Administration	
.545708	methylprednisolone acetate 40 ML	Prescribing, Medication	RXCUI
		Administration	
.545709	methylprednisolone acetate 40 ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
1545711	methylprednisolone acetate 40 ML [Depo-Medrol]	Prescribing, Medication	RXCUI
		Administration	
.545712	Depo-Medrol 40 ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
.743702	Methylprednisolone 125 MG	Prescribing, Medication	RXCUI
		Administration	
.743703	Methylprednisolone Injection	Prescribing, Medication	RXCUI
		Administration	
	NA	Droseribing Medication	DVCIII
.743705	Methylprednisolone 125 MG [Solu-Medrol]	Prescribing, Medication	RXCUI

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Code	Description	Code Category	Code Type
1743706	Methylprednisolone Injection [Solu-Medrol]	Prescribing, Medication	RXCUI
		Administration	
743719	Methylprednisolone 500 MG	Prescribing, Medication	RXCUI
		Administration	
743721	Methylprednisolone 500 MG [Solu-Medrol]	Prescribing, Medication	RXCUI
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Administration	
.743725	Methylprednisolone 1000 MG	Prescribing, Medication	RXCUI
743723	Wethylpreamsolone 1000 We	Administration	10,001
.743727	Methylprednisolone 1000 MG [Solu-Medrol]	Prescribing, Medication	RXCUI
./43/2/	Methylpreumsolone 1000 MG [3014-Methol]	_	KACOI
742700	Mathulanadaisalana laisatian [Dana Madual]	Administration	DVCIII
743780	Methylprednisolone Injection [Depo-Medrol]	Prescribing, Medication	RXCUI
		Administration	
.743782	methylprednisolone acetate 40 MG/ML Injection	Prescribing, Medication	RXCUI
		Administration	
743783	Depo-Medrol 40 MG/ML Injection	Prescribing, Medication	RXCUI
		Administration	
743857	methylprednisolone acetate 80 MG/ML Injection	Prescribing, Medication	RXCUI
		Administration	
743858	Depo-Medrol 80 MG/ML Injection	Prescribing, Medication	RXCUI
		Administration	
744013	Methylprednisolone 2000 MG	Prescribing, Medication	RXCUI
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Administration	
744015	Methylprednisolone 2000 MG [Solu-Medrol]	Prescribing, Medication	RXCUI
744013	Wethylpreamsolone 2000 We [3014 Wedror]	Administration	плеот
744018	Methylprednisolone 40 MG [Solu-Medrol]	Prescribing, Medication	RXCUI
744010	Methylpreumsolone 40 MG [3010-Medror]		IXCOI
744020	Markle dans de la lana 40 MAC [A Markle - Durad]	Administration	DVCIII
744020	Methylprednisolone 40 MG [A-MethaPred]	Prescribing, Medication	RXCUI
		Administration	
744021	Methylprednisolone Injection [A-MethaPred]	Prescribing, Medication	RXCUI
		Administration	
744024	Methylprednisolone 125 MG [A-MethaPred]	Prescribing, Medication	RXCUI
		Administration	
97969	methylPREDNISolone 2 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
.97970	methylPREDNISolone 24 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
.99771	methylPREDNISolone 100 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
03189	Methylprednisolone Sodium Succinate	Prescribing, Medication	RXCUI
03103	Wethylpreamsolone socialis succinate	Administration	10.001
07139	Medrol 24 MG Oral Tablet		DVCIII
.07133	IVICUI OI 24 IVIO OI di Tablet	Prescribing, Medication	RXCUI
07166	Adlana 40 40 NAC /NAL Lata-ta-lata Co	Administration	DVCIII
07166	Adlone-40 40 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
07167	Depmedalone 40 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	

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Code	Description	Code Category	Code Type
07169	Depopred 40 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
07170	Duralone 40 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
07171	Medipred 40 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
07172	Medralone 40 40 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
07172	Wediatione 40 40 Wey WE injectable Suspension	Administration	плеот
07173	Methylcotol 40 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
0/1/3	Methylcotor 40 Mo/ML injectable Suspension	-	IXCOI
07174	Mathulana 40 40 NG/MI Injectable Sugression	Administration	DVCIII
07174	Methylone 40 40 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
07176	Adlone-80 80 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
07177	Dep Medalone 80 80 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
07178	Depmedalone 80 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
07180	Depoject-80 80 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
07181	Duralone 80 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
	, ,	Administration	
07183	Medipred 80 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
07100	medipled of mo, me injectable suspension	Administration	10,001
07184	Medralone 80 80 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
07104	Wediatone 80 80 World Injectable Suspension		IIXCOI
07185	Modralana 90 MC/ML Injectable Suspension	Administration Proscribing Medication	RXCUI
0/105	Medralone 80 MG/ML Injectable Suspension	Prescribing, Medication	KACUI
07406	Matheday - 00 00 MC/MI bair stable Commercian	Administration	DVCIII
07186	Methylone 80 80 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
07187	Predacorten 80 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
07190	A-MethaPred (as methylprednisolone sodium succinate) 40 MG	_	RXCUI
	Injection	Administration	
07192	A-MethaPred (as methylprednisolone sodium succinate) 125	Prescribing, Medication	RXCUI
	MG Injection	Administration	
38759	Methylprednisolone 20 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
	•	Administration	
48298	Methylprednisolone 16 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
-	, , , , , , , , , , , , , , , , , , , ,	Administration	
11658	Methylprednisolone 65.3 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
		Administration	Macol
16205	Methylprednisolone 2 MG	Prescribing, Medication	DVCIII
16285	Methylpreumsolone z MG	<u> </u>	RXCUI
16206	Mathulayadaisalaya 24 MC	Administration	DVCI II
16286	Methylprednisolone 24 MG	Prescribing, Medication	RXCUI
		Administration	

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Code	Description	Code Category	Code Type
16287	Methylprednisolone 32 MG	Prescribing, Medication	RXCUI
		Administration	
16288	Methylprednisolone 8 MG	Prescribing, Medication	RXCUI
		Administration	
17426	Methylprednisolone 16 MG	Prescribing, Medication	RXCUI
	, ,	Administration	
317427	Methylprednisolone 4 MG	Prescribing, Medication	RXCUI
	, ,	Administration	
323973	Methylprednisolone 40 MG/ML	Prescribing, Medication	RXCUI
	/ /	Administration	
30037	Methylprednisolone 40 MG	Prescribing, Medication	RXCUI
.50057	methy preamsolone to me	Administration	10.001
32216	Methylprednisolone 100 MG	Prescribing, Medication	RXCUI
32210	Wethylpreumsolone 100 Wd	Administration	IIXCOI
34063	Methylprednisolone 16 MG/ML	Prescribing, Medication	RXCUI
3 7 003	Weary preditionine to Moy ME	-	INCOI
34064	Methylprednisolone 1.5 MG	Administration Prescribing, Medication	RXCUI
54004	Wediyipi edilisololie 1.3 WO	Administration	RACUI
37312	Methylprednisolone 20 MG/ML	Prescribing, Medication	RXCUI
3/312	Methylpreunisolone 20 Mg/ML	<u> </u>	KACUI
27212	Mathylaradaisalana 90 MC/MI	Administration	DVCIII
37313	Methylprednisolone 80 MG/ML	Prescribing, Medication	RXCUI
40467	14.11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	Administration	BVCI II
40167	Methylprednisolone 1 MG/ML	Prescribing, Medication	RXCUI
		Administration	
43730	Methylprednisolone 125 MG/ML	Prescribing, Medication	RXCUI
		Administration	
46173	Methylprednisolone 62.5 MG/ML	Prescribing, Medication	RXCUI
		Administration	
46269	Methylprednisolone 2.5 MG/ML	Prescribing, Medication	RXCUI
		Administration	
46438	Methylprednisolone 65.3 MG/ML	Prescribing, Medication	RXCUI
		Administration	
51409	Methylpred DP 4 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
51410	Med-Jec-40 40 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
51411	Methacort 40 40 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
51412	Methacort 80 80 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
51413	Methylcotolone 80 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
	•	Administration	
60536	Methylprednisolone 50 MG/ML	Prescribing, Medication	RXCUI
	•	Administration	
			RXCUI
62769	Methylprednisolone Injectable Solution [Solu-Medrone]	Prescribing, Medication	KACUI

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	Code Category	Code Type
Methylprednisolone Injectable Solution [Solu-Medrol]	Prescribing, Medication	RXCUI
	Administration	
Methylprednisolone Injectable Solution [A-MethaPred]	Prescribing, Medication	RXCUI
	Administration	
Methylprednisolone Injectable Suspension [Duralone]	Prescribing, Medication	RXCUI
	Administration	
Methylprednisolone Injectable Suspension [Depopred]	Prescribing, Medication	RXCUI
	Administration	
Methylprednisolone Injectable Suspension [Depo-Medrol]	Prescribing, Medication	RXCUI
	Administration	
Methylprednisolone Injectable Suspension [Depmedalone]	Prescribing, Medication	RXCUI
	Administration	
Methylprednisolone Injectable Suspension [Adlone-40]	Prescribing, Medication	RXCUI
	Administration	
Methylprednisolone Injectable Suspension [Med-Jec-40]	Prescribing, Medication	RXCUI
	Administration	
Methylprednisolone Injectable Suspension [Methacort 40]	Prescribing, Medication	RXCUI
	Administration	
Methylprednisolone Injectable Suspension [Methacort 80]		RXCUI
Methylprednisolone Injectable Suspension [Methylcotolone]		RXCUI
Methylprednisolone Injectable Suspension [Predacorten]		RXCUI
,,,,		
Methylprednisolone Injectable Suspension [Methylone 80]		RXCUI
,,,,,		
Methylprednisolone Injectable Suspension [Medralone]		RXCUI
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Methylprednisolone Injectable Suspension [Medralone 80]		RXCUI
, , , , , , , , , , , , , , , , , , ,		
Methylprednisolone Injectable Suspension [Medipred]		RXCUI
, , , ,	- :	
Methylprednisolone Injectable Suspension [Depoiect-80]		RXCUI
, , , ,	_	
Methylprednisolone Injectable Suspension [Dep Medalone 80]		RXCUI
. , , , ,	=	
Methylprednisolone Injectable Suspension [Adlone-80]		RXCUI
, , , , , , , , , , , , , , , , , , ,		
Methylprednisolone Injectable Suspension [Methylone 40]		RXCUI
	<u> </u>	
Methylprednisolone Injectable Suspension [Methylcotol]		RXCUI
		10.001
Methylprednisolone Injectable Suspension [Medralone 40]	Prescribing, Medication	RXCUI
incomplete and the state of the	י י בשני ושווים, ויוכנוננונווו	IIACOI
	Administration	
Methylprednisolone Oral Tablet [Methylpred DP]	Administration Prescribing, Medication	RXCUI
	Methylprednisolone Injectable Suspension [Duralone] Methylprednisolone Injectable Suspension [Depopred] Methylprednisolone Injectable Suspension [Depo-Medrol] Methylprednisolone Injectable Suspension [Depmedalone] Methylprednisolone Injectable Suspension [Adlone-40]	Methylprednisolone Injectable Suspension [Duralone] Methylprednisolone Injectable Suspension [Duralone] Methylprednisolone Injectable Suspension [Depored] Methylprednisolone Injectable Suspension [Depo-Medrol] Methylprednisolone Injectable Suspension [Depo-Medrol] Methylprednisolone Injectable Suspension [Depmedalone] Methylprednisolone Injectable Suspension [Adlone-40] Methylprednisolone Injectable Suspension [Med-Jec-40] Methylprednisolone Injectable Suspension [Med-Jec-40] Methylprednisolone Injectable Suspension [Methacort 40] Methylprednisolone Injectable Suspension [Methacort 40] Methylprednisolone Injectable Suspension [Methylcotolone] Methylprednisolone Injectable Suspension [Methylcotolone] Methylprednisolone Injectable Suspension [Methylcotolone] Methylprednisolone Injectable Suspension [Methylone 80] Methylprednisolone Injectable Suspension [Medralone] Methylprednisolone Injectable Suspension [Dep Medalone 80] Methylprednisolone Injectable Suspension [Dep Medalone 80] Methylprednisolone Injectable Suspension [Medipred] Methylprednisolone Injectable Suspension [Methylone 40] Methylprednisolone Injectable

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Code	Description	Code Category	Code Type
368772	Methylprednisolone Oral Tablet [Medrol]	Prescribing, Medication	RXCUI
		Administration	
372868	Methylprednisolone Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
429197	Methylprednisolone 40 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
431738	Methylprednisolone 4 MG Extended Release Tablet	Prescribing, Medication	RXCUI
		Administration	
431739	Methylprednisolone 8 MG Extended Release Tablet	Prescribing, Medication	RXCUI
		Administration	
446398	Methylprednisolone Extended Release Tablet	Prescribing, Medication	RXCUI
		Administration	
446407	Methylprednisolone 10 MG/ML	Prescribing, Medication	RXCUI
		Administration	
446408	Methylprednisolone 5 MG/ML	Prescribing, Medication	RXCUI
		Administration	
542401	Methylprednisolone 4 MG [Methylpred]	Prescribing, Medication	RXCUI
		Administration	
542402	Methylprednisolone Oral Tablet [Methylpred]	Prescribing, Medication	RXCUI
		Administration	
542403	Methylpred 4 MG Oral Tablet	Prescribing, Medication	RXCUI
	, .	Administration	
544685	Methylprednisolone 40 MG/ML [Methylcotolone]	Prescribing, Medication	RXCUI
	, , , , , , , , , , , , , , , , , , ,	Administration	
544686	Methylprednisolone Injectable Solution [Methylcotolone]	Prescribing, Medication	RXCUI
	,,,,	Administration	
544687	Methylcotolone 40 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
	,	Administration	
544688	Methylcotolone 40 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
	,	Administration	
544694	Methylprednisolone 40 MG/ML [Sano-Drol]	Prescribing, Medication	RXCUI
		Administration	
544695	Methylprednisolone Injectable Suspension [Sano-Drol]	Prescribing, Medication	RXCUI
		Administration	
544696	Sano-Drol 40 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
	cano 2.0. io inio, ini injectable caspendion	Administration	
544701	Methylprednisolone 80 MG/ML [Cortimed]	Prescribing, Medication	RXCUI
344701	Wetry preditione of Woy WE [continued]	Administration	incor
544702	Methylprednisolone Injectable Suspension [Cortimed]	Prescribing, Medication	RXCUI
344702	Methylpredmisolone injectable suspension [continied]	Administration	IIXCOI
544703	Cortimed 80 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
J44703	continued by Intertwice Suspension	Administration	MACOI
544705	Methylprednisolone 80 MG/ML [Duro Cort]	Prescribing, Medication	RXCUI
J447UJ	Methylpreumsolone od Moj ML [Dulo Cort]	-	NACUI
544706	Methylprednisolone Injectable Suspension [Duro Cort]	Administration Prescribing, Medication	RXCUI
J44700	Methylpreumsolone injectable suspension [Duio Cort]		NACUI
		Administration	

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Code	Description	Code Category	Code Type
44707	Duro Cort 80 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
44733	Methylprednisolone 80 MG/ML [Pri-Methylate]	Prescribing, Medication	RXCUI
		Administration	
44734	Methylprednisolone Injectable Suspension [Pri-Methylate]	Prescribing, Medication	RXCUI
	, p, j, j	Administration	
44735	Pri-Methylate 80 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
11755	The methy late of maying injectable suspension	Administration	10.001
44736	Methylprednisolone 80 MG/ML [Sano-Drol]	Prescribing, Medication	RXCUI
44730	Wethylpreamsolone so May ME [sand bron]	Administration	IIXCOI
44737	Sano-Drol 80 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
44/3/	Sand-Droi 80 Mg/ML injectable Suspension	-	KACUI
44770	NA-th-damadai-al-u 425 NAC/NAL [A NA-thDud]	Administration	DVCIII
544778	Methylprednisolone 125 MG/ML [A-MethaPred]	Prescribing, Medication	RXCUI
44770	A Madda Dood for weath described	Administration	BYCH!
44779	A-MethaPred (as methylprednisolone sodium succinate) 125	Prescribing, Medication	RXCUI
	MG/ML Injectable Solution	Administration	
64049	Methylprednisolone 40 MG/ML [Solu-Medrone]	Prescribing, Medication	RXCUI
		Administration	
64050	Methylprednisolone 62.5 MG/ML [Solu-Medrone]	Prescribing, Medication	RXCUI
		Administration	
64051	Methylprednisolone 125 MG/ML [Solu-Medrone]	Prescribing, Medication	RXCUI
		Administration	
64052	Methylprednisolone 65.3 MG/ML [Solu-Medrone]	Prescribing, Medication	RXCUI
		Administration	
67927	Methylprednisolone 2 MG [Medrol]	Prescribing, Medication	RXCUI
		Administration	
67928	Methylprednisolone 8 MG [Medrol]	Prescribing, Medication	RXCUI
.0,320	meany, preamsolone of mo [meanon]	Administration	10.001
67929	Methylprednisolone 16 MG [Medrol]	Prescribing, Medication	RXCUI
.07323	Weary preamsolone to We [Weard]	Administration	10,001
67930	Methylprednisolone 24 MG [Medrol]	Prescribing, Medication	RXCUI
107330	Methylpreumsolone 24 MG [Methol]	Administration	KACUI
C7022	Nactorila de la calacia de la		DVCIII
67932	Methylprednisolone 32 MG [Medrol]	Prescribing, Medication	RXCUI
	AA .II	Administration	BY CI II
67934	Methylprednisolone 20 MG/ML [Depo-Medrol]	Prescribing, Medication	RXCUI
		Administration	
67957	Methylprednisolone 40 MG/ML [Adlone-40]	Prescribing, Medication	RXCUI
		Administration	
67958	Methylprednisolone 40 MG/ML [Depmedalone]	Prescribing, Medication	RXCUI
		Administration	
67959	Methylprednisolone 40 MG/ML [Depo-Medrol]	Prescribing, Medication	RXCUI
		Administration	
67960	Methylprednisolone 40 MG/ML [Depopred]	Prescribing, Medication	RXCUI
-	A Chah and	Administration	
67961	Methylprednisolone 40 MG/ML [Duralone]	Prescribing, Medication	RXCUI
- ·	,		
		Administration	

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Code	Description	Code Category	Code Type
67962	Methylprednisolone 40 MG/ML [Medipred]	Prescribing, Medication	RXCUI
		Administration	
67963	Methylprednisolone 40 MG/ML [Medralone 40]	Prescribing, Medication	RXCUI
	,,	Administration	
67964	Methylprednisolone 40 MG/ML [Methylcotol]	Prescribing, Medication	RXCUI
	, , , ,, ,, ,, ,,	Administration	
67965	Methylprednisolone 40 MG/ML [Methylone 40]	Prescribing, Medication	RXCUI
07303	Wethylpreamsolone 40 Way WE [Wethylone 40]	Administration	плеот
67967	Methylprednisolone 80 MG/ML [Adlone-80]	Prescribing, Medication	RXCUI
0/30/	Methylpredhisolone 80 Mo/ML [Adione-80]	-	KACOI
C70C0	Mathedayadaisalana 90 MC/MI [Day Madalana 90]	Administration	DVCIII
67968	Methylprednisolone 80 MG/ML [Dep Medalone 80]	Prescribing, Medication	RXCUI
		Administration	
67969	Methylprednisolone 80 MG/ML [Depmedalone]	Prescribing, Medication	RXCUI
		Administration	
67970	Methylprednisolone 80 MG/ML [Depo-Medrol]	Prescribing, Medication	RXCUI
		Administration	
67971	Methylprednisolone 80 MG/ML [Depoject-80]	Prescribing, Medication	RXCUI
		Administration	
67972	Methylprednisolone 80 MG/ML [Duralone]	Prescribing, Medication	RXCUI
		Administration	
67974	Methylprednisolone 80 MG/ML [Medipred]	Prescribing, Medication	RXCUI
		Administration	
67975	Methylprednisolone 80 MG/ML [Medralone 80]	Prescribing, Medication	RXCUI
0,3,3	meany preamsolone so may me [meanalone so]	Administration	10,1001
67976	Methylprednisolone 80 MG/ML [Medralone]	Prescribing, Medication	RXCUI
0/3/0	Metry predmissione 80 Mo/ML [Medialone]		IXCOI
C7077	Mathedayadaisalana 90 MC/MI [Mathedaya 90]	Administration	DVCIII
67977	Methylprednisolone 80 MG/ML [Methylone 80]	Prescribing, Medication	RXCUI
	20.10/20/20/20/20	Administration	B./ (C) !!
67978	Methylprednisolone 80 MG/ML [Predacorten]	Prescribing, Medication	RXCUI
		Administration	
67980	Methylprednisolone 125 MG/ML [Solu-Medrol]	Prescribing, Medication	RXCUI
		Administration	
67981	Methylprednisolone 40 MG/ML [A-MethaPred]	Prescribing, Medication	RXCUI
		Administration	
67982	Methylprednisolone 40 MG/ML [Solu-Medrol]	Prescribing, Medication	RXCUI
		Administration	
67983	Methylprednisolone 62.5 MG/ML [A-MethaPred]	Prescribing, Medication	RXCUI
-	27 1 22 2 22	Administration	
67984	Methylprednisolone 62.5 MG/ML [Solu-Medrol]	Prescribing, Medication	RXCUI
J. J.J.		Administration	10,001
72956	Methylprednisolone 65.3 MG/ML [Solu-Medrol]	Prescribing, Medication	RXCUI
12330	Methylpreumsolone 03.3 Md/ML [3014-Methol]		NACUI
74125	Makhadagadaga A NAC [NA - Ha-1]	Administration	DVCIII
74125	Methylprednisolone 4 MG [Medrol]	Prescribing, Medication	RXCUI
		Administration	
75340	Methylprednisolone 4 MG [Methylpred DP]	Prescribing, Medication	RXCUI
		Administration	

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Code	Description	Code Category	Code Type
75341	Methylprednisolone 40 MG/ML [Med-Jec-40]	Prescribing, Medication	RXCUI
		Administration	
75342	Methylprednisolone 40 MG/ML [Methacort 40]	Prescribing, Medication	RXCUI
		Administration	
75343	Methylprednisolone 80 MG/ML [Methacort 80]	Prescribing, Medication	RXCUI
	, , , , , , , , , , , , , , , , , , , ,	Administration	
75344	Methylprednisolone 80 MG/ML [Methylcotolone]	Prescribing, Medication	RXCUI
	,	Administration	
04173	{14 (Methylprednisolone 16 MG Oral Tablet) } Pack	Prescribing, Medication	RXCUI
01275	(11 (Methy)preamotione 10 Mo oral rablety) rabit	Administration	10.001
03856	SOLU-MEDROL	Prescribing, Medication	RXCUI
03630	30LO-IVILDINOL	_	IXCOI
2504	DEDO MEDROI	Administration	DVCIII
2584	DEPO-MEDROL	Prescribing, Medication	RXCUI
4.65.004	A MATTIA DDED INJECTA DI E DDCCOLICT	Administration	DVC!!
165881	A-METHAPRED INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
		Administration	
183797	MEDROL PILL	Prescribing, Medication	RXCUI
		Administration	
173110	DEPO-MEDROL INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
		Administration	
183796	MEDROL ORAL PRODUCT	Prescribing, Medication	RXCUI
		Administration	
184840	SOLU-MEDROL INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
		Administration	
005831	Millipred DP 12 Day Pack	Prescribing, Medication	RXCUI
		Administration	
235042	Millipred DP 21 Count 6 Day Dose Pack	Prescribing, Medication	RXCUI
233042	Willipred Dr 21 count o bdy bose r dek	Administration	плест
49066	prednisolone 25 MG (prednisolone sodium phosphate 33.6 MG)		RXCUI
43000	per 5 ML Oral Solution		IXCOI
60400	·	Administration	DVCIII
60409	Pediapred 1 MG/ML Oral Solution	Prescribing, Medication	RXCUI
		Administration	
83077	prednisolone 15 mg (as prednisolone sodium phosphate 20.2	Prescribing, Medication	RXCUI
	MG) per 5 ML Oral Solution	Administration	
12614	prednisolone 1 MG/ML Oral Solution	Prescribing, Medication	RXCUI
		Administration	
43123	prednisolone 10 MG (prednisolone sodium phosphate 13.4 MG)	Prescribing, Medication	RXCUI
	Disintegrating Oral Tablet	Administration	
43125	prednisolone 15 MG (prednisolone sodium phosphate 20.2 MG)	Prescribing, Medication	RXCUI
	Disintegrating Oral Tablet	Administration	
43127	prednisolone 30 MG (as prednisolone sodium phosphate 40.3	Prescribing, Medication	RXCUI
	MG) Disintegrating Oral Tablet	Administration	
47127	Orapred 15 MG Disintegrating Oral Tablet	Prescribing, Medication	RXCUI
,	orapida 10 mo biomegrating oral rapide	Administration	10,001
68658	Orapred 10 MG Disintegrating Oral Tablet	Prescribing, Medication	RXCUI
,0000	Orapica to MO Disintegrating Oral Tablet		INACOI
		Administration	

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Code	Description	Code Category	Code Type
68660	Orapred 30 MG Disintegrating Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
02306	prednisolone 20 MG (as prednisolone sodium phosphate 26.9	Prescribing, Medication	RXCUI
	MG) per 5 ML Oral Solution	Administration	
94979	prednisolone 10 MG per 5 ML Oral Solution	Prescribing, Medication	RXCUI
		Administration	
08118	MILLIPRED 5 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
24889	Veripred 20 20 MG per 5 ML Oral Solution	Prescribing, Medication	RXCUI
	·	Administration	
.005830	{48 (prednisolone 5 MG Oral Tablet) } Pack	Prescribing, Medication	RXCUI
	(10 (Administration	
.012206	prednisolone 3 MG/ML [AsmalPred Plus]	Prescribing, Medication	RXCUI
012200	preumonene o moj me [roman rea riao]	Administration	10,1001
012207	prednisolone Oral Solution [AsmalPred Plus]	Prescribing, Medication	RXCUI
J12201	preamosione oral solution (nomail rea rias)	Administration	11/1001
.012208	AsmalPred Plus 0.3 % Oral Solution	Prescribing, Medication	RXCUI
.012200	Admin rea riad 0.5 % oral dollation	Administration	IIACOI
013114	{21 (prednisolone 5 MG Oral Tablet) } Pack	Prescribing, Medication	RXCUI
013114	(21 (predifisorone 5 MG Oral Tablet) } rack	Administration	KACOI
02857	Codelsol 16 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
02037	Codeisor to Mo/ML injectable solution		KACUI
02050	Stintisons F MC Oral Tablet	Administration	DVCIII
.02858	Stintisone 5 MG Oral Tablet	Prescribing, Medication	RXCUI
02050	produicalone 16 NAC/NAL Injectable Colution	Administration	DVCIII
02859	prednisolone 16 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
02166	Cadalaga 10 NAC/NAL Inicatable Calution	Administration	DVCIII
.03166	Codelson 16 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
05407	Duadrasal F NAC Oral Tablet	Administration	DVCIII
05407	Prednesol 5 MG Oral Tablet	Prescribing, Medication	RXCUI
05.400	1: 1 25MCD 101 0 1711	Administration	DVCI II
05408	prednisolone 2.5 MG Delayed Release Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
.05409	prednisolone 5 MG Delayed Release Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
05410	prednisolone 5 MG Disintegrating Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
.05411	prednisolone 2.5 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
153745	Aspirin / Methylprednisolone Oral Product	Prescribing, Medication	RXCUI
		Administration	
153746	Aspirin / Methylprednisolone Pill	Prescribing, Medication	RXCUI
		Administration	
156758	prednisolone Pill	Prescribing, Medication	RXCUI
		Administration	
161445	Fluprednisolone Oral Product	Prescribing, Medication	RXCUI
		Administration	

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Code	Description	Code Category	Code Type
1161446	Fluprednisolone Pill	Prescribing, Medication	RXCUI
		Administration	
.165753	prednisolone / Trimeprazine Oral Product	Prescribing, Medication	RXCUI
	,	Administration	
165754	prednisolone / Trimeprazine Pill	Prescribing, Medication	RXCUI
.103731	preditioner, rimeprezimer in	Administration	11/1001
165758	prednisolone Oral Liquid Product	Prescribing, Medication	RXCUI
.103736	predifisorone Oral Liquid Product		KACUI
1101670	and drivelene 30 MC [Dredmistels]	Administration	DVCIII
191679	prednisolone 20 MG [Prednistab]	Prescribing, Medication	RXCUI
		Administration	
.191680	prednisolone Oral Tablet [Prednistab]	Prescribing, Medication	RXCUI
		Administration	
.191683	Prednistab 20 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
191685	prednisolone 5 MG [Prednistab]	Prescribing, Medication	RXCUI
		Administration	
191686	Prednistab 5 MG Oral Tablet	Prescribing, Medication	RXCUI
131000	Treamstab 5 MG Oral Tablet	Administration	плсот
205500	produicalone Dicintegrating Oral Bradust		DVCIII
295508	prednisolone Disintegrating Oral Product	Prescribing, Medication	RXCUI
		Administration	
493167	prednisolone 10 MG/ML [Solu-Delta-Cortef]	Prescribing, Medication	RXCUI
		Administration	
493168	prednisolone Injectable Solution [Solu-Delta-Cortef]	Prescribing, Medication	RXCUI
		Administration	
493170	Solu-Delta-Cortef (as prednisolone sodium succinate) 100 MG	Prescribing, Medication	RXCUI
	per 10 ML Injectable Solution	Administration	
493171	prednisolone 50 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
733171	predifficience so way we injectable solution	Administration	плеот
.493172	prodpicalona EO MC/ML [Salu Dalta Cartaf]		RXCUI
493172	prednisolone 50 MG/ML [Solu-Delta-Cortef]	Prescribing, Medication	KACUI
4004		Administration	
493173	Solu-Delta-Cortef (as prednisolone sodium succinate) 500 MG	Prescribing, Medication	RXCUI
	per 10 ML Injectable Solution	Administration	
98142	prednisolone 5 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
.99343	prednisolone 1 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
99967	prednisolone 25 MG Oral Tablet	Prescribing, Medication	RXCUI
	p. dadalidid 20 iiid didi idalet	Administration	11/1001
08988	prednisolone acetate 5 MG Oral Tablet	Prescribing, Medication	RXCUI
00700	preumsolone acetate 3 Mid Ordi Tablet	-	KACUI
45003	ACA 200 MC / Markhalana daire L 4 5 MC O LT. LL. :	Administration	BVCI II
45993	ASA 300 MG / Methylprednisolone 1.5 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
60125	prednisolone 25 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
		Dunnauihina Madinatian	DVCIII
60126	prednisolone 40 MG/ML Injectable Solution	Prescribing, Medication	RXCUI

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Code	Description	Code Category	Code Type
260127	prednisolone 50 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
260391	Key-Pred 25 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
260392	Predcor 25 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
260393	Depo-Predate 40 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
260394	Key-Pred 50 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
260395	Medicort 50 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
260396	Pred-Ject-50 50 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
260397	Predacort 50 50 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
260398	Predaject-50 50 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
260399	Predalone 50 50 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
260400	Predate-50 50 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
260401	Predcor 50 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
260402	Predicort-50 50 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
260403	Pri-Cortin 50 50 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
260404	Depo-Predate 80 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
260405	Hydeltrasol 20 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
		Administration	
260406	Key-Pred SP 20 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
		Administration	
260407	Predicort RP 20 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
		Administration	
260408	prednisolone acetate 20 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
		Administration	
261992	Cotolone 25 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
261993	Cotolone 50 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
284275	Prelone 1 MG/ML Oral Solution	Prescribing, Medication	RXCUI
		Administration	
284516	Orapred 15 MG in 5 mL Oral Solution	Prescribing, Medication	RXCUI
		Administration	

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Code	Description	Code Category	Code Type
312609	prednisolone 100 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
316579	prednisolone 5 MG	Prescribing, Medication	RXCUI
		Administration	
323918	prednisolone 80 MG/ML	Prescribing, Medication	RXCUI
		Administration	
323977	prednisolone 40 MG/ML	Prescribing, Medication	RXCUI
		Administration	
330164	prednisolone 100 MG/ML	Prescribing, Medication	RXCUI
		Administration	
335532	prednisolone 100 MG	Prescribing, Medication	RXCUI
		Administration	
336584	prednisolone 20 MG	Prescribing, Medication	RXCUI
		Administration	
337411	prednisolone 25 MG/ML	Prescribing, Medication	RXCUI
		Administration	
343660	prednisolone 50 MG/ML	Prescribing, Medication	RXCUI
	•	Administration	
348428	prednisolone 50 MG Oral Tablet	Prescribing, Medication	RXCUI
	·	Administration	
349801	prednisolone 50 MG	Prescribing, Medication	RXCUI
	'	Administration	
351159	prednisolone 25 MG/ML Oral Solution	Prescribing, Medication	RXCUI
	p	Administration	
351519	Cotolone 5 MG Oral Tablet	Prescribing, Medication	RXCUI
001010		Administration	
363277	prednisolone Injectable Solution [Predicort RP]	Prescribing, Medication	RXCUI
0002	produitorio injectable condition (i realicore in)	Administration	
363278	prednisolone Injectable Solution [Key-Pred SP]	Prescribing, Medication	RXCUI
000270	produition injectable condition [ive; ried or]	Administration	
363559	prednisolone Injectable Solution [Codelsol]	Prescribing, Medication	RXCUI
303333	predifficient injectable solution [codesor]	Administration	incor
364214	prednisolone Oral Solution [Prelone]	Prescribing, Medication	RXCUI
304214	predification [Freione]	Administration	incor
364478	prednisolone Oral Solution [Orapred]	Prescribing, Medication	RXCUI
304470	predification (ordpred)	Administration	TOTO
365356	prednisolone Otic Solution [Predsol]	Prescribing, Medication	RXCUI
303330	preumsolone oue solution [Freusor]	Administration	IXCOI
365598	prednisolone Injectable Suspension [Hydeltra-T.B.A.]	Prescribing, Medication	RXCUI
303330	predifisoione injectable suspension [riydeltra-1.b.A.]	_	IXCOI
365614	prednisolone Injectable Suspension [Depo-Predate]	Administration Prescribing, Medication	RXCUI
303014	predifisorone injectable suspension [Depo-Fredate]	_	NACUI
265615	produicolono Injectable Suspension [Dri Cartin EQ]	Administration	DVCIII
365615	prednisolone Injectable Suspension [Pri-Cortin 50]	Prescribing, Medication	RXCUI
265646	produicalona Inicatable Cuerancian [Duadiacut CO]	Administration	DVCIII
365616	prednisolone Injectable Suspension [Predicort-50]	Prescribing, Medication	RXCUI
		Administration	

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Code	Description	Code Category	Code Type
65617	prednisolone Injectable Suspension [Predcor]	Prescribing, Medication	RXCUI
		Administration	
865618	prednisolone Injectable Suspension [Predate-50]	Prescribing, Medication	RXCUI
		Administration	
65619	prednisolone Injectable Suspension [Predalone 50]	Prescribing, Medication	RXCUI
	p	Administration	
865620	prednisolone Injectable Suspension [Predaject-50]	Prescribing, Medication	RXCUI
03020	predifisorone injectable suspension [Freddject 30]	Administration	III
865621	prednisolone Injectable Suspension [Predacort 50]	Prescribing, Medication	RXCUI
03021	predifisoione injectable suspension [i reducort so]	_	IXCOI
65622	produicalana Injectable Suspension [Bred Jest EO]	Administration	RXCUI
65622	prednisolone Injectable Suspension [Pred-Ject-50]	Prescribing, Medication	KACUI
c=coo		Administration	B./.6/.//
65623	prednisolone Injectable Suspension [Medicort]	Prescribing, Medication	RXCUI
		Administration	
65624	prednisolone Injectable Suspension [Key-Pred]	Prescribing, Medication	RXCUI
		Administration	
65625	prednisolone Injectable Suspension [Cotolone]	Prescribing, Medication	RXCUI
		Administration	
69438	prednisolone Oral Tablet [Cotolone]	Prescribing, Medication	RXCUI
		Administration	
69537	prednisolone Oral Tablet [Stintisone]	Prescribing, Medication	RXCUI
		Administration	
72870	Aspirin / Methylprednisolone Oral Tablet	Prescribing, Medication	RXCUI
	, apriling a mean process of the manager	Administration	
73572	prednisolone Delayed Release Oral Tablet	Prescribing, Medication	RXCUI
73372	predmisolone belayed Release Oral Tablet	Administration	iocoi
73575	prednisolone Oral Solution	Prescribing, Medication	RXCUI
/55/5	preunsolone Oral Solution	_	KACUI
72570	mundminalama Oual Tahlat	Administration	DVCIII
73578	prednisolone Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
73579	prednisolone Injectable Solution	Prescribing, Medication	RXCUI
		Administration	
79264	prednisolone Disintegrating Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
85141	prednisolone Oral Tablet [Prednesol]	Prescribing, Medication	RXCUI
		Administration	
85326	prednisolone Injectable Solution [Codelson]	Prescribing, Medication	RXCUI
		Administration	
29198	prednisolone 2 MG Oral Tablet	Prescribing, Medication	RXCUI
· - -	,	Administration	
29199	prednisolone 20 MG Oral Tablet	Prescribing, Medication	RXCUI
	preamonine 20 Mo Oral Tablet		IXCOI
26270	prednisolone 10 MG Oral Tablet	Administration	DVCIII
36279	preumsolone to Mig Oral Tablet	Prescribing, Medication	RXCUI
26507	and delegation at 400 MaC/MALINE at 111 Colors	Administration	DVCI !!
36507	prednisolone 100 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
		Administration	

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Code	Description	Code Category	Code Type
52820	prednisolone 10 MG	Prescribing, Medication	RXCUI
		Administration	
41703	prednisolone 5 MG [Prednoral]	Prescribing, Medication	RXCUI
		Administration	
41704	prednisolone Oral Tablet [Prednoral]	Prescribing, Medication	RXCUI
	promise of a real part of	Administration	
541705	Prednoral 5 MG Oral Tablet	Prescribing, Medication	RXCUI
741703	Treational 5 Wid Oral Tablet	Administration	MACOI
47220	prednisolone 25 MG/ML [Pricortin]	Prescribing, Medication	RXCUI
147220	prednisolone 25 Ma/ME [Fricortin]	<u> </u>	KACOI
47224	anadaisalana laisatabla Cusasasian [Drisantia]	Administration	DVCIII
547221	prednisolone Injectable Suspension [Pricortin]	Prescribing, Medication	RXCUI
		Administration	
547222	Pricortin 25 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
63157	prednisolone 5 MG [Stintisone]	Prescribing, Medication	RXCUI
		Administration	
63254	prednisolone 16 MG/ML [Codelson]	Prescribing, Medication	RXCUI
		Administration	
63270	prednisolone 5 MG/ML [Predsol]	Prescribing, Medication	RXCUI
		Administration	
63538	prednisolone 5 MG [Predsol]	Prescribing, Medication	RXCUI
		Administration	
64053	prednisolone 5 MG [Prednesol]	Prescribing, Medication	RXCUI
01000	preamodate 5 the [realess.]	Administration	10.001
74179	prednisolone 25 MG/ML [Key-Pred]	Prescribing, Medication	RXCUI
741/3	predifisoione 25 Ma/ME [Rey-Fred]		KACOI
74100	munduisalana 35 NAC /NAL [Duadaau]	Administration	DVCIII
74180	prednisolone 25 MG/ML [Predcor]	Prescribing, Medication	RXCUI
	1 1 1 40 10 (11) [5	Administration	B./.6/.//
74181	prednisolone 40 MG/ML [Depo-Predate]	Prescribing, Medication	RXCUI
		Administration	
74182	prednisolone 50 MG/ML [Key-Pred]	Prescribing, Medication	RXCUI
		Administration	
74183	prednisolone 50 MG/ML [Medicort]	Prescribing, Medication	RXCUI
		Administration	
74184	prednisolone 50 MG/ML [Pred-Ject-50]	Prescribing, Medication	RXCUI
	-	Administration	
74185	prednisolone 50 MG/ML [Predacort 50]	Prescribing, Medication	RXCUI
-	,	Administration	
74186	prednisolone 50 MG/ML [Predaject-50]	Prescribing, Medication	RXCUI
	F. 23	Administration	10.001
74187	prednisolone 50 MG/ML [Predalone 50]	Prescribing, Medication	RXCUI
/410/	preditisolotte 30 Mg/ML [Preddiotte 30]		KACUI
74400	and decolors FO MC (MI [Decolor FO]	Administration	DVCLU
74188	prednisolone 50 MG/ML [Predate-50]	Prescribing, Medication	RXCUI
		Administration	
74189	prednisolone 50 MG/ML [Predcor]	Prescribing, Medication	RXCUI
		Administration	

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Code	Description	Code Category	Code Type
74190	prednisolone 50 MG/ML [Predicort-50]	Prescribing, Medication	RXCUI
		Administration	
74191	prednisolone 50 MG/ML [Pri-Cortin 50]	Prescribing, Medication	RXCUI
		Administration	
74192	prednisolone 80 MG/ML [Depo-Predate]	Prescribing, Medication	RXCUI
	p. coc.	Administration	
74193	prednisolone 20 MG/ML [Hydeltrasol]	Prescribing, Medication	RXCUI
74133	predifisatione 20 May ME [Hydericasor]	Administration	IIXCOI
74194	prednisolone 20 MG/ML [Key-Pred SP]	Prescribing, Medication	RXCUI
74134	prednisolone 20 May ML [key-Fred 3F]	<u> </u>	IXCOI
74105	and declare 20 MC /MI [Dradicart DD]	Administration	DVCIII
74195	prednisolone 20 MG/ML [Predicort RP]	Prescribing, Medication	RXCUI
		Administration	
74196	prednisolone 1 MG/ML [Pediapred]	Prescribing, Medication	RXCUI
		Administration	
74626	prednisolone 25 MG/ML [Cotolone]	Prescribing, Medication	RXCUI
		Administration	
74627	prednisolone 50 MG/ML [Cotolone]	Prescribing, Medication	RXCUI
		Administration	
75438	prednisolone 5 MG [Cotolone]	Prescribing, Medication	RXCUI
		Administration	
04202	prednisolone 1 MG/ML [Bubbli-Pred]	Prescribing, Medication	RXCUI
		Administration	
04203	prednisolone Oral Solution [Bubbli-Pred]	Prescribing, Medication	RXCUI
0.200	prediffication of discounting [Bassin Fred]	Administration	10,1001
04204	Bubbli-Pred 1 MG/ML Oral Solution	Prescribing, Medication	RXCUI
04204	Bubbli-Fred I Ma/ME Oral Solution		IXCOI
12121	mandaiselene 15 NAC	Administration	DVCIII
43124	prednisolone 15 MG	Prescribing, Medication	RXCUI
40406	1: 1 2011	Administration	B./.6/.//
43126	prednisolone 30 MG	Prescribing, Medication	RXCUI
		Administration	
47125	prednisolone 15 MG [Orapred]	Prescribing, Medication	RXCUI
		Administration	
47126	prednisolone Disintegrating Oral Tablet [Orapred]	Prescribing, Medication	RXCUI
		Administration	
68657	prednisolone 10 MG [Orapred]	Prescribing, Medication	RXCUI
		Administration	
68659	prednisolone 30 MG [Orapred]	Prescribing, Medication	RXCUI
		Administration	
55702	Prelone 15 MG in 5 mL Oral Solution	Prescribing, Medication	RXCUI
		Administration	
55703	Prelone 5 MG/ML Oral Solution	Prescribing, Medication	RXCUI
55705	Traising 3 May Me Oral Solution		NACOI
FF026	produicalona acatata 2 MC/MI Oral Calutian	Administration	DVCIII
55936	prednisolone acetate 3 MG/ML Oral Solution	Prescribing, Medication	RXCUI
05005	2.446/44/54444222223	Administration	BV6111
95095	prednisolone 2 MG/ML [MILLIPRED]	Prescribing, Medication	RXCUI
		Administration	

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Code	Description	Code Category	Code Type
95096	prednisolone Oral Solution [MILLIPRED]	Prescribing, Medication	RXCUI
		Administration	
95097	Millipred 10 MG in 5 mL Oral Solution	Prescribing, Medication	RXCUI
		Administration	
03306	prednisolone 3 MG/ML [Flo-Pred]	Prescribing, Medication	RXCUI
		Administration	
803307	prednisolone Oral Suspension [Flo-Pred]	Prescribing, Medication	RXCUI
		Administration	
303308	Flo-Pred 15 MG per 3 ML Oral Suspension	Prescribing, Medication	RXCUI
	·	Administration	
303309	prednisolone 1 MG/ML [Flo-Pred]	Prescribing, Medication	RXCUI
	, , ,	Administration	
03310	Flo-Pred 1 MG/ML Oral Suspension	Prescribing, Medication	RXCUI
		Administration	
08116	prednisolone 5 MG [MILLIPRED]	Prescribing, Medication	RXCUI
-	F	Administration	
08117	prednisolone Oral Tablet [MILLIPRED]	Prescribing, Medication	RXCUI
.00117	predification of distributed [twitter title]	Administration	10.001
24887	prednisolone 4 MG/ML [Veripred]	Prescribing, Medication	RXCUI
24007	predification and the [veripled]	Administration	10,001
324888	prednisolone Oral Solution [Veripred]	Prescribing, Medication	RXCUI
24000	predification (veripred)	Administration	incor
.012205	AsmalPred Plus	Prescribing, Medication	RXCUI
.012203	Asiliali Teu Tius	Administration	IXCOI
168054	Bubbli-Pred Oral Liquid Product	Prescribing, Medication	RXCUI
.100054	Bubbli-i Tea Orai Liquia i Todact	Administration	IXCOI
168055	Bubbli-Pred Oral Product	Prescribing, Medication	RXCUI
.100033	Bubbli-Fred Oral Froduct	-	KACUI
169771	Elo Prod Oral Liquid Product	Administration	RXCUI
.109//1	Flo-Pred Oral Liquid Product	Prescribing, Medication	KACUI
1.0772	Fla Duad Qual Duadouat	Administration	DVCIII
.169772	Flo-Pred Oral Product	Prescribing, Medication	RXCUI
470724	Kara Burad India atalah a Buradusat	Administration	DVCIII
.170721	Key-Pred Injectable Product	Prescribing, Medication	RXCUI
470722	W D 1601 :	Administration	DVCI II
.170722	Key-Pred SP Injectable Product	Prescribing, Medication	RXCUI
		Administration	
.171632	Cotolone Injectable Product	Prescribing, Medication	RXCUI
		Administration	
171633	Cotolone Oral Product	Prescribing, Medication	RXCUI
		Administration	
171634	Cotolone Pill	Prescribing, Medication	RXCUI
		Administration	
172143	AsmalPred Plus Oral Liquid Product	Prescribing, Medication	RXCUI
		Administration	
172144	AsmalPred Plus Oral Product	Prescribing, Medication	RXCUI
		Administration	

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Code	Description	Code Category	Code Type
1173111	Depo-Predate Injectable Product	Prescribing, Medication	RXCUI
		Administration	
1173399	Hydeltra-T.B.A. Injectable Product	Prescribing, Medication	RXCUI
	•	Administration	
1173400	Hydeltrasol Injectable Product	Prescribing, Medication	RXCUI
	,	Administration	
1175156	Codelsol Injectable Product	Prescribing, Medication	RXCUI
	,	Administration	
1175157	Codelson Injectable Product	Prescribing, Medication	RXCUI
		Administration	
1177661	Pri-Cortin 50 Injectable Product	Prescribing, Medication	RXCUI
1177001	TH Cortin 50 injectable Froduct	Administration	MACOI
1178234	Pricortin Injectable Product	Prescribing, Medication	RXCUI
11/0254	Fricortiii iiijectable Froduct	_	NACOI
1179016	Stintisone Oral Product	Administration Prescribing, Medication	RXCUI
11/2010	Sumusone Oral Froduct	_	KACUI
1100103	Chindiana Dill	Administration	DVCIII
1180193	Stintisone Pill	Prescribing, Medication	RXCUI
1101100	Tanaadi B Ood Booksat	Administration	DVCIII
1181408	Temaril-P Oral Product	Prescribing, Medication	RXCUI
		Administration	
1181409	Temaril-P Pill	Prescribing, Medication	RXCUI
		Administration	
1183281	Medicort Injectable Product	Prescribing, Medication	RXCUI
		Administration	
1183437	Orapred Oral Liquid Product	Prescribing, Medication	RXCUI
		Administration	
1183438	Orapred Oral Product	Prescribing, Medication	RXCUI
		Administration	
1183439	Orapred Pill	Prescribing, Medication	RXCUI
		Administration	
1184005	Pediapred Oral Liquid Product	Prescribing, Medication	RXCUI
		Administration	
1184006	Pediapred Oral Product	Prescribing, Medication	RXCUI
		Administration	
1184933	MILLIPRED Oral Liquid Product	Prescribing, Medication	RXCUI
	·	Administration	
1184934	MILLIPRED Oral Product	Prescribing, Medication	RXCUI
		Administration	
1184935	MILLIPRED Pill	Prescribing, Medication	RXCUI
		Administration	
1185242	Pred-Ject-50 Injectable Product	Prescribing, Medication	RXCUI
1103272	Thea sect 30 injectable Floudet	Administration	IXCOI
1185244	Predacort 50 Injectable Product	Prescribing, Medication	RXCUI
1100244	r redacort 30 injectable Froduct	-	NACOI
1105346	Produiest EO Injectable Product	Administration	DVCIII
1185246	Predaject-50 Injectable Product	Prescribing, Medication	RXCUI
		Administration	

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Code	Description	Code Category	Code Type
1185247	Predalone 50 Injectable Product	Prescribing, Medication	RXCUI
		Administration	
1185248	Predate-50 Injectable Product	Prescribing, Medication	RXCUI
		Administration	
1185249	Predcor Injectable Product	Prescribing, Medication	RXCUI
		Administration	
1185252	Predicort RP Injectable Product	Prescribing, Medication	RXCUI
		Administration	
1185253	Predicort-50 Injectable Product	Prescribing, Medication	RXCUI
		Administration	
1185254	Prednesol Oral Product	Prescribing, Medication	RXCUI
		Administration	
1185255	Prednesol Pill	Prescribing, Medication	RXCUI
		Administration	
1185263	Prednoral Oral Product	Prescribing, Medication	RXCUI
		Administration	
1185264	Prednoral Pill	Prescribing, Medication	RXCUI
		Administration	
1185831	Prelone Oral Liquid Product	Prescribing, Medication	RXCUI
		Administration	
1185832	Prelone Oral Product	Prescribing, Medication	RXCUI
		Administration	
1187894	Veripred Oral Liquid Product	Prescribing, Medication	RXCUI
		Administration	
1187895	Veripred Oral Product	Prescribing, Medication	RXCUI
		Administration	
1191678	Prednistab	Prescribing, Medication	RXCUI
		Administration	
1191681	Prednistab Oral Product	Prescribing, Medication	RXCUI
		Administration	
1191682	Prednistab Pill	Prescribing, Medication	RXCUI
		Administration	
1296584	Orapred Disintegrating Oral Product	Prescribing, Medication	RXCUI
		Administration	
1493166	Solu-Delta-Cortef	Prescribing, Medication	RXCUI
		Administration	
1493169	Solu-Delta-Cortef Injectable Product	Prescribing, Medication	RXCUI
		Administration	
152241	Prednesol	Prescribing, Medication	RXCUI
		Administration	
202702	Medrol	Prescribing, Medication	RXCUI
		Administration	
202760	Hydeltrasol	Prescribing, Medication	RXCUI
		Administration	
203857	A-MethaPred	Prescribing, Medication	RXCUI
		Administration	

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Code	Description	Code Category	Code Type
16258	Cotolone	Prescribing, Medication	RXCUI
		Administration	
16464	Depo-Predate	Prescribing, Medication	RXCUI
	·	Administration	
17592	Hydeltra-T.B.A.	Prescribing, Medication	RXCUI
	,	Administration	
17898	Key-Pred	Prescribing, Medication	RXCUI
	-,	Administration	
217899	Key-Pred SP	Prescribing, Medication	RXCUI
	-,	Administration	
18285	Medicort	Prescribing, Medication	RXCUI
10203	Wediest C	Administration	10.001
19136	Pediapred	Prescribing, Medication	RXCUI
.13130	rediaprea	Administration	MACOI
19282	Poly Pred	Prescribing, Medication	RXCUI
. 17202	1 Sty 1 TCu	Administration	IXCOI
19341	Pred-Ject-50	Prescribing, Medication	RXCUI
17371	i ica-ject-jo	Administration	NACOI
19342	Predacort 50	Prescribing, Medication	RXCUI
13342	riedacoit 30		IXCOI
19344	Predaject-50	Administration Prescribing, Medication	RXCUI
13344	Fledaject-30	Administration	KACUI
10245	Dradalana FO		DVCIII
19345	Predalone 50	Prescribing, Medication	RXCUI
110246	Dradata FO	Administration	DVCIII
19346	Predate-50	Prescribing, Medication	RXCUI
110247	Duadaau	Administration	DVCIII
19347	Predcor	Prescribing, Medication	RXCUI
110240	Duadiaant DD	Administration	DVCIII
19348	Predicort RP	Prescribing, Medication	RXCUI
10240	Dualita est 50	Administration	DVCIII
19349	Predicort-50	Prescribing, Medication	RXCUI
40256	D 1	Administration	DVCI II
19356	Prelone	Prescribing, Medication	RXCUI
140402	D: 0 11 F0	Administration	DVCI II
19403	Pri-Cortin 50	Prescribing, Medication	RXCUI
		Administration	
85077	Orapred	Prescribing, Medication	RXCUI
		Administration	
53627	Codelsol	Prescribing, Medication	RXCUI
		Administration	
53629	Stintisone	Prescribing, Medication	RXCUI
		Administration	
85325	Codelson	Prescribing, Medication	RXCUI
		Administration	
41702	Prednoral	Prescribing, Medication	RXCUI
		Administration	

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Code	Description	Code Category	Code Type
547219	Pricortin	Prescribing, Medication	RXCUI
		Administration	
604201	Bubbli-Pred	Prescribing, Medication	RXCUI
		Administration	
792207	Flo-Pred	Prescribing, Medication	RXCUI
		Administration	
795094	MILLIPRED	Prescribing, Medication	RXCUI
		Administration	
824886	Veripred	Prescribing, Medication	RXCUI
		Administration	
834023	Medrol Dosepak	Prescribing, Medication	RXCUI
	·	Administration	
897060	Temaril-P	Prescribing, Medication	RXCUI
		Administration	
1303131	Prednisone 1 MG	Prescribing, Medication	RXCUI
		Administration	
1303134	Prednisone 2 MG	Prescribing, Medication	RXCUI
		Administration	
1303137	Prednisone 5 MG	Prescribing, Medication	RXCUI
		Administration	
198144	Prednisone 1 MG	Prescribing, Medication	RXCUI
		Administration	
198145	Prednisone 10 MG	Prescribing, Medication	RXCUI
		Administration	
198146	Prednisone 2.5 MG	Prescribing, Medication	RXCUI
		Administration	
198148	Prednisone 50 MG	Prescribing, Medication	RXCUI
		Administration	
205301	Prednisone 5 MG/ML	Prescribing, Medication	RXCUI
		Administration	
312615	Prednisone 20 MG	Prescribing, Medication	RXCUI
512010		Administration	1.7.001
312617	Prednisone 5 MG	Prescribing, Medication	RXCUI
		Administration	1.7.001
315187	Prednisone 1 MG/ML	Prescribing, Medication	RXCUI
515157		Administration	1.7.001
763179	Prednisone 5 MG Oral Tablet 48 Count Pack	Prescribing, Medication	RXCUI
, 551/5	Treamsone 5 Mid Oral Tablet 40 Count Lack	Administration	MACOI
763181	21 (Prednisone 5 MG Oral Tablet)	Prescribing, Medication	RXCUI
, 55101	21 (Freditionic 5 Mio Oral Tablet)	Administration	MACOI
763183	Prednisone 10 MG Oral Tablet 48 Count Pack	Prescribing, Medication	RXCUI
,00100	Treamsome to Mid Oral Tablet 40 COUNT FACK	Administration	NACOI
762105	21 (Produisano 10 MG Oral Tablat)	Prescribing, Medication	DVCIII
763185	21 (Prednisone 10 MG Oral Tablet)		RXCUI
795858	Prednisone 10 MG Oral Tablet 10 Count Pack	Administration Prescribing Medication	RXCUI
133038	Freumsone to Mid Oral Tablet to Coullt Pack	Prescribing, Medication	NACUI
		Administration	

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Code	Description	Code Category	Code Type
105412	Decortisyl 5 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
1161704	Prednisone Oral Liquid Product	Prescribing, Medication	RXCUI
	•	Administration	
1161705	Prednisone Oral Product	Prescribing, Medication	RXCUI
		Administration	
1161706	Prednisone Pill	Prescribing, Medication	RXCUI
1101700	Treditione i iii	Administration	10,001
1161707	Prednisone Rectal Product	Prescribing, Medication	RXCUI
1101/0/	Treamsone Nectar Froduct	Administration	IIACOI
1165700	meprednisone Oral Liquid Product		RXCUI
1105/00	mepreumsone oral ciquid Product	Prescribing, Medication	KACUI
4465704		Administration	DVCI II
1165701	meprednisone Oral Product	Prescribing, Medication	RXCUI
		Administration	
1165702	meprednisone Pill	Prescribing, Medication	RXCUI
		Administration	
1185261	Prednisone Intensol Oral Liquid Product	Prescribing, Medication	RXCUI
		Administration	
1185262	Prednisone Intensol Oral Product	Prescribing, Medication	RXCUI
		Administration	
1303124	Prednisone Delayed Release Oral Tablet	Prescribing, Medication	RXCUI
	,	Administration	
1303125	predniSONE 1 MG Delayed Release Oral Tablet	Prescribing, Medication	RXCUI
	,	Administration	
1303127	Prednisone 1 MG [Rayos]	Prescribing, Medication	RXCUI
1505127	reamsone 1 mo [nayos]	Administration	10.001
1303128	Prednisone Delayed Release Oral Tablet [Rayos]	Prescribing, Medication	RXCUI
1303128	Treditisone Delayed Nelease Oral Tablet [Nayos]	Administration	IXCOI
1303132	prodpisoNE 2 MC Dolayed Poloaco Oral Tablet		RXCUI
1303132	predniSONE 2 MG Delayed Release Oral Tablet	Prescribing, Medication	KACUI
4202422	D 1: 240 D 1	Administration	DVCI II
1303133	Prednisone 2 MG [Rayos]	Prescribing, Medication	RXCUI
		Administration	
1303135	predniSONE 5 MG Delayed Release Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
1303136	Prednisone 5 MG [Rayos]	Prescribing, Medication	RXCUI
		Administration	
1742508	meprednisone disodium phosphate	Prescribing, Medication	RXCUI
		Administration	
201082	Econosone 1 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
201083	Econosone 5 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
206199	Liquid Pred 1 MG/ML Oral Solution	Prescribing, Medication	RXCUI
_50155	Equia : 100 ± 1110/1112 Oral Jolation	Administration	incoi
206754	Meticorten 1 MG Oral Tablet	Prescribing, Medication	RXCUI
200/34	METICOLIENT I MIO OLAL LADIEL	-	IVACOI
		Administration	

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Code	Description	Code Category	Code Type
206755	Orasone 1 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
206837	Deltasone 2.5 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
206954	Deltasone 5 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
206955	Orasone 5 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
206956	Prednicen-M 5 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
206957	Sterapred 5 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
206988	Deltasone 10 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
206989	Orasone 10 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
206990	Sterapred DS 10 MG Oral Tablet	Prescribing, Medication	RXCUI
	·	Administration	
206997	Deltasone 20 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
206998	Orasone 20 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
207048	Deltasone 50 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
207049	Orasone 50 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
248682	meprednisone 8 MG Oral Tablet	Prescribing, Medication	RXCUI
	·	Administration	
248702	meprednisone 40 MG Oral Tablet	Prescribing, Medication	RXCUI
	•	Administration	
248725	meprednisone 4 MG Oral Tablet	Prescribing, Medication	RXCUI
	•	Administration	
248794	meprednisone 4 MG/ML Oral Solution	Prescribing, Medication	RXCUI
	•	Administration	
29523	meprednisone	Prescribing, Medication	RXCUI
	•	Administration	
312616	predniSONE 25 MG Oral Tablet	Prescribing, Medication	RXCUI
	•	Administration	
316580	Prednisone 1 MG/ML	Prescribing, Medication	RXCUI
		Administration	
316581	Prednisone 2.5 MG	Prescribing, Medication	RXCUI
-		Administration	
316582	Prednisone 20 MG	Prescribing, Medication	RXCUI
		Administration	
316583	Prednisone 25 MG	Prescribing, Medication	RXCUI
3_0000		Administration	
		Administration	

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Code	Description	Code Category	Code Type
316584	Prednisone 5 MG	Prescribing, Medication	RXCUI
		Administration	
316585	Prednisone 5 MG/ML	Prescribing, Medication	RXCUI
		Administration	
316586	Prednisone 50 MG	Prescribing, Medication	RXCUI
		Administration	
317475	Prednisone 1 MG	Prescribing, Medication	RXCUI
317473	Treamsone I We	Administration	10.001
317663	Prednisone 10 MG	Prescribing, Medication	RXCUI
317003	Treditisorie 10 MG		IIACOI
224024	manual mianua A NAC /NAI	Administration	DVCIII
334021	meprednisone 4 MG/ML	Prescribing, Medication	RXCUI
		Administration	
334022	meprednisone 4 MG	Prescribing, Medication	RXCUI
		Administration	
334023	meprednisone 40 MG	Prescribing, Medication	RXCUI
		Administration	
334024	meprednisone 8 MG	Prescribing, Medication	RXCUI
		Administration	
335473	Prednisone 2 MG	Prescribing, Medication	RXCUI
		Administration	
351399	Prednicot 5 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
351400	Prednicot 10 MG Oral Tablet	Prescribing, Medication	RXCUI
331400	Treamest 15 Mg Star Tablet	Administration	IIICOI
351401	Prednicot 20 MG Oral Tablet	Prescribing, Medication	RXCUI
331401	Fredificot 20 MG Oral Tablet		KACUI
264000	Duaduisana Oval Calutian [Linuid Duad]	Administration	DVCIII
364008	Prednisone Oral Solution [Liquid Pred]	Prescribing, Medication	RXCUI
		Administration	
368654	Prednisone Oral Tablet [Prednicot]	Prescribing, Medication	RXCUI
		Administration	
368790	Prednisone Oral Tablet [Orasone]	Prescribing, Medication	RXCUI
		Administration	
368806	Prednisone Oral Tablet [Sterapred DS]	Prescribing, Medication	RXCUI
		Administration	
368812	Prednisone Oral Tablet [Sterapred]	Prescribing, Medication	RXCUI
		Administration	
368813	Prednisone Oral Tablet [Prednicen-M]	Prescribing, Medication	RXCUI
000020		Administration	
368867	Prednisone Oral Tablet [Meticorten]	Prescribing, Medication	RXCUI
300007	realisone oral rablet [Meticorten]	<u> </u>	IIACOI
בדבדב	manradnicana Oral Calutian	Administration	PACITI
372772	meprednisone Oral Solution	Prescribing, Medication	RXCUI
		Administration	
372773	meprednisone Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
373583	Prednisone Oral Solution	Prescribing, Medication	RXCUI
		Administration	

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Code	Description	Code Category	Code Type
373585	Prednisone Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
380827	Prednisone Oral Tablet [Econosone]	Prescribing, Medication	RXCUI
		Administration	
80828	Prednisone Oral Tablet [Decortisyl]	Prescribing, Medication	RXCUI
		Administration	
120771	Prednisone 5 MG Rectal Suppository	Prescribing, Medication	RXCUI
20//1	Treamsone 5 We nectal suppository	Administration	10.001
20772	Prednisone 30 MG Rectal Suppository	Prescribing, Medication	RXCUI
20//2	realisone so we need suppository	Administration	MACOI
120773	Prednisone 100 MG Rectal Suppository	Prescribing, Medication	RXCUI
120773	Predifisorie 100 Mg Rectal Suppository	-	KACUI
20774	D 1: 40MCD + 1C ::	Administration	BVCI II
120774	Prednisone 10 MG Rectal Suppository	Prescribing, Medication	RXCUI
20224	D 1: 0MCO 1711:	Administration	BV611:
29331	Prednisone 8 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
29332	Prednisone 40 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
38434	Prednisone 0.005 MG/MG	Prescribing, Medication	RXCUI
		Administration	
51141	Prednisone 100 MG	Prescribing, Medication	RXCUI
		Administration	
51142	Prednisone Rectal Suppository	Prescribing, Medication	RXCUI
	,	Administration	
51143	Prednisone 30 MG	Prescribing, Medication	RXCUI
		Administration	
151144	Prednisone 40 MG	Prescribing, Medication	RXCUI
31144	Treumsone 40 MG	Administration	IXCOI
151147	Prednisone 8 MG	Prescribing, Medication	RXCUI
131147	Freditisorie o MG	-	KACUI
20046	Donadaine and AAC (NAL [Linuxid Danad]	Administration	DVCI II
39946	Prednisone 1 MG/ML [Liquid Pred]	Prescribing, Medication	RXCUI
44045	D	Administration	
41813	Prednisone 10 MG [Predone]	Prescribing, Medication	RXCUI
		Administration	
41814	Prednisone Oral Tablet [Predone]	Prescribing, Medication	RXCUI
		Administration	
41815	Predone 10 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
41871	Prednisone 20 MG [Predone]	Prescribing, Medication	RXCUI
		Administration	
41872	Predone 20 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
64054	Prednisone 5 MG [Decortisyl]	Prescribing, Medication	RXCUI
	casone s ma [seconds]	Administration	10,001
65678	Prednisone 1 MG [Econosone]	Prescribing, Medication	RXCUI
03070	Treamsone I Mo [Econosone]		IVACOI
		Administration	

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Code	Description	Code Category	Code Type
565679	Prednisone 5 MG [Econosone]	Prescribing, Medication	RXCUI
		Administration	
567565	Prednisone 1 MG [Meticorten]	Prescribing, Medication	RXCUI
		Administration	
567566	Prednisone 1 MG [Orasone]	Prescribing, Medication	RXCUI
		Administration	
567645	Prednisone 2.5 MG [Deltasone]	Prescribing, Medication	RXCUI
		Administration	
567755	Prednisone 5 MG [Deltasone]	Prescribing, Medication	RXCUI
		Administration	
567756	Prednisone 5 MG [Orasone]	Prescribing, Medication	RXCUI
		Administration	
567757	Prednisone 5 MG [Prednicen-M]	Prescribing, Medication	RXCUI
		Administration	
567758	Prednisone 5 MG [Sterapred]	Prescribing, Medication	RXCUI
		Administration	
567784	Prednisone 10 MG [Deltasone]	Prescribing, Medication	RXCUI
		Administration	
567785	Prednisone 10 MG [Orasone]	Prescribing, Medication	RXCUI
		Administration	
567786	Prednisone 10 MG [Sterapred DS]	Prescribing, Medication	RXCUI
		Administration	
567793	Prednisone 20 MG [Deltasone]	Prescribing, Medication	RXCUI
	•	Administration	
567794	Prednisone 20 MG [Orasone]	Prescribing, Medication	RXCUI
		Administration	
567841	Prednisone 50 MG [Deltasone]	Prescribing, Medication	RXCUI
	•	Administration	
567842	Prednisone 50 MG [Orasone]	Prescribing, Medication	RXCUI
		Administration	
575330	Prednisone 5 MG [Prednicot]	Prescribing, Medication	RXCUI
		Administration	
575331	Prednisone 10 MG [Prednicot]	Prescribing, Medication	RXCUI
		Administration	
575332	Prednisone 20 MG [Prednicot]	Prescribing, Medication	RXCUI
		Administration	
582600	Prednisone Intensol	Prescribing, Medication	RXCUI
		Administration	
582601	Prednisone 5 MG/ML [Prednisone Intensol]	Prescribing, Medication	RXCUI
· - ·		Administration	
582602	Prednisone Oral Solution [Prednisone Intensol]	Prescribing, Medication	RXCUI
302002	casone oral solution [1 realisone intensor]	Administration	13,001
582603	Prednisone Intensol 5 MG/ML Oral Solution	Prescribing, Medication	RXCUI
502005		Administration	10,001
746379	Prednisone Oral Capsule	Prescribing, Medication	RXCUI
, 40010	. realisone oral capsule	Administration	IIACOI
		Auministration	

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Code	Description	Code Category	Code Type
46380	Prednisone 10 MG Oral Capsule	Prescribing, Medication	RXCUI
		Administration	
46836	Prednisone 20 MG Oral Capsule	Prescribing, Medication	RXCUI
	·	Administration	
46837	Prednisone 5 MG Oral Capsule	Prescribing, Medication	RXCUI
	'	Administration	
95854	{12 (Prednisone 5 MG Oral Tablet) } Pack	Prescribing, Medication	RXCUI
	(()	Administration	
95855	{12 (Prednisone 5 MG Oral Tablet [Sterapred]) } Pack [Sterapred Uni-Pak 12 Day]	Prescribing, Medication	RXCUI
		Administration	
95856	{6 (Prednisone 5 MG Oral Tablet) } Pack	Prescribing, Medication	RXCUI
	(6 (. 1646565656563)) 144	Administration	
95857	{6 (Prednisone 5 MG Oral Tablet [Sterapred]) } Pack [Sterapred	Prescribing, Medication	RXCUI
55057	Uni-Pak 6 Day]	Administration	TOTO
95860	{6 (Prednisone 10 MG Oral Tablet) } Pack	Prescribing, Medication	RXCUI
33000	to the compone to the oral rablety of ack	Administration	IIICOI
95861	{6 (Prednisone 10 MG Oral Tablet [Sterapred DS]) } Pack [Sterapr		RXCUI
JJ001	to the common to the oral rablet (Steraphed DS)) in ack (Steraph	Administration	IXCOI
34395	{25 (Prednisone 10 MG Oral Tablet) } Pack	Prescribing, Medication	RXCUI
34333	(25 (Freditisone 10 Mid Oral Publicity) Facility	Administration	incor
45491	{48 (Prednisone 5 MG Oral Tablet [Sterapred]) } Pack [Sterapred		RXCUI
43431	5 MG 12 Day Uni-Pak]	Administration	IXCOI
45492	{21 (Prednisone 5 MG Oral Tablet [Sterapred]) } Pack [Sterapred 5 MG Uni-Pak]	Prescribing, Medication	RXCUI
43432	(22 (Featisone 5 to oral rasice (steraprea)) Fract (steraprea 5 to off Fat)	=	KACUI
45493	{48 (Prednisone 10 MG Oral Tablet [Sterapred DS]) } Pack	Administration Prescribing, Medication	RXCUI
43433		=	KACUI
45494	[Sterapred DS 12 Day Uni-Pak] {21 (Prednisone 10 MG Oral Tablet [Sterapred DS]) } Pack [Sterapred DS Uni-Pak]	Administration Prescribing Medication	RXCUI
45494	(21 (Featisone 10 Me Oral Tublet (Sterapred 25))) Fack (Sterapred 25 Offi Fak)		KACUI
3640	Prednisone	Administration Prescribing Medication	RXCUI
040	Predifisorie	Prescribing, Medication	KACUI
2254	Duaduisana Oval Tablat [Daltasana]	Administration	DVCIII
2354	Prednisone Oral Tablet [Deltasone]	Prescribing, Medication	RXCUI
474020	Described Ord Described	Administration	DVCIII
171028	Decortisyl Oral Product	Prescribing, Medication	RXCUI
171020	Described Bill	Administration	DVCIII
171029	Decortisyl Pill	Prescribing, Medication	RXCUI
474707	5 0 10 1 1	Administration	DVCI II
171797	Econosone Oral Product	Prescribing, Medication	RXCUI
474700	5 011	Administration	B./.6/. II
171798	Econosone Pill	Prescribing, Medication	RXCUI
4704:5		Administration	
172410	Deltasone Oral Product	Prescribing, Medication	RXCUI
		Administration	
172411	Deltasone Pill	Prescribing, Medication	RXCUI
		Administration	
176945	Meticorten Oral Product	Prescribing, Medication	RXCUI
		Administration	

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Code	Description	Code Category	Code Type
1176946	Meticorten Pill	Prescribing, Medication	RXCUI
		Administration	
178546	Liquid Pred Oral Liquid Product	Prescribing, Medication	RXCUI
	·	Administration	
178547	Liquid Pred Oral Product	Prescribing, Medication	RXCUI
	·	Administration	
178982	Sterapred DS Oral Product	Prescribing, Medication	RXCUI
		Administration	
1178983	Sterapred DS Pill	Prescribing, Medication	RXCUI
		Administration	
178984	Sterapred Oral Product	Prescribing, Medication	RXCUI
.170301	Steraprea Grant roduct	Administration	10.001
178985	Sterapred Pill	Prescribing, Medication	RXCUI
170505	Sterapica i iii	Administration	TOTO
183442	Orasone Oral Product	Prescribing, Medication	RXCUI
.103442	Orasone Oral Froduct	_	RACUI
.183443	Orasone Pill	Administration Prescribing, Medication	RXCUI
.103443	Orasone Fill	Administration	KACUI
105256	Prednicen-M Oral Product		DVCIII
185256	Prednicen-IVI Oral Product	Prescribing, Medication	RXCUI
105257	Duadaican MA Dill	Administration	DVCIII
185257	Prednicen-M Pill	Prescribing, Medication	RXCUI
405250		Administration	DVCI II
.185258	Prednicot Oral Product	Prescribing, Medication	RXCUI
		Administration	
.185259	Prednicot Pill	Prescribing, Medication	RXCUI
		Administration	
.185265	Predone Oral Product	Prescribing, Medication	RXCUI
		Administration	
.185266	Predone Pill	Prescribing, Medication	RXCUI
		Administration	
.303126	Rayos	Prescribing, Medication	RXCUI
		Administration	
.303129	Rayos Oral Product	Prescribing, Medication	RXCUI
		Administration	
1303130	Rayos Pill	Prescribing, Medication	RXCUI
		Administration	
.51587	Decortisyl	Prescribing, Medication	RXCUI
		Administration	
19350	Prednicen-M	Prescribing, Medication	RXCUI
		Administration	
20028	Sterapred	Prescribing, Medication	RXCUI
		Administration	
20029	Sterapred DS	Prescribing, Medication	RXCUI
	•	Administration	
	Lieuviel Duneel	Prescribing, Medication	RXCUI
24927	Liquid Pred	Prescribing, inedication	NACUI

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Code	Description	Code Category	Code Type
224928	Meticorten	Prescribing, Medication	RXCUI
		Administration	
224929	Orasone	Prescribing, Medication	RXCUI
		Administration	
227730	Deltasone	Prescribing, Medication	RXCUI
	2014000110	Administration	
352903	Prednicot	Prescribing, Medication	RXCUI
332303	reamede	Administration	IIICOI
380826	Econosone	Prescribing, Medication	RXCUI
360620	LCOHOSOHE	-	KACUI
E44043	Duadana	Administration	DVCIII
541812	Predone	Prescribing, Medication	RXCUI
		Administration	
539948	PREDNISONE 1 MG/ML SYRUP [LIQUID PRED]	Prescribing, Medication	RXCUI
		Administration	
539947	PREDNISONE SYRUP [LIQUID PRED]	Prescribing, Medication	RXCUI
		Administration	
312618	PREDNISONE 1 MG/ML SYRUP	Prescribing, Medication	RXCUI
		Administration	
373584	PREDNISONE SYRUP	Prescribing, Medication	RXCUI
		Administration	
795716	{12 (Dexamethasone 0.75 MG Oral Tablet [Decadron]) } Pack	Prescribing, Medication	RXCUI
700720	[Decadron 5-12]	Administration	
759696	{12 (Dexamethasone 0.75 MG Oral Tablet) } Pack	Prescribing, Medication	RXCUI
739090	(12 (Dexamethasone 0.75 MO Oral Tablet) } rack	-	KACOI
1045071	(21 / Dovamethosone 1 F MC Oral Tablet [Docadron])) Pack [Do	Administration	DVCIII
1945071	{21 (Dexamethasone 1.5 MG Oral Tablet [Decadron]) } Pack [De		RXCUI
		Administration	
846192	{21 (Dexamethasone 1.5 MG Oral Tablet) } Pack	Prescribing, Medication	RXCUI
		Administration	
847225	{21 (Dexamethasone 1.5 MG Oral Tablet) } Pack [DexPak	Prescribing, Medication	RXCUI
	TaperPak 6 Day]	Administration	
2118829	{21 (Dexamethasone 1.5 MG Oral Tablet) } Pack [HiDex 6-Day	Prescribing, Medication	RXCUI
	Taper]	Administration	
1998482	{21 (Dexamethasone 1.5 MG Oral Tablet) } Pack [TaperDex 6	Prescribing, Medication	RXCUI
	Day Taper]	Administration	
895526	{21 (Dexamethasone 1.5 MG Oral Tablet) } Pack [Zema Pak 6	Prescribing, Medication	RXCUI
-	Day]	Administration	
1943549	{21 (Dexamethasone 1.5 MG Oral Tablet) } Pack [ZoDex 6 Day	Prescribing, Medication	RXCUI
1373373		-	IIACOI
1869595	Taper] {27 (Dexamethasone 1.5 MG Oral Tablet) } Pack	Administration Prescribing, Medication	RXCUI
1002323	121 (DEVAILECTIOSOLIE T.) INIC OLD LADIELI I LACK	-	NACUI
2440025	(27 (Days and Lance of EMC C. 17 11 1) 22 1 17 22 7	Administration	DVCIII
2118835	{27 (Dexamethasone 1.5 MG Oral Tablet) } Pack [TaperDex 7-	Prescribing, Medication	RXCUI
	Day Taper]	Administration	
759697	{35 (Dexamethasone 1.5 MG Oral Tablet) } Pack	Prescribing, Medication	RXCUI
		Administration	
797022	{35 (Dexamethasone 1.5 MG Oral Tablet) } Pack [DexPak Taperl	Pa Prescribing, Medication	RXCUI
		Administration	
		-	

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Code	Description	Code Category	Code Type
95521	{35 (Dexamethasone 1.5 MG Oral Tablet) } Pack [Zema Pak 10	Prescribing, Medication	RXCUI
	Day]	Administration	
121587	{39 (Dexamethasone 1.5 MG Oral Tablet) } Pack	Prescribing, Medication	RXCUI
		Administration	
121735	{39 (Dexamethasone 1.5 MG Oral Tablet) } Pack [Dxevo 11 Day	Prescribing, Medication	RXCUI
	Taper]	Administration	
869605	{41 (Dexamethasone 1.5 MG Oral Tablet) } Pack	Prescribing, Medication	RXCUI
		Administration	
945072	{49 (Dexamethasone 1.5 MG Oral Tablet [Decadron]) } Pack [De		RXCUI
3 1307 2	(15 (Bekamethasone 115 me orar rasiet (Becauton))) rasik (Be	Administration	10.001
943550	{49 (Dexamethasone 1.5 MG Oral Tablet) } Pack	Prescribing, Medication	RXCUI
J43330	(45 (Dexamethasone 1.5 MG Oral Tablet) I Tack	-	IXCOI
000401	(40 / Devemotherene 1 F MC Oval Tablet) Deck [TanerDev 12	Administration	DVCIII
998481	{49 (Dexamethasone 1.5 MG Oral Tablet) } Pack [TaperDex 12	Prescribing, Medication	RXCUI
042554	Day Taper]	Administration	BVC!!!
943551	{49 (Dexamethasone 1.5 MG Oral Tablet) } Pack [Zodex 12 Day	Prescribing, Medication	RXCUI
	Taper]	Administration	
59481	{51 (Dexamethasone 1.5 MG Oral Tablet) } Pack	Prescribing, Medication	RXCUI
		Administration	
97023	{51 (Dexamethasone 1.5 MG Oral Tablet) } Pack [DexPak	Prescribing, Medication	RXCUI
	TaperPak 13 Day]	Administration	
95525	{51 (Dexamethasone 1.5 MG Oral Tablet) } Pack [Zema Pak 13	Prescribing, Medication	RXCUI
	Day]	Administration	
31720	12 HR Dexamethasone 1 MG / Theophylline 300 MG Extended	Prescribing, Medication	RXCUI
	Release Tablet	Administration	
01649	Baycadron 0.1 MG/ML Oral Solution	Prescribing, Medication	RXCUI
		Administration	
374392	Dalalone 16 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
374332	Balalone 10 Mo/ME mjestable 3a3pen3ion	Administration	10,001
374408	Dalalone 4 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
374400	Datatorie 4 MO/ME Injectable Solution		KACOI
05630	Dalalana A NAC /NAL Injectable Solution	Administration	DVCIII
05628	Dalalone 4 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
		Administration	
374410	Dalalone 8 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
05607	Dalalone D.P. 16 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
05594	Dalalone L.A. 8 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
05595	De-Sone LA 8 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
41484	Deca 4 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
	, ,	Administration	
41463	Deca 8 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
	2 332 3 .77 of the hijestable suspension	Administration	10,001
05596	Decadron-LA 8 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
JJJ30	becaution-LA o tito, title injectable suspension	-	NACUI
		Administration	

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Code	Description	Code Category	Code Type
55976	Decadron 0.1 MG/ML Oral Solution	Prescribing, Medication	RXCUI
		Administration	
05683	Decadron 0.25 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
05392	Decadron 0.5 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
43040	Decadron 0.75 MG Oral Tablet	Prescribing, Medication	RXCUI
130 10	Decadion on a fire ordinately	Administration	10,1001
05710	Decadron 1.5 MG Oral Tablet	Prescribing, Medication	RXCUI
03710	Decadion 1.5 MG oral rablet	Administration	MACOI
.376070	Decadron 24 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
370070	Decadron 24 May ME Injectable Solution	-	KACOI
05713	Decedron AMC Oral Tablet	Administration	DVCIII
05712	Decadron 4 MG Oral Tablet	Prescribing, Medication	RXCUI
275445	December 4 NAC/NAL Inicatable California	Administration	DVCIU
375115	Decadron 4 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
-101:		Administration	
51311	Decadron 4 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
		Administration	
05717	Decadron 6 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
05622	Decadron phosphate 24 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
		Administration	
05629	Decadron phosphate 4 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
		Administration	
05597	Decaject-L.A. 8 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
05630	Decaject 4 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
		Administration	
05631	Dexacen-4 4 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Administration	
05598	Dexacort-LA 8 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
00000	Beautiful Entermonial Injectable Suspension	Administration	10.001
05632	Dexacorten 4 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
03032	Devacorten 4 Ma/ME mjectable Solution	Administration	IIXCOI
14504	Dexamethasone / Indomethacin	Prescribing, Medication	RXCUI
14304	Devamentazone / indomentacin		NACUI
10625	Dovamathasana / Indomathasia Oral Cancula	Administration	DVCIII
40625	Dexamethasone / Indomethacin Oral Capsule	Prescribing, Medication	RXCUI
154244	Development has a many first and a many first and a fi	Administration	DVCI II
154241	Dexamethasone / Indomethacin Oral Product	Prescribing, Medication	RXCUI
		Administration	
72476	Dexamethasone / Indomethacin Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
154242	Dexamethasone / Indomethacin Pill	Prescribing, Medication	RXCUI
		Administration	
154243	Dexamethasone / Indomethacin Rectal Product	Prescribing, Medication	RXCUI

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Code	Description	Code Category	Code Type
440626	Dexamethasone / Indomethacin Rectal Suppository	Prescribing, Medication	RXCUI
		Administration	
813683	Dexamethasone / Theophylline	Prescribing, Medication	RXCUI
		Administration	
452064	Dexamethasone / Theophylline Extended Release Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
1154255	Dexamethasone / Theophylline Oral Product	Prescribing, Medication	RXCUI
	, ,	Administration	
1154256	Dexamethasone / Theophylline Pill	Prescribing, Medication	RXCUI
	, , ,	Administration	
197576	Dexamethasone 0.25 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
1086701	Dexamethasone 0.25 MG Oral Tablet [Dexium]	Prescribing, Medication	RXCUI
1000701	bekamethasone 6.25 We oral rablet [beklam]	Administration	плеот
332984	Dexamethasone 0.4 MG	Prescribing, Medication	RXCUI
332304	Dexametriasone 6.4 Mg	Administration	плеот
2108017	Dexamethasone 0.4 MG [Dextenza]	Prescribing, Medication	RXCUI
2100017	Dexamethasone 0.4 MO [Dextenza]	-	IXCOI
2108020	Dexamethasone 0.4 MG Drug Implant [Dextenza]	Administration Prescribing, Medication	RXCUI
2100020	Dexamethasone 0.4 Mg Drug implant [Dextenza]	<u> </u>	RACUI
444225	Developed has a no 0.4 MC Ovel Consula	Administration	DVCIII
411225	Dexamethasone 0.4 MG Oral Capsule	Prescribing, Medication	RXCUI
245775	D	Administration	DVCI II
315775	Dexamethasone 0.5 MG	Prescribing, Medication	RXCUI
	B	Administration	B./ (0. II
411549	Dexamethasone 0.5 MG / Indomethacin 25 MG Oral Capsule	Prescribing, Medication	RXCUI
		Administration	
564044	Dexamethasone 0.5 MG [Decadron]	Prescribing, Medication	RXCUI
		Administration	
566575	Dexamethasone 0.5 MG [Dexone]	Prescribing, Medication	RXCUI
		Administration	
566207	Dexamethasone 0.5 MG [Oradexon]	Prescribing, Medication	RXCUI
		Administration	
197577	Dexamethasone 0.5 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
205684	Dexamethasone 0.5 MG Oral Tablet [Dexone]	Prescribing, Medication	RXCUI
		Administration	
203976	Dexamethasone 0.5 MG Oral Tablet [Oradexon]	Prescribing, Medication	RXCUI
		Administration	
854175	Dexamethasone 0.7 MG	Prescribing, Medication	RXCUI
		Administration	
854179	Dexamethasone 0.7 MG [Ozurdex]	Prescribing, Medication	RXCUI
		Administration	
854177	Dexamethasone 0.7 MG Drug Implant	Prescribing, Medication	RXCUI
	G r · ·	Administration	
854181	Dexamethasone 0.7 MG Drug Implant [Ozurdex]	Prescribing, Medication	RXCUI
		Administration	
		Administration	

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Code	Description	Code Category	Code Type
45816	Dexamethasone 0.75 MG	Prescribing, Medication	RXCUI
		Administration	
75233	Dexamethasone 0.75 MG [Decadron]	Prescribing, Medication	RXCUI
		Administration	
566583	Dexamethasone 0.75 MG [Dexone]	Prescribing, Medication	RXCUI
	, , , , , , , , , , , , , , , , , , ,	Administration	
43033	Dexamethasone 0.75 MG Oral Tablet	Prescribing, Medication	RXCUI
15055	Bekamethasone on a majoritative	Administration	10.001
05692	Dexamethasone 0.75 MG Oral Tablet [Dexone]	Prescribing, Medication	RXCUI
03032	bekamethasone 0.75 Mid oral rablet [bekone]	Administration	MACOI
15776	Dexamethasone 1 MG		RXCUI
13//0	Dexamethasone 1 MG	Prescribing, Medication	KACUI
	D	Administration	B./.C. II
52621	Dexamethasone 1 MG / Terfenadine 120 MG Extended Release	Prescribing, Medication	RXCUI
	Oral Tablet	Administration	
50828	Dexamethasone 1 MG / Terfenadine 120 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
44882	Dexamethasone 1 MG / Theophylline 300 MG Extended Release	Prescribing, Medication	RXCUI
	Oral Tablet	Administration	
09684	Dexamethasone 1 MG in 1 mL Concentrate for Oral Solution	Prescribing, Medication	RXCUI
		Administration	
97579	Dexamethasone 1 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
15777	Dexamethasone 1.5 MG	Prescribing, Medication	RXCUI
13///	Bekamemasone 115 mo	Administration	10.001
66601	Dexamethasone 1.5 MG [Decadron]	Prescribing, Medication	RXCUI
00001	bekamethasone 1.5 Mo [becaaron]	Administration	III
66602	Dexamethasone 1.5 MG [Dexone]	Prescribing, Medication	RXCUI
00002	Dexamethasone 1.5 Mid [Dexone]	=	KACUI
07500	Developed to 1. F. NAC Ovel Tablet	Administration	DVCIII
97580	Dexamethasone 1.5 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
05711	Dexamethasone 1.5 MG Oral Tablet [Dexone]	Prescribing, Medication	RXCUI
		Administration	
045403	Dexamethasone 103.4 MG/ML	Prescribing, Medication	RXCUI
		Administration	
045406	Dexamethasone 103.4 MG/ML [Dexycu]	Prescribing, Medication	RXCUI
		Administration	
045410	Dexamethasone 103.4 MG/ML Injection	Prescribing, Medication	RXCUI
	•	Administration	
045411	Dexamethasone 103.4 MG/ML Injection [Dexycu]	Prescribing, Medication	RXCUI
	, , , , , , , , , , , , , , , , , , ,	Administration	
43643	Dexamethasone 16 MG/ML	Prescribing, Medication	RXCUI
130-13	Sexumethosone to majime	Administration	IIACOI
66504	Dovamothacono 16 MC/ML [Dalalona D. D.]		DVCIII
66504	Dexamethasone 16 MG/ML [Dalalone D.P.]	Prescribing, Medication	RXCUI
02267	Development AC NAC /NAL lock-stable C. L. C.	Administration	DVCIII
93267	Dexamethasone 16 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
		Administration	

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Code	Description	Code Category	Code Type
09687	Dexamethasone 16 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
17346	Dexamethasone 2 MG	Prescribing, Medication	RXCUI
		Administration	
565676	Dexamethasone 2 MG [Oradexon]	Prescribing, Medication	RXCUI
	• •	Administration	
135681	Dexamethasone 2 MG in 1 ML Injectable Solution	Prescribing, Medication	RXCUI
		Administration	
.97581	Dexamethasone 2 MG Oral Tablet	Prescribing, Medication	RXCUI
37301	bekamethasone 2 We oral rables	Administration	10.001
201072	Dexamethasone 2 MG Oral Tablet [Oradexon]	Prescribing, Medication	RXCUI
01072	Devamethasone 2 Mid Oral Tablet [Oradexon]	-	KACOI
F1700	Developethosene 2 MC/MI	Administration	DVCIII
51789	Dexamethasone 2 MG/ML	Prescribing, Medication	RXCUI
040540	Development 2 NAC/NAL [Dev. 1, 1]	Administration	DVCI !!
049548	Dexamethasone 2 MG/ML [DexaJect]	Prescribing, Medication	RXCUI
		Administration	
087756	Dexamethasone 2 MG/ML [Dexasone]	Prescribing, Medication	RXCUI
		Administration	
42937	Dexamethasone 2 MG/ML [Dexium brand of Dexamethasone]	Prescribing, Medication	RXCUI
		Administration	
049384	Dexamethasone 2 MG/ML [Dexium]	Prescribing, Medication	RXCUI
		Administration	
087757	Dexamethasone 2 MG/ML Injectable Solution [Dexasone]	Prescribing, Medication	RXCUI
	, , , , , , ,	Administration	
42939	Dexamethasone 2 MG/ML Injectable Solution [Dexium brand of		RXCUI
		Administration	
049386	Dexamethasone 2 MG/ML Injectable Solution [Dexium]	Prescribing, Medication	RXCUI
.043300	bekumethasone 2 Ma/ME mjeetable solution [beklum]	Administration	TIXCOT
138883	Dexamethasone 2.2 MG	Prescribing, Medication	RXCUI
30003	Dexamethasone 2.2 Mg		KACUI
20607	D	Administration	DVCIII
20697	Dexamethasone 2.2 MG Rectal Suppository	Prescribing, Medication	RXCUI
20075	00.000/04	Administration	
29678	Dexamethasone 20 MG/ML	Prescribing, Medication	RXCUI
		Administration	
15061	Dexamethasone 20 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
		Administration	
30680	Dexamethasone 24 MG/ML	Prescribing, Medication	RXCUI
		Administration	
66514	Dexamethasone 24 MG/ML [Decadron phosphate]	Prescribing, Medication	RXCUI
		Administration	
97584	Dexamethasone 24 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
	, , , , , , , , , , , , , , , , , , , ,	Administration	
51790	Dexamethasone 25 MG/ML	Prescribing, Medication	RXCUI
		Administration	10.001
15363	Dexamethasone 25 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
13303	Desamethasone 25 Mornie injectable solution		INACOI
		Administration	

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Code	Description	Code Category	Code Type
332981	Dexamethasone 3 MG/ML	Prescribing, Medication	RXCUI
		Administration	
252361	Dexamethasone 3 MG/ML / sodium phosphate 3 MG/ML Injecta	Prescribing, Medication	RXCUI
		Administration	
880655	Dexamethasone 3 MG/ML [DexaJect]	Prescribing, Medication	RXCUI
		Administration	
1087918	Dexamethasone 3 MG/ML [Dexium]	Prescribing, Medication	RXCUI
000540		Administration	B.V.O. II
880649	Dexamethasone 3 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
1007010	Development become 2 NAC /NAL Indicate bla Colletion [Devices]	Administration	DVCIII
1087919	Dexamethasone 3 MG/ML Injectable Solution [Dexium]	Prescribing, Medication	RXCUI
222002	Dexamethasone 3.2 MG/ML	Administration Proceeding Medication	RXCUI
332982	Dexametriasone 5.2 MG/ML	Prescribing, Medication	KACUI
247293	Dexamethasone 3.2 MG/ML Injectable Suspension	Administration Prescribing, Medication	RXCUI
247233	Dexamethasone 3.2 Mo/ME injectable 3dspension	Administration	IIXCOI
315778	Dexamethasone 4 MG	Prescribing, Medication	RXCUI
313776	Desame time	Administration	10.001
566603	Dexamethasone 4 MG [Decadron]	Prescribing, Medication	RXCUI
		Administration	
566604	Dexamethasone 4 MG [Dexone]	Prescribing, Medication	RXCUI
		Administration	
566605	Dexamethasone 4 MG [Hexadrol]	Prescribing, Medication	RXCUI
		Administration	
197582	Dexamethasone 4 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
205713	Dexamethasone 4 MG Oral Tablet [Dexone]	Prescribing, Medication	RXCUI
		Administration	
205714	Dexamethasone 4 MG Oral Tablet [Hexadrol]	Prescribing, Medication	RXCUI
		Administration	
330437	Dexamethasone 4 MG/ML	Prescribing, Medication	RXCUI
FCCF40	Development A NAC (NAL [A during a set)]	Administration	DVCIII
566519	Dexamethasone 4 MG/ML [Adrenocot]	Prescribing, Medication	RXCUI
575255	Dexamethasone 4 MG/ML [Cortastat]	Administration Prescribing, Medication	RXCUI
373233	Dexamethasone 4 Mg/ML [Cortastat]	Administration	KACUI
541479	Dexamethasone 4 MG/ML [Cortidex]	Prescribing, Medication	RXCUI
341473	Dexamethasone 4 Mo/ME [cortidex]	Administration	IIXCOI
566520	Dexamethasone 4 MG/ML [Dalalone]	Prescribing, Medication	RXCUI
300320	beautiful and the first parameters	Administration	10.001
541482	Dexamethasone 4 MG/ML [Deca]	Prescribing, Medication	RXCUI
		Administration	
566521	Dexamethasone 4 MG/ML [Decadron phosphate]	Prescribing, Medication	RXCUI
		Administration	
575256	Dexamethasone 4 MG/ML [Decadron]	Prescribing, Medication	RXCUI
3/3230	Dexamethasone 4 Moj ME [Decadron]		

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Code	Description	Code Category	Code Type
566522	Dexamethasone 4 MG/ML [Decaject]	Prescribing, Medication	RXCUI
		Administration	
566523	Dexamethasone 4 MG/ML [Dexacen-4]	Prescribing, Medication	RXCUI
		Administration	
566524	Dexamethasone 4 MG/ML [Dexacorten]	Prescribing, Medication	RXCUI
300324	bekumethasone 4 may me [bekacorten]	Administration	10,001
566525	Dexamethasone 4 MG/ML [Dexasone]	Prescribing, Medication	RXCUI
300323	Dexamethasone 4 Mg/ML [Dexasone]	-	KACUI
FCCF3C	Deverage And Chall [Deverage	Administration	DVCIII
566526	Dexamethasone 4 MG/ML [Dexone]	Prescribing, Medication	RXCUI
		Administration	
566527	Dexamethasone 4 MG/ML [Hexadrol Phosphate]	Prescribing, Medication	RXCUI
		Administration	
566528	Dexamethasone 4 MG/ML [Medidex]	Prescribing, Medication	RXCUI
		Administration	
541485	Dexamethasone 4 MG/ML [Metazone]	Prescribing, Medication	RXCUI
		Administration	
563253	Dexamethasone 4 MG/ML [Oradexon]	Prescribing, Medication	RXCUI
	, , , , , , , , , , , , , , , , , , ,	Administration	
566529	Dexamethasone 4 MG/ML [Primethasone]	Prescribing, Medication	RXCUI
300323	bekumethasone + wid/ wie [i minethasone]	Administration	плсот
566530	Dexamethasone 4 MG/ML [Solurex LA]	Prescribing, Medication	RXCUI
300330	Dexamethasone 4 Mg/ML [Solutex LA]	- -	KACUI
FCCF24	D	Administration	BYCH!
566531	Dexamethasone 4 MG/ML [Solurex]	Prescribing, Medication	RXCUI
		Administration	
309698	Dexamethasone 4 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
		Administration	
205633	Dexamethasone 4 MG/ML Injectable Solution [Dexasone]	Prescribing, Medication	RXCUI
		Administration	
205634	Dexamethasone 4 MG/ML Injectable Solution [Dexone]	Prescribing, Medication	RXCUI
		Administration	
205635	Dexamethasone 4 MG/ML Injectable Solution [Hexadrol	Prescribing, Medication	RXCUI
	Phosphate]	Administration	
205636	Dexamethasone 4 MG/ML Injectable Solution [Medidex]	Prescribing, Medication	RXCUI
203030	became that the injectable solution [Mediaex]	Administration	10,001
541487	Dexamethasone 4 MG/ML Injectable Solution [Metazone]	Prescribing, Medication	RXCUI
341467	Dexamethasone 4 Mo/ME injectable solution [Metazone]	-	IXCOI
402462	D	Administration	BYCH!
103163	Dexamethasone 4 MG/ML Injectable Solution [Oradexon]	Prescribing, Medication	RXCUI
		Administration	
205637	Dexamethasone 4 MG/ML Injectable Solution [Primethasone]	Prescribing, Medication	RXCUI
		Administration	
205638	Dexamethasone 4 MG/ML Injectable Solution [Solurex LA]	Prescribing, Medication	RXCUI
		Administration	
205639	Dexamethasone 4 MG/ML Injectable Solution [Solurex]	Prescribing, Medication	RXCUI
	•	Administration	
1006791	Dexamethasone 4 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
	, , , , , , , , , , , , , , , , , , , ,	Administration	
		, willingtration	

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Code	Description	Code Category	Code Type
331791	Dexamethasone 5 MG/ML	Prescribing, Medication	RXCUI
		Administration	
565677	Dexamethasone 5 MG/ML [Oradexon]	Prescribing, Medication	RXCUI
		Administration	
105394	Dexamethasone 5 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
		Administration	
201073	Dexamethasone 5 MG/ML Injectable Solution [Oradexon]	Prescribing, Medication	RXCUI
.010/3	bekamethasone 5 wid/wie injectable solution [ordaexon]	Administration	III
315779	Dexamethasone 6 MG	Prescribing, Medication	RXCUI
13773	Dexamethasone o Mo	-	KACOI
	Davage at base of C MC [Dasadyses]	Administration	DVCIII
66608	Dexamethasone 6 MG [Decadron]	Prescribing, Medication	RXCUI
		Administration	
197583	Dexamethasone 6 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
38885	Dexamethasone 8 MG	Prescribing, Medication	RXCUI
		Administration	
29196	Dexamethasone 8 MG Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
23884	Dexamethasone 8 MG/ML	Prescribing, Medication	RXCUI
		Administration	
49225	Dexamethasone 8 MG/ML / sodium phosphate 2 MG/ML Inject	a Prescribing, Medication	RXCUI
		Administration	
66491	Dexamethasone 8 MG/ML [Adrenocot L.A.]	Prescribing, Medication	RXCUI
700-131	bekamethasone o wid/wie [/karenocot e./k.]	Administration	10.001
75253	Dexamethasone 8 MG/ML [Cortastat LA]	Prescribing, Medication	RXCUI
173233	Dexamethasone 8 Mo/ML [Cortastat LA]		IXCOI
.44.47.6	Developed because 0.NAC/NAL [Contrident]	Administration	DVCIII
41476	Dexamethasone 8 MG/ML [Cortidex]	Prescribing, Medication	RXCUI
	0.40/44/50 1.4.3	Administration	B.V.O. II
66492	Dexamethasone 8 MG/ML [Dalalone L.A.]	Prescribing, Medication	RXCUI
		Administration	
66493	Dexamethasone 8 MG/ML [De-Sone LA]	Prescribing, Medication	RXCUI
		Administration	
41461	Dexamethasone 8 MG/ML [Deca]	Prescribing, Medication	RXCUI
		Administration	
66494	Dexamethasone 8 MG/ML [Decadron-LA]	Prescribing, Medication	RXCUI
		Administration	
66495	Dexamethasone 8 MG/ML [Decaject-L.A.]	Prescribing, Medication	RXCUI
-	,,	Administration	
66496	Dexamethasone 8 MG/ML [Dexacort-LA]	Prescribing, Medication	RXCUI
20.50	2 S.G. Saladone o moj me į bekadone enj	Administration	10,001
66497	Dexamethasone 8 MG/ML [Dexasone LA]	Prescribing, Medication	RXCUI
00437	Devanierilasone o Moj Mr. [Dexasone LA]		NACUI
000040	Developed because 9 NAC /NAL [Developed]	Administration	DVCIII
.089818	Dexamethasone 8 MG/ML [Dexasone]	Prescribing, Medication	RXCUI
		Administration	
66498	Dexamethasone 8 MG/ML [Dexone LA]	Prescribing, Medication	RXCUI
		Administration	

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Code	Description	Code Category	Code Type
66499	Dexamethasone 8 MG/ML [Medidex LA]	Prescribing, Medication	RXCUI
		Administration	
41465	Dexamethasone 8 MG/ML [Metazone]	Prescribing, Medication	RXCUI
	,	Administration	
41468	Dexamethasone 8 MG/ML [Primethasone]	Prescribing, Medication	RXCUI
		Administration	
541472	Dexamethasone 8 MG/ML [Robadex]	Prescribing, Medication	RXCUI
7717/2	Dexamethasone o Mo/ME [Nobadex]	Administration	MACOI
66500	Dexamethasone 8 MG/ML [Solurex LA]	Prescribing, Medication	RXCUI
100300	Dexamethasone o Moj ME [Solutex LA]	-	KACOI
07000	Davage at has a good ONAC /NAL lui a stable Calvitian	Administration	DVCIII
887080	Dexamethasone 8 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
		Administration	
309688	Dexamethasone 8 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
05599	Dexamethasone 8 MG/ML Injectable Suspension [Dexasone LA]	Prescribing, Medication	RXCUI
		Administration	
089820	Dexamethasone 8 MG/ML Injectable Suspension [Dexasone]	Prescribing, Medication	RXCUI
		Administration	
05600	Dexamethasone 8 MG/ML Injectable Suspension [Dexone LA]	Prescribing, Medication	RXCUI
		Administration	
05601	Dexamethasone 8 MG/ML Injectable Suspension [Medidex LA]	Prescribing, Medication	RXCUI
		Administration	
41467	Dexamethasone 8 MG/ML Injectable Suspension [Metazone]	Prescribing, Medication	RXCUI
71707	Dexamethasone of Mo/ME injectable saspension [Metazone]	Administration	10,001
41470	Dexamethasone 8 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
41470	· · · · · · · · · · · · · · · · · · ·		KACUI
44474	[Primethasone]	Administration	DVCI II
41474	Dexamethasone 8 MG/ML Injectable Suspension [Robadex]	Prescribing, Medication	RXCUI
		Administration	
05602	Dexamethasone 8 MG/ML Injectable Suspension [Solurex LA]	Prescribing, Medication	RXCUI
		Administration	
2690	dexamethasone acetate	Prescribing, Medication	RXCUI
		Administration	
.374388	dexamethasone acetate 16 MG/ML	Prescribing, Medication	RXCUI
		Administration	
.374390	dexamethasone acetate 16 MG/ML [Dalalone]	Prescribing, Medication	RXCUI
	,	Administration	
.374389	dexamethasone acetate 16 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
		Administration	
374371	dexamethasone acetate 8 MG/ML	Prescribing, Medication	RXCUI
J/ 4J/ 1	desamediasone decide o maj me	-	IIACOI
374409	dexamethasone acetate 8 MG/ML [Dalalone]	Administration Prescribing, Medication	RXCUI
.574403	devanteriasone acerare o moj mie [Dalamie]		KACUI
F24200	day, and the control of the control	Administration	DVCI !!
.534398	dexamethasone acetate 8 MG/ML [De-Sone LA]	Prescribing, Medication	RXCUI
		Administration	
534288	dexamethasone acetate 8 MG/ML [Decadron-LA]	Prescribing, Medication	RXCUI
		Administration	

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Code	Description	Code Category	Code Type
534331	dexamethasone acetate 8 MG/ML [Dexacort-LA]	Prescribing, Medication	RXCUI
		Administration	
374386	dexamethasone acetate 8 MG/ML [Dexasone]	Prescribing, Medication	RXCUI
		Administration	
534289	dexamethasone acetate 8 MG/ML [Robadex]	Prescribing, Medication	RXCUI
	, , , , , , , , , , , , , , , , , , ,	Administration	
374372	dexamethasone acetate 8 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
37 I37E	dexamethasone decide o moj me mjestasie suspension	Administration	10.001
374387	dexamethasone acetate 8 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
374307	[Dexasone]	Administration	MACOI
54176	Dexamethasone Drug Implant	Prescribing, Medication	RXCUI
34170	Dexamethasone brug implant	=	KACUI
100010	Develope the series Develope to Develope 1	Administration	DVCIII
108018	Dexamethasone Drug Implant [Dextenza]	Prescribing, Medication	RXCUI
		Administration	
54180	Dexamethasone Drug Implant [Ozurdex]	Prescribing, Medication	RXCUI
		Administration	
154529	Dexamethasone Drug Implant Product	Prescribing, Medication	RXCUI
		Administration	
38882	Dexamethasone Oral Capsule	Prescribing, Medication	RXCUI
		Administration	
154534	Dexamethasone Oral Liquid Product	Prescribing, Medication	RXCUI
	·	Administration	
154535	Dexamethasone Oral Product	Prescribing, Medication	RXCUI
		Administration	
71728	Dexamethasone Oral Solution	Prescribing, Medication	RXCUI
, 1, 20	Sexumethusone oral solution	Administration	10.001
01648	Dexamethasone Oral Solution [Baycadron]	Prescribing, Medication	RXCUI
01040	Dexamethasone oral solution [baycadron]	=	KACOI
57087	Dovamethacene Oral Solution [Docadron]	Administration	RXCUI
3/06/	Dexamethasone Oral Solution [Decadron]	Prescribing, Medication	KACUI
C 400 C		Administration	B./.C. II
64896	Dexamethasone Oral Solution [Dexamethasone Intensol]	Prescribing, Medication	RXCUI
		Administration	
57088	Dexamethasone Oral Solution [Hexadrol]	Prescribing, Medication	RXCUI
		Administration	
71729	Dexamethasone Oral Tablet	Prescribing, Medication	RXCUI
		Administration	
69461	Dexamethasone Oral Tablet [Decadron]	Prescribing, Medication	RXCUI
		Administration	
086700	Dexamethasone Oral Tablet [Dexium]	Prescribing, Medication	RXCUI
	• •	Administration	
69460	Dexamethasone Oral Tablet [Dexone]	Prescribing, Medication	RXCUI
23.00	2 S. S. Haddel Craft Tables [Bekene]	Administration	Macol
69516	Dexamethasone Oral Tablet [Hexadrol]	Prescribing, Medication	RXCUI
03310	Devamentazone Oral Tabler [Hexadion]	=	KACUI
60560	Devemothesone Oral Tablet [Oradovan]	Administration	DVCIII
69569	Dexamethasone Oral Tablet [Oradexon]	Prescribing, Medication	RXCUI
		Administration	

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Code	Description	Code Category	Code Type
1154536	Dexamethasone Otic Product	Prescribing, Medication	RXCUI
		Administration	
371727	Dexamethasone Otic Solution	Prescribing, Medication	RXCUI
		Administration	
154537	Dexamethasone Pill	Prescribing, Medication	RXCUI
		Administration	
L812094	Dexamethasone Prefilled Syringe	Prescribing, Medication	RXCUI
		Administration	
1154538	Dexamethasone Rectal Product	Prescribing, Medication	RXCUI
		Administration	
138884	Dexamethasone Rectal Suppository	Prescribing, Medication	RXCUI
.5000 1	Bekamethasone neotal suppository	Administration	10,1001
203704	Dexasone	Prescribing, Medication	RXCUI
.03704	DENUSORIE	Administration	IXCOI
216384	De-Sone LA	Prescribing, Medication	RXCUI
.10304	De-Jone LA	-	NACUI
27682	Decadron	Administration Prescribing, Medication	RXCUI
2/002	Decadion	Administration	KACUI
09686	Devematherens 0.1 MC/MI Oral Solution		DVCIII
09080	Dexamethasone 0.1 MG/ML Oral Solution	Prescribing, Medication	RXCUI
CCE04	December 2010 AAC (AAL [December 2]	Administration	DVCI II
66581	Dexamethasone 0.1 MG/ML [Decadron]	Prescribing, Medication	RXCUI
460570		Administration	B.V.O. II
.169579	De-Sone LA Injectable Product	Prescribing, Medication	RXCUI
		Administration	
.170296	Decadron Oral Liquid Product	Prescribing, Medication	RXCUI
		Administration	
.170297	Decadron Oral Product	Prescribing, Medication	RXCUI
		Administration	
.170298	Decadron Pill	Prescribing, Medication	RXCUI
		Administration	
.175250	Dexasone Injectable Product	Prescribing, Medication	RXCUI
		Administration	
.154531	Dexamethasone Injectable Product	Prescribing, Medication	RXCUI
		Administration	
371725	Dexamethasone Injectable Solution	Prescribing, Medication	RXCUI
		Administration	
363487	Dexamethasone Injectable Solution [Adrenocot]	Prescribing, Medication	RXCUI
		Administration	
63213	Dexamethasone Injectable Solution [Cortastat 10]	Prescribing, Medication	RXCUI
	,	Administration	
63214	Dexamethasone Injectable Solution [Cortastat]	Prescribing, Medication	RXCUI
	2	Administration	
41480	Dexamethasone Injectable Solution [Cortidex]	Prescribing, Medication	RXCUI
.1.00	2 s. amethasone injectasic solution [contack]	Administration	10.001
63486	Dexamethasone Injectable Solution [Dalalone]	Prescribing, Medication	RXCUI
03400	bekamethasone injectable solution [balalone]	-	NACOI
		Administration	

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Code	Description	Code Category	Code Type
541483	Dexamethasone Injectable Solution [Deca]	Prescribing, Medication	RXCUI
		Administration	
363003	Dexamethasone Injectable Solution [Decadron phosphate]	Prescribing, Medication	RXCUI
		Administration	
363216	Dexamethasone Injectable Solution [Decadron]	Prescribing, Medication	RXCUI
		Administration	
363485	Dexamethasone Injectable Solution [Decaject]	Prescribing, Medication	RXCUI
303403	bekamethasone injectable solution [becaject]	Administration	IOCOI
363484	Dexamethasone Injectable Solution [Dexacen-4]	Prescribing, Medication	RXCUI
303464	Devaluethasone injectable solution [Devacen-4]	-	KACOI
262402	Developathorene Injectable Calution [Developaten]	Administration	DVCIII
363483	Dexamethasone Injectable Solution [Dexacorten]	Prescribing, Medication	RXCUI
		Administration	
880656	Dexamethasone Injectable Solution [DexaJect]	Prescribing, Medication	RXCUI
		Administration	
363482	Dexamethasone Injectable Solution [Dexasone]	Prescribing, Medication	RXCUI
		Administration	
542938	Dexamethasone Injectable Solution [Dexium brand of	Prescribing, Medication	RXCUI
	Dexamethasone]	Administration	
1049385	Dexamethasone Injectable Solution [Dexium]	Prescribing, Medication	RXCUI
		Administration	
363481	Dexamethasone Injectable Solution [Dexone]	Prescribing, Medication	RXCUI
		Administration	
363480	Dexamethasone Injectable Solution [Hexadrol Phosphate]	Prescribing, Medication	RXCUI
303400	bekamethasone injectable solution [nexactor mosphate]	Administration	IOCOI
1375105	Dexamethasone Injectable Solution [Hexadrol]	Prescribing, Medication	RXCUI
13/3103	Dexamethasone injectable solution [nexactor]	-	KACUI
262470	December of the stable Calabian (Madiala)	Administration	DVCIII
363479	Dexamethasone Injectable Solution [Medidex]	Prescribing, Medication	RXCUI
		Administration	
541486	Dexamethasone Injectable Solution [Metazone]	Prescribing, Medication	RXCUI
		Administration	
363584	Dexamethasone Injectable Solution [Oradexon]	Prescribing, Medication	RXCUI
		Administration	
363478	Dexamethasone Injectable Solution [Primethasone]	Prescribing, Medication	RXCUI
		Administration	
363477	Dexamethasone Injectable Solution [Solurex LA]	Prescribing, Medication	RXCUI
		Administration	
363476	Dexamethasone Injectable Solution [Solurex]	Prescribing, Medication	RXCUI
		Administration	
371721	Dexamethasone Injectable Suspension	Prescribing, Medication	RXCUI
J, 1, 21	Bekamethasone injectable suspension	Administration	10.001
065676	Devamethacene Injectable Suspension [Advanced L.A.]	Prescribing, Medication	DVCIII
365676	Dexamethasone Injectable Suspension [Adrenocot L.A.]	<u>-</u> .	RXCUI
265644	B	Administration	BV6: !!
365611	Dexamethasone Injectable Suspension [Cortastat LA]	Prescribing, Medication	RXCUI
		Administration	
541477	Dexamethasone Injectable Suspension [Cortidex]	Prescribing, Medication	RXCUI

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Code	Description	Code Category	Code Type
365667	Dexamethasone Injectable Suspension [Dalalone D.P.]	Prescribing, Medication	RXCUI
	•	Administration	
365693	Dexamethasone Injectable Suspension [Dalalone L.A.]	Prescribing, Medication	RXCUI
		Administration	
1374391	Dexamethasone Injectable Suspension [Dalalone]	Prescribing, Medication	RXCUI
	, , , ,	Administration	
365692	Dexamethasone Injectable Suspension [De-Sone LA]	Prescribing, Medication	RXCUI
		Administration	
541462	Dexamethasone Injectable Suspension [Deca]	Prescribing, Medication	RXCUI
0.1.01	zonamentacine injectazio casponolen (zoca)	Administration	
365691	Dexamethasone Injectable Suspension [Decadron-LA]	Prescribing, Medication	RXCUI
303031	bekamethasone injectable suspension [becaution big	Administration	10.001
365690	Dexamethasone Injectable Suspension [Decaject-L.A.]	Prescribing, Medication	RXCUI
303030	Dexamethasone injectable suspension [Decaject-L.A.]	Administration	IXCOI
365689	Dexamethasone Injectable Suspension [Dexacort-LA]	Prescribing, Medication	RXCUI
303083	Devaniethasone injectable suspension [Devacort-LA]	Administration	IXCOI
365688	Dexamethasone Injectable Suspension [Dexasone LA]		RXCUI
303000	Dexamethasone injectable suspension [Dexasone LA]	Prescribing, Medication	KACUI
1000010	Dayamathasana Injectable Suspension [Dayasana]	Administration	DVCIII
1089819	Dexamethasone Injectable Suspension [Dexasone]	Prescribing, Medication	RXCUI
205007	Development became Injectable Companying [Develop I A]	Administration	DVCIII
365687	Dexamethasone Injectable Suspension [Dexone LA]	Prescribing, Medication	RXCUI
0.55.00		Administration	D.V.G. II
365686	Dexamethasone Injectable Suspension [Medidex LA]	Prescribing, Medication	RXCUI
- 44 4CC		Administration	D.V.C.I.I.
541466	Dexamethasone Injectable Suspension [Metazone]	Prescribing, Medication	RXCUI
		Administration	
541469	Dexamethasone Injectable Suspension [Primethasone]	Prescribing, Medication	RXCUI
		Administration	
541473	Dexamethasone Injectable Suspension [Robadex]	Prescribing, Medication	RXCUI
		Administration	
365685	Dexamethasone Injectable Suspension [Solurex LA]	Prescribing, Medication	RXCUI
		Administration	
1812073	Dexamethasone Injection	Prescribing, Medication	RXCUI
		Administration	
2045407	Dexamethasone Injection [Dexycu]	Prescribing, Medication	RXCUI
		Administration	
1175245	Dexamethasone Intensol Oral Liquid Product	Prescribing, Medication	RXCUI
		Administration	
1175246	Dexamethasone Intensol Oral Product	Prescribing, Medication	RXCUI
		Administration	
308717	Betamethasone 3 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
		Administration	
213663	Betamethasone 4 MG/ML Injectable Solution [Adbeon]	Prescribing, Medication	RXCUI
		Administration	
213664	Betamethasone 4 MG/ML Injectable Solution [Celestone	Prescribing, Medication	RXCUI
	phosphate]	Administration	
	• • •	-	

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Code	Description	Code Category	Code Type
13665	Betamethasone 4 MG/ML Injectable Solution [Cell-U-Jec]	Prescribing, Medication	RXCUI
		Administration	
13666	Betamethasone 4 MG/ML Injectable Solution [Selestoject]	Prescribing, Medication	RXCUI
		Administration	
08718	Betamethasone 4 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
	, .	Administration	
578803	betamethasone sodium phosphate / betamethasone acetate 6	Prescribing, Medication	RXCUI
	MG/ML Injectable Suspension	Administration	
78806	Betamethasone 3 MG/ML / Betamethasone acetate 3 MG/ML	Prescribing, Medication	RXCUI
	Injectable Suspension [Celestone Soluspan]	Administration	
.870950	deflazacort 6 MG Oral Tablet [Emflaza]	Prescribing, Medication	RXCUI
.070330	denazacore o ivio orar rabiet [Emmaza]	=	IXCOI
9700E2	doflaracort 20 MC Oral Tablet [Emflara]	Administration Proceeding Modication	DVCIII
.870952	deflazacort 30 MG Oral Tablet [Emflaza]	Prescribing, Medication	RXCUI
070056	define cout 10 NAC Out Tablet [Fuefless]	Administration	DVCIII
1870956	deflazacort 18 MG Oral Tablet [Emflaza]	Prescribing, Medication	RXCUI
		Administration	
1870960	deflazacort 36 MG Oral Tablet [Emflaza]	Prescribing, Medication	RXCUI
		Administration	
.870968	deflazacort 22.75 MG/ML Oral Suspension [Emflaza]	Prescribing, Medication	RXCUI
		Administration	
	COVID-19		
J07.1	COVID-19, virus identified [code effective April 1, 2020]	Diagnosis	ICD-10-CM
4307-6	SARS-CoV-2 (COVID-19) N gene [Presence] in Specimen by	Lab	LOINC
	Nucleic acid amplification using CDC primer-probe set N1		
94308-4	SARS CoV 2 (COVID 10) N. gono [Proconce] in Specimen by	Lah	LOING
74306-4	SARS-CoV-2 (COVID-19) N gene [Presence] in Specimen by	Lab	LOINC
	Nucleic acid amplification using CDC primer-probe set N2		
94309-2	SARS-CoV-2 (COVID-19) RNA [Presence] in Specimen by NAA with	Lab	LOINC
94314-2	SARS-CoV-2 (COVID-19) RdRp gene [Presence] in Specimen by	Lab	LOINC
, 1011 2	NAA with probe detection	200	201110
4316-7	SARS-CoV-2 (COVID-19) N gene [Presence] in Specimen by NAA v	al ah	LOINC
94500-6	SARS-CoV-2 (COVID-19) RNA [Presence] in Respiratory specimen		LOINC
74300-0	by NAA with probe detection	Lab	LOTING
14522.7	·	Lab	LOING
94533-7	SARS-CoV-2 (COVID-19) N gene [Presence] in Respiratory	Lab	LOINC
	specimen by NAA with probe detection		
94534-5	SARS-CoV-2 (COVID-19) RdRp gene [Presence] in Respiratory	Lab	LOINC
	specimen by NAA with probe detection		
4559-2	SARS-CoV-2 (COVID-19) ORF1ab region [Presence] in	Lab	LOINC
	Respiratory specimen by NAA with probe detection		
4565-9	SARS-CoV-2 (COVID-19) RNA [Presence] in Nasopharynx by NAA	Lab	LOINC
	with non-probe detection		
94639-2	SARS-CoV-2 (COVID-19) ORF1ab region [Presence] in Specimen	Lab	LOINC
	by NAA with probe detection		
4640-0	SARS-CoV-2 (COVID-19) S gene [Presence] in Respiratory	Lab	LOINC
	specimen by NAA with probe detection		200
94641-8	SARS-CoV-2 (COVID-19) S gene [Presence] in Specimen by NAA w	.lah	LOINC
-1041-0	PULP-COA-5 (COAID-13) 2 Relie [Liezelice] III Shecilliell på INAN M	Lau	LOINC

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Code	Description	Code Category	Code Type
94660-8	SARS-CoV-2 (COVID-19) RNA [Presence] in Serum or Plasma by	Lab	LOINC
	NAA with probe detection		
4756-4	SARS-CoV-2 (COVID-19) N gene [Presence] in Respiratory	Lab	LOINC
	specimen by Nucleic acid amplification using CDC primer-probe		
	set N1		
4757-2	SARS-CoV-2 (COVID-19) N gene [Presence] in Respiratory	Lab	LOINC
	specimen by Nucleic acid amplification using CDC primer-probe		
	set N2		
4759-8	SARS-CoV-2 (COVID-19) RNA [Presence] in Nasopharynx by NAA		LOINC
4760-6	SARS-CoV-2 (COVID-19) N gene [Presence] in Nasopharynx by	Lab	LOINC
	NAA with probe detection		
4766-3	SARS-CoV-2 (COVID-19) N gene [Presence] in Serum or Plasma	Lab	LOINC
	by NAA with probe detection		
4767-1	SARS-CoV-2 (COVID-19) S gene [Presence] in Serum or Plasma	Lab	LOINC
4022.4	by NAA with probe detection	1 - b	LOING
94822-4	SARS-CoV-2 (COVID-19) RNA [Presence] in Saliva (oral fluid) by	Lab	LOINC
)404F F	Sequencing SARS COVID 100 RNA [Presence] in Soling (and fluid) by	Lah	LOINC
4845-5	SARS-CoV-2 (COVID-19) RNA [Presence] in Saliva (oral fluid) by	Lab	LOINC
5406-5	NAA with probe detection SARS-CoV-2 (COVID-19) RNA [Presence] in Nose by NAA with	Lab	LOINC
3400-3	probe detection	Lau	LOINC
5409-9	SARS-CoV-2 (COVID-19) N gene [Presence] in Nose by NAA with p	rlah	LOINC
)5424-8	SARS-CoV-2 (COVID-19) RNA [Presence] in Respiratory specimen		LOINC
5425-5	SARS-CoV-2 (COVID-19) N gene [Presence] in Saliva (oral fluid)	Lab	LOINC
3423 3	by NAA with probe detection	Lub	LOINE
95608-6	SARS-CoV-2 (COVID-19) RNA [Presence] in Respiratory specimen	Lab	LOINC
	by NAA with non-probe detection		200
95609-4	SARS-CoV-2 (COVID-19) S gene [Presence] in Respiratory	Lab	LOINC
	specimen by Sequencing		
95824-9	SARS-CoV-2 (COVID-19) ORF1ab region [Presence] in Saliva (oral	Lab	LOINC
	fluid) by NAA with probe detection		
6091-4	SARS-CoV-2 (COVID-19) RdRp gene [Presence] in Saliva (oral	Lab	LOINC
	fluid) by NAA with probe detection		
6120-1	SARS-CoV-2 (COVID-19) RdRp gene [Presence] in Lower	Lab	LOINC
	respiratory specimen by NAA with probe detection		
6123-5	SARS-CoV-2 (COVID-19) RdRp gene [Presence] in Upper	Lab	LOINC
	respiratory specimen by NAA with probe detection		
6448-6	SARS-CoV-2 (COVID-19) N gene [Presence] in Saliva (oral fluid)	Lab	LOINC
	by Nucleic acid amplification using CDC primer-probe set N1		
	0.00 0 W 0 (00) WD 40\ 0		
96765-3	SARS-CoV-2 (COVID-19) S gene [Presence] in Saliva (oral fluid)	Lab	LOINC
06707.6	by NAA with probe detection	l - b	10110
6797-6	SARS-CoV-2 (COVID-19) RNA [Presence] in Oropharyngeal wash	Lab	LOINC
VC020 7	by NAA with probe detection	Lab	LOING
6829-7	SARS-CoV-2 (COVID-19) RNA [Presence] in Specimen from	Lab	LOINC
	Donor by NAA with probe detection		

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Appendix C. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-09-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), and Healthcare Common Procedure Coding System (HCPCS) Codes Used to Define Inclusion/Exclusion Criteria for this Request

Code	Description	Code Category	Code Type
6958-4	SARS-CoV-2 (COVID-19) N gene [Presence] in Saliva (oral fluid)	Lab	LOINC
	by Nucleic acid amplification using CDC primer-probe set N2		
6986-5	SARS-CoV-2 (COVID-19) N gene [Presence] in Nose by NAA with I	r Lab	LOINC
4310-0	SARS-like coronavirus N gene [Presence] in Unspecified	Lab	LOINC
	specimen by NAA with probe detection		
4315-9	SARS-related coronavirus E gene [Presence] in Unspecified	Lab	LOINC
	specimen by NAA with probe detection		
4532-9	SARS-related coronavirus+MERS coronavirus RNA [Presence] in	Lab	LOINC
	Respiratory specimen by NAA with probe detection		
4647-5	SARS-related coronavirus RNA [Presence] in Unspecified	Lab	LOINC
	specimen by NAA with probe detection		
4758-0	SARS-related coronavirus E gene [Presence] in Respiratory	Lab	LOINC
	specimen by NAA with probe detection		
4765-5	SARS-related coronavirus E gene [Presence] in Serum or Plasma	Lab	LOINC
NE 422 0	by NAA with probe detection		LOING
95423-0	Influenza virus A and B and SARS-CoV-2 (COVID-19) identified in	Lab	LOINC
	Respiratory specimen by NAA with probe detection		
5823-1	SARS-related coronavirus E gene [Presence] in Saliva (oral fluid)	Lab	LOINC
	by NAA with probe detection		
5826-4	SARS-CoV-2 (COVID-19) RNA panel - Saliva (oral fluid) by NAA	Lab	LOINC
	with probe detection		
5970-0	SARS-CoV-2 (COVID-19) specific TCRB gene rearrangements	Lab	LOINC
06004.0	[Presence] in Blood by Sequencing	Lah	LOING
96094-8	SARS-CoV-2 (COVID-19) and SARS-related CoV RNA panel -	Lab	LOINC
6121-9	Respiratory specimen by NAA with probe detection SARS-related coronavirus E gene [Presence] in Lower	Lab	LOINC
0121-9	respiratory specimen by NAA with probe detection	Lau	LOTING
96122-7	SARS-related coronavirus E gene [Presence] in Upper	Lab	LOINC
,0122 /	respiratory specimen by NAA with probe detection	Lub	201140
6741-4	SARS-CoV-2 (COVID-19) variant [Type] in Specimen by	Lab	LOINC
	Sequencing		
96751-3	SARS-CoV-2 (COVID-19) S gene mutation detected [Identifier] in	Lab	LOINC
	Specimen by Molecular genetics method		
96752-1	SARS-CoV-2 (COVID-19) S gene mutation [Presence] in	Lab	LOINC
	Specimen by Molecular genetics method		
6763-8	SARS-CoV-2 (COVID-19) E gene [Presence] in Respiratory	Lab	LOINC
	specimen by NAA with probe detection		
6894-1	SARS-CoV-2 (COVID-19) whole genome sequencing and	Lab	LOINC
	identification panel - Specimen by Molecular genetics method		
96895-8	SARS-CoV-2 (COVID-19) lineage [Identifier] in Specimen by	Lab	LOINC
	Molecular genetics method		
6896-6	SARS-CoV-2 (COVID-19) clade [Type] in Specimen by Molecular	Lab	LOINC
	genetics method		

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Appendix C. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-09-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), and Healthcare Common Procedure Coding System (HCPCS) Codes Used to Define Inclusion/Exclusion Criteria for this Request

Code	Description	Code Category	Code Type
96957-6	SARS-CoV-2 (COVID-19) M gene [Presence] in Upper respiratory	Lab	LOINC
97098-8	specimen by NAA with probe detection SARS-CoV-2 (COVID-19) Nsp2 gene [Presence] in Upper	Lab	LOINC
94764-8	respiratory specimen by NAA with probe detection SARS-CoV-2 (COVID-19) whole genome [Nucleotide sequence]	Lab	LOINC
94502-2	in Isolate or Specimen by Sequencing SARS-related coronavirus RNA [Presence] in Respiratory	Lab	LOINC
94306-8	specimen by NAA with probe detection SARS-CoV-2 (COVID-19) RNA panel - Unspecified specimen by	Lab	LOINC
96897-4	NAA with probe detection SARS-CoV-2 (COVID-19) RNA panel - Oropharyngeal wash by	Lab	LOINC
	NAA with probe detection		

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

this Request	
Generic Name	Brand Name
Remdesivir	
REMDESIVIR FOR IV	REMDESIVIR
remdesivir	Veklury
remdesivir	remdesivir
Systemic Corticostero	ids
betamethasone acetate and sodium phos in sterilewater/PF	betameth ac,sodphos(PF)-water
betamethasone acetate/betamethasone sodiumphosphate	BSP-0820
betamethasone acetate/betamethasone sodiumphosphate	Beta-1
betamethasone acetate/betamethasone sodiumphosphate	
betamethasone acetate/betamethasone sodiumphosphate	Pod-Care 100C
betamethasone acetate/betamethasone sodiumphosphate	ReadySharp Betamethasone
betamethasone acetate/betamethasone sodiumphosphate	betamethasone acet, sod phos
betamethasone acetate/betamethasone sodiumphosphate/water	betamethasone ace, sodphos-wtr
betamethasone sodium phosph in sterile water forinjection	betamethasone sodphosph-water
budesonide	Entocort EC
budesonide	Uceris
budesonide	budesonide
cortisone acetate	cortisone
deflazacort	Emflaza
dexamethasone	Decadron
dexamethasone	Dexabliss
dexamethasone	Dexamethasone Intensol
dexamethasone	Dxevo
dexamethasone	HiDex
dexamethasone	TaperDex
dexamethasone	dexamethasone
dexamethasone acetate and sodium phosphate insterile water	dexamethasone ac, sodph-water
dexamethasone acetate in sodium chloride, iso-osmotic	dexamethasoneace-NaCl,iso-osm
dexamethasone sodium phosphate	ReadySharp dexamethasone
dexamethasone sodium phosphate	dexamethasone sodiumphosphate
dexamethasone sodium phosphate in 0.9 %sodium chloride	dexamethasone-0.9 % sod.chlor
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)
hydrocortisone	Cortef
hydrocortisone	hydrocortisone
hydrocortisone sod succinate	A-Hydrocort
hydrocortisone sod succinate	Solu-Cortef
hydrocortisone sodium succinate/PF	Solu-Cortef Act-O-Vial (PF)

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

this request	
Generic Name	Brand Name
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 sodiumchloride,iso-osmotic/PF	methylpredac(PF)-NaCl,iso-osm
methylprednisolone acetate in sterile water forinjection	methylprednisoloneacet-water
methylprednisolone acetate/bupivacaine HCl insterile water	methylprednisolac-bupivac-wat
methylprednisolone sodium succinate	Solu-Medrol
methylprednisolone sodium succinate	methylprednisolone sodiumsucc
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 sodiumphosphate
prednisone	Prednisone Intensol
prednisone	Rayos
prednisone	prednisone
triamcinolone acetonide	Kenalog
triamcinolone acetonide	Kenalog-80
triamcinolone acetonide	P-Care K40
triamcinolone acetonide	P-Care K80
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) in0.9%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 % sodiumchloride/PF	triamcinolonedia(PF)-0.9%NaCl
triamcinolone hexacetonide	Aristospan Intra-Articular
triamcinolone hexacetonide	Aristospan Intralesional
	-

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Code	Description	Code Category	Code Type
	COVID-19		
U07.1 94307-6	COVID-19, virus identified [code effective April 1, 2020] SARS-CoV-2 (COVID-19) N gene [Presence] in Specimen by Nucleic acid amplification	Diagnosis Lab	ICD-10-CM LOINC
94308-4	using CDC primer-probe set N1 SARS-CoV-2 (COVID-19) N gene [Presence] in Specimen by Nucleic acid amplification	Lab	LOINC
94309-2	using CDC primer-probe set N2 SARS-CoV-2 (COVID-19) RNA [Presence] in Specimen by NAA with probe detection	Lab	LOINC
94314-2	SARS-CoV-2 (COVID-19) RdRp gene [Presence] in Specimen by NAA with probe	Lab	LOINC
94316-7	detection SARS-CoV-2 (COVID-19) N gene [Presence] in Specimen by NAA with probe detection	Lab	
			LOINC
94500-6	SARS-CoV-2 (COVID-19) RNA [Presence] in Respiratory specimen by NAA with probe detection	Lab	LOINC
94533-7		Lab	LOINC
94534-5	SARS-CoV-2 (COVID-19) RdRp gene [Presence] in Respiratory specimen by NAA with probe detection	Lab	LOINC
94559-2	SARS-CoV-2 (COVID-19) ORF1ab region [Presence] in Respiratory specimen by NAA with probe detection	Lab	LOINC
94565-9	SARS-CoV-2 (COVID-19) RNA [Presence] in Nasopharynx by NAA with non-probe detection	Lab	LOINC
94639-2	SARS-CoV-2 (COVID-19) ORF1ab region [Presence] in Specimen by NAA with probe detection	Lab	LOINC
94640-0	SARS-CoV-2 (COVID-19) S gene [Presence] in Respiratory specimen by NAA with probe	Lab	LOINC
94641-8	detection SARS-CoV-2 (COVID-19) S gene [Presence] in Specimen by NAA with probe detection	Lab	LOINC
94660-8	SARS-CoV-2 (COVID-19) RNA [Presence] in Serum or Plasma by NAA with probe	Lab	LOINC
94756-4	detection SARS-CoV-2 (COVID-19) N gene [Presence] in Respiratory specimen by Nucleic acid	Lab	LOINC
94757-2	amplification using CDC primer-probe set N1 SARS-CoV-2 (COVID-19) N gene [Presence] in Respiratory specimen by Nucleic acid	Lab	LOINC
94759-8	amplification using CDC primer-probe set N2 SARS-CoV-2 (COVID-19) RNA [Presence] in Nasopharynx by NAA with probe detection	Lab	LOINC
94760-6	SARS-CoV-2 (COVID-19) N gene [Presence] in Nasopharynx by NAA with probe	Lab	LOINC
94766-3	detection SARS-CoV-2 (COVID-19) N gene [Presence] in Serum or Plasma by NAA with probe	Lab	LOINC
94767-1	detection SARS-CoV-2 (COVID-19) S gene [Presence] in Serum or Plasma by NAA with probe	Lab	LOINC
94822-4	detection SARS-CoV-2 (COVID-19) RNA [Presence] in Saliva (oral fluid) by Sequencing	Lab	LOINC
94845-5	SARS-CoV-2 (COVID-19) RNA [Presence] in Saliva (oral fluid) by NAA with probe	Lab	LOINC
95406-5	detection SARS-CoV-2 (COVID-19) RNA [Presence] in Nose by NAA with probe detection	Lab	LOINC
95409-9	SARS-CoV-2 (COVID-19) N gene [Presence] in Nose by NAA with probe detection	Lab	LOINC
95424-8	SARS-CoV-2 (COVID-19) RNA [Presence] in Respiratory specimen by Sequencing	Lab	LOINC
JJ-72-10	57.11.5 COV 2 (COVID 15) MAY [FIGSENCE] III NESPITATORY SPECIFICITY SEQUENCING	Lub	LOTING

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Code	Description	Code Category	Code Type
95425-5	SARS-CoV-2 (COVID-19) N gene [Presence] in Saliva (oral fluid) by NAA with probe	Lab	LOINC
00.200	detection	-5.0	200
95608-6	SARS-CoV-2 (COVID-19) RNA [Presence] in Respiratory specimen by NAA with non-	Lab	LOINC
	probe detection		
95609-4	SARS-CoV-2 (COVID-19) S gene [Presence] in Respiratory specimen by Sequencing	Lab	LOINC
95824-9	SARS-CoV-2 (COVID-19) ORF1ab region [Presence] in Saliva (oral fluid) by NAA with	Lab	LOINC
05004.4	probe detection		
96091-4	SARS-CoV-2 (COVID-19) RdRp gene [Presence] in Saliva (oral fluid) by NAA with probe	Lab	LOINC
96120-1	detection SARS-CoV-2 (COVID-19) RdRp gene [Presence] in Lower respiratory specimen by NAA	Lab	LOINC
J0120-1	with probe detection	Lab	LOINE
96123-5	SARS-CoV-2 (COVID-19) RdRp gene [Presence] in Upper respiratory specimen by NAA	Lab	LOINC
	with probe detection		
96448-6	SARS-CoV-2 (COVID-19) N gene [Presence] in Saliva (oral fluid) by Nucleic acid	Lab	LOINC
	amplification using CDC primer-probe set N1		
96765-3	SARS-CoV-2 (COVID-19) S gene [Presence] in Saliva (oral fluid) by NAA with probe	Lab	LOINC
	detection		
96797-6	SARS-CoV-2 (COVID-19) RNA [Presence] in Oropharyngeal wash by NAA with probe	Lab	LOINC
96829-7	detection SARS-CoV-2 (COVID-19) RNA [Presence] in Specimen from Donor by NAA with probe	Lab	LOINC
J002J-7	detection	Lab	LOINE
96958-4	SARS-CoV-2 (COVID-19) N gene [Presence] in Saliva (oral fluid) by Nucleic acid	Lab	LOINC
	amplification using CDC primer-probe set N2		
96986-5	SARS-CoV-2 (COVID-19) N gene [Presence] in Nose by NAA with non-probe detection	Lab	LOINC
94310-0	SARS-like coronavirus N gene [Presence] in Unspecified specimen by NAA with probe	Lab	LOINC
04245.0	detection		101110
94315-9	SARS-related coronavirus E gene [Presence] in Unspecified specimen by NAA with probe detection	Lab	LOINC
94532-9	SARS-related coronavirus+MERS coronavirus RNA [Presence] in Respiratory specimen	Lah	LOINC
3 1332 3	by NAA with probe detection	240	2040
94647-5	SARS-related coronavirus RNA [Presence] in Unspecified specimen by NAA with probe	Lab	LOINC
	detection		
94758-0	SARS-related coronavirus E gene [Presence] in Respiratory specimen by NAA with	Lab	LOINC
	probe detection		
94765-5	SARS-related coronavirus E gene [Presence] in Serum or Plasma by NAA with probe	Lab	LOINC
95423-0	detection Influenza virus A and B and SARS-CoV-2 (COVID-19) identified in Respiratory specimen	Lah	LOINC
93423-0	by NAA with probe detection	Lau	LOINC
95823-1	SARS-related coronavirus E gene [Presence] in Saliva (oral fluid) by NAA with probe	Lab	LOINC
	detection		
95826-4	SARS-CoV-2 (COVID-19) RNA panel - Saliva (oral fluid) by NAA with probe detection	Lab	LOINC
95970-0	SARS-CoV-2 (COVID-19) specific TCRB gene rearrangements [Presence] in Blood by	Lab	LOINC
05004.0	Sequencing		
96094-8	SARS-CoV-2 (COVID-19) and SARS-related CoV RNA panel - Respiratory specimen by	Lab	LOINC
96121-9	NAA with probe detection SARS-related coronavirus E gene [Presence] in Lower respiratory specimen by NAA	Lab	LOINC
JU121-J	with probe detection	Lub	LONG
96122-7	SARS-related coronavirus E gene [Presence] in Upper respiratory specimen by NAA	Lab	LOINC
	with probe detection		

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Code	Description	Code Category	Code Type
96741-4	SARS-CoV-2 (COVID-19) variant [Type] in Specimen by Sequencing	Lab	LOINC
96751-3	SARS-CoV-2 (COVID-19) S gene mutation detected [Identifier] in Specimen by Molecular genetics method	Lab	LOINC
96752-1	SARS-CoV-2 (COVID-19) S gene mutation [Presence] in Specimen by Molecular	Lab	LOINC
96763-8	genetics method SARS-CoV-2 (COVID-19) E gene [Presence] in Respiratory specimen by NAA with probe detection	Lab	LOINC
96894-1	SARS-CoV-2 (COVID-19) whole genome sequencing and identification panel - Specimen by Molecular genetics method	Lab	LOINC
96895-8	SARS-CoV-2 (COVID-19) lineage [Identifier] in Specimen by Molecular genetics method	Lab	LOINC
96896-6	SARS-CoV-2 (COVID-19) clade [Type] in Specimen by Molecular genetics method	Lab	LOINC
96957-6	SARS-CoV-2 (COVID-19) M gene [Presence] in Upper respiratory specimen by NAA with probe detection	Lab	LOINC
97098-8	SARS-CoV-2 (COVID-19) Nsp2 gene [Presence] in Upper respiratory specimen by NAA with probe detection	Lab	LOINC
94764-8	SARS-CoV-2 (COVID-19) whole genome [Nucleotide sequence] in Isolate or Specimen by Sequencing	Lab	LOINC
94502-2	SARS-related coronavirus RNA [Presence] in Respiratory specimen by NAA with probe detection	Lab	LOINC
94306-8	SARS-CoV-2 (COVID-19) RNA panel - Unspecified specimen by NAA with probe detection	Lab	LOINC
96897-4	SARS-CoV-2 (COVID-19) RNA panel - Oropharyngeal wash by NAA with probe	Lab	LOINC
	detection O2 Administration		
31730	Transtracheal (percutaneous) introduction of needle wire dilator/stent or indwelling	Procedure	HCPCS
	tube for oxygen therapy		
A0422	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation	Procedure	HCPCS
A4575	Topical hyperbaric oxygen chamber, disposable	Procedure	HCPCS
A4608	Transtracheal oxygen catheter, each	Procedure	HCPCS
A4615	Cannula, nasal	Procedure	HCPCS
A4620	Variable concentration mask	Procedure	HCPCS
A4623	Tracheostomy, inner cannula	Procedure	HCPCS
A4624	Tracheal suction catheter, any type other than closed system, each	Procedure	HCPCS
A4627	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler	Procedure	HCPCS
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Procedure	HCPCS
E0425	Stationary compressed gas system, purchase; includes regulator, flowmeter,	Procedure	HCPCS
E0430	humidifier, nebulizer, cannula or mask, and tubing Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier,	Procedure	HCPCS
E0431	cannula or mask, and tubing Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	Procedure	HCPCS
E0433	Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge	Procedure	HCPCS

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Code	Description	Code Category	Code Type
E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir,	Procedure	HCPCS
	humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing		
E0435	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor	Procedure	HCPCS
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing	Procedure	HCPCS
E0440	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Procedure	HCPCS
E0441	Stationary oxygen contents, gaseous, 1 month's supply = 1 unit	Procedure	HCPCS
E0442	Stationary oxygen contents, liquid, 1 month's supply = 1 unit	Procedure	HCPCS
E0443	Portable oxygen contents, gaseous, 1 month's supply = 1 unit	Procedure	HCPCS
E0444	Portable oxygen contents, liquid, 1 month's supply = 1 unit	Procedure	HCPCS
E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories	Procedure	HCPCS
E0447	Portable oxygen contents, liquid, 1 month's supply = 1 unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (LPM)	Procedure	HCPCS
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	Procedure	HCPCS
E0466	Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)	Procedure	HCPCS
E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions	Procedure	HCPCS
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, prefabricated, includes fitting and adjustment	Procedure	HCPCS
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment	Procedure	HCPCS
E0487	Spirometer, electronic, includes all accessories	Procedure	HCPCS
E1352	Oxygen accessory, flow regulator capable of positive inspiratory pressure	Procedure	HCPCS
E1353	Regulator	Procedure	HCPCS
E1354	Oxygen accessory, wheeled cart for portable cylinder or portable concentrator, any type, replacement only, each	Procedure	HCPCS
E1356	Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only, each	Procedure	HCPCS
E1357	Oxygen accessory, battery charger for portable concentrator, any type, replacement only, each	Procedure	HCPCS
E1358	Oxygen accessory, DC power adapter for portable concentrator, any type, replacement only, each	Procedure	HCPCS
E1391	Oxygen concentration at the prescribed flow rate, each	Procedure	HCPCS
E1392	Portable oxygen concentrator, rental	Procedure	HCPCS
E1405	Oxygen and water vapor enriching system with heated delivery	Procedure	HCPCS

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	Description		
Code	Description Overgon and water vapor enriching system without heated delivery	Code Category	Code Type
E1406	Oxygen and water vapor enriching system without heated delivery	Procedure	HCPCS
K0738	Portable gaseous oxygen system, rental; home compressor used to fill portable	Procedure	HCPCS
	oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier,		
	cannula or mask, and tubing		
A4616	Tubing (oxygen), per foot	Procedure	HCPCS
A4619	Face tent	Procedure	HCPCS
E0455	Oxygen tent, excluding croup or pediatric tents	Procedure	HCPCS
E0550	Humidifier, durable for extensive supplemental humidification during ippb treatments	Procedure	HCPCS
	or oxygen delivery		
E0555	Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or	Procedure	HCPCS
	flowmeter		
E0560	Humidifier, durable for supplemental humidification during ippb treatment or oxygen	Procedure	HCPCS
	delivery		
E1355	Stand/rack	Procedure	HCPCS
E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater	Procedure	HCPCS
	oxygen concentration at the prescribed flow rate		
K0740	Repair or nonroutine service for oxygen equipment requiring the skill of a technician,	Procedure	HCPCS
	labor component, per 15 minutes		
Z9981	Dependence on supplemental oxygen	Diagnosis	ICD-10-CM
S8120	Oxygen contents, gaseous, 1 unit equals 1 cubic foot	Procedure	HCPCS
S8121	Oxygen contents, liquid, 1 unit equals 1 pound	Procedure	HCPCS
30121	Mechanical Ventilation	riocedule	ПСРСЗ
G8569	Prolonged postoperative intubation (> 24 hrs) required	Procedure	HCPCS
31500	Intubation, endotracheal, emergency procedure	Procedure	HCPCS
43756	Duodenal intubation and aspiration, diagnostic, includes image guidance; single	Procedure	HCPCS
	specimen (eg, bile study for crystals or afferent loop culture)		
42757	Duadonal intubation and assistation, diagnostic includes image guidance, collection of	Dragadura	HCDCC
43757	Duodenal intubation and aspiration, diagnostic, includes image guidance; collection of	Procedure	HCPCS
	multiple fractional specimens with pancreatic or gallbladder stimulation, single or		
	double lumen tube, includes drug administration		
10206			116066
A0396	ALS specialized service disposable supplies; esophageal intubation	Procedure	HCPCS
94004	Ventilation assist and management, initiation of pressure or volume preset ventilators	Procedure	HCPCS
	for assisted or controlled breathing; nursing facility, per day		
		_	
94002	Ventilation assist and management, initiation of pressure or volume preset ventilators	Procedure	HCPCS
	for assisted or controlled breathing; hospital inpatient/observation, initial day		
94003	Ventilation assist and management, initiation of pressure or volume preset ventilators	Procedure	HCPCS
	for assisted or controlled breathing; hospital inpatient/observation, each subsequent		
	day		
4168F	Patient receiving care in the intensive care unit (ICU) and receiving mechanical	Procedure	HCPCS
	ventilation, 24 hours or less (CRIT)		
A4483	Moisture exchanger, disposable, for use with invasive mechanical ventilation	Procedure	HCPCS
E0481	Intrapulmonary percussive ventilation system and related accessories	Procedure	HCPCS
	•		
99504	Home visit for mechanical ventilation care	Procedure	HCPCS
94662	Continuous negative pressure ventilation (CNP), initiation and management	Procedure	HCPCS
5.502	22 135 Community (city) miniation and management		
09HN7BZ	Insertion of Airway into Nasopharynx, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
55.1147.02	or as into massprial ying via ractiful or Artificial Opening	. roccaure	.05 10 1 05

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	E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Na		
Code	Description Insertion of Airway into Naconhammy Via Natural or Artificial Opening Endocapsis	Code Category	Code Type
09HN8BZ	Insertion of Airway into Nasopharynx, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
OBH13EZ	Insertion of Endotracheal Airway into Trachea, Percutaneous Approach	Procedure	ICD-10-PCS
OBH17EZ	Insertion of Endotracheal Airway into Trachea, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
OBH18EZ	Insertion of Endotracheal Airway into Trachea, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
OCHY7BZ	Insertion of Airway into Mouth and Throat, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
OCHY8BZ	Insertion of Airway into Mouth and Throat, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
ODH57BZ	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
5A09357	Assistance with Respiratory Ventilation, Less than 24 Consecutive Hours, Continuous Positive Airway Pressure	Procedure	ICD-10-PCS
5A09457	Assistance with Respiratory Ventilation, 24-96 Consecutive Hours, Continuous Positive	Procedure	ICD-10-PCS
5A09557	Airway Pressure Assistance with Respiratory Ventilation, Greater than 96 Consecutive Hours,	Procedure	ICD-10-PCS
5A1935Z	Continuous Positive Airway Pressure Respiratory Ventilation, Less than 24 Consecutive Hours	Procedure	ICD-10-PCS
5A1945Z	Respiratory Ventilation, 24-96 Consecutive Hours	Procedure	ICD-10-PCS
5A1955Z	Respiratory Ventilation, Greater than 96 Consecutive Hours	Procedure	ICD-10-PCS
31600	Tracheostomy, planned procedure	Procedure	HCPCS
31603	Tracheostomy, emergency procedure, transtracheal	Procedure	HCPCS
31605	Tracheostomy, emergency procedure, cricothyroid membrane	Procedure	HCPCS
31730	Transtracheal (percutaneous) introduction of needle wire dilator/stent or indwelling	Procedure	HCPCS
0B113F4	tube for oxygen therapy Insertion Of Endotracheal Airway Into Trachea, Percutaneous Approach	Procedure	ICD-10-PCS
0B113Z4	Bypass Trachea To Cutaneous, Percutaneous Approach	Procedure	ICD-10-PCS
0B114F4	Insertion Of Endotracheal Airway Into Trachea, Percutaneous Approach	Procedure	ICD-10-PCS
0B114Z4	Bypass Trachea To Cutaneous, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
OB21XEZ	Change Endotracheal Airway In Trachea, External Approach	Procedure	ICD-10-PCS
OB21XFZ	Change Endotracheal Airway In Trachea, External Approach	Procedure	ICD-10-PCS
5A19054	Respiratory Ventilation, Single, Nonmechanical	Procedure	ICD-10-PCS
A4623	Tracheostomy, inner cannula	Procedure	HCPCS

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Code	Description	Code Category	Code Type
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	Procedure	HCPCS
Z9911	Dependence on respirator [ventilator] status	Diagnosis	ICD-10-CM
	ECMO		
33989	Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Procedure	HCPCS
33988	Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Procedure	HCPCS
33957	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Procedure	HCPCS
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	HCPCS
33959	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Procedure	HCPCS
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	HCPCS
33963	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Procedure	HCPCS
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	HCPCS
33965	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age	Procedure	HCPCS
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	HCPCS
33969	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	Procedure	HCPCS
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	HCPCS
33985	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	Procedure	HCPCS

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Code	Description	Code Category	Code Type
33986	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS)	Procedure	HCPCS
	provided by physician; removal of central cannula(e) by sternotomy or thoracotomy,		
33951	6 vears and older Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when	Procedure	HCPCS
33952	performed) 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	HCPCS
33953	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	Procedure	HCPCS
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	HCPCS
33955	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	Procedure	HCPCS
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	HCPCS
33946	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous	Procedure	HCPCS
33947	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial	Procedure	HCPCS
33948	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous	Procedure	HCPCS
33949	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial	Procedure	HCPCS
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	HCPCS
5A15223	Extracorporeal Membrane Oxygenation, Continuous	Procedure	ICD-10-PCS
5A1522F	Extracorporeal Oxygenation, Membrane, Central	Procedure	ICD-10-PCS
5A1522G	Extracorporeal Oxygenation, Membrane, Peripheral Veno-arterial	Procedure	ICD-10-PCS
5A1522H	Extracorporeal Oxygenation, Membrane, Peripheral Veno-venous	Procedure	ICD-10-PCS
5A15A2F	Extracorporeal Oxygenation, Membrane, Central, Intraoperative	Procedure	ICD-10-PCS
5A15A2G	Extracorporeal Oxygenation, Membrane, Peripheral Veno-arterial, Intraoperative	Procedure	ICD-10-PCS
5A15A2H	Extracorporeal Oxygenation, Membrane, Peripheral Veno-venous, Intraoperative	Procedure	ICD-10-PCS

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Code	Description	Code Category	Code Type
Couc	Dyspnea	Jour Category	couc Type
R06.0	Dyspnea	Diagnosis	ICD-10-CM
R06.00	Dyspnea, unspecified	Diagnosis	ICD-10-CM
R06.01	Orthopnea	Diagnosis	ICD-10-CM
R06.02	Shortness of breath	Diagnosis	ICD-10-CM
R06.03	Acute respiratory distress	Diagnosis	ICD-10-CM
R06.09	Other forms of dyspnea	Diagnosis	ICD-10-CM
R06.2	Wheezing	Diagnosis	ICD-10-CM
R09.02	Hypoxemia	Diagnosis	ICD-10-CM
1103.02	Pneumonia	Diagnosis	ICD TO CIVI
B97.29	Other viral pneumonia	Diagnosis	ICD-10-CM
J12	Viral pneumonia, not elsewhere classified	Diagnosis	ICD-10-CM
J12.8	Other viral pneumonia	Diagnosis	ICD-10-CM
J12.81	Pneumonia due to SARS-associated coronavirus	Diagnosis	ICD-10-CM
J12.82	Pneumonia due to coronavirus disease 2019	Diagnosis	ICD-10-CM
J12.89	Other viral pneumonia	Diagnosis	ICD-10-CM
J12.9	Viral pneumonia, unspecified	Diagnosis	ICD-10-CM
312.3	ARDS	Biagilosis	TED TO CIVI
J80	Acute respiratory distress syndrome	Diagnosis	ICD-10-CM
300	Acute Respiratory Failure	Biagilosis	100 10 0111
J96.00	Acute respiratory failure, unspecified whether with hypoxia or hypercapnia	Diagnosis	ICD-10-CM
	The second secon	.0	
J96.01	Acute respiratory failure with hypoxia	Diagnosis	ICD-10-CM
J96.02	Acute respiratory failure with hypercapnia	Diagnosis	ICD-10-CM
J96.90	Respiratory failure, unspecified, unspecified whether with hypoxia or hypercapnia	Diagnosis	ICD-10-CM
	, , , , , , , , , , , , , , , , , , , ,		
J96.91	Respiratory failure, unspecified with hypoxia	Diagnosis	ICD-10-CM
J96.92	Respiratory failure, unspecified with hypercapnia	Diagnosis	ICD-10-CM
J96.20	Acute and chronic respiratory failure, unspecified whether with hypoxia or	Diagnosis	ICD-10-CM
	hypercapnia		
J96.21	Acute and chronic respiratory failure with hypoxia	Diagnosis	ICD-10-CM
J96.22	Acute and chronic respiratory failure with hypercapnia	Diagnosis	ICD-10-CM
R09.2	Respiratory arrest	Diagnosis	ICD-10-CM
	Shock	2.0800.0	.02 20 0
R57	Shock, not elsewhere classified	Diagnosis	ICD-10-CM
R57.0	Cardiogenic shock	Diagnosis	ICD-10-CM
R57.1	Hypovolemic shock	Diagnosis	ICD-10-CM
R57.8	Other shock	Diagnosis	ICD-10-CM
R57.9	Shock, unspecified	Diagnosis	ICD-10-CM
R65.21	Severe sepsis with septic shock	Diagnosis	ICD-10-CM
	Loss of Taste and Smell	2.4800.0	.02 20 0
R43.9	New loss of either taste or smell (disturbance of smell and taste)	Diagnosis	ICD-10-CM
R43.8	New loss of both taste and smell (disturbance of smell and taste)	Diagnosis	ICD-10-CM
	Azithromycin		
Q0144	Azithromycin dihydrate, oral, capsules/powder, 1 g	Procedure	HCPCS
J0456	Injection, azithromycin, 500 mg	Procedure	HCPCS
750155	{1 (60 ML Azithromycin 16.7 MG/ML Oral Suspension [Zithromax]) / 1 (trovafloxacin	Prescribing,	RXCUI
. 55255	100 MG Oral Tablet [Trovan]) } Pack [Trovan/Zithromax Compliance Pak]	Medication	7.0.001
	200 m. O Oral Tablet [110 tall])) I dek [110 tall) Zitili olilak compilance i akj	Administration	
750152	{1 (60 ML Azithromycin 16.7 MG/ML Oral Suspension) / 1 (trovafloxacin 100 MG Oral	Prescribing,	RXCUI
, 55152	Tablet) } Pack	Medication	111001
	Tablet 1 ack	ivicultation	

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Code	Description	Code Category	Code Type
1150984	{18 (Azithromycin 250 MG Oral Tablet) } Pack	Prescribing,	RXCUI
1130364	(10 (Azitii Oiliyciii 230 MG Olai Tablet) / Fack	Medication	KACUI
834043	{3 (Azithromycin 250 MG Oral Tablet [Zithromax]) } Pack [Z-Pak Sample]	Prescribing,	RXCUI
034043	(3 (Azitili olliycili 230 ivid Oral Tablet (Zitili olliax)) / Fack (Z-Fak Salliple)	Medication	KACUI
834042	{3 (Azithromycin 250 MG Oral Tablet) } Pack	Prescribing,	RXCUI
034042	(5 (Azitinomycin 250 MG Ordi Tubict) ji dek	Medication	iocoi
750157	{3 (Azithromycin 500 MG Oral Tablet [Zithromax]) } Pack [TRI-PAK]	Prescribing,	RXCUI
750157	[3 (Azitinomycin 300 MG Ordi Tubict [zitinomux])] Tuck [Titi Tak]	Medication	iocoi
749780	{3 (Azithromycin 500 MG Oral Tablet) } Pack	Prescribing,	RXCUI
7 13700	(a friction of the oral rubles) i rubic	Medication	10.001
749782	{6 (Azithromycin 250 MG Oral Capsule) } Pack	Prescribing,	RXCUI
		Medication	
750149	{6 (Azithromycin 250 MG Oral Tablet [Zithromax]) } Pack [Z-PAK]	Prescribing,	RXCUI
		Medication	
749783	{6 (Azithromycin 250 MG Oral Tablet) } Pack	Prescribing,	RXCUI
		Medication	
1148107	{6 (Azithromycin 500 MG Oral Tablet) } Pack	Prescribing,	RXCUI
		Medication	
750151	60 ML Azithromycin 16.7 MG/ML Oral Suspension	Prescribing,	RXCUI
		Medication	
750154	60 ML Azithromycin 16.7 MG/ML Oral Suspension [Zithromax]	Prescribing,	RXCUI
		Medication	
628530	Azinthromycin 250 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
18631	Azithromycin	Prescribing,	RXCUI
		Medication	
141962	azithromycin (as azithromycin dihydrate) 250 MG Oral Capsule	Prescribing,	RXCUI
		Medication	
1668238	azithromycin (as azithromycin dihydrate) 500 MG Injection	Prescribing,	RXCUI
064446	W	Medication	B./.C/. II
861416	azithromycin 1 GM per 2 FL OZ Oral Suspension	Prescribing,	RXCUI
706066	A 311	Medication	DVCIII
706866	Azithromycin 10 MG/ML	Prescribing,	RXCUI
200450	azithramusin 100 MC in Eml. Oral Suspension	Medication	DVCIII
308459	azithromycin 100 MG in 5 mL Oral Suspension	Prescribing,	RXCUI
330842	Azithromycin 100 MG/ML	Medication Prescribing,	RXCUI
330042	Azitinomycin 100 Mg/ML	Medication	KACUI
575572	Azithromycin 100 MG/ML [Zithromax]	Prescribing,	RXCUI
3/33/2	Azitinomychi 100 MG/ME [zitinomax]	Medication	KACOI
308461	Azithromycin 100 MG/ML Injectable Solution	Prescribing,	RXCUI
300-01	7/2/Cill Olly Oll 100 Wildy Wil Injectable 30/acidin	Medication	10,001
351772	Azithromycin 100 MG/ML Injectable Solution [Zithromax]	Prescribing,	RXCUI
001//-		Medication	
434692	Azithromycin 1000 MG	Prescribing,	RXCUI
	•	Medication	-
1807496	Azithromycin 1000 MG [Zithromax]	Prescribing,	RXCUI
	•	Medication	
427722	Azithromycin 1000 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
861417	Azithromycin 1000 MG Powder for Oral Suspension [Zithromax]	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
141963	azithromycin 1200 MG per 30 ML Oral Suspension	Prescribing,	RXCUI
141303	azitinomychi 1200 ivid per 30 iviz Orai Suspension	Medication	IXCOI
750150	Azithromycin 16.7 MG/ML	Prescribing,	RXCUI
730130	ALIGH ON YOU TO A WOOD WILL	Medication	плеот
750153	Azithromycin 16.7 MG/ML [Zithromax]	Prescribing,	RXCUI
750155	Azidii omyoni 10.7 Wey Wiz (zidii omax)	Medication	плеот
577378	azithromycin 2 GM in 60 mL Extended Release Oral Suspension	Prescribing,	RXCUI
377370	azianomyan z awim do mz zwenaca naledae orai suspension	Medication	плеот
891293	Azithromycin 2 MG/ML	Prescribing,	RXCUI
031233	ALIGHOM 2 MO, ME	Medication	10,001
891294	Azithromycin 2 MG/ML Injectable Solution	Prescribing,	RXCUI
		Medication	
315448	Azithromycin 20 MG/ML	Prescribing,	RXCUI
		Medication	
571749	Azithromycin 20 MG/ML [Zithromax]	Prescribing,	RXCUI
		Medication	
211307	Azithromycin 20 MG/ML Oral Suspension [Zithromax]	Prescribing,	RXCUI
		Medication	
315449	Azithromycin 250 MG	Prescribing,	RXCUI
	·	Medication	
628528	Azithromycin 250 MG [Azinthromycin]	Prescribing,	RXCUI
		Medication	
564001	Azithromycin 250 MG [Zithromax]	Prescribing,	RXCUI
		Medication	
539820	Azithromycin 250 MG [ZPAK]	Prescribing,	RXCUI
		Medication	
105259	Azithromycin 250 MG Oral Capsule [Zithromax]	Prescribing,	RXCUI
		Medication	
308460	azithromycin 250 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
212446	Azithromycin 250 MG Oral Tablet [Zithromax]	Prescribing,	RXCUI
		Medication	
539822	Azithromycin 250 MG Oral Tablet [ZPAK]	Prescribing,	RXCUI
		Medication	
577161	Azithromycin 33.3 MG/ML	Prescribing,	RXCUI
		Medication	
583480	Azithromycin 33.3 MG/ML [Zmax]	Prescribing,	RXCUI
		Medication	
583482	Azithromycin 33.3 MG/ML Extended Release Suspension [Zmax]	Prescribing,	RXCUI
F77462	A ''.	Medication	DVCI II
577162	Azithromycin 33.3 MG/ML Oral Suspension	Prescribing,	RXCUI
245450	A citib access size AO NAC (NAI	Medication	DVCIII
315450	Azithromycin 40 MG/ML	Prescribing,	RXCUI
E64002	Azithramusin 40 MC/MI [7ithramay]	Medication	DVCIII
564002	Azithromycin 40 MG/ML [Zithromax]	Prescribing,	RXCUI
105260	Azithramusin 40 MC/MI Oral Suspension [7ithramay]	Medication	DVCIII
105260	Azithromycin 40 MG/ML Oral Suspension [Zithromax]	Prescribing,	RXCUI
434695	Azithromycin 50 MG	Medication Prescribing,	DVCI II
+34033	Azidii oniyoni 30 ivid	Medication	RXCUI
410626	Azithromycin 50 MG Oral Capsule	Prescribing,	RXCUI
710020	Azian omyani 30 Ma orai capsule	Medication	AACOI
		ivicultation	

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Code	Description	Code Category	Code Type
330623	Azithromycin 500 MG	Prescribing,	RXCUI
330023	Azitinomycin 300 Mg	Medication	KACOI
248656	azithromycin 500 MG (as azithromycin monohydrate) Oral Tablet	Prescribing,	RXCUI
246030	azitinoniyan 300 ivio (as azitinoniyan mononyarate) orar rabiet	Medication	KACOI
574033	Azithromycin 500 MG [Zithromax]	Prescribing,	RXCUI
374033	Azitiromychi 300 Mo (zitiromax)	Medication	IXCOI
1668240	Azithromycin 500 MG Injection [Zithromax]	Prescribing,	RXCUI
1000240	Azitiromychi 500 Mo mjection (zitiromax)	Medication	IXCOI
226827	Azithromycin 500 MG Oral Tablet [Zithromax]	Prescribing,	RXCUI
220027	Aziemomyem 300 Mie orar rubiet (ziemomux)	Medication	10,001
332566	Azithromycin 60 MG/ML	Prescribing,	RXCUI
		Medication	
251860	Azithromycin 60 MG/ML Oral Suspension	Prescribing,	RXCUI
		Medication	
315451	Azithromycin 600 MG	Prescribing,	RXCUI
	·	Medication	
571893	Azithromycin 600 MG [Zithromax]	Prescribing,	RXCUI
		Medication	
204844	azithromycin 600 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
211511	Azithromycin 600 MG Oral Tablet [Zithromax]	Prescribing,	RXCUI
		Medication	
1299904	AZITHROMYCIN ANHYDROUS	Prescribing,	RXCUI
		Medication	
253155	Azithromycin Dihydrate	Prescribing,	RXCUI
		Medication	
577377	Azithromycin Extended Release Suspension	Prescribing,	RXCUI
		Medication	
583481	Azithromycin Extended Release Suspension [Zmax]	Prescribing,	RXCUI
		Medication	
1155008	Azithromycin Injectable Product	Prescribing,	RXCUI
		Medication	
375766	Azithromycin Injectable Solution	Prescribing,	RXCUI
		Medication	
362773	Azithromycin Injectable Solution [Zithromax]	Prescribing,	RXCUI
4660007		Medication	B./ G. II
1668237	Azithromycin Injection	Prescribing,	RXCUI
4660220	A table of the second s	Medication	DVCIII
1668239	Azithromycin Injection [Zithromax]	Prescribing,	RXCUI
1200020	Azithromysin Manahydrata	Medication	DVCIII
1298839	Azithromycin Monohydrate	Prescribing,	RXCUI
270074	Azithromucin Oral Cancula	Medication	RXCUI
370974	Azithromycin Oral Capsule	Prescribing, Medication	KACUI
366555	Azithromycin Oral Capsule [Zithromax]	Prescribing,	RXCUI
300333	Azitinomychi Orai Capsule (zitinomax)	Medication	KACOI
1155010	Azithromycin Oral Liquid Product	Prescribing,	RXCUI
1133010	Azian omyoni Orai ziquia i rodact	Medication	NACOI
1807493	Azithromycin Oral Powder Product	Prescribing,	RXCUI
1007-100		Medication	
1155011	Azithromycin Oral Product	Prescribing,	RXCUI
	,	Medication	
		meanation	

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Code	Description	Code Category	Code Type
370975	Azithromycin Oral Suspension	Prescribing,	RXCUI
3/03/3	Azidii Omydiii Orai Suspension	Medication	NACUI
366000	Azithromycin Oral Suspension [Zithromax]	Prescribing,	RXCUI
300000	Azitinomycin Orai Suspension [zitinomax]	Medication	IXCOI
370976	Azithromycin Oral Tablet	Prescribing,	RXCUI
370370	Azicii omyoni orai rasice	Medication	плеот
628529	Azithromycin Oral Tablet [Azinthromycin]	Prescribing,	RXCUI
020323	Azidinomyoni ordi raside (Azintinomyoni)	Medication	10,001
367697	Azithromycin Oral Tablet [Zithromax]	Prescribing,	RXCUI
307037	ALIGHOM YOU CHAIN COUNTY	Medication	10.001
539821	Azithromycin Oral Tablet [ZPAK]	Prescribing,	RXCUI
		Medication	
1155012	Azithromycin Pill	Prescribing,	RXCUI
		Medication	
1807494	Azithromycin Powder for Oral Suspension	Prescribing,	RXCUI
	·	Medication	
1807497	Azithromycin Powder for Oral Suspension [Zithromax]	Prescribing,	RXCUI
	,	Medication	
196474	ZITHROMAX	Prescribing,	RXCUI
		Medication	
539819	ZPAK	Prescribing,	RXCUI
		Medication	
598022	ZMAX	Prescribing,	RXCUI
		Medication	
628527	AZINTHROMYCIN	Prescribing,	RXCUI
		Medication	
212407	AZITHROMYCIN 100 MG/ML INJECTABLE SOLUTION [ZITHROMAX IV]	Prescribing,	RXCUI
		Medication	
572596	AZITHROMYCIN 100 MG/ML [ZITHROMAX IV]	Prescribing,	RXCUI
		Medication	
363188	AZITHROMYCIN INJECTABLE SOLUTION [ZITHROMAX IV]	Prescribing,	RXCUI
		Medication	
1176325	AZINTHROMYCIN ORAL PRODUCT	Prescribing,	RXCUI
		Medication	
1176326	AZINTHROMYCIN PILL	Prescribing,	RXCUI
		Medication	
1186859	ZPAK ORAL PRODUCT	Prescribing,	RXCUI
		Medication	
1186860	ZPAK PILL	Prescribing,	RXCUI
		Medication	
1187672	ZITHROMAX INJECTABLE PRODUCT	Prescribing,	RXCUI
		Medication	
1187673	ZITHROMAX ORAL LIQUID PRODUCT	Prescribing,	RXCUI
		Medication	
1187674	ZITHROMAX ORAL PRODUCT	Prescribing,	RXCUI
440====	TITUD OLI ANY DILL	Medication	
1187675	ZITHROMAX PILL	Prescribing,	RXCUI
440=0==	71444 0044 0000107	Medication	
1187965	ZMAX ORAL PRODUCT	Prescribing,	RXCUI
4000=	THANK OR ALLIQUID PROPUST	Medication	BV6: ::
1296746	ZMAX ORAL LIQUID PRODUCT	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
1807498	ZITHROMAX ORAL POWDER PRODUCT	Prescribing,	RXCUI
2007.100		Medication	
	Dexamethasone		
J1094	Injection, dexamethasone acetate, 1 mg	Procedure	HCPCS
J1100	Injection, dexamethasone sodium phosphate, 1 mg	Procedure	HCPCS
J7637	Dexamethasone, inhalation solution, compounded product, administered through	Procedure	HCPCS
	dme, concentrated form, per milligram		
J7638	Dexamethasone, inhalation solution, compounded product, administered through	Procedure	HCPCS
	dme, unit dose form, per milligram		
J8540	Dexamethasone, oral, 0.25 mg	Procedure	HCPCS
795716	{12 (Dexamethasone 0.75 MG Oral Tablet [Decadron]) } Pack [Decadron 5-12]	Prescribing,	RXCUI
750606	(12 / Daysmathasana 0.75 MC Oral Tablet) } Dask	Medication	DVCIII
759696	{12 (Dexamethasone 0.75 MG Oral Tablet) } Pack	Prescribing,	RXCUI
1945071	{21 (Dexamethasone 1.5 MG Oral Tablet [Decadron]) } Pack [Decadron DP 6 Day]	Medication Prescribing,	RXCUI
1343071	(21 (Dexamethasone 1.3 MG Graf Tablet [Decadron]) } rack [Decadron Dr G Day]	Medication	KACUI
846192	{21 (Dexamethasone 1.5 MG Oral Tablet) } Pack	Prescribing,	RXCUI
040132	(21 (Dexamethasone 1.5 We of all rublet)) I dek	Medication	MACOI
847225	{21 (Dexamethasone 1.5 MG Oral Tablet) } Pack [DexPak TaperPak 6 Day]	Prescribing,	RXCUI
• ===	(== (= ================================	Medication	
2118829	{21 (Dexamethasone 1.5 MG Oral Tablet) } Pack [HiDex 6-Day Taper]	Prescribing,	RXCUI
		Medication	
1998482	{21 (Dexamethasone 1.5 MG Oral Tablet) } Pack [TaperDex 6 Day Taper]	Prescribing,	RXCUI
		Medication	
895526	{21 (Dexamethasone 1.5 MG Oral Tablet) } Pack [Zema Pak 6 Day]	Prescribing,	RXCUI
		Medication	
1943549	{21 (Dexamethasone 1.5 MG Oral Tablet) } Pack [ZoDex 6 Day Taper]	Prescribing,	RXCUI
		Medication	
1869595	{27 (Dexamethasone 1.5 MG Oral Tablet) } Pack	Prescribing,	RXCUI
2440005	(07/0	Medication	B.V.G. II
2118835	{27 (Dexamethasone 1.5 MG Oral Tablet) } Pack [TaperDex 7-Day Taper]	Prescribing,	RXCUI
750607	(25 /Dayson athreas of 4 5 MC Ovel Tablet) } Days	Medication	DVCIII
759697	{35 (Dexamethasone 1.5 MG Oral Tablet) } Pack	Prescribing,	RXCUI
797022	{35 (Dexamethasone 1.5 MG Oral Tablet) } Pack [DexPak TaperPak Junior 10 Day]	Medication Prescribing,	RXCUI
737022	(35 (Devailletilasone 1.5 MG Oral Tablet) Fack (Devray Taberray Julio 10 Day)	Medication	KACOI
895521	{35 (Dexamethasone 1.5 MG Oral Tablet) } Pack [Zema Pak 10 Day]	Prescribing,	RXCUI
033321	[35 (Bekamethasone 1.5 Me oral rublet)] ruck [26 ma ruk 10 Buy]	Medication	TOTO
2121587	{39 (Dexamethasone 1.5 MG Oral Tablet) } Pack	Prescribing,	RXCUI
	(Medication	
2121735	{39 (Dexamethasone 1.5 MG Oral Tablet) } Pack [Dxevo 11 Day Taper]	Prescribing,	RXCUI
		Medication	
1869605	{41 (Dexamethasone 1.5 MG Oral Tablet) } Pack	Prescribing,	RXCUI
		Medication	
1945072	{49 (Dexamethasone 1.5 MG Oral Tablet [Decadron]) } Pack [Decadron DP 12 Day]	Prescribing,	RXCUI
		Medication	
1943550	{49 (Dexamethasone 1.5 MG Oral Tablet) } Pack	Prescribing,	RXCUI
		Medication	
1998481	{49 (Dexamethasone 1.5 MG Oral Tablet) } Pack [TaperDex 12 Day Taper]	Prescribing,	RXCUI
		Medication	

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	E. List of KxNorm Concept Unique Identifier (KXCUI), Logical Observation Identifie		
Code	Description	Code Category	Code Type
1943551	{49 (Dexamethasone 1.5 MG Oral Tablet) } Pack [Zodex 12 Day Taper]	Prescribing,	RXCUI
		Medication	
759481	{51 (Dexamethasone 1.5 MG Oral Tablet) } Pack	Prescribing,	RXCUI
		Medication	
797023	{51 (Dexamethasone 1.5 MG Oral Tablet) } Pack [DexPak TaperPak 13 Day]	Prescribing,	RXCUI
		Medication	
895525	{51 (Dexamethasone 1.5 MG Oral Tablet) } Pack [Zema Pak 13 Day]	Prescribing,	RXCUI
		Medication	
431720	12 HR Dexamethasone 1 MG / Theophylline 300 MG Extended Release Tablet	Prescribing,	RXCUI
		Medication	
901649	Baycadron 0.1 MG/ML Oral Solution	Prescribing,	RXCUI
		Medication	
1374392	Dalalone 16 MG/ML Injectable Suspension	Prescribing,	RXCUI
		Medication	
1374408	Dalalone 4 MG/ML Injectable Solution	Prescribing,	RXCUI
		Medication	
205628	Dalalone 4 MG/ML Injectable Solution	Prescribing,	RXCUI
	•	Medication	
1374410	Dalalone 8 MG/ML Injectable Suspension	Prescribing,	RXCUI
		Medication	
205607	Dalalone D.P. 16 MG/ML Injectable Suspension	Prescribing,	RXCUI
		Medication	
205594	Dalalone L.A. 8 MG/ML Injectable Suspension	Prescribing,	RXCUI
203334	Bullione E.M. O Woy ME Injectable Suspension	Medication	MACOI
205595	De-Sone LA 8 MG/ML Injectable Suspension	Prescribing,	RXCUI
203333	be some and may we injectable suspension	Medication	MACOI
541484	Deca 4 MG/ML Injectable Solution	Prescribing,	RXCUI
341404	beca 4 Mo/ME injectable solution	Medication	MACOI
541463	Deca 8 MG/ML Injectable Suspension	Prescribing,	RXCUI
341403	beca o MorME injectable Suspension	Medication	IXCOI
205596	Decadron-LA 8 MG/ML Injectable Suspension	Prescribing,	RXCUI
203330	becauton-LA & Mo/ME injectable suspension	Medication	IXCOI
755976	Decadron 0.1 MG/ML Oral Solution	Prescribing,	RXCUI
733970	Decadion 0.1 Mg/ML Oral Solution	=	KACUI
205683	Decadron 0.25 MG Oral Tablet	Medication Prescribing,	RXCUI
203063	Decadi on 0.25 Mid Oral Tablet	G .	KACUI
105202	Decadron O.F. M.C. Oral Tablet	Medication	DVCIII
105392	Decadron 0.5 MG Oral Tablet	Prescribing,	RXCUI
242040	Decedrary 0.75 MC Ovel Tablet	Medication	DVCIII
343040	Decadron 0.75 MG Oral Tablet	Prescribing,	RXCUI
205740	Described 4 F MC Ord Tablet	Medication	DVCIII
205710	Decadron 1.5 MG Oral Tablet	Prescribing,	RXCUI
1076070		Medication	B./ G. II
1376070	Decadron 24 MG/ML Injectable Solution	Prescribing,	RXCUI
		Medication	
205712	Decadron 4 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
1375115	Decadron 4 MG/ML Injectable Solution	Prescribing,	RXCUI
		Medication	
351311	Decadron 4 MG/ML Injectable Solution	Prescribing,	RXCUI
		Medication	
205717	Decadron 6 MG Oral Tablet	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
205622	Description Decadron phosphate 24 MG/ML Injectable Solution	Prescribing,	RXCUI
203022	Decadion phosphate 24 Mg/ML injectable Solution	Medication	KACUI
205629	Decadron phosphate 4 MG/ML Injectable Solution	Prescribing,	RXCUI
203029	Decadi on phosphate 4 Mg/ML injectable Solution	Medication	KACUI
205597	Decaject-L.A. 8 MG/ML Injectable Suspension	Prescribing,	RXCUI
203337	becaject E.A. 6 Mg/ME injectable suspension	Medication	TOTO
205630	Decaject 4 MG/ML Injectable Solution	Prescribing,	RXCUI
203030	becajest 4 Wa/WE injectable solution	Medication	10,001
205631	Dexacen-4 4 MG/ML Injectable Solution	Prescribing,	RXCUI
203031	Beautien 1 1 maj me mjestasie solution	Medication	10.001
205598	Dexacort-LA 8 MG/ML Injectable Suspension	Prescribing,	RXCUI
	, , , , , , , , , , , , , , , , , , ,	Medication	
205632	Dexacorten 4 MG/ML Injectable Solution	Prescribing,	RXCUI
	•	Medication	
814504	Dexamethasone / Indomethacin	Prescribing,	RXCUI
		Medication	
440625	Dexamethasone / Indomethacin Oral Capsule	Prescribing,	RXCUI
		Medication	
1154241	Dexamethasone / Indomethacin Oral Product	Prescribing,	RXCUI
		Medication	
372476	Dexamethasone / Indomethacin Oral Tablet	Prescribing,	RXCUI
		Medication	
1154242	Dexamethasone / Indomethacin Pill	Prescribing,	RXCUI
		Medication	
1154243	Dexamethasone / Indomethacin Rectal Product	Prescribing,	RXCUI
		Medication	
440626	Dexamethasone / Indomethacin Rectal Suppository	Prescribing,	RXCUI
		Medication	
813683	Dexamethasone / Theophylline	Prescribing,	RXCUI
		Medication	
452064	Dexamethasone / Theophylline Extended Release Oral Tablet	Prescribing,	RXCUI
		Medication	
1154255	Dexamethasone / Theophylline Oral Product	Prescribing,	RXCUI
4454256	D (/T	Medication	DVCI II
1154256	Dexamethasone / Theophylline Pill	Prescribing,	RXCUI
197576	dovamenth asona 0.35 MC Oral Tablet	Medication	DVCIII
19/5/6	dexamethasone 0.25 MG Oral Tablet	Prescribing,	RXCUI
1086701	Dovamethacone 0.25 MC Oral Tablet [Dovium]	Medication	RXCUI
1000/01	Dexamethasone 0.25 MG Oral Tablet [Dexium]	Prescribing,	KACUI
332984	Dexamethasone 0.4 MG	Medication Prescribing,	RXCUI
332304	Dexamethasone 0.4 Mid	Medication	IXCOI
2108017	Dexamethasone 0.4 MG [Dextenza]	Prescribing,	RXCUI
2100017	Dexamethasone 0.4 Mo [Dextenza]	Medication	IXCOI
2108020	Dexamethasone 0.4 MG Drug Implant [Dextenza]	Prescribing,	RXCUI
2100020	Sexumetriasone of the Stag implant [Sextenza]	Medication	10.001
411225	Dexamethasone 0.4 MG Oral Capsule	Prescribing,	RXCUI
		Medication	
315775	Dexamethasone 0.5 MG	Prescribing,	RXCUI
		Medication	
411549	Dexamethasone 0.5 MG / Indomethacin 25 MG Oral Capsule	Prescribing,	RXCUI
	·	Medication	

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Code	Description	Code Category	Code Type
564044	Description Desamethasone 0.5 MG [Decadron]	Prescribing,	RXCUI
304044	Dexamethasone 0.5 MG [Decauton]	Medication	KACOI
566575	Dexamethasone 0.5 MG [Dexone]	Prescribing,	RXCUI
300373	Dexamethasone 0.5 Mid [Dexone]	Medication	KACOI
566207	Dexamethasone 0.5 MG [Oradexon]	Prescribing,	RXCUI
300207	Dexametriasone 0.5 MG [Oracexon]	Medication	плеот
197577	dexamethasone 0.5 MG Oral Tablet	Prescribing,	RXCUI
137377	dexametriasone of six oral rabies	Medication	плеот
205684	Dexamethasone 0.5 MG Oral Tablet [Dexone]	Prescribing,	RXCUI
		Medication	
203976	Dexamethasone 0.5 MG Oral Tablet [Oradexon]	Prescribing,	RXCUI
		Medication	
854175	Dexamethasone 0.7 MG	Prescribing,	RXCUI
		Medication	
854179	Dexamethasone 0.7 MG [Ozurdex]	Prescribing,	RXCUI
		Medication	
854177	Dexamethasone 0.7 MG Drug Implant	Prescribing,	RXCUI
		Medication	
854181	Dexamethasone 0.7 MG Drug Implant [Ozurdex]	Prescribing,	RXCUI
		Medication	
345816	Dexamethasone 0.75 MG	Prescribing,	RXCUI
		Medication	
575233	Dexamethasone 0.75 MG [Decadron]	Prescribing,	RXCUI
F.C.F.D.2	0.75.440 (0	Medication	DVCI II
566583	Dexamethasone 0.75 MG [Dexone]	Prescribing,	RXCUI
343033	dexamethasone 0.75 MG Oral Tablet	Medication Prescribing,	DVCIII
343033	dexamethasone 0.75 Mig Oral Tablet	-	RXCUI
205692	Dexamethasone 0.75 MG Oral Tablet [Dexone]	Medication Prescribing,	RXCUI
203032	Dexametriasone 0.75 IVIO Oral Tablet [Dexone]	Medication	IXCOI
315776	Dexamethasone 1 MG	Prescribing,	RXCUI
013770	Sexumethasone 1 me	Medication	10,001
252621	Dexamethasone 1 MG / Terfenadine 120 MG Extended Release Oral Tablet	Prescribing,	RXCUI
		Medication	
250828	Dexamethasone 1 MG / Terfenadine 120 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
844882	Dexamethasone 1 MG / Theophylline 300 MG Extended Release Oral Tablet	Prescribing,	RXCUI
		Medication	
309684	dexamethasone 1 MG in 1 mL Concentrate for Oral Solution	Prescribing,	RXCUI
		Medication	
197579	dexamethasone 1 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
315777	Dexamethasone 1.5 MG	Prescribing,	RXCUI
F.C.C.0.4	D	Medication	DVCI II
566601	Dexamethasone 1.5 MG [Decadron]	Prescribing,	RXCUI
FCCC02	Davamathaaana 1 F.M.C [Davama]	Medication	DVCIII
566602	Dexamethasone 1.5 MG [Dexone]	Prescribing,	RXCUI
197580	dexamethasone 1.5 MG Oral Tablet	Medication Prescribing,	PVCIII
13/300	uevallerilazolle 1.3 Mid Otal Tablet	Medication	RXCUI
205711	Dexamethasone 1.5 MG Oral Tablet [Dexone]	Prescribing,	RXCUI
203,11	Severing and Serial Label Control of the Serial Control of the Ser	Medication	11/1001
		iviculcation	

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	E. LIST OF KXNORM Concept Unique Identifier (KXCUI), Logical Observation Identifiers		
Code	Description	Code Category	Code Type
2045403	Dexamethasone 103.4 MG/ML	Prescribing,	RXCUI
		Medication	
2045406	Dexamethasone 103.4 MG/ML [Dexycu]	Prescribing,	RXCUI
		Medication	
2045410	Dexamethasone 103.4 MG/ML Injection	Prescribing,	RXCUI
		Medication	
2045411	Dexamethasone 103.4 MG/ML Injection [Dexycu]	Prescribing,	RXCUI
		Medication	
343643	Dexamethasone 16 MG/ML	Prescribing,	RXCUI
		Medication	
566504	Dexamethasone 16 MG/ML [Dalalone D.P.]	Prescribing,	RXCUI
		Medication	
393267	Dexamethasone 16 MG/ML Injectable Solution	Prescribing,	RXCUI
		Medication	
309687	Dexamethasone 16 MG/ML Injectable Suspension	Prescribing,	RXCUI
		Medication	
317346	Dexamethasone 2 MG	Prescribing,	RXCUI
		Medication	
565676	Dexamethasone 2 MG [Oradexon]	Prescribing,	RXCUI
		Medication	
435681	dexamethasone 2 MG in 1 ML Injectable Solution	Prescribing,	RXCUI
		Medication	
197581	dexamethasone 2 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
201072	Dexamethasone 2 MG Oral Tablet [Oradexon]	Prescribing,	RXCUI
		Medication	
451789	Dexamethasone 2 MG/ML	Prescribing,	RXCUI
		Medication	
1049548	Dexamethasone 2 MG/ML [DexaJect]	Prescribing,	RXCUI
		Medication	
1087756	Dexamethasone 2 MG/ML [Dexasone]	Prescribing,	RXCUI
		Medication	
542937	Dexamethasone 2 MG/ML [Dexium brand of Dexamethasone]	Prescribing,	RXCUI
		Medication	
1049384	Dexamethasone 2 MG/ML [Dexium]	Prescribing,	RXCUI
		Medication	
1087757	Dexamethasone 2 MG/ML Injectable Solution [Dexasone]	Prescribing,	RXCUI
		Medication	
542939	Dexamethasone 2 MG/ML Injectable Solution [Dexium brand of Dexamethasone]	Prescribing,	RXCUI
		Medication	
1049386	Dexamethasone 2 MG/ML Injectable Solution [Dexium]	Prescribing,	RXCUI
		Medication	
438883	Dexamethasone 2.2 MG	Prescribing,	RXCUI
		Medication	
420697	Dexamethasone 2.2 MG Rectal Suppository	Prescribing,	RXCUI
		Medication	
329678	Dexamethasone 20 MG/ML	Prescribing,	RXCUI
		Medication	
315061	Dexamethasone 20 MG/ML Injectable Solution	Prescribing,	RXCUI
		Medication	
330680	Dexamethasone 24 MG/ML	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
566514	Description Dexamethasone 24 MG/ML [Decadron phosphate]	Prescribing,	RXCUI
300314	Dexamethasone 24 Mg/ML [Decadron phosphate]	Medication	KACUI
197584	Dexamethasone 24 MG/ML Injectable Solution	Prescribing,	RXCUI
137304	Dexamethasone 24 Mo/ML injectable Solution	Medication	IXCOI
451790	Dexamethasone 25 MG/ML	Prescribing,	RXCUI
431730	DEXAMECHOSOTIC 25 WIG/WIE	Medication	плеот
415363	Dexamethasone 25 MG/ML Injectable Solution	Prescribing,	RXCUI
413303	Dexamethasone 25 World injectable Solution	Medication	IXCOI
332981	Dexamethasone 3 MG/ML	Prescribing,	RXCUI
332301	DEXAMELITIZATION OF THE	Medication	TO COT
252361	Dexamethasone 3 MG/ML / sodium phosphate 3 MG/ML Injectable Suspension	Prescribing,	RXCUI
		Medication	
880655	Dexamethasone 3 MG/ML [DexaJect]	Prescribing,	RXCUI
	, , , , , , , , , , , , , , , , , , , ,	Medication	
1087918	Dexamethasone 3 MG/ML [Dexium]	Prescribing,	RXCUI
		Medication	
880649	Dexamethasone 3 MG/ML Injectable Solution	Prescribing,	RXCUI
		Medication	
1087919	Dexamethasone 3 MG/ML Injectable Solution [Dexium]	Prescribing,	RXCUI
		Medication	
332982	Dexamethasone 3.2 MG/ML	Prescribing,	RXCUI
		Medication	
247293	Dexamethasone 3.2 MG/ML Injectable Suspension	Prescribing,	RXCUI
		Medication	
315778	Dexamethasone 4 MG	Prescribing,	RXCUI
		Medication	
566603	Dexamethasone 4 MG [Decadron]	Prescribing,	RXCUI
		Medication	
566604	Dexamethasone 4 MG [Dexone]	Prescribing,	RXCUI
	D	Medication	B./ (G) //
566605	Dexamethasone 4 MG [Hexadrol]	Prescribing,	RXCUI
407502	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Medication	BY CLU
197582	dexamethasone 4 MG Oral Tablet	Prescribing,	RXCUI
205712	Develope the same AMC Oral Tablet [Develope]	Medication	DVCIII
205713	Dexamethasone 4 MG Oral Tablet [Dexone]	Prescribing,	RXCUI
205714	Dexamethasone 4 MG Oral Tablet [Hexadrol]	Medication Prescribing,	RXCUI
205/14	Dexamethasone 4 MG Oral Tablet [nexactor]	=	KACUI
330437	Dexamethasone 4 MG/ML	Medication Prescribing,	RXCUI
330437	Dexamethasone 4 Mo/ML	Medication	IXCOI
566519	Dexamethasone 4 MG/ML [Adrenocot]	Prescribing,	RXCUI
300313	Dexamethasone + Ma/ME [Adrenocot]	Medication	плеот
575255	Dexamethasone 4 MG/ML [Cortastat]	Prescribing,	RXCUI
373233	DEXAMERITATION OF TWO THE [CONTRACTOR	Medication	плеот
541479	Dexamethasone 4 MG/ML [Cortidex]	Prescribing,	RXCUI
	z z z z z z z z z z z z z z z z z z z	Medication	
566520	Dexamethasone 4 MG/ML [Dalalone]	Prescribing,	RXCUI
	, , , , , , , , , , , , , , , , , , , ,	Medication	
541482	Dexamethasone 4 MG/ML [Deca]	Prescribing,	RXCUI
		Medication	-
566521	Dexamethasone 4 MG/ML [Decadron phosphate]	Prescribing,	RXCUI
		Medication	

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	Description		
Code 575256	Description Dexamethasone 4 MG/ML [Decadron]	Code Category	Code Type
3/3230	Dexamethasone 4 Mid/ML [Decauton]	Prescribing, Medication	RXCUI
566522	Dexamethasone 4 MG/ML [Decaject]	Prescribing,	RXCUI
300322	Dexamethasone 4 Mo/ML [Decaject]	Medication	IXCOI
566523	Dexamethasone 4 MG/ML [Dexacen-4]	Prescribing,	RXCUI
300323	Dexametriasone + Ma/ME [Dexacen 4]	Medication	MCOI
566524	Dexamethasone 4 MG/ML [Dexacorten]	Prescribing,	RXCUI
300324	bekamethasone 4 ma/miz [bekaconten]	Medication	10,001
566525	Dexamethasone 4 MG/ML [Dexasone]	Prescribing,	RXCUI
		Medication	
566526	Dexamethasone 4 MG/ML [Dexone]	Prescribing,	RXCUI
		Medication	
566527	Dexamethasone 4 MG/ML [Hexadrol Phosphate]	Prescribing,	RXCUI
		Medication	
566528	Dexamethasone 4 MG/ML [Medidex]	Prescribing,	RXCUI
		Medication	
541485	Dexamethasone 4 MG/ML [Metazone]	Prescribing,	RXCUI
		Medication	
563253	Dexamethasone 4 MG/ML [Oradexon]	Prescribing,	RXCUI
		Medication	
566529	Dexamethasone 4 MG/ML [Primethasone]	Prescribing,	RXCUI
		Medication	
566530	Dexamethasone 4 MG/ML [Solurex LA]	Prescribing,	RXCUI
ECCE24	D	Medication	BVCI II
566531	Dexamethasone 4 MG/ML [Solurex]	Prescribing,	RXCUI
309698	Dovamethasone 4 MC/ML Injectable Solution	Medication	DVCIII
309698	Dexamethasone 4 MG/ML Injectable Solution	Prescribing,	RXCUI
205633	Dexamethasone 4 MG/ML Injectable Solution [Dexasone]	Medication Prescribing,	RXCUI
203033	Devametriasone 4 Mo/ML injectable Solution [Devasone]	Medication	IXCOI
205634	Dexamethasone 4 MG/ML Injectable Solution [Dexone]	Prescribing,	RXCUI
203031	Bekanieriusone i mejime injestasie solution [Bekone]	Medication	10.001
205635	Dexamethasone 4 MG/ML Injectable Solution [Hexadrol Phosphate]	Prescribing,	RXCUI
	, , , , , , , , , , , , , , , , , , ,	Medication	
205636	Dexamethasone 4 MG/ML Injectable Solution [Medidex]	Prescribing,	RXCUI
		Medication	
541487	Dexamethasone 4 MG/ML Injectable Solution [Metazone]	Prescribing,	RXCUI
		Medication	
103163	Dexamethasone 4 MG/ML Injectable Solution [Oradexon]	Prescribing,	RXCUI
		Medication	
205637	Dexamethasone 4 MG/ML Injectable Solution [Primethasone]	Prescribing,	RXCUI
		Medication	
205638	Dexamethasone 4 MG/ML Injectable Solution [Solurex LA]	Prescribing,	RXCUI
205620	D	Medication	BVCI II
205639	Dexamethasone 4 MG/ML Injectable Solution [Solurex]	Prescribing,	RXCUI
1000701	Develope the serve A NAC /NAL Injectable Companying	Medication	DVCIII
1006791	Dexamethasone 4 MG/ML Injectable Suspension	Prescribing,	RXCUI
221701	Dexamethasone 5 MG/ML	Medication Prescribing,	DVCIII
331791	DENGINEUROUNE O IVIO/IVIL	Medication	RXCUI
565677	Dexamethasone 5 MG/ML [Oradexon]	Prescribing,	RXCUI
303077	Sexumetriosone Simorniz [Orddenon]	Medication	10,001
		Wicalcation	

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Code	Description	Code Category	Code Type
105394	Desamethasone 5 MG/ML Injectable Solution	Prescribing,	RXCUI
103334	Dexamethasone 5 Mo/ME injectable solution	Medication	плсот
201073	Dexamethasone 5 MG/ML Injectable Solution [Oradexon]	Prescribing,	RXCUI
2010/3	Dexamethasone 5 Mo/ME injectable solution [oradexon]	Medication	плсот
315779	Dexamethasone 6 MG	Prescribing,	RXCUI
313773	Dexametriasone o wid	Medication	плеот
566608	Dexamethasone 6 MG [Decadron]	Prescribing,	RXCUI
300008	Dexamethasone of Mo [Decauton]	Medication	IXCOI
197583	dexamethasone 6 MG Oral Tablet	Prescribing,	RXCUI
197303	dexamethasone o Mo Oral Tablet	Medication	IXCOI
438885	Dexamethasone 8 MG	Prescribing,	RXCUI
430003	Dexametriasone o wid	Medication	плеот
429196	Dexamethasone 8 MG Oral Tablet	Prescribing,	RXCUI
423130	Dexamethasone 8 MG Oral Tablet	Medication	IXCOI
323884	Dexamethasone 8 MG/ML	Prescribing,	RXCUI
323004	Dexamethasone o Mojivie	Medication	IXCOI
249225	Dexamethasone 8 MG/ML / sodium phosphate 2 MG/ML Injectable Suspension	Prescribing,	RXCUI
249223	Dexamethasone 8 Mg/ML/ Souldin phosphate 2 Mg/ML injectable Suspension	•	KACUI
566491	Dovamathacana 9 MC/MI [Adranacat I A]	Medication	RXCUI
300491	Dexamethasone 8 MG/ML [Adrenocot L.A.]	Prescribing,	KACUI
575253	Dexamethasone 8 MG/ML [Cortastat LA]	Medication Prescribing,	RXCUI
3/3233	Dexamethasone 8 Mg/ML [Cortastat LA]	O ,	KACUI
541476	Dexamethasone 8 MG/ML [Cortidex]	Medication Prescribing,	RXCUI
5414/6	Dexamethasone 8 MG/ML [Cortidex]	•	KACUI
566492	Dovamethesens 9 MC/MI [Delelens I A]	Medication	DVCIII
300492	Dexamethasone 8 MG/ML [Dalalone L.A.]	Prescribing,	RXCUI
566493	Dexamethasone 8 MG/ML [De-Sone LA]	Medication Prescribing,	RXCUI
300493	Dexamethasone 8 Mg/ML [De-Sone LA]	-	KACUI
541461	Dovamathacana 9 MC/MI [Daga]	Medication Prescribing,	RXCUI
341401	Dexamethasone 8 MG/ML [Deca]		KACUI
566494	Dexamethasone 8 MG/ML [Decadron-LA]	Medication Prescribing,	RXCUI
300434	Dexamethasone 8 Mg/ML [Decadron-LA]	Medication	KACUI
566495	Dexamethasone 8 MG/ML [Decaject-L.A.]	Prescribing,	RXCUI
300493	Dexamethasone 8 Mg/ML [Decaject-L.A.]	Medication	KACUI
566496	Dexamethasone 8 MG/ML [Dexacort-LA]	Prescribing,	RXCUI
300430	Dexamethasone 8 Mg/ML [Dexacont-LA]	-	KACUI
566497	Dexamethasone 8 MG/ML [Dexasone LA]	Medication Prescribing,	RXCUI
300497	Dexamethasone 8 Mg/ML [Dexasone LA]	=	KACUI
1000010	Dexamethasone 8 MG/ML [Dexasone]	Medication	DVCIII
1089818	Dexamethasone 8 MG/ML [Dexasone]	Prescribing,	RXCUI
566498	Dexamethasone 8 MG/ML [Dexone LA]	Medication	RXCUI
300436	Dexamethasone 8 Mg/ML [Dexone LA]	Prescribing,	KACUI
E66400	Dexamethasone 8 MG/ML [Medidex LA]	Medication	RXCUI
566499	Dexamethasone 8 Mg/ML [Medidex LA]	Prescribing,	KACUI
E / 1 / 6 E	Dexamethasone 8 MG/ML [Metazone]	Medication	DVCIII
541465	DEVALUE (IND) INTO INTO INTO INTO INTO INTO INTO INTO	Prescribing,	RXCUI
E41460	Dayamathasana 9 MC/MI [Drimathasana]	Medication	DVCIII
541468	Dexamethasone 8 MG/ML [Primethasone]	Prescribing,	RXCUI
E/11/72	Dovamothacono 9 MG/MI [Pohadov]	Medication	BVCI II
541472	Dexamethasone 8 MG/ML [Robadex]	Prescribing,	RXCUI
EGGEOO	Dexamethasone 8 MG/ML [Solurex LA]	Medication Prescribing,	DVCIII
566500	Desamethasone o Mojivil [Solutex LA]	_	RXCUI
		Medication	

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	Description		
Code 387080	Description Dexamethasone 8 MG/ML Injectable Solution	Code Category	Code Type
367060	Dexametriasone 8 Mg/ML injectable Solution	Prescribing, Medication	RXCUI
309688	Dexamethasone 8 MG/ML Injectable Suspension	Prescribing,	RXCUI
303000	Dexamethasone o MoyNte injectable suspension	Medication	IXCOI
205599	Dexamethasone 8 MG/ML Injectable Suspension [Dexasone LA]	Prescribing,	RXCUI
		Medication	
1089820	Dexamethasone 8 MG/ML Injectable Suspension [Dexasone]	Prescribing,	RXCUI
		Medication	
205600	Dexamethasone 8 MG/ML Injectable Suspension [Dexone LA]	Prescribing,	RXCUI
		Medication	
205601	Dexamethasone 8 MG/ML Injectable Suspension [Medidex LA]	Prescribing,	RXCUI
		Medication	
541467	Dexamethasone 8 MG/ML Injectable Suspension [Metazone]	Prescribing,	RXCUI
		Medication	
541470	Dexamethasone 8 MG/ML Injectable Suspension [Primethasone]	Prescribing,	RXCUI
		Medication	B.V.O. II
541474	Dexamethasone 8 MG/ML Injectable Suspension [Robadex]	Prescribing,	RXCUI
205602	Developed because C MC/ML Injectable Suggestion [Selvinov LA]	Medication	DVCIII
205602	Dexamethasone 8 MG/ML Injectable Suspension [Solurex LA]	Prescribing,	RXCUI
22690	dexamethasone acetate	Medication Prescribing,	RXCUI
22090	dexamethasone acetate	Medication	IXCOI
1374388	dexamethasone acetate 16 MG/ML	Prescribing,	RXCUI
137 4300	dexametriasone decide 10 mg/M2	Medication	TIXCOT
1374390	dexamethasone acetate 16 MG/ML [Dalalone]	Prescribing,	RXCUI
	, (, , , , , , , , , , , , , , , , , ,	Medication	
1374389	dexamethasone acetate 16 MG/ML Injectable Suspension	Prescribing,	RXCUI
		Medication	
1374371	dexamethasone acetate 8 MG/ML	Prescribing,	RXCUI
		Medication	
1374409	dexamethasone acetate 8 MG/ML [Dalalone]	Prescribing,	RXCUI
		Medication	
1534398	dexamethasone acetate 8 MG/ML [De-Sone LA]	Prescribing,	RXCUI
		Medication	
1534288	dexamethasone acetate 8 MG/ML [Decadron-LA]	Prescribing,	RXCUI
4524224	decrease the course and the CONG (NALL ID consent LA)	Medication	DVCIII
1534331	dexamethasone acetate 8 MG/ML [Dexacort-LA]	Prescribing,	RXCUI
127/206	dexamethasone acetate 8 MG/ML [Dexasone]	Medication	DVCIII
1374386	dexamethasone acetate 8 MG/ML [Dexasone]	Prescribing, Medication	RXCUI
1534289	dexamethasone acetate 8 MG/ML [Robadex]	Prescribing,	RXCUI
1334203	dexamethasone acetate o Mo/ME [Nobadex]	Medication	IXCOI
1374372	dexamethasone acetate 8 MG/ML Injectable Suspension	Prescribing,	RXCUI
137 1372	ackametriasone acetate o moj me mjestasie suspension	Medication	11/1001
1374387	dexamethasone acetate 8 MG/ML Injectable Suspension [Dexasone]	Prescribing,	RXCUI
		Medication	
854176	Dexamethasone Drug Implant	Prescribing,	RXCUI
	-	Medication	
2108018	Dexamethasone Drug Implant [Dextenza]	Prescribing,	RXCUI
		Medication	
854180	Dexamethasone Drug Implant [Ozurdex]	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
1154529	Description Desamethasone Drug Implant Product	Prescribing,	RXCUI
1134323	Dexamethasone Drug Implant Froduct	Medication	KACUI
1154530	Dexamethasone Inhalant Product	Prescribing,	RXCUI
1134330	Dexamethasone illidiant Floudet	Medication	KACOI
377280	Dexamethasone Inhalant Solution	Prescribing,	RXCUI
377200	Dexametriasone illiaiant solution	Medication	iocoi
361870	Dexamethasone Inhalant Solution [Dexacort Phosphate in Respihaler]	Prescribing,	RXCUI
301070	bekamethasone ilinalane solution (bekacore i nospitate ili nespitater)	Medication	10,001
1154531	Dexamethasone Injectable Product	Prescribing,	RXCUI
		Medication	
371725	Dexamethasone Injectable Solution	Prescribing,	RXCUI
	·	Medication	
363487	Dexamethasone Injectable Solution [Adrenocot]	Prescribing,	RXCUI
		Medication	
363213	Dexamethasone Injectable Solution [Cortastat 10]	Prescribing,	RXCUI
		Medication	
363214	Dexamethasone Injectable Solution [Cortastat]	Prescribing,	RXCUI
		Medication	
541480	Dexamethasone Injectable Solution [Cortidex]	Prescribing,	RXCUI
		Medication	
363486	Dexamethasone Injectable Solution [Dalalone]	Prescribing,	RXCUI
		Medication	
541483	Dexamethasone Injectable Solution [Deca]	Prescribing,	RXCUI
262002		Medication	DVCIII
363003	Dexamethasone Injectable Solution [Decadron phosphate]	Prescribing,	RXCUI
363216	Dovamethacene Injectable Colution [Docadron]	Medication	DVCIII
303210	Dexamethasone Injectable Solution [Decadron]	Prescribing,	RXCUI
363485	Dexamethasone Injectable Solution [Decaject]	Medication Prescribing,	RXCUI
303463	Dexametriasone injectable solution [Decaject]	Medication	KACOI
363484	Dexamethasone Injectable Solution [Dexacen-4]	Prescribing,	RXCUI
303 10 1	Bekamethasone injectasie solution [Bekacen 1]	Medication	10.001
363483	Dexamethasone Injectable Solution [Dexacorten]	Prescribing,	RXCUI
	, , , , , , , , , , , , , , , , , , , ,	Medication	
880656	Dexamethasone Injectable Solution [DexaJect]	Prescribing,	RXCUI
		Medication	
363482	Dexamethasone Injectable Solution [Dexasone]	Prescribing,	RXCUI
		Medication	
542938	Dexamethasone Injectable Solution [Dexium brand of Dexamethasone]	Prescribing,	RXCUI
		Medication	
1049385	Dexamethasone Injectable Solution [Dexium]	Prescribing,	RXCUI
		Medication	
363481	Dexamethasone Injectable Solution [Dexone]	Prescribing,	RXCUI
262400		Medication	DVCIII
363480	Dexamethasone Injectable Solution [Hexadrol Phosphate]	Prescribing,	RXCUI
1275105	Dovamethasene Injectable Colution [Hovedrel]	Medication	DVCIII
1375105	Dexamethasone Injectable Solution [Hexadrol]	Prescribing,	RXCUI
363479	Dexamethasone Injectable Solution [Medidex]	Medication Prescribing,	DYCHI
3034/9	Devanierilasone injectable solution [iviedidex]	Medication	RXCUI
541486	Dexamethasone Injectable Solution [Metazone]	Prescribing,	RXCUI
3-1-100	Sexumentasone injectasic solution (metazone)	Medication	10,001
		ivicalcation	

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	Description		
Code 363584	Description Dexamethasone Injectable Solution [Oradexon]	Code Category	Code Type
303364	Devanietilasone injectable solution [Oradexon]	Prescribing, Medication	RXCUI
363478	Dexamethasone Injectable Solution [Primethasone]	Prescribing,	RXCUI
303470	bekamethasone injectable solution [i fillethasone]	Medication	IIACOI
363477	Dexamethasone Injectable Solution [Solurex LA]	Prescribing,	RXCUI
		Medication	
363476	Dexamethasone Injectable Solution [Solurex]	Prescribing,	RXCUI
		Medication	
371721	Dexamethasone Injectable Suspension	Prescribing,	RXCUI
		Medication	
365676	Dexamethasone Injectable Suspension [Adrenocot L.A.]	Prescribing,	RXCUI
		Medication	
365611	Dexamethasone Injectable Suspension [Cortastat LA]	Prescribing,	RXCUI
		Medication	
541477	Dexamethasone Injectable Suspension [Cortidex]	Prescribing,	RXCUI
		Medication	
365667	Dexamethasone Injectable Suspension [Dalalone D.P.]	Prescribing,	RXCUI
265602		Medication	BVCI II
365693	Dexamethasone Injectable Suspension [Dalalone L.A.]	Prescribing,	RXCUI
1374391	Dexamethasone Injectable Suspension [Dalalone]	Medication	RXCUI
1374391	Dexametriasone injectable suspension [Dalalone]	Prescribing, Medication	KACUI
365692	Dexamethasone Injectable Suspension [De-Sone LA]	Prescribing,	RXCUI
303032	Dexamethasone injectable suspension [De-sone LA]	Medication	NACOI
541462	Dexamethasone Injectable Suspension [Deca]	Prescribing,	RXCUI
0.1.01		Medication	
365691	Dexamethasone Injectable Suspension [Decadron-LA]	Prescribing,	RXCUI
	, , , , , , , , , , , , , , , , , , , ,	Medication	
365690	Dexamethasone Injectable Suspension [Decaject-L.A.]	Prescribing,	RXCUI
		Medication	
365689	Dexamethasone Injectable Suspension [Dexacort-LA]	Prescribing,	RXCUI
		Medication	
365688	Dexamethasone Injectable Suspension [Dexasone LA]	Prescribing,	RXCUI
		Medication	
1089819	Dexamethasone Injectable Suspension [Dexasone]	Prescribing,	RXCUI
		Medication	
365687	Dexamethasone Injectable Suspension [Dexone LA]	Prescribing,	RXCUI
265606	D	Medication	BVCI II
365686	Dexamethasone Injectable Suspension [Medidex LA]	Prescribing,	RXCUI
E 11 16 6	Dovamethacono Injectable Succession [Matazone]	Medication	DVCIII
541466	Dexamethasone Injectable Suspension [Metazone]	Prescribing, Medication	RXCUI
541469	Dexamethasone Injectable Suspension [Primethasone]	Prescribing,	RXCUI
341403	Dexamethasone injectable suspension [Filmethasone]	Medication	NACOI
541473	Dexamethasone Injectable Suspension [Robadex]	Prescribing,	RXCUI
3.147.3	2 S.S. Strate injectable suspension [nobadex]	Medication	
365685	Dexamethasone Injectable Suspension [Solurex LA]	Prescribing,	RXCUI
		Medication	
1812073	Dexamethasone Injection	Prescribing,	RXCUI
	•	Medication	
2045407	Dexamethasone Injection [Dexycu]	Prescribing,	RXCUI
	• •	Medication	

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Code	Description	Code Category	Code Type
1175245	Description Dexamethasone Intensol Oral Liquid Product	Prescribing,	RXCUI
11/3243	Dexamethasone intensor oral ciquid Froduct	Medication	KACOI
1175246	Dexamethasone Intensol Oral Product	Prescribing,	RXCUI
11/3240	Dexamethasone intensor oral Froduct	Medication	IXCOI
3265	Dexamethasone Isonicotinate	Prescribing,	RXCUI
3203	Dexamethasone isomeotinate	Medication	IXCOI
2108345	Dexamethasone Metered Dose Inhaler	Prescribing,	RXCUI
2100545	Dexametriasone Meterea Dose minarei	Medication	TOTO
2108348	Dexamethasone Metered Dose Inhaler [Dexacort Phosphate in Respihaler]	Prescribing,	RXCUI
2100540	bekumeenasone meterea bose minater [bekadorer nospitate in nespitater]	Medication	10,001
438882	Dexamethasone Oral Capsule	Prescribing,	RXCUI
		Medication	
1154534	Dexamethasone Oral Liquid Product	Prescribing,	RXCUI
	4	Medication	
1154535	Dexamethasone Oral Product	Prescribing,	RXCUI
		Medication	
371728	Dexamethasone Oral Solution	Prescribing,	RXCUI
		Medication	
901648	Dexamethasone Oral Solution [Baycadron]	Prescribing,	RXCUI
		Medication	
757087	Dexamethasone Oral Solution [Decadron]	Prescribing,	RXCUI
		Medication	
364896	Dexamethasone Oral Solution [Dexamethasone Intensol]	Prescribing,	RXCUI
		Medication	
757088	Dexamethasone Oral Solution [Hexadrol]	Prescribing,	RXCUI
		Medication	
371729	Dexamethasone Oral Tablet	Prescribing,	RXCUI
		Medication	
369461	Dexamethasone Oral Tablet [Decadron]	Prescribing,	RXCUI
		Medication	
1086700	Dexamethasone Oral Tablet [Dexium]	Prescribing,	RXCUI
		Medication	
369460	Dexamethasone Oral Tablet [Dexone]	Prescribing,	RXCUI
252545		Medication	B.V.G. III
369516	Dexamethasone Oral Tablet [Hexadrol]	Prescribing,	RXCUI
260560		Medication	DVCIII
369569	Dexamethasone Oral Tablet [Oradexon]	Prescribing,	RXCUI
4454536	Developed because Otic Product	Medication	DVCIII
1154536	Dexamethasone Otic Product	Prescribing,	RXCUI
371727	Dexamethasone Otic Solution	Medication	RXCUI
3/1/2/	Dexamethasone Otic Solution	Prescribing, Medication	KACUI
1154537	Dexamethasone Pill	Prescribing,	RXCUI
1134337	Dexamethasone Fill	Medication	IXCOI
1812094	Dexamethasone Prefilled Syringe	Prescribing,	RXCUI
1012054	Dexametriasone i remied syringe	Medication	TOTO
1154538	Dexamethasone Rectal Product	Prescribing,	RXCUI
110 /000	2 S.G. G.	Medication	10.001
438884	Dexamethasone Rectal Suppository	Prescribing,	RXCUI
.55501		Medication	
203704	Dexasone	Prescribing,	RXCUI
		Medication	

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	Description		
Code	Description Description	Code Category	Code Type
216384	De-Sone LA	Prescribing,	RXCUI
		Medication	
227682	Decadron	Prescribing,	RXCUI
		Medication	
309686	dexamethasone 0.1 MG/ML Oral Solution	Prescribing,	RXCUI
		Medication	
566581	dexamethasone 0.1 MG/ML [Decadron]	Prescribing,	RXCUI
		Medication	
1169579	De-Sone LA Injectable Product	Prescribing,	RXCUI
	•	Medication	
1170296	Decadron Oral Liquid Product	Prescribing,	RXCUI
11,0230	Decadion of a English House	Medication	10,001
1170297	Decadron Oral Product	Prescribing,	RXCUI
11/029/	Decadion of all Floudet	<u>.</u>	KACUI
4470200	December 211	Medication	DVCIII
1170298	Decadron Pill	Prescribing,	RXCUI
		Medication	
1175250	Dexasone Injectable Product	Prescribing,	RXCUI
		Medication	
	Baricitinib		
XW0DXM6	Introduction of baricitinib into mouth and pharynx, external approach, new	Procedure	ICD-10-PCS
	technology group 6		
XW0G7M6	Introduction of baricitinib into upper GI, via natural or artificial opening, new	Procedure	ICD-10-PCS
	technology group 6		
XW0H7M6	Introduction of baricitinib into lower GI, via natural or artificial opening, new	Procedure	ICD-10-PCS
	technology group 6		
XW0DXF5	Introduction of other new technology therapeutic substance into mouth and pharynx	Procedure	ICD-10-PCS
AWODAIS	<u></u> -	, Trocedure	1CD-10-1 C3
2506766	external approach, new technology group 5	Dun andrum	ICD 10 DCC
3E0G7GC	Introduction of other therapeutic substance into upper G.I. via natural or artificial	Procedure	ICD-10-PCS
2501700	opening		100 10 000
3E0H7GC	Introduction of other therapeutic substance into lower G.I. via natural or artificial	Procedure	ICD-10-PCS
	opening		
2047232	baricitinib	Prescribing,	RXCUI
		Medication	
2047237	baricitinib 2 MG	Prescribing,	RXCUI
		Medication	
2047243	baricitinib 2 MG [Olumiant]	Prescribing,	RXCUI
		Medication	
2047241	baricitinib 2 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
2047247	baricitinib 2 MG Oral Tablet [Olumiant]	Prescribing,	RXCUI
20-7,2-7,	Sandania 2 MO Oral Tablet [Oralliant]	Medication	10.001
2047220	haricitinih Oral Product		DVCIII
2047238	baricitinib Oral Product	Prescribing,	RXCUI
2047242	hadaistaih Ond Tablat	Medication	PACE ::
2047240	baricitinib Oral Tablet	Prescribing,	RXCUI
		Medication	_
2047244	baricitinib Oral Tablet [Olumiant]	Prescribing,	RXCUI
		Medication	
2047239	baricitinib Pill	Prescribing,	RXCUI
		Medication	
2047242	Olumiant	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
2047245	Olumiant Oral Product	Prescribing,	RXCUI
		Medication	
2047246	Olumiant Pill	Prescribing,	RXCUI
		Medication	
2205473	baricitinib	Prescribing,	RXCUI
		Medication	
2205472	baricitinib	Prescribing,	RXCUI
		Medication	
2205471	baricitinib	Prescribing,	RXCUI
		Medication	
2205474	baricitinib	Prescribing,	RXCUI
		Medication	
	Remdesivir	Wicaldation	
XW033E5	Introduction of Remdesivir Anti-infective into Peripheral Vein, Percutaneous	Procedure	ICD-10-PCS
	Approach, New Technology Group 5		
XW043E5	Introduction of Remdesivir Anti-infective into Central Vein, Percutaneous Approach,	Procedure	ICD-10-PCS
	New Technology Group 5		
2284960	remdesivir 100 MG Injection	Prescribing,	RXCUI
		Medication	
2284957	remdesivir 100 MG	Prescribing,	RXCUI
		Medication	
2284958	remdesivir Injectable Product	Prescribing,	RXCUI
2204330	Terridesivii injectable i Toddet	Medication	плеот
2284959	remdesivir Injection	Prescribing,	RXCUI
220 1333	Tempesian injection	Medication	11/1001
2284718	remdesivir	Prescribing,	RXCUI
2204710	Temacsivii	Medication	плеот
2367757	remdesivir 5 MG/ML	Prescribing,	RXCUI
2307737	Temacsini 5 maj me	Medication	11/1001
2367758	20 ML remdesivir 5 MG/ML Injection	Prescribing,	RXCUI
2307730	20 METERIACON S MOJ ME INJECTION	Medication	10,001
2395499	remdesivir 100 MG [Veklury]	Prescribing,	RXCUI
2333433	Terrocestvii 100 Mie (Verlaity)	Medication	плеот
2395500	remdesivir Injection [Veklury]	Prescribing,	RXCUI
2333300	remacsivii injection [veitary]	Medication	плеот
2395502	remdesivir 100 MG Injection [Veklury]	Prescribing,	RXCUI
2333302	Temacsivii 100 Me injection (ventury)	Medication	плеот
2395503	remdesivir 5 MG/ML [Veklury]	Prescribing,	RXCUI
2333303	remacsivii 5 Moj Mc [ventary]	Medication	плеот
2395504	20 ML remdesivir 5 MG/ML Injection [Veklury]	Prescribing,	RXCUI
2333304	20 WETCHIGESIVII 5 WOJIWE INJECTION (VCKIGNY)	Medication	плеот
	Tocilizumab	Wiedication	
XW033H5	Introduction of Tocilizumab into Peripheral Vein, Percutaneous Approach, New	Procedure	ICD-10-PCS
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Technology Group 5		.02 20 . 00
J3262	Injection, tocilizumab, 1 mg	Procedure	HCPCS
2106077	tocilizumab 180 MG/ML	Prescribing,	RXCUI
_1000//	Commentation 100 Into Inte	Medication	AACOI
1441532	tocilizumab 180 MG/ML	Prescribing,	RXCUI
111JJL	Commentation 100 Into Inte	Medication	AACOI
895764	tocilizumab 20 MG/ML	Prescribing,	RXCUI
033704	Cocilizatinas 20 IVIO/IVIL	=	IXCOI
		Medication	

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Code	Description		Code Type
1657978	Description tocilizumab 20 MG/ML	Code Category	
103/9/6	tocilizumab zo ividyivit	Prescribing,	RXCUI
895763	tacilizumah Injectahla Calutian	Medication	RXCUI
895/63	tocilizumab Injectable Solution	Prescribing,	KACUI
2106076	tocilizumab 180 MG/ML	Medication	RXCUI
2100070	COCIIIZUITIAD 180 IVIG/IVIL	Prescribing,	KACUI
1441531	topilizumah 190 MC/MI	Medication	DVCIII
1441531	tocilizumab 180 MG/ML	Prescribing,	RXCUI
895760	tocilizumab 20 MG/ML	Medication Prescribing,	RXCUI
033700	tocilizatriab zo ividyivit	Medication	KACUI
1657977	tocilizumab 20 MG/ML	Prescribing,	RXCUI
103/3//	tocilizatilab 20 Mg/ME	Medication	IXCOI
895759	tocilizumab Injectable Solution	Prescribing,	RXCUI
033733	tocilizarriab injectable solution	Medication	IXCOI
2106075	tocilizumab 180 MG/ML	Prescribing,	RXCUI
2100075	Cocinizatinas 100 MO, ME	Medication	10.001
1441530	tocilizumab 180 MG/ML	Prescribing,	RXCUI
1441550	tocilizatinas 100 Moj ME	Medication	тисот
1657980	tocilizumab 20 MG/ML	Prescribing,	RXCUI
1037300	Cocinizatinas 20 Moj Miz	Medication	10.001
1657982	tocilizumab 20 MG/ML	Prescribing,	RXCUI
1037302	totilizamas 25 moj.mz	Medication	10.001
1657976	tocilizumab 20 MG/ML	Prescribing,	RXCUI
2007070		Medication	
1441528	tocilizumab 180 MG/ML	Prescribing,	RXCUI
		Medication	
895762	tocilizumab 20 MG/ML	Prescribing,	RXCUI
		Medication	
2106074	tocilizumab Auto-Injector	Prescribing,	RXCUI
	•	Medication	
1657975	tocilizumab Injection	Prescribing,	RXCUI
	•	Medication	
1441529	tocilizumab Prefilled Syringe	Prescribing,	RXCUI
	, •	Medication	
2106073	tocilizumab 180 MG/ML	Prescribing,	RXCUI
		Medication	
1441527	tocilizumab 180 MG/ML	Prescribing,	RXCUI
		Medication	
1657979	tocilizumab 20 MG/ML	Prescribing,	RXCUI
		Medication	
1657981	tocilizumab 20 MG/ML	Prescribing,	RXCUI
		Medication	
1657974	tocilizumab 20 MG/ML	Prescribing,	RXCUI
		Medication	
612865	tocilizumab	Prescribing,	RXCUI
		Medication	
1441525	tocilizumab 180 MG/ML	Prescribing,	RXCUI
		Medication	
895758	tocilizumab 20 MG/ML	Prescribing,	RXCUI
		Medication	
2106072	tocilizumab Auto-Injector	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
1162729	tocilizumab Injectable Product	Prescribing,	RXCUI
1102729	tocilizatilab injectable Froduct	Medication	IXCOI
1657973	tocilizumab Injection		RXCUI
103/9/3	tochizumab injection	Prescribing,	KACUI
1441526	tacilizumah Drafillad Curinga	Medication	DVCIII
1441526	tocilizumab Prefilled Syringe	Prescribing,	RXCUI
4640574	Interduction of Tabilian achieve Control Vair Description Associated Name	Medication	DVCIII
1649574	Introduction of Tocilizumab into Central Vein, Percutaneous Approach, New	Prescribing,	RXCUI
	Technology Group 5	Medication	
J1700	Systemic Corticosteroids Injection, hydrocortisone acetate, up to 25 mg	Procedure	HCPCS
J1700 J1710	Injection, hydrocortisone acetate, up to 25 mg	Procedure	HCPCS
J1710 J1720		Procedure	HCPCS
	Injection, hydrocortisone sodium succinate, up to 100 mg		
J1020	Injection, methylprednisolone acetate, 20 mg	Procedure	HCPCS
J1030	Injection, methylprednisolone acetate, 40 mg	Procedure	HCPCS
J1040	Injection, methylprednisolone acetate, 80 mg	Procedure	HCPCS
J2920	Injection, methylprednisolone sodium succinate, up to 40 mg	Procedure	HCPCS
J2930	Injection, methylprednisolone sodium succinate, up to 125 mg	Procedure	HCPCS
J2650	Injection, prednisolone acetate, up to 1 ml	Procedure	HCPCS
J7512	Prednisone, immediate release or delayed release, oral, 1 mg	Procedure	HCPCS
J1094	Injection, dexamethasone acetate, 1 mg	Procedure	HCPCS
J1100	Injection, dexamethasone sodium phosphate, 1 mg	Procedure	HCPCS
J8540	Dexamethasone, oral, 0.25 mg	Procedure	HCPCS
J0702	Injection, betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg	Procedure	HCPCS
858138	beclomethasone dipropionate 1 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
858134	beclomethasone dipropionate 1 MG	Prescribing,	RXCUI
		Medication	
858137	beclomethasone Oral Tablet	Prescribing,	RXCUI
		Medication	
1155695	beclomethasone Oral Product	Prescribing,	RXCUI
		Medication	
1155696	beclomethasone Pill	Prescribing,	RXCUI
		Medication	
1366551	UCERIS	Prescribing,	RXCUI
		Medication	
153171	ENTOCORT	Prescribing,	RXCUI
		Medication	
2273102	ORTIKOS	Prescribing,	RXCUI
		Medication	
19831	BUDESONIDE	Prescribing,	RXCUI
		Medication	
1367172	BUDESONIDE (11.BETA.,16.ALPHA.(S))	Prescribing,	RXCUI
		Medication	
1244213	24 HR BUDESONIDE 3 MG EXTENDED RELEASE ENTERIC COATED CAPSULE	Prescribing,	RXCUI
	[ENTOCORT]	Medication	
1244215	BUDESONIDE 3 MG DELAYED RELEASE ORAL CAPSULE [ENTOCORT]	Prescribing,	RXCUI
		Medication	7.0.001
1366556	24 HR BUDESONIDE 9 MG EXTENDED RELEASE ORAL TABLET [UCERIS]	Prescribing,	RXCUI
1300330	2.1.1.1 SOSESONIDE SING ENTERDED RELEASE OWNE PROFES [OCENIO]	Medication	1.7.001
1366558	BUDESONIDE 9 MG EXTENDED RELEASE ORAL TABLET [UCERIS]	Prescribing,	RXCUI
100000	SOSESOMOE SING ENTERDED RELEASE ORDE PADELT [OCENIO]	Medication	MACOI
		ivicultation	

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	Description		
Code 152595	Description 24 HR BUDESONIDE 3 MG EXTENDED RELEASE CAPSULE [ENTOCORT EC]	Code Category	Code Type RXCUI
137333	24 HA DODESONIDE S INIO EXTENDED RELEASE CAPSULE [ENTOCORT EC]	Prescribing, Medication	KACUI
2273107	24 HR BUDESONIDE 6 MG EXTENDED RELEASE ORAL CAPSULE [ORTIKOS]	Prescribing,	RXCUI
2273107	24 THE BODESONIDE O MIG EXTENDED RELEASE OTHE CAI SOLE [ONTINOS]	Medication	плеот
2273108	BUDESONIDE 6 MG EXTENDED RELEASE ORAL CAPSULE [ORTIKOS]	Prescribing,	RXCUI
		Medication	
2273110	24 HR BUDESONIDE 9 MG EXTENDED RELEASE ORAL CAPSULE [ORTIKOS]	Prescribing,	RXCUI
		Medication	
2273111	BUDESONIDE 9 MG EXTENDED RELEASE ORAL CAPSULE [ORTIKOS]	Prescribing,	RXCUI
		Medication	
844427	BUDESONIDE 3 MG EXTENDED RELEASE CAPSULE [ENTOCORT EC]	Prescribing,	RXCUI
		Medication	
991401	24 HR BUDESONIDE 3 MG EXTENDED RELEASE CAPSULE [ENTOCORT]	Prescribing,	RXCUI
		Medication	
991402	BUDESONIDE 3 MG EXTENDED RELEASE CAPSULE [ENTOCORT]	Prescribing,	RXCUI
1266552	DUDECONIDE O MO [HOEDIC]	Medication	DVCIII
1366552	BUDESONIDE 9 MG [UCERIS]	Prescribing,	RXCUI
2273103	BUDESONIDE 6 MG [ORTIKOS]	Medication Prescribing,	RXCUI
22/3103	BODESONIDE 6 MG [OKTIKOS]	Medication	KACUI
2273109	BUDESONIDE 9 MG [ORTIKOS]	Prescribing,	RXCUI
2273103	BODESONIDE 5 INIO [OKTIKOS]	Medication	IXCOI
564993	BUDESONIDE 3 MG [ENTOCORT EC]	Prescribing,	RXCUI
00.000		Medication	
991399	BUDESONIDE 3 MG [ENTOCORT]	Prescribing,	RXCUI
	•	Medication	
1244212	BUDESONIDE EXTENDED RELEASE ENTERIC COATED CAPSULE [ENTOCORT]	Prescribing,	RXCUI
		Medication	
1366553	BUDESONIDE EXTENDED RELEASE ORAL TABLET [UCERIS]	Prescribing,	RXCUI
		Medication	
1489772	BUDESONIDE DELAYED RELEASE ORAL CAPSULE [ENTOCORT]	Prescribing,	RXCUI
		Medication	
2273104	BUDESONIDE EXTENDED RELEASE ORAL CAPSULE [ORTIKOS]	Prescribing,	RXCUI
0.674.40		Medication	B.V.G. II
367142	BUDESONIDE 24 HOUR EXTENDED RELEASE CAPSULE [ENTOCORT EC]	Prescribing,	RXCUI
001400	DIADECONIDE ENTENDED DELEVEE CADCINE [ENTOCODE]	Medication	DVCIII
991400	BUDESONIDE EXTENDED RELEASE CAPSULE [ENTOCORT]	Prescribing,	RXCUI
1167031	ENTOCORT ORAL PRODUCT	Medication Prescribing,	RXCUI
110/031	ENTOCONT ONAL PRODUCT	Medication	KACOI
1167032	ENTOCORT PILL	Prescribing,	RXCUI
1107032	ENTOCONT FIEL	Medication	плеот
1366554	UCERIS ORAL PRODUCT	Prescribing,	RXCUI
		Medication	
1366555	UCERIS PILL	Prescribing,	RXCUI
		Medication	
2273105	ORTIKOS ORAL PRODUCT	Prescribing,	RXCUI
		Medication	
2273106	ORTIKOS PILL	Prescribing,	RXCUI
		Medication	
1006089	BUDESONIDE 3 MG ENTERIC COATED CAPSULE	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	
1244211	Description 24 HR BUDESONIDE 3 MG EXTENDED RELEASE ENTERIC COATED CAPSULE	Prescribing,	Code Type RXCUI
1244211	24 HK BODESONIDE S WIG EXTENDED RELEASE ENTERIC COATED CAPSOLE	Medication	KACUI
1244214	BUDESONIDE 3 MG DELAYED RELEASE ORAL CAPSULE	Prescribing,	RXCUI
1244214	BODESONIDE SINIO DELATED RELEASE ORAL CAPSOLE	Medication	KACOI
1366550	24 HR BUDESONIDE 9 MG EXTENDED RELEASE ORAL TABLET	Prescribing,	RXCUI
1300330	24 THE BODESONIDE STRICE ENTERDED RELEASE ORAL PADLET	Medication	10,001
1366557	BUDESONIDE 9 MG EXTENDED RELEASE ORAL TABLET	Prescribing,	RXCUI
1300337	BODESONIDE S MIG EXTENDED RELEASE ONAL TABLET	Medication	10,001
152594	24 HR BUDESONIDE 3 MG EXTENDED RELEASE CAPSULE	Prescribing,	RXCUI
132334	24 THE BODESONIDE STATE OF THE EARL OF THE SOLE	Medication	10,001
2048810	BUDESONIDE 3 MG ORAL CAPSULE	Prescribing,	RXCUI
		Medication	
2269305	24 HR BUDESONIDE 6 MG EXTENDED RELEASE ORAL CAPSULE	Prescribing,	RXCUI
		Medication	
2269306	BUDESONIDE 6 MG EXTENDED RELEASE ORAL CAPSULE	Prescribing,	RXCUI
		Medication	
2269307	24 HR BUDESONIDE 9 MG EXTENDED RELEASE ORAL CAPSULE	Prescribing,	RXCUI
		Medication	
2269308	BUDESONIDE 9 MG EXTENDED RELEASE ORAL CAPSULE	Prescribing,	RXCUI
		Medication	
249241	BUDESONIDE 3 MG ORAL TABLET	Prescribing,	RXCUI
		Medication	
387015	BUDESONIDE 3 MG ORAL CAPSULE	Prescribing,	RXCUI
		Medication	
484697	BUDESONIDE 3 MG EXTENDED RELEASE CAPSULE	Prescribing,	RXCUI
		Medication	
844426	BUDESONIDE 3 MG EXTENDED RELEASE CAPSULE	Prescribing,	RXCUI
		Medication	
1366548	BUDESONIDE 9 MG	Prescribing,	RXCUI
	DUDESCHURE CAAC	Medication	B./ G. II
2269303	BUDESONIDE 6 MG	Prescribing,	RXCUI
222605	DUDECONUDE 2 MC	Medication	DVCIII
332685	BUDESONIDE 3 MG	Prescribing,	RXCUI
1000000	BUDESONIDE ENTERIC COATED CAPSULE	Medication	DVCIII
1006088	BODESONIDE ENTERIC COATED CAPSULE	Prescribing,	RXCUI
1244210	BUDESONIDE EXTENDED RELEASE ENTERIC COATED CAPSULE	Medication Prescribing,	RXCUI
1244210	BODESONIDE EXTENDED RELEASE ENTERIC COATED CAPSULE	Medication	KACUI
1366549	BUDESONIDE EXTENDED RELEASE ORAL TABLET	Prescribing,	RXCUI
1300343	BODESONIDE EXTENDED RELEASE ORAL TABLET	Medication	KACUI
1489770	BUDESONIDE DELAYED RELEASE ORAL CAPSULE	Prescribing,	RXCUI
1403770	BODESONIDE DELATED RELEASE ONAL CAI SOLE	Medication	iocoi
2048809	BUDESONIDE ORAL CAPSULE	Prescribing,	RXCUI
2040003	BODESONNE ON LE ON SOLE	Medication	10,001
2269304	BUDESONIDE EXTENDED RELEASE ORAL CAPSULE	Prescribing,	RXCUI
		Medication	
376186	BUDESONIDE ORAL TABLET	Prescribing,	RXCUI
		Medication	
379057	BUDESONIDE 24 HOUR EXTENDED RELEASE CAPSULE	Prescribing,	RXCUI
•		Medication	-
393140	BUDESONIDE ORAL CAPSULE	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
484696	BUDESONIDE EXTENDED RELEASE CAPSULE	Prescribing,	RXCUI
404030	BODESONIDE EXTENDED RELEASE CAPSOLE	Medication	KACUI
1151338	BUDESONIDE ORAL PRODUCT	Prescribing,	RXCUI
1131330	BODESONIDE ORAL PRODUCT	Medication	KACUI
1151339	BUDESONIDE PILL	Prescribing,	RXCUI
1131333	DODESONIDE FILE	Medication	плеот
329479	Cortisone 10 MG	Prescribing,	RXCUI
323473	CONTROLLE TO TAIL	Medication	плеот
197543	Cortisone 10 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
329229	Cortisone 5 MG	Prescribing,	RXCUI
		Medication	
543434	Cortisone 5 MG [Cortone]	Prescribing,	RXCUI
		Medication	
197545	Cortisone 5 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
543436	Cortisone 5 MG Oral Tablet [Cortone]	Prescribing,	RXCUI
		Medication	
315722	Cortisone 50 MG/ML	Prescribing,	RXCUI
		Medication	
567278	Cortisone 50 MG/ML [Cortone acetate]	Prescribing,	RXCUI
		Medication	
309542	Cortisone 50 MG/ML Injectable Solution	Prescribing,	RXCUI
		Medication	
206445	Cortisone 50 MG/ML Injectable Suspension	Prescribing,	RXCUI
206446	Continue FO MC (MAL biostable Companies [Contage contact]	Medication	DVCIII
206446	Cortisone 50 MG/ML Injectable Suspension [Cortone acetate]	Prescribing,	RXCUI
21655	cortisone acetate	Medication Prescribing,	RXCUI
21033	cortisone acetate	Medication	KACUI
828247	cortisone acetate 25 MG	Prescribing,	RXCUI
020247	CONTINUITY CARCILLATE 25 TATO	Medication	плеот
828283	cortisone acetate 25 MG [Cortone]	Prescribing,	RXCUI
020200		Medication	
828248	cortisone acetate 25 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
828284	cortisone acetate 25 MG Oral Tablet [Cortone]	Prescribing,	RXCUI
		Medication	
828285	cortisone acetate 25 MG/ML	Prescribing,	RXCUI
		Medication	
828286	cortisone acetate 25 MG/ML Injectable Suspension	Prescribing,	RXCUI
		Medication	
1155527	Cortisone Injectable Product	Prescribing,	RXCUI
		Medication	
375724	Cortisone Injectable Solution	Prescribing,	RXCUI
		Medication	
371634	Cortisone Injectable Suspension	Prescribing,	RXCUI
265662		Medication	D./.C
365662	Cortisone Injectable Suspension [Cortone acetate]	Prescribing,	RXCUI
115550	Cartisana Oral Bradust	Medication	DVCIII
1155528	Cortisone Oral Product	Prescribing,	RXCUI
		Medication	

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Code	Description		Code Type
371635	Description Cortisone Oral Tablet	Code Category Prescribing,	RXCUI
3/1033	Cortisone Oral Tablet	Medication	KACOI
543435	Cortisone Oral Tablet [Cortone]	Prescribing,	RXCUI
343433	Cortisone Oral Tablet [Cortone]	Medication	IXCOI
1155815	Cortisone Pill	Prescribing,	RXCUI
1155015	COLUSONE I III	Medication	плеот
202645	Cortef	Prescribing,	RXCUI
2020-3	Conten	Medication	плеот
203592	Solu-Cortef	Prescribing,	RXCUI
		Medication	
203594	A-Hydrocort	Prescribing,	RXCUI
	·	Medication	
208680	hydrocortisone 5 MG Oral Tablet [Cortef]	Prescribing,	RXCUI
		Medication	
208712	hydrocortisone 10 MG Oral Tablet [Cortef]	Prescribing,	RXCUI
		Medication	
208816	hydrocortisone 20 MG Oral Tablet [Cortef]	Prescribing,	RXCUI
		Medication	
105398	hydrocortisone 100 MG Injection [Solu-Cortef]	Prescribing,	RXCUI
		Medication	
208947	hydrocortisone 100 MG Injection [A-Hydrocort]	Prescribing,	RXCUI
		Medication	
1738589	hydrocortisone 1000 MG Injection [Solu-Cortef]	Prescribing,	RXCUI
4700500		Medication	B./ (6) II
1738592	hydrocortisone 250 MG Injection [Solu-Cortef]	Prescribing,	RXCUI
4720506	hadron ation of FOO MC Initiation [Cally Contact]	Medication	BYCH!
1738596	hydrocortisone 500 MG Injection [Solu-Cortef]	Prescribing,	RXCUI
569343	hydrocortisone 5 MG [Cortef]	Medication Prescribing,	RXCUI
303343	nydrocordsone 3 Mid [corter]	Medication	KACUI
569375	hydrocortisone 10 MG [Cortef]	Prescribing,	RXCUI
303373	nyurocorusone 10 MG [corter]	Medication	плеот
569465	hydrocortisone 20 MG [Cortef]	Prescribing,	RXCUI
	nyanosonio 25 mo [oonio]	Medication	
1738587	hydrocortisone 1000 MG [Solu-Cortef]	Prescribing,	RXCUI
	,	Medication	
1738591	hydrocortisone 250 MG [Solu-Cortef]	Prescribing,	RXCUI
		Medication	
1738595	hydrocortisone 500 MG [Solu-Cortef]	Prescribing,	RXCUI
		Medication	
1738600	hydrocortisone 100 MG [Solu-Cortef]	Prescribing,	RXCUI
		Medication	
1738602	hydrocortisone 100 MG [A-Hydrocort]	Prescribing,	RXCUI
		Medication	
197782	hydrocortisone 10 MG Oral Tablet	Prescribing,	RXCUI
40777		Medication	
197783	hydrocortisone 20 MG Oral Tablet	Prescribing,	RXCUI
407707	L. L. W. FMCO ITILL	Medication	BVC: !!
197787	hydrocortisone 5 MG Oral Tablet	Prescribing,	RXCUI
1720500	hydrocarticano 250 MC Injection	Medication	DVCIII
1738590	hydrocortisone 250 MG Injection	Prescribing,	RXCUI
		Medication	

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Code	Description		
238755	Description hydrocortisone 100 MG Injection	Code Category	Code Type
230/33	nydrocordsone 100 Mg injection	Prescribing, Medication	RXCUI
1738586	hydrocortisone 1000 MG Injection	Prescribing,	RXCUI
1730300	Hydrocol tisone 1000 Md Hjection	Medication	IXCOI
1738594	hydrocortisone 500 MG Injection	Prescribing,	RXCUI
1730334	Trydrocordsone 300 We injection	Medication	плеот
316056	hydrocortisone 10 MG	Prescribing,	RXCUI
310030	Tryanocontisone 10 MG	Medication	плест
316058	hydrocortisone 20 MG	Prescribing,	RXCUI
	.,,	Medication	
317387	hydrocortisone 5 MG	Prescribing,	RXCUI
	•	Medication	
446496	hydrocortisone 250 MG	Prescribing,	RXCUI
		Medication	
1738584	hydrocortisone 1000 MG	Prescribing,	RXCUI
		Medication	
1738593	hydrocortisone 500 MG	Prescribing,	RXCUI
		Medication	
1738598	hydrocortisone 100 MG	Prescribing,	RXCUI
		Medication	
370649	hydrocortisone Oral Tablet	Prescribing,	RXCUI
		Medication	
1738585	hydrocortisone Injection	Prescribing,	RXCUI
4464007		Medication	B.V.O. II
1164007	hydrocortisone Oral Product	Prescribing,	RXCUI
1161010	hades seatisses Dill	Medication	DVCIII
1164010	hydrocortisone Pill	Prescribing,	RXCUI
1165880	A Hudrocart Injectable Bradust	Medication Prescribing,	RXCUI
1103000	A-Hydrocort Injectable Product	Medication	KACOI
1170955	Cortef Oral Product	Prescribing,	RXCUI
1170333	Corter order roudet	Medication	10,001
1170956	Cortef Pill	Prescribing,	RXCUI
		Medication	
1184839	Solu-Cortef Injectable Product	Prescribing,	RXCUI
		Medication	
105403	Methylprednisolone 125 MG/ML	Prescribing,	RXCUI
		Medication	
1357888	Methylprednisolone 2000 MG	Prescribing,	RXCUI
		Medication	
1358512	methylprednisolone acetate 20 MG/ML	Prescribing,	RXCUI
		Medication	
1358610	methylprednisolone acetate 40 MG/ML	Prescribing,	RXCUI
		Medication	
1358612	methylprednisolone acetate 40 MG/ML	Prescribing,	RXCUI
4050645		Medication	B.V.G. III
1358617	methylprednisolone acetate 80 MG/ML	Prescribing,	RXCUI
1250646	mathy days deisalous asstate 20 MC/MI	Medication	DVCIII
1358619	methylprednisolone acetate 80 MG/ML	Prescribing,	RXCUI
1743704	Methylprednisolone 125 MG	Medication Prescribing,	RXCUI
1/43/04	Methylpreumsolone 125 Mio	Medication	NACUI
		iviedication	

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Code	Description	Code Category	Code Type
1743707	Description Methylprednisolone 125 MG	Prescribing,	RXCUI
1/43/0/	Methylpreumsolone 123 MG	Medication	KACUI
1743720	Methylprednisolone 500 MG	Prescribing,	RXCUI
1743720	Methylpreumsolone 300 Ma	Medication	KACOI
1743722	Methylprednisolone 500 MG	Prescribing,	RXCUI
1743722	Wethylpreamsolone soo we	Medication	10,001
1743726	Methylprednisolone 1000 MG	Prescribing,	RXCUI
1743720	Wethylpreamsolone 1000 We	Medication	10.001
1743729	Methylprednisolone 1000 MG	Prescribing,	RXCUI
		Medication	
1743779	methylprednisolone acetate 40 MG/ML	Prescribing,	RXCUI
		Medication	
1743781	methylprednisolone acetate 40 MG/ML	Prescribing,	RXCUI
		Medication	
1743855	methylprednisolone acetate 80 MG/ML	Prescribing,	RXCUI
		Medication	
1743856	methylprednisolone acetate 80 MG/ML	Prescribing,	RXCUI
		Medication	
197971	Methylprednisolone 32 MG	Prescribing,	RXCUI
		Medication	
197973	Methylprednisolone 8 MG	Prescribing,	RXCUI
		Medication	
207136	Methylprednisolone 2 MG	Prescribing,	RXCUI
207427		Medication	DVCIII
207137	Methylprednisolone 8 MG	Prescribing,	RXCUI
207120	Methylprednisolone 16 MG	Medication	DVCIII
207138	Methylpredhisolone to MG	Prescribing,	RXCUI
207141	Methylprednisolone 32 MG	Medication Prescribing,	RXCUI
20/141	Methylpreumsolone 32 MG	Medication	KACOI
207143	Methylprednisolone 20 MG/ML	Prescribing,	RXCUI
207110	Methylphedinasione 25 Me/ M2	Medication	101001
207168	Methylprednisolone 40 MG/ML	Prescribing,	RXCUI
		Medication	
207179	Methylprednisolone 80 MG/ML	Prescribing,	RXCUI
		Medication	
207189	Methylprednisolone 125 MG/ML	Prescribing,	RXCUI
		Medication	
207191	Methylprednisolone 40 MG	Prescribing,	RXCUI
		Medication	
207193	Methylprednisolone 62.5 MG/ML	Prescribing,	RXCUI
		Medication	
213010	Methylprednisolone 65.3 MG/ML	Prescribing,	RXCUI
222762	AA 11	Medication	B./ G. II
238760	Methylprednisolone 80 MG/ML	Prescribing,	RXCUI
250066	Mash, days delegate a 4 MC	Medication	DVCIII
259966	Methylprednisolone 4 MG	Prescribing,	RXCUI
260220	Methylprednicalone 4 MC	Medication	DVCIII
260330	Methylprednisolone 4 MG	Prescribing,	RXCUI
311659	Methylprednisolone 40 MG/ML	Medication Prescribing,	RXCUI
311033	Methylpicalisolotic 40 Mo/ML	Medication	IXCOI
		MEGICALION	

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Code	Description	Code Category	Code Type
314099	Methylprednisolone 62.5 MG/ML	Prescribing,	RXCUI
314033	Methylpreumsolone 62.5 Mg/ML	Medication	KACUI
328161	Methylprednisolone 16 MG	Prescribing,	RXCUI
320101	Methylpreumsolone to Mo	=	KACUI
346535	Mathylprodpicalone 40 MC/MI	Medication	RXCUI
340535	Methylprednisolone 40 MG/ML	Prescribing,	KACUI
762675	24 (Mashadaradara AMC Oral Tablet)	Medication	DVCIII
762675	21 (Methylprednisolone 4 MG Oral Tablet)	Prescribing,	RXCUI
4000000	A /AA . L . L . L . L	Medication	DVCI II
1008080	Aspirin / Methylprednisolone	Prescribing,	RXCUI
405300	Cally Mandager 40 MAC/MAL lettertable Calustian	Medication	DVCIII
105399	Solu-Medrone 40 MG/ML Injectable Solution	Prescribing,	RXCUI
405400		Medication	DVCI II
105400	Solu-Medrone 62.5 MG/ML Injectable Solution	Prescribing,	RXCUI
105101		Medication	B.V.O. II
105401	Solu-Medrone 125 MG/ML Injectable Solution	Prescribing,	RXCUI
		Medication	
105402	Solu-Medrone 65.3 MG/ML Injectable Solution	Prescribing,	RXCUI
		Medication	
105404	methylprednisolone (as methylprednisolone sodium succinate) 50 MG/ML Injectable	Prescribing,	RXCUI
	Solution	Medication	
1163488	Methylprednisolone Oral Product	Prescribing,	RXCUI
		Medication	
1163489	Methylprednisolone Pill	Prescribing,	RXCUI
		Medication	
1357885	Methylprednisolone 65.4 MG/ML	Prescribing,	RXCUI
		Medication	
1357886	methylprednisolone (as methylprednisolone sodium succinate) 65.4 MG/ML	Prescribing,	RXCUI
	Injectable Solution	Medication	
1357887	Methylprednisolone 65.4 MG/ML [Solu-Medrol]	Prescribing,	RXCUI
		Medication	
1358509	methylprednisolone acetate 20 MG/ML	Prescribing,	RXCUI
		Medication	
1358510	methylprednisolone acetate 20 MG/ML Injectable Suspension	Prescribing,	RXCUI
		Medication	
1358511	methylprednisolone acetate 20 MG/ML [Depo-Medrol]	Prescribing,	RXCUI
		Medication	
1358611	methylprednisolone acetate 40 MG/ML [Depo-Medrol]	Prescribing,	RXCUI
		Medication	
1358616	methylprednisolone acetate 80 MG/ML	Prescribing,	RXCUI
		Medication	
1358618	methylprednisolone acetate 80 MG/ML [Depo-Medrol]	Prescribing,	RXCUI
		Medication	
1358745	methylprednisolone acetate 10 MG/ML	Prescribing,	RXCUI
		Medication	
1358747	methylprednisolone acetate 16 MG/ML	Prescribing,	RXCUI
		Medication	
1358748	methylprednisolone acetate 16 MG/ML Injectable Suspension	Prescribing,	RXCUI
		Medication	
1358749	methylprednisolone acetate 2.5 MG/ML	Prescribing,	RXCUI
		Medication	
1358760	methylprednisolone acetate 40 MG	Prescribing,	RXCUI
		Medication	

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Code	Description		Code Type
1358761	methylprednisolone acetate 40 MG Enema	Code Category Prescribing,	RXCUI
1336/01	methylpreumsolone acetate 40 MG Enema	<u> </u>	KACOI
1545708	methylprednisolone acetate 40 ML	Medication Prescribing,	RXCUI
1343700	methylpreumsolone acetate 40 ML	Medication	IXCOI
1545709	methylprednisolone acetate 40 ML Injectable Suspension	Prescribing,	RXCUI
1343703	methylpreamsolone acctate 40 ME injectable suspension	Medication	плеот
1545711	methylprednisolone acetate 40 ML [Depo-Medrol]	Prescribing,	RXCUI
1545711	methylpreamsolone acctate 40 ME [Sepo Methol]	Medication	плеот
1545712	Depo-Medrol 40 ML Injectable Suspension	Prescribing,	RXCUI
		Medication	
1743702	Methylprednisolone 125 MG	Prescribing,	RXCUI
		Medication	
1743703	Methylprednisolone Injection	Prescribing,	RXCUI
		Medication	
1743705	Methylprednisolone 125 MG [Solu-Medrol]	Prescribing,	RXCUI
		Medication	
1743706	Methylprednisolone Injection [Solu-Medrol]	Prescribing,	RXCUI
		Medication	
1743719	Methylprednisolone 500 MG	Prescribing,	RXCUI
		Medication	
1743721	Methylprednisolone 500 MG [Solu-Medrol]	Prescribing,	RXCUI
		Medication	
1743725	Methylprednisolone 1000 MG	Prescribing,	RXCUI
4740707		Medication	B.V.O. II
1743727	Methylprednisolone 1000 MG [Solu-Medrol]	Prescribing,	RXCUI
4742700	Nashadaya daisalaya Inisatisa (Daya Nasday)	Medication	DVCIII
1743780	Methylprednisolone Injection [Depo-Medrol]	Prescribing,	RXCUI
1743782	methylprednisolone acetate 40 MG/ML Injection	Medication	RXCUI
1/43/02	methylpreumsolone acetate 40 Mg/ML mjection	Prescribing, Medication	KACOI
1743783	Depo-Medrol 40 MG/ML Injection	Prescribing,	RXCUI
1743703	Depo Medioi 40 Mo/ME injection	Medication	плеот
1743857	methylprednisolone acetate 80 MG/ML Injection	Prescribing,	RXCUI
	, , , , , , , , , , , , , , , , ,	Medication	
1743858	Depo-Medrol 80 MG/ML Injection	Prescribing,	RXCUI
		Medication	
1744013	Methylprednisolone 2000 MG	Prescribing,	RXCUI
		Medication	
1744015	Methylprednisolone 2000 MG [Solu-Medrol]	Prescribing,	RXCUI
		Medication	
1744018	Methylprednisolone 40 MG [Solu-Medrol]	Prescribing,	RXCUI
		Medication	
1744020	Methylprednisolone 40 MG [A-MethaPred]	Prescribing,	RXCUI
		Medication	
1744021	Methylprednisolone Injection [A-MethaPred]	Prescribing,	RXCUI
4744004		Medication	B.V.O. II
1744024	Methylprednisolone 125 MG [A-MethaPred]	Prescribing,	RXCUI
107000	months (IDDEDANC) along 2 MC Oral Tablet	Medication	DVCIII
197969	methylPREDNISolone 2 MG Oral Tablet	Prescribing,	RXCUI
197970	methylPREDNISolone 24 MG Oral Tablet	Medication Prescribing,	RXCUI
19/3/0	methyn Nedivisolone 24 ivio Ordi Tablet	Medication	NACUI
		iviedication	

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Code	Description	Code Category	Code Type
199771	methylPREDNISolone 100 MG Oral Tablet	Prescribing,	RXCUI
133//1	HIETHYPREDINISOIONE 100 MIG OTAL TABLET	Medication	KACOI
203189	Methylprednisolone Sodium Succinate	Prescribing,	RXCUI
203103	Methylpreumsolone sociali succinate	Medication	IXCOI
207139	Medrol 24 MG Oral Tablet	Prescribing,	RXCUI
207133	Wedion 24 Wid Ordi Tubict	Medication	плеот
207166	Adlone-40 40 MG/ML Injectable Suspension	Prescribing,	RXCUI
207100	Autoric 40 40 Wis/Wiz Injectable Suspension	Medication	плеот
207167	Depmedalone 40 MG/ML Injectable Suspension	Prescribing,	RXCUI
		Medication	
207169	Depopred 40 MG/ML Injectable Suspension	Prescribing,	RXCUI
		Medication	
207170	Duralone 40 MG/ML Injectable Suspension	Prescribing,	RXCUI
		Medication	
207171	Medipred 40 MG/ML Injectable Suspension	Prescribing,	RXCUI
		Medication	
207172	Medralone 40 40 MG/ML Injectable Suspension	Prescribing,	RXCUI
		Medication	
207173	Methylcotol 40 MG/ML Injectable Suspension	Prescribing,	RXCUI
		Medication	
207174	Methylone 40 40 MG/ML Injectable Suspension	Prescribing,	RXCUI
		Medication	
207176	Adlone-80 80 MG/ML Injectable Suspension	Prescribing,	RXCUI
207477	D M 00.00 MC /M 1 1 1 C	Medication	DVCI II
207177	Dep Medalone 80 80 MG/ML Injectable Suspension	Prescribing,	RXCUI
207178	Danmadalana 90 MC/ML Injectable Suspension	Medication Prescribing,	RXCUI
20/1/8	Depmedalone 80 MG/ML Injectable Suspension	•	KACUI
207180	Depoject-80 80 MG/ML Injectable Suspension	Medication Prescribing,	RXCUI
207100	Depoject-80 80 MG/ME mjectable Suspension	Medication	IXCOI
207181	Duralone 80 MG/ML Injectable Suspension	Prescribing,	RXCUI
207101	Daratone of the meetable suspension	Medication	10.001
207183	Medipred 80 MG/ML Injectable Suspension	Prescribing,	RXCUI
	, , , , , , , , , , , , , , , , , , , ,	Medication	
207184	Medralone 80 80 MG/ML Injectable Suspension	Prescribing,	RXCUI
		Medication	
207185	Medralone 80 MG/ML Injectable Suspension	Prescribing,	RXCUI
		Medication	
207186	Methylone 80 80 MG/ML Injectable Suspension	Prescribing,	RXCUI
		Medication	
207187	Predacorten 80 MG/ML Injectable Suspension	Prescribing,	RXCUI
		Medication	
207190	A-MethaPred (as methylprednisolone sodium succinate) 40 MG Injection	Prescribing,	RXCUI
207402	A A A I I D	Medication	DVCI II
207192	A-MethaPred (as methylprednisolone sodium succinate) 125 MG Injection	Prescribing,	RXCUI
220750	Mathylprodpisalone 20 MC/MI Injectable Suspension	Medication	DVCIII
238759	Methylprednisolone 20 MG/ML Injectable Suspension	Prescribing,	RXCUI
248298	Methylprednisolone 16 MG/ML Injectable Suspension	Medication Prescribing,	RXCUI
2 4 0230	Methylpreamsolone to Mo/ML injectable suspension	Medication	RACUI
311658	Methylprednisolone 65.3 MG/ML Injectable Solution	Prescribing,	RXCUI
311000		Medication	
		ivicaliation	

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Code	Description		Code Type
316285	Methylprednisolone 2 MG	Code Category Prescribing,	RXCUI
310203	Wearyspicariisolorie 2 Mio	Medication	NACOI
316286	Methylprednisolone 24 MG	Prescribing,	RXCUI
5-5-50		Medication	7.7.001
316287	Methylprednisolone 32 MG	Prescribing,	RXCUI
		Medication	
316288	Methylprednisolone 8 MG	Prescribing,	RXCUI
		Medication	
317426	Methylprednisolone 16 MG	Prescribing,	RXCUI
		Medication	
317427	Methylprednisolone 4 MG	Prescribing,	RXCUI
		Medication	
323973	Methylprednisolone 40 MG/ML	Prescribing,	RXCUI
		Medication	
330037	Methylprednisolone 40 MG	Prescribing,	RXCUI
222246	Matheda and inclosed and 400 MC	Medication	DVCI II
332216	Methylprednisolone 100 MG	Prescribing,	RXCUI
224062	Mathylaradairalana 16 MC/MI	Medication	DVCIII
334063	Methylprednisolone 16 MG/ML	Prescribing, Medication	RXCUI
334064	Methylprednisolone 1.5 MG	Prescribing,	RXCUI
334004	Wethylpreumsolone 1.5 Wo	Medication	плсот
337312	Methylprednisolone 20 MG/ML	Prescribing,	RXCUI
007011		Medication	
337313	Methylprednisolone 80 MG/ML	Prescribing,	RXCUI
		Medication	
340167	Methylprednisolone 1 MG/ML	Prescribing,	RXCUI
		Medication	
343730	Methylprednisolone 125 MG/ML	Prescribing,	RXCUI
		Medication	
346173	Methylprednisolone 62.5 MG/ML	Prescribing,	RXCUI
		Medication	
346269	Methylprednisolone 2.5 MG/ML	Prescribing,	RXCUI
		Medication	
346438	Methylprednisolone 65.3 MG/ML	Prescribing,	RXCUI
254400	Matheda and DD A MC Out Tablet	Medication	DVCIII
351409	Methylpred DP 4 MG Oral Tablet	Prescribing,	RXCUI
251410	Mad Jos 40 40 MC/ML Injectable Suspension	Medication	DVCIII
351410	Med-Jec-40 40 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
351411	Methacort 40 40 MG/ML Injectable Suspension	Prescribing,	RXCUI
331411	Wethacort 40 40 Mg/ME Injectable Suspension	Medication	IXCOI
351412	Methacort 80 80 MG/ML Injectable Suspension	Prescribing,	RXCUI
331112	mediacore do do moj me injectable daspensión	Medication	
351413	Methylcotolone 80 MG/ML Injectable Suspension	Prescribing,	RXCUI
		Medication	
360536	Methylprednisolone 50 MG/ML	Prescribing,	RXCUI
		Medication	
362769	Methylprednisolone Injectable Solution [Solu-Medrone]	Prescribing,	RXCUI
		Medication	
362772	Methylprednisolone Injectable Solution [Solu-Medrol]	Prescribing,	RXCUI
		Medication	

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	Description		
Code 363303	Description Methylprednisolone Injectable Solution [A-MethaPred]	Code Category Prescribing	Code Type
303303	wethylpreumsolone injectable solution [A-wetharred]	Prescribing, Medication	RXCUI
365568	Methylprednisolone Injectable Suspension [Duralone]	Prescribing,	RXCUI
303300	Metry, predmodione injectable odopension [Duratone]	Medication	IIACOI
365569	Methylprednisolone Injectable Suspension [Depopred]	Prescribing,	RXCUI
		Medication	
365570	Methylprednisolone Injectable Suspension [Depo-Medrol]	Prescribing,	RXCUI
		Medication	
365571	Methylprednisolone Injectable Suspension [Depmedalone]	Prescribing,	RXCUI
		Medication	
365572	Methylprednisolone Injectable Suspension [Adlone-40]	Prescribing,	RXCUI
		Medication	
365605	Methylprednisolone Injectable Suspension [Med-Jec-40]	Prescribing,	RXCUI
		Medication	
365606	Methylprednisolone Injectable Suspension [Methacort 40]	Prescribing,	RXCUI
26565	Markedone detailed a fateral III Co. 1 PA 11 1 2003	Medication	D./.C
365607	Methylprednisolone Injectable Suspension [Methacort 80]	Prescribing,	RXCUI
205000	Nasthulans duiselene Unicetable Cuencusies [Nasthulastelene]	Medication	DVCIII
365608	Methylprednisolone Injectable Suspension [Methylcotolone]	Prescribing,	RXCUI
365649	Methylprednisolone Injectable Suspension [Predacorten]	Medication Prescribing,	RXCUI
303043	Methylpreumsolone injectable suspension (Freuacorten)	Medication	NACOI
365650	Methylprednisolone Injectable Suspension [Methylone 80]	Prescribing,	RXCUI
303030	Wethylpreumsolone injectable suspension [Methylone oo]	Medication	TIXCOT
365651	Methylprednisolone Injectable Suspension [Medralone]	Prescribing,	RXCUI
	, , , , , , , , , , , , , , , , , , ,	Medication	
365652	Methylprednisolone Injectable Suspension [Medralone 80]	Prescribing,	RXCUI
		Medication	
365653	Methylprednisolone Injectable Suspension [Medipred]	Prescribing,	RXCUI
		Medication	
365655	Methylprednisolone Injectable Suspension [Depoject-80]	Prescribing,	RXCUI
		Medication	
365656	Methylprednisolone Injectable Suspension [Dep Medalone 80]	Prescribing,	RXCUI
		Medication	
365657	Methylprednisolone Injectable Suspension [Adlone-80]	Prescribing,	RXCUI
25555		Medication	D.V.O. II
365658	Methylprednisolone Injectable Suspension [Methylone 40]	Prescribing,	RXCUI
205050	Nasthulans daiselean laisetable Cusas ansien [Nasthulastel]	Medication	DVCIII
365659	Methylprednisolone Injectable Suspension [Methylcotol]	Prescribing,	RXCUI
365660	Methylprednisolone Injectable Suspension [Medralone 40]	Medication Prescribing,	RXCUI
303000	Methylpreumsolone injectable suspension [Medialone 40]	Medication	KACUI
367690	Methylprednisolone Oral Tablet [Methylpred DP]	Prescribing,	RXCUI
307030	Wethylpreamsolone Oral Tablet [Wethylprea Di]	Medication	TIXCOT
368772	Methylprednisolone Oral Tablet [Medrol]	Prescribing,	RXCUI
	, p	Medication	
372868	Methylprednisolone Oral Tablet	Prescribing,	RXCUI
	• •	Medication	_
429197	Methylprednisolone 40 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
431738	Methylprednisolone 4 MG Extended Release Tablet	Prescribing,	RXCUI
		Medication	

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Code	Description		
431739	Description Methylprednisolone 8 MG Extended Release Tablet	Code Category Prescribing,	Code Type RXCUI
431/33	wietriyipi euriisolorie o wo exteriueu nelease Tablet	Medication	NACUI
446398	Methylprednisolone Extended Release Tablet	Prescribing,	RXCUI
440330	Wethylpreamsolone Extended Release Tablet	Medication	10,001
446407	Methylprednisolone 10 MG/ML	Prescribing,	RXCUI
	, , , , , , , , , , , , , , , , , , ,	Medication	
446408	Methylprednisolone 5 MG/ML	Prescribing,	RXCUI
	,,	Medication	
542401	Methylprednisolone 4 MG [Methylpred]	Prescribing,	RXCUI
		Medication	
542402	Methylprednisolone Oral Tablet [Methylpred]	Prescribing,	RXCUI
		Medication	
542403	Methylpred 4 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
544685	Methylprednisolone 40 MG/ML [Methylcotolone]	Prescribing,	RXCUI
		Medication	
544686	Methylprednisolone Injectable Solution [Methylcotolone]	Prescribing,	RXCUI
		Medication	B.V.G. III
544687	Methylcotolone 40 MG/ML Injectable Solution	Prescribing,	RXCUI
544688	Mathyleatalana 40 MC/ML Injectable Suspension	Medication	RXCUI
344000	Methylcotolone 40 MG/ML Injectable Suspension	Prescribing, Medication	KACUI
544694	Methylprednisolone 40 MG/ML [Sano-Drol]	Prescribing,	RXCUI
344034	Wethylpreumsolone 40 WeyWe [Sano-Droi]	Medication	IXCOI
544695	Methylprednisolone Injectable Suspension [Sano-Drol]	Prescribing,	RXCUI
	co.,, p. coco, postas o cospension (como 2.10.)	Medication	
544696	Sano-Drol 40 MG/ML Injectable Suspension	Prescribing,	RXCUI
		Medication	
544701	Methylprednisolone 80 MG/ML [Cortimed]	Prescribing,	RXCUI
		Medication	
544702	Methylprednisolone Injectable Suspension [Cortimed]	Prescribing,	RXCUI
		Medication	
544703	Cortimed 80 MG/ML Injectable Suspension	Prescribing,	RXCUI
		Medication	
544705	Methylprednisolone 80 MG/ML [Duro Cort]	Prescribing,	RXCUI
		Medication	
544706	Methylprednisolone Injectable Suspension [Duro Cort]	Prescribing,	RXCUI
		Medication	D.V.O. II
544707	Duro Cort 80 MG/ML Injectable Suspension	Prescribing,	RXCUI
544733	Methylprednisolone 80 MG/ML [Pri-Methylate]	Medication Prescribing,	RXCUI
544/33	Methylpredhisolone 80 MG/ML [Ph-Methylate]	Medication	RACUI
544734	Methylprednisolone Injectable Suspension [Pri-Methylate]	Prescribing,	RXCUI
344734	Wethylpreumsolone injectable suspension [F11-Wethylate]	Medication	IXCOI
544735	Pri-Methylate 80 MG/ML Injectable Suspension	Prescribing,	RXCUI
311733	The meany rate of may me injectable suspension	Medication	10.001
544736	Methylprednisolone 80 MG/ML [Sano-Drol]	Prescribing,	RXCUI
		Medication	
544737	Sano-Drol 80 MG/ML Injectable Suspension	Prescribing,	RXCUI
	•	Medication	
544778	Methylprednisolone 125 MG/ML [A-MethaPred]	Prescribing,	RXCUI
		Medication	

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Code	Description		Code Type
544779	Description A-MethaPred (as methylprednisolone sodium succinate) 125 MG/ML Injectable	Code Category Prescribing,	RXCUI
344773	Solution	Medication	плсот
564049	Methylprednisolone 40 MG/ML [Solu-Medrone]	Prescribing,	RXCUI
304043	Wethylpreamsolone 40 Wey ME [351a Wearone]	Medication	TO COT
564050	Methylprednisolone 62.5 MG/ML [Solu-Medrone]	Prescribing,	RXCUI
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Medication	
564051	Methylprednisolone 125 MG/ML [Solu-Medrone]	Prescribing,	RXCUI
	, [Medication	
564052	Methylprednisolone 65.3 MG/ML [Solu-Medrone]	Prescribing,	RXCUI
	, , , , , , , , , , , , , , , , , , , ,	Medication	
567927	Methylprednisolone 2 MG [Medrol]	Prescribing,	RXCUI
		Medication	
567928	Methylprednisolone 8 MG [Medrol]	Prescribing,	RXCUI
		Medication	
567929	Methylprednisolone 16 MG [Medrol]	Prescribing,	RXCUI
		Medication	
567930	Methylprednisolone 24 MG [Medrol]	Prescribing,	RXCUI
		Medication	
567932	Methylprednisolone 32 MG [Medrol]	Prescribing,	RXCUI
		Medication	
567934	Methylprednisolone 20 MG/ML [Depo-Medrol]	Prescribing,	RXCUI
		Medication	
567957	Methylprednisolone 40 MG/ML [Adlone-40]	Prescribing,	RXCUI
		Medication	
567958	Methylprednisolone 40 MG/ML [Depmedalone]	Prescribing,	RXCUI
F.C70F.0	NAAN daar da'aalaa a 40 NAC/NAL [Daar a NAA daal]	Medication	BYCH!
567959	Methylprednisolone 40 MG/ML [Depo-Medrol]	Prescribing,	RXCUI
567960	Methylprednisolone 40 MG/ML [Depopred]	Medication	RXCUI
307300	Methylpreumsolone 40 Ma/ML [Depopred]	Prescribing, Medication	KACUI
567961	Methylprednisolone 40 MG/ML [Duralone]	Prescribing,	RXCUI
307301	Methylpheumsolone 40 Wey ME [Burdlone]	Medication	плеот
567962	Methylprednisolone 40 MG/ML [Medipred]	Prescribing,	RXCUI
337332		Medication	
567963	Methylprednisolone 40 MG/ML [Medralone 40]	Prescribing,	RXCUI
	, , ,	Medication	
567964	Methylprednisolone 40 MG/ML [Methylcotol]	Prescribing,	RXCUI
		Medication	
567965	Methylprednisolone 40 MG/ML [Methylone 40]	Prescribing,	RXCUI
		Medication	
567967	Methylprednisolone 80 MG/ML [Adlone-80]	Prescribing,	RXCUI
		Medication	
567968	Methylprednisolone 80 MG/ML [Dep Medalone 80]	Prescribing,	RXCUI
		Medication	
567969	Methylprednisolone 80 MG/ML [Depmedalone]	Prescribing,	RXCUI
		Medication	
567970	Methylprednisolone 80 MG/ML [Depo-Medrol]	Prescribing,	RXCUI
		Medication	
567971	Methylprednisolone 80 MG/ML [Depoject-80]	Prescribing,	RXCUI
FC7073	Mathedayadaisalaya 00 MC /M/L [Downlaw -]	Medication	DVC!!!
567972	Methylprednisolone 80 MG/ML [Duralone]	Prescribing,	RXCUI
		Medication	

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	Description		
Code 567074	Description Mothylproduicologo 90 MG/ML [Modiprod]	Code Category Proscribing	Code Type
567974	Methylprednisolone 80 MG/ML [Medipred]	Prescribing, Medication	RXCUI
567975	Methylprednisolone 80 MG/ML [Medralone 80]	Prescribing,	RXCUI
307373	Methylpreunsolone 80 MG/ME [Medialone 80]	Medication	KACOI
567976	Methylprednisolone 80 MG/ML [Medralone]	Prescribing,	RXCUI
307370	Wethylpreamsolone oo Mo/WE [Wedralone]	Medication	TOTO
567977	Methylprednisolone 80 MG/ML [Methylone 80]	Prescribing,	RXCUI
307377	Wethylpreamsolone so May ME [Methylone so]	Medication	TIXCOT
567978	Methylprednisolone 80 MG/ML [Predacorten]	Prescribing,	RXCUI
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Medication	
567980	Methylprednisolone 125 MG/ML [Solu-Medrol]	Prescribing,	RXCUI
		Medication	
567981	Methylprednisolone 40 MG/ML [A-MethaPred]	Prescribing,	RXCUI
		Medication	
567982	Methylprednisolone 40 MG/ML [Solu-Medrol]	Prescribing,	RXCUI
		Medication	
567983	Methylprednisolone 62.5 MG/ML [A-MethaPred]	Prescribing,	RXCUI
		Medication	
567984	Methylprednisolone 62.5 MG/ML [Solu-Medrol]	Prescribing,	RXCUI
		Medication	
572956	Methylprednisolone 65.3 MG/ML [Solu-Medrol]	Prescribing,	RXCUI
		Medication	
574125	Methylprednisolone 4 MG [Medrol]	Prescribing,	RXCUI
F7F240	Mathedaya dairalaya 4 MAC [Mathedaya d DD]	Medication	DVCIII
575340	Methylprednisolone 4 MG [Methylpred DP]	Prescribing,	RXCUI
575341	Methylprednisolone 40 MG/ML [Med-Jec-40]	Medication Prescribing,	RXCUI
3/3341	Methylpreunsolone 40 Mg/ME [Med-Jec-40]	Medication	KACOI
575342	Methylprednisolone 40 MG/ML [Methacort 40]	Prescribing,	RXCUI
373342	Wethypreamsolone 40 Mo/ME [Methacore 40]	Medication	10,001
575343	Methylprednisolone 80 MG/ML [Methacort 80]	Prescribing,	RXCUI
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Medication	
575344	Methylprednisolone 80 MG/ML [Methylcotolone]	Prescribing,	RXCUI
		Medication	
804173	{14 (Methylprednisolone 16 MG Oral Tablet) } Pack	Prescribing,	RXCUI
		Medication	
203856	SOLU-MEDROL	Prescribing,	RXCUI
		Medication	
22584	DEPO-MEDROL	Prescribing,	RXCUI
		Medication	
1165881	A-METHAPRED INJECTABLE PRODUCT	Prescribing,	RXCUI
		Medication	
1183797	MEDROL PILL	Prescribing,	RXCUI
1172110	DEDO MEDDOLINIECTARIE RRODUCT	Medication	DVCIII
1173110	DEPO-MEDROL INJECTABLE PRODUCT	Prescribing,	RXCUI
1102706	MEDROL ORAL PRODUCT	Medication Prescribing,	DVCIII
1183796	MEDROL ORAL PRODUCT	Medication	RXCUI
1184840	SOLU-MEDROL INJECTABLE PRODUCT	Prescribing,	RXCUI
110-0-0	3313 MEDICE INCECTABLE I NODOCI	Medication	MACOI
1005831	Millipred DP 12 Day Pack	Prescribing,	RXCUI
	1 · · · · · · · · · · · · · · · · · · ·	Medication	
		caication	

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Code	Description		Code Type
1235042	Millipred DP 21 Count 6 Day Dose Pack	Code Category Prescribing,	RXCUI
1233042	Millipred Dr 21 Count o Day Dose Fack	Medication	KACOI
249066	prednisolone 25 MG (prednisolone sodium phosphate 33.6 MG) per 5 ML Oral	Prescribing,	RXCUI
245000	Solution	-	KACUI
260409	Pediapred 1 MG/ML Oral Solution	Medication Prescribing,	RXCUI
200403	rediapted 1 Mo/ML Oral Solution	-	NACOI
283077	prednisolone 15 mg (as prednisolone sodium phosphate 20.2 MG) per 5 ML Oral	Medication Prescribing,	RXCUI
203077	Solution	Medication	KACUI
312614	prednisolone 1 MG/ML Oral Solution	Prescribing,	RXCUI
312014	prediffsolone 1 Mg/ML Oral Solution	Medication	KACUI
643123	prednisolone 10 MG (prednisolone sodium phosphate 13.4 MG) Disintegrating Oral	Prescribing,	RXCUI
043123	Tablet	Medication	MACOI
643125	prednisolone 15 MG (prednisolone sodium phosphate 20.2 MG) Disintegrating Oral	Prescribing,	RXCUI
043123	Tablet	Medication	NACOI
643127	prednisolone 30 MG (as prednisolone sodium phosphate 40.3 MG) Disintegrating Oral		RXCUI
043127	Tablet	Medication	MACOI
647127	Orapred 15 MG Disintegrating Oral Tablet	Prescribing,	RXCUI
04/12/	Orapied 13 MG Disintegrating Oral Tablet	Medication	KACOI
668658	Orapred 10 MG Disintegrating Oral Tablet	Prescribing,	RXCUI
008038	Orapied 10 MG Disintegrating Oral Tablet	Medication	KACOI
668660	Orapred 30 MG Disintegrating Oral Tablet	Prescribing,	RXCUI
008000	Orapied 30 MG Disintegrating Oral Tablet	Medication	NACOI
702306	prednisolone 20 MG (as prednisolone sodium phosphate 26.9 MG) per 5 ML Oral	Prescribing,	RXCUI
702300	Solution	Medication	NACOI
794979	prednisolone 10 MG per 5 ML Oral Solution	Prescribing,	RXCUI
754575	predifisorone 10 MG per 3 ME Oral Solution	Medication	MACOI
808118	MILLIPRED 5 MG Oral Tablet	Prescribing,	RXCUI
000110	WILLIF NED 3 WIG Ordi Tablet	Medication	NACOI
824889	Veripred 20 20 MG per 5 ML Oral Solution	Prescribing,	RXCUI
024003	veripred 20 20 Mid per 3 Mil Orai Solution	Medication	NACOI
1005830	{48 (prednisolone 5 MG Oral Tablet) } Pack	Prescribing,	RXCUI
1003630	(40 (preumsolone 5 Wo Oral Tablet)) Tack	Medication	IIXCOI
1012206	prednisolone 3 MG/ML [AsmalPred Plus]	Prescribing,	RXCUI
1012200	preditisolotie 3 MO/ME [Astriair red rids]	Medication	NACOI
1012207	prednisolone Oral Solution [AsmalPred Plus]	Prescribing,	RXCUI
1012207	preumsolone oral solution (Asmail reu rius)	Medication	MACOI
1012208	AsmalPred Plus 0.3 % Oral Solution	Prescribing,	RXCUI
1012200	Asinairied rius 0.5 % Orai Solution	Medication	NACOI
1013114	{21 (prednisolone 5 MG Oral Tablet) } Pack	Prescribing,	RXCUI
1013114	(21 (predifisorone 3 Mid Oral Tablet)) Fack	Medication	NACOI
102857	Codelsol 16 MG/ML Injectable Solution	Prescribing,	RXCUI
102037	Codeisor to Mayivit injectable solution	Medication	NACOI
102858	Stintisone 5 MG Oral Tablet	Prescribing,	RXCUI
102030	Stilltisoffe 5 Mid Oral Tablet	Medication	NACOI
102859	prednisolone 16 MG/ML Injectable Solution	Prescribing,	RXCUI
102033	predifficient to May WE injectable solution	Medication	IIXCOI
102166	Cadalcan 16 MG/ML Injectable Solution	Prescribing,	DVCIII
103166	Codelson 16 MG/ML Injectable Solution	<u>.</u>	RXCUI
10E 407	Produced 5 MG Oral Tablet	Medication	DVCIII
105407	Prednesol 5 MG Oral Tablet	Prescribing,	RXCUI
105400	produicalana 3 E MC Dalayad Palassa Oral Tablet	Medication	DVCIII
105408	prednisolone 2.5 MG Delayed Release Oral Tablet	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
105409	prednisolone 5 MG Delayed Release Oral Tablet	Prescribing,	RXCUI
103403	predifisolotie 3 MG Delayed Release Oral Tablet	Medication	KACUI
105410	prednisolone 5 MG Disintegrating Oral Tablet	Prescribing,	RXCUI
103410	prediisolone 3 MG Disintegrating Oral Tablet	=	KACUI
105411	prodpicalone 2 F MC Oral Tablet	Medication	RXCUI
105411	prednisolone 2.5 MG Oral Tablet	Prescribing,	KACUI
1152745	Aprilia / Nachbulana da isalana Oval Duadu at	Medication	DVCIII
1153745	Aspirin / Methylprednisolone Oral Product	Prescribing,	RXCUI
4452746	A *** /AA 41 1	Medication	BVCI II
1153746	Aspirin / Methylprednisolone Pill	Prescribing,	RXCUI
4456750		Medication	BVCI II
1156758	prednisolone Pill	Prescribing,	RXCUI
		Medication	
1161445	Fluprednisolone Oral Product	Prescribing,	RXCUI
		Medication	
1161446	Fluprednisolone Pill	Prescribing,	RXCUI
		Medication	
1165753	prednisolone / Trimeprazine Oral Product	Prescribing,	RXCUI
		Medication	
1165754	prednisolone / Trimeprazine Pill	Prescribing,	RXCUI
		Medication	
1165758	prednisolone Oral Liquid Product	Prescribing,	RXCUI
		Medication	
1191679	prednisolone 20 MG [Prednistab]	Prescribing,	RXCUI
		Medication	
1191680	prednisolone Oral Tablet [Prednistab]	Prescribing,	RXCUI
		Medication	
1191683	Prednistab 20 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
1191685	prednisolone 5 MG [Prednistab]	Prescribing,	RXCUI
		Medication	
1191686	Prednistab 5 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
1295508	prednisolone Disintegrating Oral Product	Prescribing,	RXCUI
		Medication	
1493167	prednisolone 10 MG/ML [Solu-Delta-Cortef]	Prescribing,	RXCUI
		Medication	
1493168	prednisolone Injectable Solution [Solu-Delta-Cortef]	Prescribing,	RXCUI
		Medication	
1493170	Solu-Delta-Cortef (as prednisolone sodium succinate) 100 MG per 10 ML Injectable	Prescribing,	RXCUI
	Solution	Medication	
1493171	prednisolone 50 MG/ML Injectable Solution	Prescribing,	RXCUI
		Medication	
1493172	prednisolone 50 MG/ML [Solu-Delta-Cortef]	Prescribing,	RXCUI
		Medication	
1493173	Solu-Delta-Cortef (as prednisolone sodium succinate) 500 MG per 10 ML Injectable	Prescribing,	RXCUI
	Solution	Medication	
198142	prednisolone 5 MG Oral Tablet	Prescribing,	RXCUI
- 		Medication	
199343	prednisolone 1 MG Oral Tablet	Prescribing,	RXCUI
133343	p. dddd. dd. i i dd. i d	Medication	
199967	prednisolone 25 MG Oral Tablet	Prescribing,	RXCUI
133307	p. dddd. ind didi idalici	Medication	
		ivicultation	

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Code	Description		
208988	Description prednisolone acetate 5 MG Oral Tablet	Code Category Prescribing,	RXCUI
200900	prediisolone acetate 5 MG Oral Tablet	Medication	KACUI
245993	ASA 300 MG / Methylprednisolone 1.5 MG Oral Tablet	Prescribing,	RXCUI
243333	ASA 300 May Methylpreunisolone 1.3 Ma Oral Tablet	Medication	KACOI
260125	prednisolone 25 MG/ML Injectable Suspension	Prescribing,	RXCUI
200123	predification 25 May ME injectable suspension	Medication	iocoi
260126	prednisolone 40 MG/ML Injectable Solution	Prescribing,	RXCUI
200120	preditionine 40 May ME injectable solution	Medication	10,001
260127	prednisolone 50 MG/ML Injectable Suspension	Prescribing,	RXCUI
	p	Medication	
260391	Key-Pred 25 MG/ML Injectable Suspension	Prescribing,	RXCUI
		Medication	
260392	Predcor 25 MG/ML Injectable Suspension	Prescribing,	RXCUI
		Medication	
260393	Depo-Predate 40 MG/ML Injectable Suspension	Prescribing,	RXCUI
		Medication	
260394	Key-Pred 50 MG/ML Injectable Suspension	Prescribing,	RXCUI
		Medication	
260395	Medicort 50 MG/ML Injectable Suspension	Prescribing,	RXCUI
		Medication	
260396	Pred-Ject-50 50 MG/ML Injectable Suspension	Prescribing,	RXCUI
		Medication	
260397	Predacort 50 50 MG/ML Injectable Suspension	Prescribing,	RXCUI
252222	D	Medication	B./ G. II
260398	Predaject-50 50 MG/ML Injectable Suspension	Prescribing,	RXCUI
260200	Decideles - FO FO MC (MAL leis stelle Common sie e	Medication	DVCIII
260399	Predalone 50 50 MG/ML Injectable Suspension	Prescribing,	RXCUI
260400	Predate-50 50 MG/ML Injectable Suspension	Medication	RXCUI
200400	Fredate-30 30 Mg/ML Injectable Suspension	Prescribing, Medication	KACUI
260401	Predcor 50 MG/ML Injectable Suspension	Prescribing,	RXCUI
200-101	Treated 30 May ME myeetable suspension	Medication	10,001
260402	Predicort-50 50 MG/ML Injectable Suspension	Prescribing,	RXCUI
	, , , , , , , , , , , , , , , , , , ,	Medication	
260403	Pri-Cortin 50 50 MG/ML Injectable Suspension	Prescribing,	RXCUI
		Medication	
260404	Depo-Predate 80 MG/ML Injectable Suspension	Prescribing,	RXCUI
		Medication	
260405	Hydeltrasol 20 MG/ML Injectable Solution	Prescribing,	RXCUI
		Medication	
260406	Key-Pred SP 20 MG/ML Injectable Solution	Prescribing,	RXCUI
		Medication	
260407	Predicort RP 20 MG/ML Injectable Solution	Prescribing,	RXCUI
		Medication	
260408	prednisolone acetate 20 MG/ML Injectable Solution	Prescribing,	RXCUI
254222	0	Medication	B.V.O. II
261992	Cotolone 25 MG/ML Injectable Suspension	Prescribing,	RXCUI
264002	Catalana FO MC /MI Injectable Suggestion	Medication	DVCLU
261993	Cotolone 50 MG/ML Injectable Suspension	Prescribing,	RXCUI
284275	Prelone 1 MG/ML Oral Solution	Medication Prescribing,	RXCUI
2042/3	Telone I Mojime Oral Jointion	Medication	NACUI
		ivieuication	

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84516 Orapred 15 MG in 5 mt. Oral Solution Prescribing, Medication Medication RXCUI Medication 312609 prednisolone 100 MG/ML Injectable Suspension Prescribing, Medication RXCUI Medication 316579 prednisolone 5 MG Prescribing, Medication RXCUI Medication 323918 prednisolone 80 MG/ML Prescribing, RXCUI Medication RXCUI Medication 330164 prednisolone 100 MG/ML Prescribing, RXCUI Medication RXCUI Medication 335532 prednisolone 100 MG Prescribing, RXCUI Medication RXCUI Medication 337411 prednisolone 20 MG Prescribing, RXCUI Medication RXCUI Medication 348600 prednisolone 25 MG/ML Prescribing, RXCUI Medication RXCUI Medication 348428 prednisolone 50 MG Oral Tablet Prescribing, RXCUI Medication RXCUI Medication 349801 prednisolone 50 MG Oral Tablet Prescribing, RXCUI Medication RXCUI Medication 351519 prednisolone 50 MG Oral Tablet Prescribing, RXCUI Medication RXCUI Medication 363278 prednisolone Injectable Solution [Predicort RP] Prescribing, Medication RXCUI Medication <t< th=""><th>Code</th><th>Description</th><th>Code Category</th><th>Code Type</th></t<>	Code	Description	Code Category	Code Type
312609 prednisolone 100 MG/ML Injectable Suspension Prescribing, Medication Medication Medication Prescribing, Medication Prescribing, Medication Medication Medication Medication Prescribing, Medication Medication Medication Prescribing, Medication Medication Medication Medication Medication Medication Prescribing, Medication Prescribing, Medication Medication Medication Prescribing, Medication Medication Prescribing, Medication Prescribing, Medication Medication Prescribing, Medication Prescribing, Medication Prescribing, Medication Medication Prescribing, Medication Prescribing, Medication Medication Prescribing, Medication Prescribing, Medication Prescribing, Medication Prescribing, Medication Medication Prescribing, Medication Prescribing, Medication Medication Medication Medication Medication Prescribing, Medication Prescribing, Medication Prescribing, Medication Prescribing, Medication Prescribing, Medication Prescribing, Medication Medi	284516	Orapred 15 MG in 5 mL Oral Solution	Prescribing,	RXCUI
Medication Prescribing, RXCUI Medication Prescribing, RXCUI Medication Medicatio			Medication	
316579 prednisolone 5 MG Prescribing, Medication Medication Prescribing, Prescribing, Medication Prescribing, Prescribing, Medication Medica	312609	prednisolone 100 MG/ML Injectable Suspension	Prescribing,	RXCUI
Medication Prescribing, RXCUI Prescri			Medication	
323918prednisolone 80 MG/MLPrescribing, Medication Medication Prescribing,	316579	prednisolone 5 MG	Prescribing,	RXCUI
Medication Prescribing, RXCUI Medication Medication Prescribing, RXCUI Medication Medication Prescribing, RXCUI Medication Medication Medication Medication Medication Medication Medication Medication Prescribing, RXCUI Medication Medication Prescribing, RXCUI Medication Medication Prescribing, RXCUI Medication				
323977prednisolone 40 MG/MLPrescribing, MedicationRXCUI330164prednisolone 100 MG/MLMedicationMedication335532prednisolone 100 MGPrescribing, RXCUIMedication336584prednisolone 20 MGMedicationMedication337411prednisolone 25 MG/MLPrescribing, MedicationRXCUI343660prednisolone 50 MG/MLPrescribing, MedicationRXCUI348428prednisolone 50 MG Oral TabletPrescribing, MedicationRXCUI349801prednisolone 50 MGPrescribing, RXCUIRXCUI351159prednisolone 25 MG/ML Oral SolutionMedicationMedication351159prednisolone 50 MGPrescribing, RXCUIRXCUI351159prednisolone 10 perdnisolone	323918	prednisolone 80 MG/ML	Prescribing,	RXCUI
Medication Prescribing, RXCUI Prescribing, RXCUI Medication Prescribing, RXCUI Medication Prescribing, RXCUI Medication Me				
335532 prednisolone 100 MG/ML Prescribing, Medication Medicati	323977	prednisolone 40 MG/ML	-	RXCUI
Medication Prescribing, RXCUI				
335532prednisolone 100 MGPrescribing, Prescribing, Prescribing	330164	prednisolone 100 MG/ML	=	RXCUI
Medication Prescribing, RXCUI				
336584prednisolone 20 MGPrescribing, Medication Medication Prescribing, Prescribing, RXCUIRXCUI337411prednisolone 25 MG/MLPrescribing, Medication Prescribing, Medication Prescribing, Medication Prescribing, RXCUI348428prednisolone 50 MG Oral TabletPrescribing, Medication Prescribing, RXCUI Medication Prescribing, RXCUI Medication Prescribing, RXCUI349801prednisolone 50 MGPrescribing, RXCUI Medication Prescribing, Prescribing, RXCUI Medication Prescribing, PRCUI Medication Prescribing, PRCUI Medication Prescribing, Medication Prescribing, Medication Prescribing, PRCUI Medication PRCUI Medication PRCUI Medication PRCUI Medication PRCUI Medication PRCUI Medica	335532	prednisolone 100 MG	=	RXCUI
Prescribing	225524			B./ G. II
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365614 prednisolone Injectable Suspension [Depo-Predate] Prescribing, Medication 365615 prednisolone Injectable Suspension [Pri-Cortin 50] Prescribing, RXCUI Medication 365616 prednisolone Injectable Suspension [Predicort-50] Prescribing, RXCUI Medication 365617 prednisolone Injectable Suspension [Predcor] Prescribing, RXCUI Medication 365618 prednisolone Injectable Suspension [Predate-50] Prescribing, RXCUI	365598	prednisolone Injectable Suspension [Hydeltra-T.B.A.]	Prescribing,	RXCUI
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365618 prednisolone Injectable Suspension [Predate-50] Prescribing, RXCUI	365617	prednisolone Injectable Suspension [Predcor]	-	RXCUI
Medication	365618	prednisolone Injectable Suspension [Predate-50]	_	RXCUI
			Medication	

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Code	Description	Code Category	Code Type
365619	Description prednisolone Injectable Suspension [Predalone 50]	Prescribing,	RXCUI
303013	predifisorone injectable suspension [Fredarone 50]	Medication	IXCOI
365620	prednisolone Injectable Suspension [Predaject-50]	Prescribing,	RXCUI
303020	predifisorone injectable suspension [Fredaject-50]	Medication	IXCOI
365621	prednisolone Injectable Suspension [Predacort 50]	Prescribing,	RXCUI
303021	predifficione injectable suspension [Freducore 50]	Medication	плеот
365622	prednisolone Injectable Suspension [Pred-Ject-50]	Prescribing,	RXCUI
303022	predifisorone injectable suspension [Fred seet 50]	Medication	плеот
365623	prednisolone Injectable Suspension [Medicort]	Prescribing,	RXCUI
303023	prediffusione injectable suspension [medicort]	Medication	10.001
365624	prednisolone Injectable Suspension [Key-Pred]	Prescribing,	RXCUI
	,	Medication	
365625	prednisolone Injectable Suspension [Cotolone]	Prescribing,	RXCUI
		Medication	
369438	prednisolone Oral Tablet [Cotolone]	Prescribing,	RXCUI
		Medication	
369537	prednisolone Oral Tablet [Stintisone]	Prescribing,	RXCUI
		Medication	
372870	Aspirin / Methylprednisolone Oral Tablet	Prescribing,	RXCUI
		Medication	
373572	prednisolone Delayed Release Oral Tablet	Prescribing,	RXCUI
		Medication	
373575	prednisolone Oral Solution	Prescribing,	RXCUI
		Medication	
373578	prednisolone Oral Tablet	Prescribing,	RXCUI
		Medication	
373579	prednisolone Injectable Solution	Prescribing,	RXCUI
		Medication	
379264	prednisolone Disintegrating Oral Tablet	Prescribing,	RXCUI
205444		Medication	DVG. II
385141	prednisolone Oral Tablet [Prednesol]	Prescribing,	RXCUI
205226		Medication	DVCI II
385326	prednisolone Injectable Solution [Codelson]	Prescribing,	RXCUI
420100	mus du issalama 2 NAC Oval Tablet	Medication	DVCIII
429198	prednisolone 2 MG Oral Tablet	Prescribing,	RXCUI
429199	prednisolone 20 MG Oral Tablet	Medication Prescribing,	RXCUI
429199	predifisorone 20 MG Oral Tablet	Medication	KACUI
436279	prednisolone 10 MG Oral Tablet	Prescribing,	RXCUI
430273	predifisolone 10 MG Oral Tablet	Medication	KACOI
436507	prednisolone 100 MG/ML Injectable Solution	Prescribing,	RXCUI
430307	prediffsolone 100 May WE injectable Solution	Medication	плеот
452820	prednisolone 10 MG	Prescribing,	RXCUI
132020	predifficient 10 MG	Medication	плест
541703	prednisolone 5 MG [Prednoral]	Prescribing,	RXCUI
0.12.00	produing the first and fir	Medication	
541704	prednisolone Oral Tablet [Prednoral]	Prescribing,	RXCUI
. •		Medication	
541705	Prednoral 5 MG Oral Tablet	Prescribing,	RXCUI
-		Medication	-
547220	prednisolone 25 MG/ML [Pricortin]	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
547221	Description prednisolone Injectable Suspension [Pricortin]	Prescribing,	RXCUI
34/221	preunisolone injectable suspension [Fricortin]	Medication	KACUI
547222	Pricortin 25 MG/ML Injectable Suspension	Prescribing,	RXCUI
347222	Pricortin 25 May ML injectable Suspension	Medication	IXCOI
563157	prednisolone 5 MG [Stintisone]	Prescribing,	RXCUI
303137	predifficione 5 MG (stiffsore)	Medication	плеот
563254	prednisolone 16 MG/ML [Codelson]	Prescribing,	RXCUI
303234	prediffication to may me [codeform]	Medication	плест
563270	prednisolone 5 MG/ML [Predsol]	Prescribing,	RXCUI
	p. 515151515151	Medication	
563538	prednisolone 5 MG [Predsol]	Prescribing,	RXCUI
		Medication	
564053	prednisolone 5 MG [Prednesol]	Prescribing,	RXCUI
		Medication	
574179	prednisolone 25 MG/ML [Key-Pred]	Prescribing,	RXCUI
		Medication	
574180	prednisolone 25 MG/ML [Predcor]	Prescribing,	RXCUI
		Medication	
574181	prednisolone 40 MG/ML [Depo-Predate]	Prescribing,	RXCUI
		Medication	
574182	prednisolone 50 MG/ML [Key-Pred]	Prescribing,	RXCUI
		Medication	
574183	prednisolone 50 MG/ML [Medicort]	Prescribing,	RXCUI
574404		Medication	DVCIII
574184	prednisolone 50 MG/ML [Pred-Ject-50]	Prescribing,	RXCUI
F7410F	produicalona FO MC/ML [Dradacort FO]	Medication	DVCIII
574185	prednisolone 50 MG/ML [Predacort 50]	Prescribing,	RXCUI
574186	prednisolone 50 MG/ML [Predaject-50]	Medication Prescribing,	RXCUI
374100	preditisolotie 30 Mg/ME [Fredaject-30]	Medication	KACOI
574187	prednisolone 50 MG/ML [Predalone 50]	Prescribing,	RXCUI
37 1107	predimodone so may me [neddione so]	Medication	10.001
574188	prednisolone 50 MG/ML [Predate-50]	Prescribing,	RXCUI
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574189	prednisolone 50 MG/ML [Predcor]	Prescribing,	RXCUI
		Medication	
574190	prednisolone 50 MG/ML [Predicort-50]	Prescribing,	RXCUI
		Medication	
574191	prednisolone 50 MG/ML [Pri-Cortin 50]	Prescribing,	RXCUI
		Medication	
574192	prednisolone 80 MG/ML [Depo-Predate]	Prescribing,	RXCUI
		Medication	
574193	prednisolone 20 MG/ML [Hydeltrasol]	Prescribing,	RXCUI
		Medication	B./ G. II
574194	prednisolone 20 MG/ML [Key-Pred SP]	Prescribing,	RXCUI
F7440F	and delegation 20 Mac (MAL [Day discut DD]	Medication	DVCIII
574195	prednisolone 20 MG/ML [Predicort RP]	Prescribing,	RXCUI
E7/100	prodpicalone 1 MC/ML [Dadianrad]	Medication	DVCIII
574196	prednisolone 1 MG/ML [Pediapred]	Prescribing,	RXCUI
574626	prednisolone 25 MG/ML [Cotolone]	Medication Prescribing,	RXCUI
317020	predificatione 25 May ME [cotolone]	Medication	AACOI
		ivicultation	

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Code	Description	Code Category	Code Type
574627	prednisolone 50 MG/ML [Cotolone]	Prescribing,	RXCUI
374027	preunisolone 30 Mg/ML [cotolone]	Medication	KACOI
575438	prednisolone 5 MG [Cotolone]	Prescribing,	RXCUI
373430	predification of the [ectolone]	Medication	10,001
604202	prednisolone 1 MG/ML [Bubbli-Pred]	Prescribing,	RXCUI
		Medication	
604203	prednisolone Oral Solution [Bubbli-Pred]	Prescribing,	RXCUI
		Medication	
604204	Bubbli-Pred 1 MG/ML Oral Solution	Prescribing,	RXCUI
		Medication	
643124	prednisolone 15 MG	Prescribing,	RXCUI
		Medication	
643126	prednisolone 30 MG	Prescribing,	RXCUI
647425	1: 1 45 140 [0 1]	Medication	DVCIII
647125	prednisolone 15 MG [Orapred]	Prescribing,	RXCUI
647126	produicalona Dicintograting Oral Tablet [Oranged]	Medication Prescribing,	DVCIII
647126	prednisolone Disintegrating Oral Tablet [Orapred]	Ο,	RXCUI
668657	prednisolone 10 MG [Orapred]	Medication Prescribing,	RXCUI
008037	predifisorone 10 MG [Graphed]	Medication	IXCOI
668659	prednisolone 30 MG [Orapred]	Prescribing,	RXCUI
000033	predimonante de ma [arapred]	Medication	10.001
755702	Prelone 15 MG in 5 mL Oral Solution	Prescribing,	RXCUI
		Medication	
755703	Prelone 5 MG/ML Oral Solution	Prescribing,	RXCUI
		Medication	
755936	prednisolone acetate 3 MG/ML Oral Solution	Prescribing,	RXCUI
		Medication	
795095	prednisolone 2 MG/ML [MILLIPRED]	Prescribing,	RXCUI
		Medication	
795096	prednisolone Oral Solution [MILLIPRED]	Prescribing,	RXCUI
705007	Addition Lagrange: For London Living	Medication	DVCIII
795097	Millipred 10 MG in 5 mL Oral Solution	Prescribing,	RXCUI
803306	prednisolone 3 MG/ML [Flo-Pred]	Medication Prescribing,	RXCUI
803300	preunisolone 3 Mg/ML [FIO-Freu]	Medication	KACOI
803307	prednisolone Oral Suspension [Flo-Pred]	Prescribing,	RXCUI
000007	predimental end odependent [. to 1 red]	Medication	10.001
803308	Flo-Pred 15 MG per 3 ML Oral Suspension	Prescribing,	RXCUI
	•	Medication	
803309	prednisolone 1 MG/ML [Flo-Pred]	Prescribing,	RXCUI
		Medication	
803310	Flo-Pred 1 MG/ML Oral Suspension	Prescribing,	RXCUI
		Medication	
808116	prednisolone 5 MG [MILLIPRED]	Prescribing,	RXCUI
		Medication	
808117	prednisolone Oral Tablet [MILLIPRED]	Prescribing,	RXCUI
024007	and decidence A NAC /NAL Diversion 12	Medication	DV01
824887	prednisolone 4 MG/ML [Veripred]	Prescribing,	RXCUI
824888	prednisolone Oral Solution [Variated]	Medication	RXCUI
024000	prednisolone Oral Solution [Veripred]	Prescribing, Medication	NACUI
		iviedication	

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Code	Description		Code Type
1012205	AsmalPred Plus	Code Category	
1012205	AstrialPreu Pius	Prescribing,	RXCUI
1160054	Public Dand Ovel Liquid Dandwet	Medication	DVCIII
1168054	Bubbli-Pred Oral Liquid Product	Prescribing,	RXCUI
4460055		Medication	DVCIII
1168055	Bubbli-Pred Oral Product	Prescribing,	RXCUI
		Medication	
1169771	Flo-Pred Oral Liquid Product	Prescribing,	RXCUI
		Medication	
1169772	Flo-Pred Oral Product	Prescribing,	RXCUI
		Medication	
1170721	Key-Pred Injectable Product	Prescribing,	RXCUI
		Medication	
1170722	Key-Pred SP Injectable Product	Prescribing,	RXCUI
		Medication	
1171632	Cotolone Injectable Product	Prescribing,	RXCUI
		Medication	
1171633	Cotolone Oral Product	Prescribing,	RXCUI
		Medication	
1171634	Cotolone Pill	Prescribing,	RXCUI
		Medication	
1172143	AsmalPred Plus Oral Liquid Product	Prescribing,	RXCUI
		Medication	
1172144	AsmalPred Plus Oral Product	Prescribing,	RXCUI
		Medication	
1173111	Depo-Predate Injectable Product	Prescribing,	RXCUI
		Medication	
1173399	Hydeltra-T.B.A. Injectable Product	Prescribing,	RXCUI
	,	Medication	
1173400	Hydeltrasol Injectable Product	Prescribing,	RXCUI
	,	Medication	
1175156	Codelsol Injectable Product	Prescribing,	RXCUI
		Medication	
1175157	Codelson Injectable Product	Prescribing,	RXCUI
	,	Medication	
1177661	Pri-Cortin 50 Injectable Product	Prescribing,	RXCUI
	oo: joo j	Medication	
1178234	Pricortin Injectable Product	Prescribing,	RXCUI
		Medication	
1179016	Stintisone Oral Product	Prescribing,	RXCUI
1175010	Stiff Some Order Founder	Medication	10.001
1180193	Stintisone Pill	Prescribing,	RXCUI
1100133	Stiftisone i iii	Medication	10,001
1181408	Temaril-P Oral Product	Prescribing,	RXCUI
1101400	Tellialii-r Olai riouuct	Medication	KACOI
1181409	Temaril-P Pill	Prescribing,	RXCUI
1101403	TCHIQHI-1 TH	=	INACOI
1102201	Medicart Injectable Product	Medication	DVCI II
1183281	Medicort Injectable Product	Prescribing,	RXCUI
1102427	Oranged Oral Liquid Product	Medication	DVCIII
1183437	Orapred Oral Liquid Product	Prescribing,	RXCUI
4402420	Once and One December 1	Medication	DVCIII
1183438	Orapred Oral Product	Prescribing,	RXCUI
		Medication	

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	Description		
Code 1183439	Description Orapred Pill	Code Category	Code Type RXCUI
1103439	Orapieu Fili	Prescribing, Medication	NACUI
1184005	Pediapred Oral Liquid Product	Prescribing,	RXCUI
1104005	rediapred Oral Liquid Product	_	KACUI
1184006	Pediapred Oral Product	Medication Prescribing,	RXCUI
1104000	rediapred Oral Froduct	Medication	KACUI
1184933	MILLIPRED Oral Liquid Product	Prescribing,	RXCUI
1104333	WILLIFALD Oral Liquid Froduct	_	KACUI
1184934	MILLIPRED Oral Product	Medication Prescribing,	RXCUI
1104334	WILLIFILD OTAL FIOURCE	Medication	KACOI
1184935	MILLIPRED PIII	Prescribing,	RXCUI
1104333	WILLII NED I III	Medication	MACOI
1185242	Pred-Ject-50 Injectable Product	Prescribing,	RXCUI
1103242	Trea sect 30 injectable Froduct	Medication	TOTO
1185244	Predacort 50 Injectable Product	Prescribing,	RXCUI
11002	Treadort 50 injectable Froduct	Medication	10.001
1185246	Predaject-50 Injectable Product	Prescribing,	RXCUI
11032.10	Treadjest 50 mjestable Froduct	Medication	10.001
1185247	Predalone 50 Injectable Product	Prescribing,	RXCUI
11002 17	Treadione 30 injectable Froudet	Medication	10.001
1185248	Predate-50 Injectable Product	Prescribing,	RXCUI
	Trouble to injection rounds	Medication	
1185249	Predcor Injectable Product	Prescribing,	RXCUI
		Medication	
1185252	Predicort RP Injectable Product	Prescribing,	RXCUI
	,	Medication	
1185253	Predicort-50 Injectable Product	Prescribing,	RXCUI
	•	Medication	
1185254	Prednesol Oral Product	Prescribing,	RXCUI
		Medication	
1185255	Prednesol Pill	Prescribing,	RXCUI
		Medication	
1185263	Prednoral Oral Product	Prescribing,	RXCUI
		Medication	
1185264	Prednoral Pill	Prescribing,	RXCUI
		Medication	
1185831	Prelone Oral Liquid Product	Prescribing,	RXCUI
		Medication	
1185832	Prelone Oral Product	Prescribing,	RXCUI
		Medication	
1187894	Veripred Oral Liquid Product	Prescribing,	RXCUI
		Medication	
1187895	Veripred Oral Product	Prescribing,	RXCUI
		Medication	
1191678	Prednistab	Prescribing,	RXCUI
		Medication	
1191681	Prednistab Oral Product	Prescribing,	RXCUI
		Medication	
1191682	Prednistab Pill	Prescribing,	RXCUI
		Medication	
1296584	Orapred Disintegrating Oral Product	Prescribing,	RXCUI
		Medication	

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	E. List of KxNorm Concept Unique Identifier (KXCUI), Logical Observation Iden		
Code	Description C. L. D. H. C. L. F.	Code Category	Code Type
1493166	Solu-Delta-Cortef	Prescribing,	RXCUI
		Medication	
1493169	Solu-Delta-Cortef Injectable Product	Prescribing,	RXCUI
		Medication	
152241	Prednesol	Prescribing,	RXCUI
		Medication	
202702	Medrol	Prescribing,	RXCUI
		Medication	
202760	Hydeltrasol	Prescribing,	RXCUI
		Medication	
203857	A-MethaPred	Prescribing,	RXCUI
		Medication	
216258	Cotolone	Prescribing,	RXCUI
		Medication	
216464	Depo-Predate	Prescribing,	RXCUI
		Medication	
217592	Hydeltra-T.B.A.	Prescribing,	RXCUI
		Medication	
217898	Key-Pred	Prescribing,	RXCUI
		Medication	
217899	Key-Pred SP	Prescribing,	RXCUI
		Medication	
218285	Medicort	Prescribing,	RXCUI
		Medication	
219136	Pediapred	Prescribing,	RXCUI
		Medication	
219282	Poly Pred	Prescribing,	RXCUI
		Medication	
219341	Pred-Ject-50	Prescribing,	RXCUI
		Medication	
219342	Predacort 50	Prescribing,	RXCUI
		Medication	
219344	Predaject-50	Prescribing,	RXCUI
	,	Medication	
219345	Predalone 50	Prescribing,	RXCUI
		Medication	
219346	Predate-50	Prescribing,	RXCUI
		Medication	
219347	Predcor	Prescribing,	RXCUI
		Medication	
219348	Predicort RP	Prescribing,	RXCUI
		Medication	
219349	Predicort-50	Prescribing,	RXCUI
2133 13	Treatest 55	Medication	
219356	Prelone	Prescribing,	RXCUI
213330	recone	Medication	MACOI
219403	Pri-Cortin 50	Prescribing,	RXCUI
213403	TH COLUIT 30	Medication	MACOI
285077	Orapred	Prescribing,	RXCUI
2030//	σιαριέα	Medication	NACUI
353627	Codelsol	Prescribing,	RXCUI
333027	Coucisoi	Medication	NACUI
		ivieuication	

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Code	Description	Code Category	Code Type
353629	Description Stintisone	Prescribing,	RXCUI
333029	Stilitisone	Medication	KACOI
385325	Codelson	Prescribing,	RXCUI
303323	Codeison	Medication	KACOI
541702	Prednoral	Prescribing,	RXCUI
341702	reunoral	Medication	TOTO
547219	Pricortin	Prescribing,	RXCUI
347213	Heorem	Medication	TOTO
604201	Bubbli-Pred	Prescribing,	RXCUI
004201	Dubbli ITCu	Medication	10,001
792207	Flo-Pred	Prescribing,	RXCUI
		Medication	
795094	MILLIPRED	Prescribing,	RXCUI
		Medication	
824886	Veripred	Prescribing,	RXCUI
	'	Medication	
834023	Medrol Dosepak	Prescribing,	RXCUI
	'	Medication	
897060	Temaril-P	Prescribing,	RXCUI
		Medication	
1303131	Prednisone 1 MG	Prescribing,	RXCUI
		Medication	
1303134	Prednisone 2 MG	Prescribing,	RXCUI
		Medication	
1303137	Prednisone 5 MG	Prescribing,	RXCUI
		Medication	
198144	Prednisone 1 MG	Prescribing,	RXCUI
		Medication	
198145	Prednisone 10 MG	Prescribing,	RXCUI
		Medication	
198146	Prednisone 2.5 MG	Prescribing,	RXCUI
		Medication	
198148	Prednisone 50 MG	Prescribing,	RXCUI
		Medication	
205301	Prednisone 5 MG/ML	Prescribing,	RXCUI
		Medication	
312615	Prednisone 20 MG	Prescribing,	RXCUI
		Medication	
312617	Prednisone 5 MG	Prescribing,	RXCUI
245405		Medication	B.V.O. II
315187	Prednisone 1 MG/ML	Prescribing,	RXCUI
762470	D 1: 5MCO IT II + 40C + D 1	Medication	DVCIII
763179	Prednisone 5 MG Oral Tablet 48 Count Pack	Prescribing,	RXCUI
762404	34 / Duadinia and F. M.C. Ougl Tablet	Medication	DVCIII
763181	21 (Prednisone 5 MG Oral Tablet)	Prescribing,	RXCUI
762102	Produicano 10 MC Oral Tablet 49 Count Page	Medication	DVCIII
763183	Prednisone 10 MG Oral Tablet 48 Count Pack	Prescribing,	RXCUI
762105	21 (Produicano 10 MC Oral Tablet)	Medication	DVCIII
763185	21 (Prednisone 10 MG Oral Tablet)	Prescribing,	RXCUI
795858	Prednisone 10 MG Oral Tablet 10 Count Pack	Medication Prescribing,	DVCI II
133030	LIEUHSONE TO MIG OLGI LADIEL TO COUNT LACK	_	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
105412	Description Decortisyl 5 MG Oral Tablet	Prescribing,	RXCUI
103412	Decortisys 3 inio Oral Tablet	Medication	NACUI
1161704	Prednisone Oral Liquid Product	Prescribing,	RXCUI
1101704	Freditisone Oral Liquid Froduct	Medication	IXCOI
1161705	Prednisone Oral Product	Prescribing,	RXCUI
1101703	Treamsone Oral Froduct	Medication	плеот
1161706	Prednisone Pill	Prescribing,	RXCUI
1101700	redinsone i iii	Medication	плеот
1161707	Prednisone Rectal Product	Prescribing,	RXCUI
1101707	Treditione Rectar Found	Medication	TO COT
1165700	meprednisone Oral Liquid Product	Prescribing,	RXCUI
		Medication	
1165701	meprednisone Oral Product	Prescribing,	RXCUI
	4	Medication	
1165702	meprednisone Pill	Prescribing,	RXCUI
		Medication	
1185261	Prednisone Intensol Oral Liquid Product	Prescribing,	RXCUI
		Medication	
1185262	Prednisone Intensol Oral Product	Prescribing,	RXCUI
		Medication	
1303124	Prednisone Delayed Release Oral Tablet	Prescribing,	RXCUI
		Medication	
1303125	predniSONE 1 MG Delayed Release Oral Tablet	Prescribing,	RXCUI
		Medication	
1303127	Prednisone 1 MG [Rayos]	Prescribing,	RXCUI
		Medication	
1303128	Prednisone Delayed Release Oral Tablet [Rayos]	Prescribing,	RXCUI
		Medication	
1303132	predniSONE 2 MG Delayed Release Oral Tablet	Prescribing,	RXCUI
		Medication	
1303133	Prednisone 2 MG [Rayos]	Prescribing,	RXCUI
		Medication	
1303135	predniSONE 5 MG Delayed Release Oral Tablet	Prescribing,	RXCUI
4202426	D 1: 546(D)	Medication	BVCI II
1303136	Prednisone 5 MG [Rayos]	Prescribing,	RXCUI
1742500	manyadnisana disadium nharnhata	Medication	DVCIII
1742508	meprednisone disodium phosphate	Prescribing,	RXCUI
201082	Econosone 1 MG Oral Tablet	Medication Prescribing,	RXCUI
201002	Econosone 1 MG Oral Tablet	Medication	KACUI
201083	Econosone 5 MG Oral Tablet	Prescribing,	RXCUI
201003	Econosone 5 Mid Ordi Tablet	Medication	плеот
206199	Liquid Pred 1 MG/ML Oral Solution	Prescribing,	RXCUI
200133	Elquid Fred I We/WE Ord Solution	Medication	плеот
206754	Meticorten 1 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
206755	Orasone 1 MG Oral Tablet	Prescribing,	RXCUI
-		Medication	
206837	Deltasone 2.5 MG Oral Tablet	Prescribing,	RXCUI
		Medication	-
206954	Deltasone 5 MG Oral Tablet	Prescribing,	RXCUI
		Medication	

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	Description		
Code	Description Orange F MC Oral Tablet	Code Category	Code Type
206955	Orasone 5 MG Oral Tablet	Prescribing,	RXCUI
206056	Produican M.E.M.C. Oral Tablet	Medication	DVCIII
206956	Prednicen-M 5 MG Oral Tablet	Prescribing,	RXCUI
206057	Staranzad F MG Oral Tablet	Medication	RXCUI
206957	Sterapred 5 MG Oral Tablet	Prescribing,	KACUI
206988	Deltasone 10 MG Oral Tablet	Medication Prescribing,	RXCUI
200988	Deltasorie 10 MG Orai Tablet	=	KACUI
206989	Orasone 10 MG Oral Tablet	Medication Prescribing,	RXCUI
200363	Orasone 10 Mid Oral Tablet	Medication	KACUI
206990	Sterapred DS 10 MG Oral Tablet	Prescribing,	RXCUI
200330	Steraprea 23 10 We Grai Tubiet	Medication	incor
206997	Deltasone 20 MG Oral Tablet	Prescribing,	RXCUI
200337	Delitasone 20 Mio Orai Tasiet	Medication	10,001
206998	Orasone 20 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
207048	Deltasone 50 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
207049	Orasone 50 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
248682	meprednisone 8 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
248702	meprednisone 40 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
248725	meprednisone 4 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
248794	meprednisone 4 MG/ML Oral Solution	Prescribing,	RXCUI
		Medication	
29523	meprednisone	Prescribing,	RXCUI
		Medication	
312616	predniSONE 25 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
316580	Prednisone 1 MG/ML	Prescribing,	RXCUI
		Medication	
316581	Prednisone 2.5 MG	Prescribing,	RXCUI
		Medication	
316582	Prednisone 20 MG	Prescribing,	RXCUI
04.555	0.11	Medication	
316583	Prednisone 25 MG	Prescribing,	RXCUI
24.650.4	Decide in the STATE	Medication	DVCIII
316584	Prednisone 5 MG	Prescribing,	RXCUI
24.05.05	Dradaisens F NAC /NAI	Medication	DVCIII
316585	Prednisone 5 MG/ML	Prescribing,	RXCUI
216506	Prodnisono EO MG	Medication	DVCIII
316586	Prednisone 50 MG	Prescribing,	RXCUI
217/75	Prednisone 1 MG	Medication	DVCIII
317475	FIEUHISOHE 1 IVIG	Prescribing,	RXCUI
317663	Prednisone 10 MG	Medication Prescribing,	PVCIII
21/003	FIEUIISONE 10 MG	•	RXCUI
334021	meprednisone 4 MG/ML	Medication Prescribing,	RXCUI
334021	mepreunisone + mo/me	Medication	NACUI
		ivieulcation	

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Code	Description		Code Type
334022		Code Category	
334022	meprednisone 4 MG	Prescribing, Medication	RXCUI
334023	meprednisone 40 MG	Prescribing,	RXCUI
334023	mepreumsone 40 MG	Medication	IXCOI
334024	meprednisone 8 MG	Prescribing,	RXCUI
334024	mepreumsone o Mo	Medication	плеот
335473	Prednisone 2 MG	Prescribing,	RXCUI
333473	Treamsone 2 MG	Medication	плеот
351399	Prednicot 5 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
351400	Prednicot 10 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
351401	Prednicot 20 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
364008	Prednisone Oral Solution [Liquid Pred]	Prescribing,	RXCUI
		Medication	
368654	Prednisone Oral Tablet [Prednicot]	Prescribing,	RXCUI
		Medication	
368790	Prednisone Oral Tablet [Orasone]	Prescribing,	RXCUI
		Medication	
368806	Prednisone Oral Tablet [Sterapred DS]	Prescribing,	RXCUI
		Medication	
368812	Prednisone Oral Tablet [Sterapred]	Prescribing,	RXCUI
0.0004.0		Medication	B./ G. II
368813	Prednisone Oral Tablet [Prednicen-M]	Prescribing,	RXCUI
260067	Duraduita una Oual Talalat (Mantina utaus)	Medication	DVCI II
368867	Prednisone Oral Tablet [Meticorten]	Prescribing,	RXCUI
372772	meprednisone Oral Solution	Medication Prescribing,	RXCUI
3/2//2	mepreumsone oral solution	Medication	KACOI
372773	meprednisone Oral Tablet	Prescribing,	RXCUI
372773	mepreumsone oral rasice	Medication	плеот
373583	Prednisone Oral Solution	Prescribing,	RXCUI
0,000		Medication	
373585	Prednisone Oral Tablet	Prescribing,	RXCUI
		Medication	
380827	Prednisone Oral Tablet [Econosone]	Prescribing,	RXCUI
		Medication	
380828	Prednisone Oral Tablet [Decortisyl]	Prescribing,	RXCUI
		Medication	
420771	Prednisone 5 MG Rectal Suppository	Prescribing,	RXCUI
		Medication	
420772	Prednisone 30 MG Rectal Suppository	Prescribing,	RXCUI
		Medication	
420773	Prednisone 100 MG Rectal Suppository	Prescribing,	RXCUI
400774	D. 1.1. 40440 D. 1.10. 11	Medication	B.V.O. II
420774	Prednisone 10 MG Rectal Suppository	Prescribing,	RXCUI
420224	Duadriagna C. NAC Oval Tablet	Medication	DVCIII
429331	Prednisone 8 MG Oral Tablet	Prescribing,	RXCUI
429332	Prednisone 40 MG Oral Tablet	Medication Prescribing,	RXCUI
44 <i>3</i> 334	Freumsone 40 Mig Oral Tablet	Medication	NACUI
		iviedication	

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Code	Description		Code Type
438434	Description Prednisone 0.005 MG/MG	Code Category Prescribing,	RXCUI
450454	i realisone 0.000 ivia/ivia	Medication	NACUI
451141	Prednisone 100 MG	Prescribing,	RXCUI
431141	Freuinsone 100 MG	Medication	IXCOI
451142	Prednisone Rectal Suppository	Prescribing,	RXCUI
731172	realisone Rectal Suppository	Medication	плеот
451143	Prednisone 30 MG	Prescribing,	RXCUI
431143	Treamsone 30 MG	Medication	плеот
451144	Prednisone 40 MG	Prescribing,	RXCUI
131111	Treamsone to the	Medication	
451147	Prednisone 8 MG	Prescribing,	RXCUI
		Medication	
539946	Prednisone 1 MG/ML [Liquid Pred]	Prescribing,	RXCUI
	, . ,	Medication	
541813	Prednisone 10 MG [Predone]	Prescribing,	RXCUI
		Medication	
541814	Prednisone Oral Tablet [Predone]	Prescribing,	RXCUI
		Medication	
541815	Predone 10 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
541871	Prednisone 20 MG [Predone]	Prescribing,	RXCUI
		Medication	
541872	Predone 20 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
564054	Prednisone 5 MG [Decortisyl]	Prescribing,	RXCUI
		Medication	
565678	Prednisone 1 MG [Econosone]	Prescribing,	RXCUI
		Medication	
565679	Prednisone 5 MG [Econosone]	Prescribing,	RXCUI
	D. J	Medication	B.V.O. II
567565	Prednisone 1 MG [Meticorten]	Prescribing,	RXCUI
F.67F.66	D 1: 4M0[0]	Medication	BVCI II
567566	Prednisone 1 MG [Orasone]	Prescribing,	RXCUI
FC7C4F	Duadriana 2.5 MC [Deltacana]	Medication	DVCIII
567645	Prednisone 2.5 MG [Deltasone]	Prescribing,	RXCUI
567755	Prednisone 5 MG [Deltasone]	Medication Prescribing,	RXCUI
307733	Preditisorie 3 Mid [Deltasorie]	=	KACUI
567756	Prednisone 5 MG [Orasone]	Medication Prescribing,	RXCUI
307730	Freuitsone 3 MG [Orasone]	Medication	KACUI
567757	Prednisone 5 MG [Prednicen-M]	Prescribing,	RXCUI
307737	Treamsone 5 Mo [Treamcen M]	Medication	плеот
567758	Prednisone 5 MG [Sterapred]	Prescribing,	RXCUI
307730	Treamsone 5 MG [Steraprea]	Medication	плеот
567784	Prednisone 10 MG [Deltasone]	Prescribing,	RXCUI
	<u></u>	Medication	
567785	Prednisone 10 MG [Orasone]	Prescribing,	RXCUI
	•	Medication	
567786	Prednisone 10 MG [Sterapred DS]	Prescribing,	RXCUI
	• •	Medication	-
567793	Prednisone 20 MG [Deltasone]	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
567794	Prednisone 20 MG [Orasone]	Prescribing,	RXCUI
307734	Freditisone 20 MG [Orasone]	Medication	KACUI
567841	Prednisone 50 MG [Deltasone]	Prescribing,	RXCUI
307641	Freditisorie 30 MG [Deltasorie]	=	KACUI
567842	Prednisone 50 MG [Orasone]	Medication Prescribing,	RXCUI
307842	Freditisone 30 MG [Orasone]	=	IXCOI
575330	Prednisone 5 MG [Prednicot]	Medication Prescribing,	RXCUI
373330	riedilisone 5 MG [riedilicot]	Medication	KACUI
575331	Prednisone 10 MG [Prednicot]	Prescribing,	RXCUI
3/3331	riedilisone to MG [riedilicot]	Medication	KACUI
575332	Prednisone 20 MG [Prednicot]	Prescribing,	RXCUI
373332	Treamsone 20 MG [Treamed]	Medication	IIICOI
582600	Prednisone Intensol	Prescribing,	RXCUI
302000	Treditisone interisor	Medication	IIICOI
582601	Prednisone 5 MG/ML [Prednisone Intensol]	Prescribing,	RXCUI
302001	realisone 5 Me/ME [realisone intensor]	Medication	10.001
582602	Prednisone Oral Solution [Prednisone Intensol]	Prescribing,	RXCUI
302002	Treamsone oral solution [Freamsone meenson]	Medication	10.001
582603	Prednisone Intensol 5 MG/ML Oral Solution	Prescribing,	RXCUI
302003	Treamsone mensors majine oran octation	Medication	10.001
746379	Prednisone Oral Capsule	Prescribing,	RXCUI
	Treatment Crai capeals	Medication	
746380	Prednisone 10 MG Oral Capsule	Prescribing,	RXCUI
		Medication	
746836	Prednisone 20 MG Oral Capsule	Prescribing,	RXCUI
		Medication	
746837	Prednisone 5 MG Oral Capsule	Prescribing,	RXCUI
		Medication	
795854	{12 (Prednisone 5 MG Oral Tablet) } Pack	Prescribing,	RXCUI
		Medication	
795855	{12 (Prednisone 5 MG Oral Tablet [Sterapred]) } Pack [Sterapred Uni-Pak 12 Day]	Prescribing,	RXCUI
		Medication	
795856	{6 (Prednisone 5 MG Oral Tablet) } Pack	Prescribing,	RXCUI
		Medication	
795857	{6 (Prednisone 5 MG Oral Tablet [Sterapred]) } Pack [Sterapred Uni-Pak 6 Day]	Prescribing,	RXCUI
		Medication	
795860	{6 (Prednisone 10 MG Oral Tablet) } Pack	Prescribing,	RXCUI
		Medication	
795861	{6 (Prednisone 10 MG Oral Tablet [Sterapred DS]) } Pack [Sterapred DS Uni-Pak 6 Day]		RXCUI
		Medication	
834395	{25 (Prednisone 10 MG Oral Tablet) } Pack	Prescribing,	RXCUI
		Medication	
845491	{48 (Prednisone 5 MG Oral Tablet [Sterapred]) } Pack [Sterapred 5 MG 12 Day Uni-	Prescribing,	RXCUI
	Pak]	Medication	
845492	{21 (Prednisone 5 MG Oral Tablet [Sterapred]) } Pack [Sterapred 5 MG Uni-Pak]	Prescribing,	RXCUI
		Medication	
845493	{48 (Prednisone 10 MG Oral Tablet [Sterapred DS]) } Pack [Sterapred DS 12 Day Uni-	Prescribing,	RXCUI
	Pak]	Medication	
845494	{21 (Prednisone 10 MG Oral Tablet [Sterapred DS]) } Pack [Sterapred DS Uni-Pak]	Prescribing,	RXCUI
		Medication	
8640	Prednisone	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
92354	Prednisone Oral Tablet [Deltasone]	Prescribing,	RXCUI
J2JJ4	Treamsone oral rapiet [Deltasone]	Medication	NACOI
1171028	Decortisyl Oral Product	Prescribing,	RXCUI
11/1020	Decortisyi Orai Froduct	Medication	IXCOI
1171029	Decortisyl Pill	Prescribing,	RXCUI
11/1025	Decortisy i i iii	Medication	IXCOI
1171797	Econosone Oral Product	Prescribing,	RXCUI
11/1/5/	Econosone Oral Froduct	Medication	IXCOI
1171798	Econosone Pill	Prescribing,	RXCUI
11/1/50	Econosone i ili	Medication	MCOI
1172410	Deltasone Oral Product	Prescribing,	RXCUI
11,2110	Delitasonie Gran i Gadati	Medication	10.001
1172411	Deltasone Pill	Prescribing,	RXCUI
11/2711	Defeasone i iii	Medication	10,001
1176945	Meticorten Oral Product	Prescribing,	RXCUI
11,05.5	The distriction of all 1 to a districtions and the distriction of a distri	Medication	10.001
1176946	Meticorten Pill	Prescribing,	RXCUI
1170510	The doctor is an incident and i	Medication	10.001
1178546	Liquid Pred Oral Liquid Product	Prescribing,	RXCUI
1170510	Elquid Fred Oral Elquid Froduct	Medication	10.001
1178547	Liquid Pred Oral Product	Prescribing,	RXCUI
		Medication	
1178982	Sterapred DS Oral Product	Prescribing,	RXCUI
		Medication	
1178983	Sterapred DS Pill	Prescribing,	RXCUI
		Medication	
1178984	Sterapred Oral Product	Prescribing,	RXCUI
		Medication	
1178985	Sterapred Pill	Prescribing,	RXCUI
		Medication	
1183442	Orasone Oral Product	Prescribing,	RXCUI
		Medication	
1183443	Orasone Pill	Prescribing,	RXCUI
		Medication	
1185256	Prednicen-M Oral Product	Prescribing,	RXCUI
		Medication	
1185257	Prednicen-M Pill	Prescribing,	RXCUI
		Medication	
1185258	Prednicot Oral Product	Prescribing,	RXCUI
		Medication	
1185259	Prednicot Pill	Prescribing,	RXCUI
		Medication	
1185265	Predone Oral Product	Prescribing,	RXCUI
		Medication	
1185266	Predone Pill	Prescribing,	RXCUI
		Medication	
1303126	Rayos	Prescribing,	RXCUI
	•	Medication	
1303129	Rayos Oral Product	Prescribing,	RXCUI
	•	Medication	
1303130	Rayos Pill	Prescribing,	RXCUI
	•	Medication	

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Code	Description	Code Category	Code Type
151587	Description Decortisyl	Prescribing,	RXCUI
131367	Decortisyi	Medication	KACUI
219350	Prednicen-M	Prescribing,	RXCUI
219330	r leunicen-ivi	Medication	IXCOI
220028	Sterapred	Prescribing,	RXCUI
220020	Sterapred	Medication	плеот
220029	Sterapred DS	Prescribing,	RXCUI
220025	Sterupred 25	Medication	TOTO
224927	Liquid Pred	Prescribing,	RXCUI
22 1327	Elquid 11cd	Medication	
224928	Meticorten	Prescribing,	RXCUI
		Medication	
224929	Orasone	Prescribing,	RXCUI
		Medication	
227730	Deltasone	Prescribing,	RXCUI
		Medication	
352903	Prednicot	Prescribing,	RXCUI
		Medication	
380826	Econosone	Prescribing,	RXCUI
		Medication	
541812	Predone	Prescribing,	RXCUI
		Medication	
539948	PREDNISONE 1 MG/ML SYRUP [LIQUID PRED]	Prescribing,	RXCUI
		Medication	
539947	PREDNISONE SYRUP [LIQUID PRED]	Prescribing,	RXCUI
		Medication	
312618	PREDNISONE 1 MG/ML SYRUP	Prescribing,	RXCUI
		Medication	
373584	PREDNISONE SYRUP	Prescribing,	RXCUI
		Medication	
795716	{12 (Dexamethasone 0.75 MG Oral Tablet [Decadron]) } Pack [Decadron 5-12]	Prescribing,	RXCUI
75000	(42/5	Medication	BVCI II
759696	{12 (Dexamethasone 0.75 MG Oral Tablet) } Pack	Prescribing,	RXCUI
1045071	(31 / Development Language 1 5 MC Orel Tablet (Decedrary)) Deal. [Decedrary DD C Devel	Medication	DVCIII
1945071	{21 (Dexamethasone 1.5 MG Oral Tablet [Decadron]) } Pack [Decadron DP 6 Day]	Prescribing,	RXCUI
846192	{21 (Dexamethasone 1.5 MG Oral Tablet) } Pack	Medication Prescribing,	RXCUI
040132	(21 (Dexamethasone 1.3 MG Oral Tablet) } rack	Medication	KACUI
847225	{21 (Dexamethasone 1.5 MG Oral Tablet) } Pack [DexPak TaperPak 6 Day]	Prescribing,	RXCUI
047223	(21 (Devaluetilasone 1.5 MO Oral Tablet) Fack [Dexrak Taperrak O Day]	Medication	IXCOI
2118829	{21 (Dexamethasone 1.5 MG Oral Tablet) } Pack [HiDex 6-Day Taper]	Prescribing,	RXCUI
2110023	(22 (Sexumentasone 215 the oral rablet)) rack (insex o say raper)	Medication	10.001
1998482	{21 (Dexamethasone 1.5 MG Oral Tablet) } Pack [TaperDex 6 Day Taper]	Prescribing,	RXCUI
-555	(12 (20.4	Medication	
895526	{21 (Dexamethasone 1.5 MG Oral Tablet) } Pack [Zema Pak 6 Day]	Prescribing,	RXCUI
-	· · · · · · · · · · · · · · · · · · ·	Medication	-
1943549	{21 (Dexamethasone 1.5 MG Oral Tablet) } Pack [ZoDex 6 Day Taper]	Prescribing,	RXCUI
		Medication	
1869595	{27 (Dexamethasone 1.5 MG Oral Tablet) } Pack	Prescribing,	RXCUI
		Medication	
2118835	{27 (Dexamethasone 1.5 MG Oral Tablet) } Pack [TaperDex 7-Day Taper]	Prescribing,	RXCUI
		Medication	

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	Description		
Code 759697	Description {35 (Dexamethasone 1.5 MG Oral Tablet) } Pack	Code Category Prescribing,	Code Type RXCUI
133031	133 (DEVAILECTIONOLE T'S INICI OLD LADIET) } LACK	Medication	NACUI
797022	{35 (Dexamethasone 1.5 MG Oral Tablet) } Pack [DexPak TaperPak Junior 10 Day]	Prescribing,	RXCUI
737022	(35 (Dexamethasone 1.5 MG Oral Tablet) Fack [DexFak TaperFak Julio 10 Day]	=	KACUI
895521	{35 (Dexamethasone 1.5 MG Oral Tablet) } Pack [Zema Pak 10 Day]	Medication Prescribing,	RXCUI
033321	(35 (Dexamethasone 1.5 Mid Oral Tablet) Fack (Zenia Fak 10 Day)		KACUI
2121587	{39 (Dexamethasone 1.5 MG Oral Tablet) } Pack	Medication Prescribing,	RXCUI
2121307	(35 (Dexamethasone 1.5 Mid Oral Tablet) (Fack	Medication	KACUI
2121735	{39 (Dexamethasone 1.5 MG Oral Tablet) } Pack [Dxevo 11 Day Taper]	Prescribing,	RXCUI
2121/33	(35 (Dexamethasone 1.5 Mid Oral Tablet) } Fack [DxeVO 11 Day Tapel]	Medication	IXCOI
1869605	{41 (Dexamethasone 1.5 MG Oral Tablet) } Pack	Prescribing,	RXCUI
1003003	(41 (Bekumethasone 1.5 Me of all rublety) ruble	Medication	10,001
1945072	{49 (Dexamethasone 1.5 MG Oral Tablet [Decadron]) } Pack [Decadron DP 12 Day]	Prescribing,	RXCUI
1343072	(45 (Dexamethasone 1.5 Me of all tablet [Decadron])) Lack [Decadron bi 12 bay]	Medication	плеот
1943550	{49 (Dexamethasone 1.5 MG Oral Tablet) } Pack	Prescribing,	RXCUI
13 13330	(15 (Bekamethasone 115 Me Graf rasiety) Facility	Medication	10.001
1998481	{49 (Dexamethasone 1.5 MG Oral Tablet) } Pack [TaperDex 12 Day Taper]	Prescribing,	RXCUI
1550.01	(15 (Bestamethasone 115 the Graf faster) Fast [Taper Best 12 Bay Taper]	Medication	10.001
1943551	{49 (Dexamethasone 1.5 MG Oral Tablet) } Pack [Zodex 12 Day Taper]	Prescribing,	RXCUI
13 13331	(15 (Bestamethasone 115 the Gran rablety) hack [Eddex 12 Bay raper]	Medication	10.001
759481	{51 (Dexamethasone 1.5 MG Oral Tablet) } Pack	Prescribing,	RXCUI
700 102	(52 (55)41116111466116 216 1116 616 11441617)) (46)	Medication	
797023	{51 (Dexamethasone 1.5 MG Oral Tablet) } Pack [DexPak TaperPak 13 Day]	Prescribing,	RXCUI
737023	(51 (55) Authoritation (51) The Gran rablety) had (55) at rapell at 15 54)]	Medication	10.001
895525	{51 (Dexamethasone 1.5 MG Oral Tablet) } Pack [Zema Pak 13 Day]	Prescribing,	RXCUI
000020	(52 (55)41116111466116 216 1116 616 11441617) 1 46 (25)411	Medication	
431720	12 HR Dexamethasone 1 MG / Theophylline 300 MG Extended Release Tablet	Prescribing,	RXCUI
		Medication	
901649	Baycadron 0.1 MG/ML Oral Solution	Prescribing,	RXCUI
5525.5		Medication	
1374392	Dalalone 16 MG/ML Injectable Suspension	Prescribing,	RXCUI
	, , , , , , , , , , , , , , , , , , ,	Medication	
1374408	Dalalone 4 MG/ML Injectable Solution	Prescribing,	RXCUI
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Medication	
205628	Dalalone 4 MG/ML Injectable Solution	Prescribing,	RXCUI
	•	Medication	
1374410	Dalalone 8 MG/ML Injectable Suspension	Prescribing,	RXCUI
		Medication	
205607	Dalalone D.P. 16 MG/ML Injectable Suspension	Prescribing,	RXCUI
	·	Medication	
205594	Dalalone L.A. 8 MG/ML Injectable Suspension	Prescribing,	RXCUI
		Medication	
205595	De-Sone LA 8 MG/ML Injectable Suspension	Prescribing,	RXCUI
		Medication	
541484	Deca 4 MG/ML Injectable Solution	Prescribing,	RXCUI
		Medication	
541463	Deca 8 MG/ML Injectable Suspension	Prescribing,	RXCUI
		Medication	
205596	Decadron-LA 8 MG/ML Injectable Suspension	Prescribing,	RXCUI
	·	Medication	
755976	Decadron 0.1 MG/ML Oral Solution	Prescribing,	RXCUI
		Medication	

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Code	Description		Code Type
205683	Decadron 0.25 MG Oral Tablet	Code Category Prescribing,	RXCUI
203003	Decadion 0.25 Mid Oral Tablet	Medication	KACOI
105392	Decadron 0.5 MG Oral Tablet	Prescribing,	RXCUI
103332	Decadron 6.5 MG Graf Tablet	Medication	10,001
343040	Decadron 0.75 MG Oral Tablet	Prescribing,	RXCUI
3 130 10	Decadion 6.73 in 6 ord rapiet	Medication	10.001
205710	Decadron 1.5 MG Oral Tablet	Prescribing,	RXCUI
200720		Medication	
1376070	Decadron 24 MG/ML Injectable Solution	Prescribing,	RXCUI
	, , , , , , , , , , , , , , , , , , ,	Medication	
205712	Decadron 4 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
1375115	Decadron 4 MG/ML Injectable Solution	Prescribing,	RXCUI
		Medication	
351311	Decadron 4 MG/ML Injectable Solution	Prescribing,	RXCUI
		Medication	
205717	Decadron 6 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
205622	Decadron phosphate 24 MG/ML Injectable Solution	Prescribing,	RXCUI
		Medication	
205629	Decadron phosphate 4 MG/ML Injectable Solution	Prescribing,	RXCUI
		Medication	
205597	Decaject-L.A. 8 MG/ML Injectable Suspension	Prescribing,	RXCUI
		Medication	
205630	Decaject 4 MG/ML Injectable Solution	Prescribing,	RXCUI
205624	Develope A A NAC /NAL beingstelde Colletion	Medication	DVCIII
205631	Dexacen-4 4 MG/ML Injectable Solution	Prescribing,	RXCUI
205598	Dexacort-LA 8 MG/ML Injectable Suspension	Medication Prescribing,	RXCUI
203336	Dexacort-LA 8 Mg/ML Injectable Suspension	Medication	KACUI
205632	Dexacorten 4 MG/ML Injectable Solution	Prescribing,	RXCUI
203032	Devacorten 4 may we injectable solution	Medication	10.001
814504	Dexamethasone / Indomethacin	Prescribing,	RXCUI
		Medication	
440625	Dexamethasone / Indomethacin Oral Capsule	Prescribing,	RXCUI
		Medication	
1154241	Dexamethasone / Indomethacin Oral Product	Prescribing,	RXCUI
		Medication	
372476	Dexamethasone / Indomethacin Oral Tablet	Prescribing,	RXCUI
		Medication	
1154242	Dexamethasone / Indomethacin Pill	Prescribing,	RXCUI
		Medication	
1154243	Dexamethasone / Indomethacin Rectal Product	Prescribing,	RXCUI
		Medication	
440626	Dexamethasone / Indomethacin Rectal Suppository	Prescribing,	RXCUI
		Medication	
813683	Dexamethasone / Theophylline	Prescribing,	RXCUI
450004		Medication	DV.0:
452064	Dexamethasone / Theophylline Extended Release Oral Tablet	Prescribing,	RXCUI
115/255	Dovamathacana / Thoophyllina Oral Bradust	Medication	DVCIII
1154255	Dexamethasone / Theophylline Oral Product	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
1154256	Desamethasone / Theophylline Pill	Prescribing,	RXCUI
1134230	bexumethusone / meophymne / m	Medication	MCOI
197576	dexamethasone 0.25 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
1086701	Dexamethasone 0.25 MG Oral Tablet [Dexium]	Prescribing,	RXCUI
	• •	Medication	
332984	Dexamethasone 0.4 MG	Prescribing,	RXCUI
		Medication	
2108017	Dexamethasone 0.4 MG [Dextenza]	Prescribing,	RXCUI
		Medication	
2108020	Dexamethasone 0.4 MG Drug Implant [Dextenza]	Prescribing,	RXCUI
		Medication	
411225	Dexamethasone 0.4 MG Oral Capsule	Prescribing,	RXCUI
		Medication	
315775	Dexamethasone 0.5 MG	Prescribing,	RXCUI
		Medication	
411549	Dexamethasone 0.5 MG / Indomethacin 25 MG Oral Capsule	Prescribing,	RXCUI
564044	D	Medication	DVCIII
564044	Dexamethasone 0.5 MG [Decadron]	Prescribing,	RXCUI
F66F7F	Dovamethasana O.F. M.C. [Dovana]	Medication	DVCIII
566575	Dexamethasone 0.5 MG [Dexone]	Prescribing,	RXCUI
566207	Dexamethasone 0.5 MG [Oradexon]	Medication Prescribing,	RXCUI
300207	Dexametriasone 0.5 Mid [Oradexon]	Medication	KACUI
197577	dexamethasone 0.5 MG Oral Tablet	Prescribing,	RXCUI
137377	dexametriasone 0.5 MG Oral Tublet	Medication	MACOI
205684	Dexamethasone 0.5 MG Oral Tablet [Dexone]	Prescribing,	RXCUI
203001	Bekamethasone dis inte oral rasiet [Bekone]	Medication	10.001
203976	Dexamethasone 0.5 MG Oral Tablet [Oradexon]	Prescribing,	RXCUI
	,	Medication	
854175	Dexamethasone 0.7 MG	Prescribing,	RXCUI
		Medication	
854179	Dexamethasone 0.7 MG [Ozurdex]	Prescribing,	RXCUI
		Medication	
854177	Dexamethasone 0.7 MG Drug Implant	Prescribing,	RXCUI
		Medication	
854181	Dexamethasone 0.7 MG Drug Implant [Ozurdex]	Prescribing,	RXCUI
		Medication	
345816	Dexamethasone 0.75 MG	Prescribing,	RXCUI
	D	Medication	B.//G/ II
575233	Dexamethasone 0.75 MG [Decadron]	Prescribing,	RXCUI
FCCF02	Decree Albana C 75 MC [Davida]	Medication	DVCIII
566583	Dexamethasone 0.75 MG [Dexone]	Prescribing,	RXCUI
242022	dexamethasone 0.75 MG Oral Tablet	Medication	DVCIII
343033	dexamethasone 0.75 ivid Oral Tablet	Prescribing,	RXCUI
205692	Dexamethasone 0.75 MG Oral Tablet [Dexone]	Medication Prescribing,	RXCUI
203032	Devanierilazone 0.75 ivio oral rabier [Dexone]	Medication	NACOI
315776	Dexamethasone 1 MG	Prescribing,	RXCUI
313770	Severite and a severi	Medication	MACOI
252621	Dexamethasone 1 MG / Terfenadine 120 MG Extended Release Oral Tablet	Prescribing,	RXCUI
		Medication	

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Code	Description		
250828	Description Dexamethasone 1 MG / Terfenadine 120 MG Oral Tablet	Code Category Prescribing,	Code Type RXCUI
230020	Dexamethasone 1 MG / Terrenaume 120 MG Oral Tablet	Medication	KACUI
844882	Dexamethasone 1 MG / Theophylline 300 MG Extended Release Oral Tablet	Prescribing,	RXCUI
044002	Dexamethasone 1 May Theophynine 300 Ma Extended Nelease Oral Tablet	Medication	KACOI
309684	dexamethasone 1 MG in 1 mL Concentrate for Oral Solution	Prescribing,	RXCUI
303004	dexamethasone 1 We in 1 the concentrate for Oral Solution	Medication	10,001
197579	dexamethasone 1 MG Oral Tablet	Prescribing,	RXCUI
137373	dexametriasone 1 We oral rusice	Medication	10,001
315777	Dexamethasone 1.5 MG	Prescribing,	RXCUI
		Medication	
566601	Dexamethasone 1.5 MG [Decadron]	Prescribing,	RXCUI
		Medication	
566602	Dexamethasone 1.5 MG [Dexone]	Prescribing,	RXCUI
		Medication	
197580	dexamethasone 1.5 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
205711	Dexamethasone 1.5 MG Oral Tablet [Dexone]	Prescribing,	RXCUI
		Medication	
2045403	Dexamethasone 103.4 MG/ML	Prescribing,	RXCUI
		Medication	
2045406	Dexamethasone 103.4 MG/ML [Dexycu]	Prescribing,	RXCUI
		Medication	
2045410	Dexamethasone 103.4 MG/ML Injection	Prescribing,	RXCUI
		Medication	
2045411	Dexamethasone 103.4 MG/ML Injection [Dexycu]	Prescribing,	RXCUI
0.406.40	2010	Medication	B.V.O. II
343643	Dexamethasone 16 MG/ML	Prescribing,	RXCUI
FCCF04	Develope the serve 16 NAC (NAL [Deletone D.D.]	Medication	DVCIII
566504	Dexamethasone 16 MG/ML [Dalalone D.P.]	Prescribing,	RXCUI
393267	Dexamethasone 16 MG/ML Injectable Solution	Medication Prescribing,	RXCUI
333207	Dexamethasone to Mg/ML injectable solution	Medication	KACUI
309687	Dexamethasone 16 MG/ML Injectable Suspension	Prescribing,	RXCUI
303007	Dexamethasone to World injectable suspension	Medication	IXCOI
317346	Dexamethasone 2 MG	Prescribing,	RXCUI
317310	Sexumethosome 2 me	Medication	10.001
565676	Dexamethasone 2 MG [Oradexon]	Prescribing,	RXCUI
		Medication	
435681	dexamethasone 2 MG in 1 ML Injectable Solution	Prescribing,	RXCUI
	•	Medication	
197581	dexamethasone 2 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
201072	Dexamethasone 2 MG Oral Tablet [Oradexon]	Prescribing,	RXCUI
		Medication	
451789	Dexamethasone 2 MG/ML	Prescribing,	RXCUI
		Medication	
1049548	Dexamethasone 2 MG/ML [DexaJect]	Prescribing,	RXCUI
		Medication	
1087756	Dexamethasone 2 MG/ML [Dexasone]	Prescribing,	RXCUI
E 42027	Development 2 MC/MI [Device of the Control of the C	Medication	B.V.C
542937	Dexamethasone 2 MG/ML [Dexium brand of Dexamethasone]	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	
1049384	Description Desamethasone 2 MG/ML [Dexium]	Prescribing,	Code Type RXCUI
1045364	Dexamethasone 2 Mid/ML [Dexium]	Medication	KACOI
1087757	Dexamethasone 2 MG/ML Injectable Solution [Dexasone]	Prescribing,	RXCUI
100//3/	Dexamethasone 2 Mid/ML mjectable solution [Dexasone]	-	KACUI
542939	Dexamethasone 2 MG/ML Injectable Solution [Dexium brand of Dexamethasone]	Medication Prescribing,	RXCUI
342939	Dexamethasone 2 Mo/ME injectable solution [Dexium brails of Dexamethasone]	-	IXCOI
1049386	Dexamethasone 2 MG/ML Injectable Solution [Dexium]	Medication Prescribing,	RXCUI
1045360	Dexamethasone 2 Mid/ME mjectable solution [Dexium]	Medication	KACUI
438883	Dexamethasone 2.2 MG	Prescribing,	RXCUI
430003	DEXAMELMASOME 2.2 IVIO	Medication	IXCOI
420697	Dexamethasone 2.2 MG Rectal Suppository	Prescribing,	RXCUI
420037	Dexametriasone 2.2 We rectal suppository	Medication	плеот
329678	Dexamethasone 20 MG/ML	Prescribing,	RXCUI
323070	Beautiful and La Maj ME	Medication	10,001
315061	Dexamethasone 20 MG/ML Injectable Solution	Prescribing,	RXCUI
		Medication	
330680	Dexamethasone 24 MG/ML	Prescribing,	RXCUI
		Medication	
566514	Dexamethasone 24 MG/ML [Decadron phosphate]	Prescribing,	RXCUI
		Medication	
197584	Dexamethasone 24 MG/ML Injectable Solution	Prescribing,	RXCUI
	• •	Medication	
451790	Dexamethasone 25 MG/ML	Prescribing,	RXCUI
		Medication	
415363	Dexamethasone 25 MG/ML Injectable Solution	Prescribing,	RXCUI
		Medication	
332981	Dexamethasone 3 MG/ML	Prescribing,	RXCUI
		Medication	
252361	Dexamethasone 3 MG/ML / sodium phosphate 3 MG/ML Injectable Suspension	Prescribing,	RXCUI
		Medication	
880655	Dexamethasone 3 MG/ML [DexaJect]	Prescribing,	RXCUI
		Medication	
1087918	Dexamethasone 3 MG/ML [Dexium]	Prescribing,	RXCUI
		Medication	
880649	Dexamethasone 3 MG/ML Injectable Solution	Prescribing,	RXCUI
		Medication	
1087919	Dexamethasone 3 MG/ML Injectable Solution [Dexium]	Prescribing,	RXCUI
		Medication	
332982	Dexamethasone 3.2 MG/ML	Prescribing,	RXCUI
		Medication	
247293	Dexamethasone 3.2 MG/ML Injectable Suspension	Prescribing,	RXCUI
		Medication	
315778	Dexamethasone 4 MG	Prescribing,	RXCUI
		Medication	
566603	Dexamethasone 4 MG [Decadron]	Prescribing,	RXCUI
		Medication	
566604	Dexamethasone 4 MG [Dexone]	Prescribing,	RXCUI
		Medication	
566605	Dexamethasone 4 MG [Hexadrol]	Prescribing,	RXCUI
		Medication	
197582	dexamethasone 4 MG Oral Tablet	Prescribing,	RXCUI
		Medication	

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	Description		
Code 205713	Description Dexamethasone 4 MG Oral Tablet [Dexone]	Code Category Prescribing,	Code Type RXCUI
203/13	בבאמוויפנוומסטווב + ועוס טומו ומטופנ (בפאטוופ)	Medication	NACUI
205714	Dexamethasone 4 MG Oral Tablet [Hexadrol]	Prescribing,	RXCUI
203/14	Devamentazone 4 Mio Orai Tablet [Hexaulti]	Medication	NACOI
330437	Dexamethasone 4 MG/ML	Prescribing,	RXCUI
330437	Desametrazone + Ivio/Ivic	Medication	IXCOI
566519	Dexamethasone 4 MG/ML [Adrenocot]	Prescribing,	RXCUI
300313	Dexamethasone 4 Mo/ME [Nateriocot]	Medication	10,001
575255	Dexamethasone 4 MG/ML [Cortastat]	Prescribing,	RXCUI
373233	Denomical additional and the following the first transfer of the f	Medication	10.001
541479	Dexamethasone 4 MG/ML [Cortidex]	Prescribing,	RXCUI
	, , , , , , , , , , , , , , , , , , ,	Medication	
566520	Dexamethasone 4 MG/ML [Dalalone]	Prescribing,	RXCUI
	• • •	Medication	
541482	Dexamethasone 4 MG/ML [Deca]	Prescribing,	RXCUI
		Medication	
566521	Dexamethasone 4 MG/ML [Decadron phosphate]	Prescribing,	RXCUI
		Medication	
575256	Dexamethasone 4 MG/ML [Decadron]	Prescribing,	RXCUI
		Medication	
566522	Dexamethasone 4 MG/ML [Decaject]	Prescribing,	RXCUI
		Medication	
566523	Dexamethasone 4 MG/ML [Dexacen-4]	Prescribing,	RXCUI
		Medication	
566524	Dexamethasone 4 MG/ML [Dexacorten]	Prescribing,	RXCUI
		Medication	
566525	Dexamethasone 4 MG/ML [Dexasone]	Prescribing,	RXCUI
	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Medication	5.4.61.11
566526	Dexamethasone 4 MG/ML [Dexone]	Prescribing,	RXCUI
FCCF37	Development A NAC /NAL [Heyendred Dheemhete]	Medication	DVCIII
566527	Dexamethasone 4 MG/ML [Hexadrol Phosphate]	Prescribing,	RXCUI
EGGEOO	Dovamethacene 4 MC/ML [Mediday]	Medication	DVCIII
566528	Dexamethasone 4 MG/ML [Medidex]	Prescribing, Medication	RXCUI
541485	Dexamethasone 4 MG/ML [Metazone]	Prescribing,	RXCUI
341403	Dexamethasone 4 Mo/ML [Metazone]	Medication	KACOI
563253	Dexamethasone 4 MG/ML [Oradexon]	Prescribing,	RXCUI
303233	Dexamethasone 4 Mo/ME [Oracexon]	Medication	10,001
566529	Dexamethasone 4 MG/ML [Primethasone]	Prescribing,	RXCUI
300323	Desamethasone Timo/M2 [Timethasone]	Medication	10.001
566530	Dexamethasone 4 MG/ML [Solurex LA]	Prescribing,	RXCUI
	•	Medication	
566531	Dexamethasone 4 MG/ML [Solurex]	Prescribing,	RXCUI
		Medication	
309698	Dexamethasone 4 MG/ML Injectable Solution	Prescribing,	RXCUI
		Medication	
205633	Dexamethasone 4 MG/ML Injectable Solution [Dexasone]	Prescribing,	RXCUI
		Medication	
205634	Dexamethasone 4 MG/ML Injectable Solution [Dexone]	Prescribing,	RXCUI
		Medication	
205635	Dexamethasone 4 MG/ML Injectable Solution [Hexadrol Phosphate]	Prescribing,	RXCUI
		Medication	

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	E. LIST OF RXNORM Concept Unique Identifier (RXCOI), Logical Observation Identifier		
Code	Description	Code Category	Code Type
205636	Dexamethasone 4 MG/ML Injectable Solution [Medidex]	Prescribing,	RXCUI
		Medication	
541487	Dexamethasone 4 MG/ML Injectable Solution [Metazone]	Prescribing,	RXCUI
		Medication	
103163	Dexamethasone 4 MG/ML Injectable Solution [Oradexon]	Prescribing,	RXCUI
		Medication	
205637	Dexamethasone 4 MG/ML Injectable Solution [Primethasone]	Prescribing,	RXCUI
20555		Medication	B.V.5
205638	Dexamethasone 4 MG/ML Injectable Solution [Solurex LA]	Prescribing,	RXCUI
205622	Development A NAC / NAL Injectic line Collection (Collection)	Medication	DVC! !!
205639	Dexamethasone 4 MG/ML Injectable Solution [Solurex]	Prescribing,	RXCUI
1000704	Developed A NAC /AAL Injectable Commence	Medication	DVCIII
1006791	Dexamethasone 4 MG/ML Injectable Suspension	Prescribing,	RXCUI
221701	Dovamathacana F MC/MI	Medication	DVCIII
331791	Dexamethasone 5 MG/ML	Prescribing,	RXCUI
F6F677	Dovamethacena F MC/MI [Oradoven]	Medication	DVCIII
565677	Dexamethasone 5 MG/ML [Oradexon]	Prescribing,	RXCUI
105204	Dovamenthasana F. N.C./N.I. Injectable Califfra	Medication	DVCIII
105394	Dexamethasone 5 MG/ML Injectable Solution	Prescribing,	RXCUI
201072	Dovamathacana E MC/ML Injectable Calutian [Oradoven]	Medication	DVCIII
201073	Dexamethasone 5 MG/ML Injectable Solution [Oradexon]	Prescribing,	RXCUI
215770	Dovamathacana 6 MC	Medication	DVCIII
315779	Dexamethasone 6 MG	Prescribing,	RXCUI
EEEEOO	Dovamothacono 6 MG [Docadron]	Medication	PVCIII
566608	Dexamethasone 6 MG [Decadron]	Prescribing,	RXCUI
197583	dexamethasone 6 MG Oral Tablet	Medication Prescribing,	RXCUI
12/303	devaluerilasone o ivid oral rabler	=	NACUI
438885	Dexamethasone 8 MG	Medication Prescribing,	RXCUI
430063	DEVALUE (11920) IE O IAIO	-	NACUI
429196	Dexamethasone 8 MG Oral Tablet	Medication Prescribing,	RXCUI
423130	DENAME CHASOME O IVIO OTAL TADIEL	Medication	NACUI
323884	Dexamethasone 8 MG/ML	Prescribing,	RXCUI
323004	DENAME CHASOME O MICHIVIL	Medication	NACUI
249225	Dexamethasone 8 MG/ML / sodium phosphate 2 MG/ML Injectable Suspension	Prescribing,	RXCUI
Z 4 3ZZ3	Desamethasone o Morivier, soulum phosphate z Morivie injectable suspension	Medication	NACUI
566491	Dexamethasone 8 MG/ML [Adrenocot L.A.]	Prescribing,	RXCUI
J00431	Desamethasone o ivid/ivit [Adrenocot L.A.]	Medication	NACOI
575253	Dexamethasone 8 MG/ML [Cortastat LA]	Prescribing,	RXCUI
3/3233	DENAMETHASONE O MICHIVIL [CONTASTAT LA]	Medication	NACUI
541476	Dexamethasone 8 MG/ML [Cortidex]	Prescribing,	RXCUI
J-1-1/0	Described and of the feet tracks	Medication	NACOI
566492	Dexamethasone 8 MG/ML [Dalalone L.A.]	Prescribing,	RXCUI
JUU432	DENGINE CHASONE O INTO/INTE [Datatone L.A.]	Medication	NACOI
566493	Devamethasone 8 MG/MI [De-Sone I A]	Prescribing,	RXCUI
300433	Dexamethasone 8 MG/ML [De-Sone LA]	Medication	NACOI
541461	Dexamethasone 8 MG/ML [Deca]	Prescribing,	RXCUI
J-1-101	DEXAMELIASONE O IVIG/IVIL [DECA]	Medication	NACOI
566494	Dexamethasone 8 MG/ML [Decadron-LA]	Prescribing,	RXCUI
J00 4 34	Dexamethasone 8 MG/ML [Decadron-LA]	Medication	NACOI
566495	Dexamethasone 8 MG/ML [Decaject-L.A.]	Prescribing,	RXCUI
	Devaniethasone o modimic [Decaject-L.A.]	Medication	MACOI
		IVICUICALIUII	

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Code	Description	Code Category	Code Type
566496	Description Dexamethasone 8 MG/ML [Dexacort-LA]	Prescribing,	RXCUI
300430	Dexamethasone o Ma/ML [Dexacort-LA]	Medication	KACOI
566497	Dexamethasone 8 MG/ML [Dexasone LA]	Prescribing,	RXCUI
300437	DEXAMETHASONE O MOJNIL [DEXASONE LA]	Medication	IXCOI
1089818	Dexamethasone 8 MG/ML [Dexasone]	Prescribing,	RXCUI
1005010	Dexametriasone o weg we [Dexasone]	Medication	плеот
566498	Dexamethasone 8 MG/ML [Dexone LA]	Prescribing,	RXCUI
300-130	beauticulusone o wey wit [beautic bij	Medication	10,001
566499	Dexamethasone 8 MG/ML [Medidex LA]	Prescribing,	RXCUI
		Medication	
541465	Dexamethasone 8 MG/ML [Metazone]	Prescribing,	RXCUI
		Medication	
541468	Dexamethasone 8 MG/ML [Primethasone]	Prescribing,	RXCUI
		Medication	
541472	Dexamethasone 8 MG/ML [Robadex]	Prescribing,	RXCUI
		Medication	
566500	Dexamethasone 8 MG/ML [Solurex LA]	Prescribing,	RXCUI
		Medication	
387080	Dexamethasone 8 MG/ML Injectable Solution	Prescribing,	RXCUI
		Medication	
309688	Dexamethasone 8 MG/ML Injectable Suspension	Prescribing,	RXCUI
		Medication	
205599	Dexamethasone 8 MG/ML Injectable Suspension [Dexasone LA]	Prescribing,	RXCUI
		Medication	
1089820	Dexamethasone 8 MG/ML Injectable Suspension [Dexasone]	Prescribing,	RXCUI
205.000	Development Community (Development A)	Medication	DVCIII
205600	Dexamethasone 8 MG/ML Injectable Suspension [Dexone LA]	Prescribing,	RXCUI
205601	Dexamethasone 8 MG/ML Injectable Suspension [Medidex LA]	Medication Prescribing,	RXCUI
203001	Dexamethasone o Mo/ML injectable suspension [Medidex LA]	Medication	KACOI
541467	Dexamethasone 8 MG/ML Injectable Suspension [Metazone]	Prescribing,	RXCUI
341407	bexametriasone o weg wie injectable suspension [metazone]	Medication	10,001
541470	Dexamethasone 8 MG/ML Injectable Suspension [Primethasone]	Prescribing,	RXCUI
		Medication	
541474	Dexamethasone 8 MG/ML Injectable Suspension [Robadex]	Prescribing,	RXCUI
		Medication	
205602	Dexamethasone 8 MG/ML Injectable Suspension [Solurex LA]	Prescribing,	RXCUI
		Medication	
22690	dexamethasone acetate	Prescribing,	RXCUI
		Medication	
1374388	dexamethasone acetate 16 MG/ML	Prescribing,	RXCUI
		Medication	
1374390	dexamethasone acetate 16 MG/ML [Dalalone]	Prescribing,	RXCUI
		Medication	
1374389	dexamethasone acetate 16 MG/ML Injectable Suspension	Prescribing,	RXCUI
4274274	decreased as a section of AAC /AAI	Medication	DVCIII
1374371	dexamethasone acetate 8 MG/ML	Prescribing,	RXCUI
1274400	dovamethacene acetate 9 MC/MI [Dalalana]	Medication	DVCIII
1374409	dexamethasone acetate 8 MG/ML [Dalalone]	Prescribing,	RXCUI
1534398	dexamethasone acetate 8 MG/ML [De-Sone LA]	Medication Prescribing,	RXCUI
10070	desame triasone dectate o moj me [De-Sone LA]	Medication	AACOI
		ivicultatiOH	

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Code	Description	-	
	Description	Code Category	Code Type
1534288	dexamethasone acetate 8 MG/ML [Decadron-LA]	Prescribing,	RXCUI
1524221	deviage at hose and contacts CAAC (AAL [Deviage at LA]	Medication	DVCIII
1534331	dexamethasone acetate 8 MG/ML [Dexacort-LA]	Prescribing,	RXCUI
1274200	dovernoth coops contate CAAC/AAL [Doverno]	Medication	DVCIII
1374386	dexamethasone acetate 8 MG/ML [Dexasone]	Prescribing,	RXCUI
1524200	deviage at hose and contacts O. N.C. (NAL. [Dehanders]	Medication	DVCIII
1534289	dexamethasone acetate 8 MG/ML [Robadex]	Prescribing,	RXCUI
1274272	developed because contate CAAC/AAL Injectable Commonsiers	Medication	DVCIII
1374372	dexamethasone acetate 8 MG/ML Injectable Suspension	Prescribing,	RXCUI
127/207	dovamenthesene acetata 9 MC/ML Injectable Suspension [Dovasene]	Medication	DVCIII
1374387	dexamethasone acetate 8 MG/ML Injectable Suspension [Dexasone]	Prescribing,	RXCUI
054176	Dovamathacana Drug Implant	Medication	DVCIII
854176	Dexamethasone Drug Implant	Prescribing,	RXCUI
2108018	Dexamethasone Drug Implant [Dextenza]	Medication Prescribing,	RXCUI
2100010	Dexamethasone Drug implant [Dextenza]	=	KACUI
05/1100	Dovamethacene Drug Implent [Orugaley]	Medication	DVCIII
854180	Dexamethasone Drug Implant [Ozurdex]	Prescribing,	RXCUI
1154520	Developed by a control During land During by the	Medication	DVCIII
1154529	Dexamethasone Drug Implant Product	Prescribing,	RXCUI
420002	Davis madely a course Over Courselle	Medication	DVCIII
438882	Dexamethasone Oral Capsule	Prescribing,	RXCUI
1154524	Davanashkasana Oval Linuid Dradust	Medication	DVCIII
1154534	Dexamethasone Oral Liquid Product	Prescribing,	RXCUI
4454525	Developed by a control of the state of	Medication	DVCIII
1154535	Dexamethasone Oral Product	Prescribing,	RXCUI
271720	Dave mathematica Oval Calintian	Medication	DVCIII
371728	Dexamethasone Oral Solution	Prescribing,	RXCUI
001649	Dovamathacana Oral Calutian [Dovardran]	Medication	DVCIII
901648	Dexamethasone Oral Solution [Baycadron]	Prescribing,	RXCUI
757007	Dovamathacana Oral Calutian [Docadran]	Medication	DVCIII
757087	Dexamethasone Oral Solution [Decadron]	Prescribing,	RXCUI
264906	Dovamethacena Oral Calutian [Dovamethacena Intercal]	Medication	DVCIII
364896	Dexamethasone Oral Solution [Dexamethasone Intensol]	Prescribing,	RXCUI
757000	Dexamethasone Oral Solution [Hexadrol]	Medication	DVCIII
757088	Dexamethasone Oral Solution [nexactor]	Prescribing,	RXCUI
271720	Dovamathacana Oral Tahlat	Medication	RXCUI
371729	Dexamethasone Oral Tablet	Prescribing,	KACUI
260461	Dovamethacene Oral Tablet [Decedren]	Medication	DVCIII
369461	Dexamethasone Oral Tablet [Decadron]	Prescribing,	RXCUI
1086700	Dovamethacene Oral Tablet [Dovium]	Medication	DVCIII
1080700	Dexamethasone Oral Tablet [Dexium]	Prescribing,	RXCUI
260460	Dovamethacene Oral Tablet [Dovana]	Medication	DVCIII
369460	Dexamethasone Oral Tablet [Dexone]	Prescribing,	RXCUI
200510	Davanathagana Oval Tahlat [Hayadval]	Medication	DVCIII
369516	Dexamethasone Oral Tablet [Hexadrol]	Prescribing,	RXCUI
200500	Davis mathematica Qual Tablet [Oradoven]	Medication	DVCIII
369569	Dexamethasone Oral Tablet [Oradexon]	Prescribing,	RXCUI
1154536	Dave markly against Othic Bready at	Medication	DVCIII
1154536	Dexamethasone Otic Product	Prescribing,	RXCUI
274727	Developable accura Otio Calvitian	Medication	DVCL
371727	Dexamethasone Otic Solution	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
1154537	Desamethasone Pill	Prescribing,	RXCUI
1134337	Dexamethasone Fill	Medication	KACOI
1812094	Dexamethasone Prefilled Syringe	Prescribing,	RXCUI
1012034	Dexametriasone Frenned Syringe	Medication	KACOI
1154538	Dexamethasone Rectal Product	Prescribing,	RXCUI
1134330	Dexametriasone rectair roduct	Medication	TOTO
438884	Dexamethasone Rectal Suppository	Prescribing,	RXCUI
430004	Dexametriasone rectal suppository	Medication	TOTO
203704	Dexasone	Prescribing,	RXCUI
200701	Sexusorie	Medication	10.001
216384	De-Sone LA	Prescribing,	RXCUI
		Medication	
227682	Decadron	Prescribing,	RXCUI
		Medication	
309686	dexamethasone 0.1 MG/ML Oral Solution	Prescribing,	RXCUI
		Medication	
566581	dexamethasone 0.1 MG/ML [Decadron]	Prescribing,	RXCUI
		Medication	
1169579	De-Sone LA Injectable Product	Prescribing,	RXCUI
		Medication	
1170296	Decadron Oral Liquid Product	Prescribing,	RXCUI
		Medication	
1170297	Decadron Oral Product	Prescribing,	RXCUI
		Medication	
1170298	Decadron Pill	Prescribing,	RXCUI
		Medication	
1175250	Dexasone Injectable Product	Prescribing,	RXCUI
		Medication	
1154531	Dexamethasone Injectable Product	Prescribing,	RXCUI
		Medication	
371725	Dexamethasone Injectable Solution	Prescribing,	RXCUI
262407		Medication	DVCIII
363487	Dexamethasone Injectable Solution [Adrenocot]	Prescribing,	RXCUI
262212	Dovamethacena Injectable Colution [Cortectet 10]	Medication	DVCIII
363213	Dexamethasone Injectable Solution [Cortastat 10]	Prescribing,	RXCUI
363214	Dexamethasone Injectable Solution [Cortastat]	Medication Prescribing,	RXCUI
303214	Dexametriasone injectable solution [contastat]	Medication	KACUI
541480	Dexamethasone Injectable Solution [Cortidex]	Prescribing,	RXCUI
341400	Dexametriasone injectable solution [contidex]	Medication	KACOI
363486	Dexamethasone Injectable Solution [Dalalone]	Prescribing,	RXCUI
303-100	bekamethasone injectasie solution [balalone]	Medication	10.001
541483	Dexamethasone Injectable Solution [Deca]	Prescribing,	RXCUI
3 11 103	Bekamethasone injectasie solution [Beca]	Medication	10.001
363003	Dexamethasone Injectable Solution [Decadron phosphate]	Prescribing,	RXCUI
		Medication	
363216	Dexamethasone Injectable Solution [Decadron]	Prescribing,	RXCUI
-		Medication	
363485	Dexamethasone Injectable Solution [Decaject]	Prescribing,	RXCUI
		Medication	
363484	Dexamethasone Injectable Solution [Dexacen-4]	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	
363483	Description Dexamethasone Injectable Solution [Dexacorten]	Prescribing,	Code Type RXCUI
303463	Dexamethasone injectable solution [Dexacorten]	Medication	KACOI
880656	Dexamethasone Injectable Solution [DexaJect]	Prescribing,	RXCUI
880030	Dexametriasone injectable solution [Dexasect]	Medication	IXCOI
363482	Dexamethasone Injectable Solution [Dexasone]	Prescribing,	RXCUI
303402	Dexametriasone injectable solution [Dexasone]	Medication	TIXCOT
542938	Dexamethasone Injectable Solution [Dexium brand of Dexamethasone]	Prescribing,	RXCUI
342330	bexamethasone injectable solution [bexiam brand of bexamethasone]	Medication	TIXCOT
1049385	Dexamethasone Injectable Solution [Dexium]	Prescribing,	RXCUI
10 13303	Beautiful and the impercable solution [Beautiful]	Medication	11/1001
363481	Dexamethasone Injectable Solution [Dexone]	Prescribing,	RXCUI
	, , ,	Medication	
363480	Dexamethasone Injectable Solution [Hexadrol Phosphate]	Prescribing,	RXCUI
		Medication	
1375105	Dexamethasone Injectable Solution [Hexadrol]	Prescribing,	RXCUI
		Medication	
363479	Dexamethasone Injectable Solution [Medidex]	Prescribing,	RXCUI
		Medication	
541486	Dexamethasone Injectable Solution [Metazone]	Prescribing,	RXCUI
		Medication	
363584	Dexamethasone Injectable Solution [Oradexon]	Prescribing,	RXCUI
		Medication	
363478	Dexamethasone Injectable Solution [Primethasone]	Prescribing,	RXCUI
		Medication	
363477	Dexamethasone Injectable Solution [Solurex LA]	Prescribing,	RXCUI
		Medication	
363476	Dexamethasone Injectable Solution [Solurex]	Prescribing,	RXCUI
074704		Medication	B.V.O. II
371721	Dexamethasone Injectable Suspension	Prescribing,	RXCUI
205070	Davanesth seems Injectable Communication [Advancest A.]	Medication	DVCIII
365676	Dexamethasone Injectable Suspension [Adrenocot L.A.]	Prescribing,	RXCUI
365611	Dexamethasone Injectable Suspension [Cortastat LA]	Medication Prescribing,	RXCUI
202011	Dexamethasone injectable suspension [cortastat LA]	Medication	KACUI
541477	Dexamethasone Injectable Suspension [Cortidex]	Prescribing,	RXCUI
3414//	Dexametriasone injectable suspension [contidex]	Medication	IXCOI
365667	Dexamethasone Injectable Suspension [Dalalone D.P.]	Prescribing,	RXCUI
303007	Dexametriasone injectable suspension [Dalatone D.I]	Medication	10,001
365693	Dexamethasone Injectable Suspension [Dalalone L.A.]	Prescribing,	RXCUI
	20.4	Medication	
1374391	Dexamethasone Injectable Suspension [Dalalone]	Prescribing,	RXCUI
		Medication	
365692	Dexamethasone Injectable Suspension [De-Sone LA]	Prescribing,	RXCUI
		Medication	
541462	Dexamethasone Injectable Suspension [Deca]	Prescribing,	RXCUI
		Medication	
365691	Dexamethasone Injectable Suspension [Decadron-LA]	Prescribing,	RXCUI
		Medication	
365690	Dexamethasone Injectable Suspension [Decaject-L.A.]	Prescribing,	RXCUI
		Medication	
365689	Dexamethasone Injectable Suspension [Dexacort-LA]	Prescribing,	RXCUI
		Medication	

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Code	E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers N Description	Code Category	Code Type
365688	Dexamethasone Injectable Suspension [Dexasone LA]	Prescribing,	RXCUI
		Medication	
1089819	Dexamethasone Injectable Suspension [Dexasone]	Prescribing,	RXCUI
		Medication	
365687	Dexamethasone Injectable Suspension [Dexone LA]	Prescribing,	RXCUI
		Medication	
365686	Dexamethasone Injectable Suspension [Medidex LA]	Prescribing,	RXCUI
		Medication	
541466	Dexamethasone Injectable Suspension [Metazone]	Prescribing,	RXCUI
		Medication	
541469	Dexamethasone Injectable Suspension [Primethasone]	Prescribing,	RXCUI
	, , , , , , , , , , , , , , , , , , , ,	Medication	
541473	Dexamethasone Injectable Suspension [Robadex]	Prescribing,	RXCUI
311173	Devanted about injectable suspension [Nobadex]	Medication	10.001
365685	Dexamethasone Injectable Suspension [Solurex LA]	Prescribing,	RXCUI
303003	Described injectable Suspension [Soldress 24]	Medication	10,001
1812073	Dexamethasone Injection	Prescribing,	RXCUI
1012073	Dexametriasone injection	Medication	IXCOI
2045407	Dexamethasone Injection [Dexycu]	Prescribing,	RXCUI
2043407	Dexametriasone injection [Dexycu]	•	KACOI
1175345	Dexamethasone Intensol Oral Liquid Product	Medication Prescribing,	RXCUI
1175245	Dexamethasone intensor Oral Liquid Product	=	KACUI
1175246	Davage at harange later and Oral Dradust	Medication	DVCIII
1175246	Dexamethasone Intensol Oral Product	Prescribing,	RXCUI
200717	Determethers 2 NAC /NAL Injustable Calution	Medication	DVCIII
308717	Betamethasone 3 MG/ML Injectable Solution	Prescribing,	RXCUI
242662	December 1	Medication	DVCIII
213663	Betamethasone 4 MG/ML Injectable Solution [Adbeon]	Prescribing,	RXCUI
		Medication	
213664	Betamethasone 4 MG/ML Injectable Solution [Celestone phosphate]	Prescribing,	RXCUI
		Medication	
213665	Betamethasone 4 MG/ML Injectable Solution [Cell-U-Jec]	Prescribing,	RXCUI
		Medication	
213666	Betamethasone 4 MG/ML Injectable Solution [Selestoject]	Prescribing,	RXCUI
		Medication	
308718	Betamethasone 4 MG/ML Injectable Solution	Prescribing,	RXCUI
		Medication	
578803	betamethasone sodium phosphate / betamethasone acetate 6 MG/ML Injectable	Prescribing,	RXCUI
	Suspension	Medication	
578806	Betamethasone 3 MG/ML / Betamethasone acetate 3 MG/ML Injectable Suspension	Prescribing,	RXCUI
	[Celestone Soluspan]	Medication	
1870950	deflazacort 6 MG Oral Tablet [Emflaza]	Prescribing,	RXCUI
		Medication	
1870952	deflazacort 30 MG Oral Tablet [Emflaza]	Prescribing,	RXCUI
		Medication	
1870956	deflazacort 18 MG Oral Tablet [Emflaza]	Prescribing,	RXCUI
		Medication	
1870960	deflazacort 36 MG Oral Tablet [Emflaza]	Prescribing,	RXCUI
		Medication	
1870968	deflazacort 22.75 MG/ML Oral Suspension [Emflaza]	Prescribing,	RXCUI
	•	Medication	

Inhaled Corticosteroids

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Code	Description	Code Category	Code Type
J7637	Desamethasone, inhalation solution, compounded product, administered through	Procedure	HCPCS
55.	dme, concentrated form, per milligram		7.0.05
J7638	Dexamethasone, inhalation solution, compounded product, administered through	Procedure	HCPCS
J7626	dme, unit dose form, per milligram Budesonide, inhalation solution, FDA-approved final product, noncompounded,	Procedure	HCPCS
37020	administered through DME, unit dose form, up to 0.5 mg	riocedure	1101 03
	administered through Divie, drift dose form, up to 0.5 mg		
J7627	Budesonide, inhalation solution, compounded product, administered through DME,	Procedure	HCPCS
	unit dose form, up to 0.5 mg		
J7633	Budesonide, inhalation solution, FDA-approved final product, noncompounded,	Procedure	HCPCS
	administered through DME, concentrated form, per 0.25 mg		
J7634	Budesonide, inhalation solution, compounded product, administered through DME,	Procedure	HCPCS
	concentrated form, per 0.25 mg		
J7641	Flunisolide, inhalation solution, compounded product, administered through DME,	Procedure	HCPCS
	unit dose, per mg		
J7683	Triamcinolone, inhalation solution, compounded product, administered through	Procedure	HCPCS
17604	DME, concentrated form, per mg	Dunanadiina	HCDCC
J7684	Triamcinolone, inhalation solution, compounded product, administered through	Procedure	HCPCS
K0527	DME, unit dose form, per mg Triamcinolone, inhalation solution administered through DME, concentrated form,	Procedure	HCPCS
KU327	per milligram	riocedure	ПСРСЗ
K0528	Triamcinolone, inhalation solution administered through DME, unit dose form, per	Procedure	HCPCS
10320	milligram	rioccaure	1101 05
1797917	beclomethasone dipropionate 0.042 MG/ACTUAT Metered Dose Nasal Spray	Prescribing,	RXCUI
	[Beconase]	Medication	
1797921	beclomethasone dipropionate 0.08 MG/ACTUAT Metered Dose Nasal Spray [Qnasl]	Prescribing,	RXCUI
		Medication	
1797902	beclomethasone dipropionate 0.04 MG/ACTUAT Metered Dose Nasal Spray [Qnasl]	Prescribing,	RXCUI
		Medication	
1797916	beclomethasone Metered Dose Nasal Spray [Beconase]	Prescribing,	RXCUI
		Medication	
1797901	beclomethasone Metered Dose Nasal Spray [Qnasl]	Prescribing,	RXCUI
		Medication	
1801247	Qnasl Nasal Product	Prescribing,	RXCUI
1001242	Description Moral Product	Medication	DVCIII
1801243	Beconase Nasal Product	Prescribing,	RXCUI
1707026	hadamathacana digranianata 0.094 MC/ACTIAT Matered Daca Nacal Spray	Medication	DVCIII
1797926	beclomethasone dipropionate 0.084 MG/ACTUAT Metered Dose Nasal Spray	Prescribing,	RXCUI
562655	beclomethasone 0.05 MG/ACTUAT Nasal Spray	Medication Prescribing,	RXCUI
302033	bedomethasone 0.05 Wey Acroan Masar Spray	Medication	IIICOI
1797910	beclomethasone dipropionate 0.042 MG/ACTUAT Metered Dose Nasal Spray	Prescribing,	RXCUI
	, , , , , , , , , , , , , , , , , , ,	Medication	
1797920	beclomethasone dipropionate 0.08 MG/ACTUAT Metered Dose Nasal Spray	Prescribing,	RXCUI
		Medication	
1797900	beclomethasone dipropionate 0.04 MG/ACTUAT Metered Dose Nasal Spray	Prescribing,	RXCUI
		Medication	
370992	beclomethasone Nasal Spray	Prescribing,	RXCUI
		Medication	
1797899	beclomethasone Metered Dose Nasal Spray	Prescribing,	RXCUI
		Medication	

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	Description		
Code	Description	Code Category	Code Type
1155694	beclomethasone Nasal Product	Prescribing,	RXCUI
		Medication	
966542	100 ACTUAT beclomethasone dipropionate 0.08 MG/ACTUAT Metered Dose Inhaler	Prescribing,	RXCUI
	[Qvar]	Medication	
966538	100 ACTUAT beclomethasone dipropionate 0.04 MG/ACTUAT Metered Dose Inhaler	Prescribing,	RXCUI
	[Qvar]	Medication	
1490668	120 ACTUAT beclomethasone dipropionate 0.08 MG/ACTUAT Metered Dose Inhaler	Prescribing,	RXCUI
	[Qvar]	Medication	
1490774	120 ACTUAT beclomethasone dipropionate 0.04 MG/ACTUAT Metered Dose Inhaler	Prescribing,	RXCUI
	[Qvar]	Medication	
1998772	Breath-Actuated 120 ACTUAT beclomethasone dipropionate 0.08 MG/ACTUAT	Prescribing,	RXCUI
	Metered Dose Inhaler [Qvar]	Medication	
1998774	Breath-Actuated 120 ACTUAT beclomethasone dipropionate 0.04 MG/ACTUAT	Prescribing,	RXCUI
	Metered Dose Inhaler [Qvar]	Medication	
801854	beclomethasone Metered Dose Inhaler [Qvar]	Prescribing,	RXCUI
		Medication	
1169359	Beconase Inhalant Product	Prescribing,	RXCUI
		Medication	
1177118	Qvar Inhalant Product	Prescribing,	RXCUI
11,,110	Qual mindratic reduce	Medication	10.001
1248844	Qnasl Inhalant Product	Prescribing,	RXCUI
1240044	Quasi initiatant i roddet	Medication	10,001
966540	100 ACTUAT beclomethasone dipropionate 0.08 MG/ACTUAT Metered Dose Inhaler	Prescribing,	RXCUI
900540	100 ACTOAT Decionie thasone dipropionate 0.08 Majactoat Metered Dose initiale	Medication	KACOI
966675	120 ACTUAT beclomethasone dipropionate 0.084 MG/ACTUAT Metered Dose Inhaler		RXCUI
900075	120 ACTOAT Decioniethasone dipropionate 0.064 MG/ACTOAT Metered Dose inhaler	-	KACUI
000520	100 ACTUAT had another and dispersionate COANAC/ACTUAT Metaved Dass Inhalan	Medication	DVCIII
966536	100 ACTUAT beclomethasone dipropionate 0.04 MG/ACTUAT Metered Dose Inhaler	Prescribing,	RXCUI
4 400770	400 4071147	Medication	B.V.O. III
1490773	120 ACTUAT beclomethasone dipropionate 0.04 MG/ACTUAT Metered Dose Inhaler	Prescribing,	RXCUI
		Medication	
1490666	120 ACTUAT beclomethasone dipropionate 0.08 MG/ACTUAT Metered Dose Inhaler	Prescribing,	RXCUI
		Medication	
1998771	Breath-Actuated 120 ACTUAT beclomethasone dipropionate 0.08 MG/ACTUAT	Prescribing,	RXCUI
	Metered Dose Inhaler	Medication	
1998773	Breath-Actuated 120 ACTUAT beclomethasone dipropionate 0.04 MG/ACTUAT	Prescribing,	RXCUI
	Metered Dose Inhaler	Medication	
746190	beclomethasone Metered Dose Inhaler	Prescribing,	RXCUI
		Medication	
1155693	beclomethasone Inhalant Product	Prescribing,	RXCUI
		Medication	
330936	beclomethasone 0.05 MG/ACTUAT	Prescribing,	RXCUI
		Medication	
966535	beclomethasone dipropionate 0.04 MG/ACTUAT	Prescribing,	RXCUI
		Medication	
1598636	beclomethasone dipropionate 0.04 MG/ACTUAT [Qnasl]	Prescribing,	RXCUI
	2, 2, 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	Medication	
966537	beclomethasone dipropionate 0.04 MG/ACTUAT [Qvar]	Prescribing,	RXCUI
300337	223.5 Strasone dipropromate of the protection [Qtail]	Medication	
966544	beclomethasone dipropionate 0.042 MG/ACTUAT	Prescribing,	RXCUI
300344	bedomethasone dipropionate 0.042 MO/ACTOAT	-	NACOI
966546	beclomethasone dipropionate 0.042 MG/ACTUAT [Beconase]	Medication Prescribing,	RXCUI
300340	bedomethasone dipropionate 0.042 MG/ACTOAT [becondse]	=	NACOI
		Medication	

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	E. List of KXNorm Concept Unique Identifier (KXCUI), Logical Observation Iden		
Code	Description	Code Category	Code Type
966539	beclomethasone dipropionate 0.08 MG/ACTUAT	Prescribing,	RXCUI
		Medication	
1248842	beclomethasone dipropionate 0.08 MG/ACTUAT [Qnasl]	Prescribing,	RXCUI
		Medication	
966541	beclomethasone dipropionate 0.08 MG/ACTUAT [Qvar]	Prescribing,	RXCUI
		Medication	
966563	beclomethasone dipropionate 0.084 MG/ACTUAT	Prescribing,	RXCUI
		Medication	
151414	Beconase	Prescribing,	RXCUI
		Medication	
1248841	Qnasl	Prescribing,	RXCUI
		Medication	
226084	Qvar	Prescribing,	RXCUI
		Medication	
1154530	Dexamethasone Inhalant Product	Prescribing,	RXCUI
		Medication	
377280	Dexamethasone Inhalant Solution	Prescribing,	RXCUI
		Medication	
361870	Dexamethasone Inhalant Solution [Dexacort Phosphate in Respihaler]	Prescribing,	RXCUI
301070	Desametración (Desaucor en respirate)	Medication	10,001
19831	Budesonide	Prescribing,	RXCUI
13031	badesomae	Medication	плеот
274964	ciclesonide	Prescribing,	RXCUI
274304	Ciclesoffide	Medication	IXCOI
25120	flunisolide	Prescribing,	RXCUI
23120	nanisonae	Medication	IXCOI
41126	fluticasone	Prescribing,	RXCUI
41120	liuticasone	-	KACUI
100110	Mamatacana	Medication	DVCIII
108118	Mometasone	Prescribing,	RXCUI
10750	Triangeigalana	Medication	DVCIII
10759	Triamcinolone	Prescribing,	RXCUI
	Out Aution and auti	Medication	
60067	Oral Anticoagulants	Due se di ue	HCDCC
G8967	Warfarin or another fda approved oral anticoagulant is prescribed	Procedure	HCPCS
855324	warfarin sodium 4 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
855334	warfarin sodium 5 MG Oral Tablet [Coumadin]	Prescribing,	RXCUI
		Medication	
855290	warfarin sodium 1 MG Oral Tablet [Coumadin]	Prescribing,	RXCUI
		Medication	
855304	warfarin sodium 2 MG Oral Tablet [Coumadin]	Prescribing,	RXCUI
		Medication	
855314	warfarin sodium 2.5 MG Oral Tablet [Coumadin]	Prescribing,	RXCUI
		Medication	
855326	warfarin sodium 4 MG Oral Tablet [Coumadin]	Prescribing,	RXCUI
		Medication	
855346	warfarin sodium 7.5 MG Oral Tablet [Coumadin]	Prescribing,	RXCUI
		Medication	
855298	warfarin sodium 10 MG Oral Tablet [Coumadin]	Prescribing,	RXCUI
	• •	Medication	
855320	warfarin sodium 3 MG Oral Tablet [Coumadin]	Prescribing,	RXCUI
-	• •	Medication	-
		ca.cation	

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	Description		
Code 855340	Description warfarin sodium 6 MG Oral Tablet [Coumadin]	Code Category	Code Type
000340	warrariii Soululii o ivio Orai Tablet [Coullidulii]	Prescribing, Medication	RXCUI
855296	warfarin sodium 10 MG Oral Tablet	Prescribing,	RXCUI
333230	Wallarin Socialit 10 Mio Oral Tablet	Medication	MACOI
855288	warfarin sodium 1 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
855312	warfarin sodium 2.5 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
855338	warfarin sodium 6 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
855344	warfarin sodium 7.5 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
855332	warfarin sodium 5 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
855318	warfarin sodium 3 MG Oral Tablet	Prescribing,	RXCUI
252447	f : 0 T	Medication	B.V.O. II
368417	warfarin Oral Tablet [Coumadin]	Prescribing,	RXCUI
274240	warfarin Oral Tablet	Medication	DVCIII
374319	warrarin Oral Tablet	Prescribing,	RXCUI
855350	warfarin sodium 0.5 MG Oral Tablet	Medication Prescribing,	RXCUI
833330	warrann souldin 6.5 Mid Oral Tablet	Medication	KACOI
855336	warfarin sodium 5 MG Oral Tablet [Jantoven]	Prescribing,	RXCUI
033330	warrann social rasine fantoven	Medication	TOTO
855292	warfarin sodium 1 MG Oral Tablet [Jantoven]	Prescribing,	RXCUI
		Medication	
855306	warfarin sodium 2 MG Oral Tablet [Jantoven]	Prescribing,	RXCUI
		Medication	
855316	warfarin sodium 2.5 MG Oral Tablet [Jantoven]	Prescribing,	RXCUI
		Medication	
855328	warfarin sodium 4 MG Oral Tablet [Jantoven]	Prescribing,	RXCUI
		Medication	
855348	warfarin sodium 7.5 MG Oral Tablet [Jantoven]	Prescribing,	RXCUI
		Medication	
855300	warfarin sodium 10 MG Oral Tablet [Jantoven]	Prescribing,	RXCUI
055222	overfedings divers 2 MC Ond Tablet [battered]	Medication	DVCIII
855322	warfarin sodium 3 MG Oral Tablet [Jantoven]	Prescribing,	RXCUI
055242	warfarin codium 6 MC Oral Tablet [lanteven]	Medication	DVCIII
855342	warfarin sodium 6 MG Oral Tablet [Jantoven]	Prescribing, Medication	RXCUI
406078	warfarin Oral Tablet [Jantoven]	Prescribing,	RXCUI
400078	warrann Oran rabiet (Jantoven)	Medication	KACOI
855302	warfarin sodium 2 MG Oral Tablet	Prescribing,	RXCUI
033302	Wallatin Soulain 2 In Colair Tables	Medication	10.001
1161790	warfarin Oral Product	Prescribing,	RXCUI
		Medication	
1161791	warfarin Pill	Prescribing,	RXCUI
		Medication	
1167808	Jantoven Oral Product	Prescribing,	RXCUI
		Medication	
1167809	Jantoven Pill	Prescribing,	RXCUI
		Medication	

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Code	Description		_
1171655	Coumadin Oral Product	Code Category Prescribing,	Code Type RXCUI
11/1055	Coulifaulii Orai Product	_	KACUI
1171656	Course die Dill	Medication	DVCIII
1171656	Coumadin Pill	Prescribing,	RXCUI
444407		Medication	BVCI II
1114197	rivaroxaban Oral Tablet	Prescribing,	RXCUI
		Medication	
1114198	rivaroxaban 10 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
1114201	rivaroxaban Oral Tablet [Xarelto]	Prescribing,	RXCUI
		Medication	
1114202	rivaroxaban 10 MG Oral Tablet [Xarelto]	Prescribing,	RXCUI
		Medication	
1157968	rivaroxaban Oral Product	Prescribing,	RXCUI
		Medication	
1157969	rivaroxaban Pill	Prescribing,	RXCUI
		Medication	
1186304	Xarelto Oral Product	Prescribing,	RXCUI
		Medication	
1186305	Xarelto Pill	Prescribing,	RXCUI
		Medication	
1232082	rivaroxaban 15 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
1232084	rivaroxaban 15 MG Oral Tablet [Xarelto]	Prescribing,	RXCUI
1232004	Tivaloxabali 15 Mid Oral Tablet [Autento]	Medication	MACOI
1232086	rivaroxaban 20 MG Oral Tablet	Prescribing,	RXCUI
1232000	Tival Oxabali 20 IVIO Otal Tablet	=	IXCOI
1222000	rivarovahan 20 MC Oral Tahlat [Varolto]	Medication Prescribing,	RXCUI
1232088	rivaroxaban 20 MG Oral Tablet [Xarelto]	•	KACUI
1540602	(42 / vive years) be a 15 NAC Oral Tablet\ / O / vive years be a 20 NAC Oral Tablet\ \ \ Deals	Medication	DVCIII
1549682	{42 (rivaroxaban 15 MG Oral Tablet) / 9 (rivaroxaban 20 MG Oral Tablet) } Pack	Prescribing,	RXCUI
45.40603	(42 / discourse of 45 MC Oral Tablet (Vanalta)) / O / discourse bare 20 MC Oral Tablet	Medication	BVCI II
1549683	{42 (rivaroxaban 15 MG Oral Tablet [Xarelto]) / 9 (rivaroxaban 20 MG Oral Tablet	Prescribing,	RXCUI
2050245	[Xarelto]) } Pack [Xarelto Kit]	Medication	B./ 6/ //
2059015	rivaroxaban 2.5 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
2059017	rivaroxaban 2.5 MG Oral Tablet [Xarelto]	Prescribing,	RXCUI
		Medication	
1364432	apixaban Oral Product	Prescribing,	RXCUI
		Medication	
1364434	apixaban Oral Tablet	Prescribing,	RXCUI
		Medication	
1364435	apixaban 2.5 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
1364438	apixaban Oral Tablet [Eliquis]	Prescribing,	RXCUI
		Medication	
1364439	Eliquis Oral Product	Prescribing,	RXCUI
		Medication	
1364441	apixaban 2.5 MG Oral Tablet [Eliquis]	Prescribing,	RXCUI
		Medication	-
1364445	apixaban 5 MG Oral Tablet	Prescribing,	RXCUI
		Medication	10.001
1364447	apixaban 5 MG Oral Tablet [Eliquis]	Prescribing,	RXCUI
100-1-17	apmass. 5 me oral rabies [Englis]	Medication	10.001
		ivieuication	

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	E. List of KxNorm Concept Unique Identifier (KXCUI), Logical Observation Identifie		
Code	Description (7.1.4)	Code Category	Code Type
1992427	{74 (apixaban 5 MG Oral Tablet) } Pack	Prescribing,	RXCUI
		Medication	
1992428	{74 (apixaban 5 MG Oral Tablet [Eliquis]) } Pack [Eliquis 30-Day Starter Pack]	Prescribing,	RXCUI
		Medication	
1599557	edoxaban 60 MG Oral Tablet [Savaysa]	Prescribing,	RXCUI
		Medication	
1599553	edoxaban 30 MG Oral Tablet [Savaysa]	Prescribing,	RXCUI
		Medication	
1599549	edoxaban 15 MG Oral Tablet [Savaysa]	Prescribing,	RXCUI
		Medication	
1599555	edoxaban 60 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
1599551	edoxaban 30 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
1599543	edoxaban 15 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
1599546	edoxaban Oral Tablet [Savaysa]	Prescribing,	RXCUI
		Medication	
1599548	Savaysa Pill	Prescribing,	RXCUI
		Medication	
1599547	Savaysa Oral Product	Prescribing,	RXCUI
		Medication	
1599542	edoxaban Oral Tablet	Prescribing,	RXCUI
		Medication	
1599541	edoxaban Pill	Prescribing,	RXCUI
		Medication	
1599540	edoxaban Oral Product	Prescribing,	RXCUI
		Medication	
1927853	betrixaban Oral Product	Prescribing,	RXCUI
		Medication	
1927854	betrixaban Pill	Prescribing,	RXCUI
		Medication	
1927855	betrixaban Oral Capsule	Prescribing,	RXCUI
		Medication	
1927856	betrixaban 40 MG Oral Capsule	Prescribing,	RXCUI
		Medication	
1927859	betrixaban Oral Capsule [Bevyxxa]	Prescribing,	RXCUI
2027000	Sectional Control of C	Medication	
1927860	Bevyxxa Oral Product	Prescribing,	RXCUI
1327000	Delyma Grannoude	Medication	
1927861	Bevyxxa Pill	Prescribing,	RXCUI
132,001	2017/300 1 111	Medication	
1927862	betrixaban 40 MG Oral Capsule [Bevyxxa]	Prescribing,	RXCUI
1327002	bethlaban 40 mg Grai capsaic [bevykka]	Medication	MACOI
1927864	betrixaban 80 MG Oral Capsule	Prescribing,	RXCUI
1327804	bethkaban 60 MG Grai capsale	Medication	IIXCOI
1927866	betrixaban 80 MG Oral Capsule [Bevyxxa]	Prescribing,	RXCUI
132/000	betilikabati oo ivio oral capsule [bevykka]	<u>-</u>	NACUI
1037044	dahigatran atavilata Oral Cancula	Medication	RXCUI
105/044	dabigatran etexilate Oral Capsule	Prescribing,	NACUI
1027045	dahigatran atavilata 1E0 MC Oral Cancula	Medication	DVCIII
1037045	dabigatran etexilate 150 MG Oral Capsule	Prescribing,	RXCUI
		Medication	

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		ACUI), Logical Observation Identifiers Names and Codes (I	
Code	Description	Code Category	Code Type
1037048	dabigatran etexilate Oral Capsule [Pradaxa]	Prescribing,	RXCUI
		Medication	
1037049	dabigatran etexilate 150 MG Oral Capsule [Pra	adaxa] Prescribing,	RXCUI
		Medication	
1037179	dabigatran etexilate 75 MG Oral Capsule	Prescribing,	RXCUI
		Medication	
1037181	dabigatran etexilate 75 MG Oral Capsule [Prac	daxa] Prescribing,	RXCUI
		Medication	
1156646	dabigatran etexilate Oral Product	Prescribing,	RXCUI
		Medication	
1156647	dabigatran etexilate Pill	Prescribing,	RXCUI
		Medication	
1184616	Pradaxa Oral Product	Prescribing,	RXCUI
		Medication	
1184617	Pradaxa Pill	Prescribing,	RXCUI
		Medication	
1723478	dabigatran etexilate 110 MG Oral Capsule [Pra	adaxa] Prescribing,	RXCUI
		Medication	
1723476	dabigatran etexilate 110 MG Oral Capsule	Prescribing,	RXCUI
		Medication	
11289	warfarin	Prescribing,	RXCUI
		Medication	
82118	warfarin potassium	Prescribing,	RXCUI
		Medication	
114194	warfarin sodium	Prescribing,	RXCUI
		Medication	
202421	Coumadin	Prescribing,	RXCUI
		Medication	
405155	Jantoven	Prescribing,	RXCUI
.00200		Medication	
855287	warfarin sodium 1 MG	Prescribing,	RXCUI
033207	Wallalin Soulain 1 Mo	Medication	10.001
855289	warfarin sodium 1 MG [Coumadin]	Prescribing,	RXCUI
033203	warrann soaiam 1 Mo [coamaam]	Medication	MCOI
855291	warfarin sodium 1 MG [Jantoven]	Prescribing,	RXCUI
033231	warrann soaram 1 wo (santoven)	Medication	MCOI
855295	warfarin sodium 10 MG	Prescribing,	RXCUI
033233	warrann socium to MG	Medication	IXCOI
855297	warfarin sodium 10 MG [Coumadin]	Prescribing,	RXCUI
655257	warrariii soululii 10 MG [Coulliaulii]	Medication	KACOI
855299	warfarin sodium 10 MG [Jantoven]	Prescribing,	RXCUI
033233	warrariii soululii 10 lvid [Jantoveli]	<u> </u>	KACUI
855301	warfarin sodium 2 MG	Medication Prescribing,	DVCIII
033301	warranni soulum 2 MG	<u> </u>	RXCUI
055202	warfarin cadium 2 MC [Coumadia]	Medication	DVCIII
855303	warfarin sodium 2 MG [Coumadin]	Prescribing,	RXCUI
055305	faria andican 2 MC [landacen]	Medication	DVCIII
855305	warfarin sodium 2 MG [Jantoven]	Prescribing,	RXCUI
055344	conficience discus 3.5 MC	Medication	DVCI
855311	warfarin sodium 2.5 MG	Prescribing,	RXCUI
055045	f :	Medication	BV0:::
855313	warfarin sodium 2.5 MG [Coumadin]	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
855315	warfarin sodium 2.5 MG [Jantoven]	Prescribing,	RXCUI
033313	warrann socium 2.5 Mo [Jantoven]	Medication	KACOI
855317	warfarin sodium 3 MG	Prescribing,	RXCUI
033317	warrann soulum 5 ivid	-	KACUI
855319	warfarin sodium 3 MG [Coumadin]	Medication Prescribing,	RXCUI
033313	warrann soulum 5 Mo [Countadin]	Medication	KACOI
855321	warfarin sodium 3 MG [Jantoven]	Prescribing,	RXCUI
033321	warrann soulum 5 Mo pantovenj	Medication	KACOI
855323	warfarin sodium 4 MG	Prescribing,	RXCUI
033323	Wallalli Soululi 4 Mo	Medication	KACOI
855325	warfarin sodium 4 MG [Coumadin]	Prescribing,	RXCUI
033323	warrann soulum 4 Mo [Countadin]	Medication	IIXCOI
855327	warfarin sodium 4 MG [Jantoven]	Prescribing,	RXCUI
033327	warrann soulum 4 Mo pantovenj	Medication	IIXCOI
855331	warfarin sodium 5 MG	Prescribing,	RXCUI
055551	Walitatiii Soulaiii S Mo	Medication	10,001
855333	warfarin sodium 5 MG [Coumadin]	Prescribing,	RXCUI
033333	warrann socialis in a feedinading	Medication	10.001
855335	warfarin sodium 5 MG [Jantoven]	Prescribing,	RXCUI
00000	warranni soaram s mo pantovenj	Medication	10.001
855337	warfarin sodium 6 MG	Prescribing,	RXCUI
000007		Medication	
855339	warfarin sodium 6 MG [Coumadin]	Prescribing,	RXCUI
00000	nanamo de locama am,	Medication	
855341	warfarin sodium 6 MG [Jantoven]	Prescribing,	RXCUI
		Medication	
855343	warfarin sodium 7.5 MG	Prescribing,	RXCUI
		Medication	
855345	warfarin sodium 7.5 MG [Coumadin]	Prescribing,	RXCUI
	•	Medication	
855347	warfarin sodium 7.5 MG [Jantoven]	Prescribing,	RXCUI
		Medication	
855349	warfarin sodium 0.5 MG	Prescribing,	RXCUI
		Medication	
	Non-Oral Anticoagulants	<u> </u>	
J0583	Injection, bivalirudin, 1 mg	Procedure	HCPCS
J0883	Injection, argatroban, 1 mg (for non-esrd use)	Procedure	HCPCS
J1644	Injection, heparin sodium, per 1000 units	Procedure	HCPCS
J1645	Injection, dalteparin sodium, per 2500 iu	Procedure	HCPCS
J1650	Injection, enoxaparin sodium, 10 mg	Procedure	HCPCS
J1652	Injection, fondaparinux sodium, 0.5 mg	Procedure	HCPCS
J1945	Injection, lepirudin, 50 mg	Procedure	HCPCS
978725	0.2 ML dalteparin sodium 12500 UNT/ML Prefilled Syringe	Prescribing,	RXCUI
070		Medication	B.V.C
978727	0.2 ML dalteparin sodium 12500 UNT/ML Prefilled Syringe [Fragmin]	Prescribing,	RXCUI
		Medication	
978733	0.2 ML dalteparin sodium 25000 UNT/ML Prefilled Syringe	Prescribing,	RXCUI
		Medication	
978735	0.2 ML dalteparin sodium 25000 UNT/ML Prefilled Syringe [Fragmin]	Prescribing,	RXCUI

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Medication



Code	Description	Code Category	Code Type
978736	0.3 ML dalteparin sodium 25000 UNT/ML Prefilled Syringe	Prescribing,	RXCUI
3/0/30	0.5 IVIL daitepariii sodidiii 25000 ON1/IVIL FTeffiled Syffilge	Medication	KACOI
978737	0.3 ML dalteparin sodium 25000 UNT/ML Prefilled Syringe [Fragmin]	Prescribing,	RXCUI
3/0/3/	0.5 IVIL dattepariti sodidiri 25000 ONT/IVIL FTETIHEd Syringe [FTagitiiri]	Medication	IXCOI
854228	0.3 ML enoxaparin sodium 100 MG/ML Prefilled Syringe	Prescribing,	RXCUI
034220	0.5 ME CHOXUPUTHI Socialiti 100 Mid/METTCHIICU Syffinge	Medication	плеот
854232	0.3 ML enoxaparin sodium 100 MG/ML Prefilled Syringe [Lovenox]	Prescribing,	RXCUI
054252	0.5 ME Choxapanin Socialis 200 Mo/ME Freninca Syringe [Loverlox]	Medication	плеот
854235	0.4 ML enoxaparin sodium 100 MG/ML Prefilled Syringe	Prescribing,	RXCUI
		Medication	
854236	0.4 ML enoxaparin sodium 100 MG/ML Prefilled Syringe [Lovenox]	Prescribing,	RXCUI
		Medication	
861363	0.4 ML fondaparinux sodium 12.5 MG/ML Prefilled Syringe	Prescribing,	RXCUI
		Medication	
861364	0.4 ML fondaparinux sodium 12.5 MG/ML Prefilled Syringe [Arixtra]	Prescribing,	RXCUI
		Medication	
978740	0.5 ML dalteparin sodium 25000 UNT/ML Prefilled Syringe	Prescribing,	RXCUI
		Medication	
978741	0.5 ML dalteparin sodium 25000 UNT/ML Prefilled Syringe [Fragmin]	Prescribing,	RXCUI
		Medication	
861360	0.5 ML fondaparinux sodium 5 MG/ML Prefilled Syringe	Prescribing,	RXCUI
		Medication	
861362	0.5 ML fondaparinux sodium 5 MG/ML Prefilled Syringe [Arixtra]	Prescribing,	RXCUI
4264052	O FAMILY AND AND UNIT MALES AND	Medication	DVCIII
1361853	0.5 ML heparin sodium, porcine 10000 UNT/ML Cartridge	Prescribing,	RXCUI
1658634	0 F MI honorin codium, norcino 10000 LINT/MI Injection	Medication	RXCUI
1038034	0.5 ML heparin sodium, porcine 10000 UNT/ML Injection	Prescribing,	KACUI
2121591	0.5 ML heparin sodium, porcine 10000 UNT/ML Prefilled Syringe	Medication Prescribing,	RXCUI
2121331	0.5 IVIL Heparin Socialii, porcine 10000 Olvi / IVIL Frenilea Synnige	Medication	IXCOI
978744	0.6 ML dalteparin sodium 25000 UNT/ML Prefilled Syringe	Prescribing,	RXCUI
3,0,11	ore the date partitional and 2000 of the first fermion of the general section of the section of	Medication	10.001
978745	0.6 ML dalteparin sodium 25000 UNT/ML Prefilled Syringe [Fragmin]	Prescribing,	RXCUI
	, , , , , , , , , , , , , , , , , , , ,	Medication	
854238	0.6 ML enoxaparin sodium 100 MG/ML Prefilled Syringe	Prescribing,	RXCUI
		Medication	
854239	0.6 ML enoxaparin sodium 100 MG/ML Prefilled Syringe [Lovenox]	Prescribing,	RXCUI
		Medication	
861365	0.6 ML fondaparinux sodium 12.5 MG/ML Prefilled Syringe	Prescribing,	RXCUI
		Medication	
861366	0.6 ML fondaparinux sodium 12.5 MG/ML Prefilled Syringe [Arixtra]	Prescribing,	RXCUI
		Medication	
978746	0.72 ML dalteparin sodium 25000 UNT/ML Prefilled Syringe	Prescribing,	RXCUI
070747	O 72 AM	Medication	DVCIII
978747	0.72 ML dalteparin sodium 25000 UNT/ML Prefilled Syringe [Fragmin]	Prescribing,	RXCUI
054241	0.9 MJ anavanarin sadium 100 MC/MJ Profilled Surings	Medication	DVCIII
854241	0.8 ML enoxaparin sodium 100 MG/ML Prefilled Syringe	Prescribing,	RXCUI
854242	0.8 ML enoxaparin sodium 100 MG/ML Prefilled Syringe [Lovenox]	Medication Prescribing,	RXCUI
034242	o.o Mic enovabatili sociuliti 100 Mic/Mic Melilled Syttilge [Lovellox]	Medication	NACOI
854245	0.8 ML enoxaparin sodium 150 MG/ML Prefilled Syringe	Prescribing,	RXCUI
33 12-13	one management sounding and may man remied symbol	Medication	
		IVICAICATION	

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	Description		
<u>Code</u>	Description 0.8 ML enoxaparin sodium 150 MG/ML Prefilled Syringe [Lovenox]	Code Category	Code Type
854247	0.0 IVIL EHOZAPATIH SOUIUIH 130 IVIQ/IVIL PTEHIHEU SYTTIKE [LOVETIOX]	Prescribing, Medication	RXCUI
861356	0.8 ML fondaparinux sodium 12.5 MG/ML Prefilled Syringe	Prescribing,	RXCUI
001330	3.0 THE TOTAL PARTITION SOCIALITY 12.3 INTO/INTET TETITION SYTTING	Medication	NACOI
861358	0.8 ML fondaparinux sodium 12.5 MG/ML Prefilled Syringe [Arixtra]	Prescribing,	RXCUI
001330	o.o ME fortagarmax social 12.5 mo, ME Frenica Symige (Mixta)	Medication	10,001
978755	1 ML dalteparin sodium 10000 UNT/ML Prefilled Syringe	Prescribing,	RXCUI
0.0.00	useps	Medication	
978757	1 ML dalteparin sodium 10000 UNT/ML Prefilled Syringe [Fragmin]	Prescribing,	RXCUI
	, , , , , , , , , , , , , , , , , , , ,	Medication	
854248	1 ML enoxaparin sodium 100 MG/ML Prefilled Syringe	Prescribing,	RXCUI
		Medication	
854249	1 ML enoxaparin sodium 100 MG/ML Prefilled Syringe [Lovenox]	Prescribing,	RXCUI
		Medication	
854252	1 ML enoxaparin sodium 150 MG/ML Prefilled Syringe	Prescribing,	RXCUI
		Medication	
854253	1 ML enoxaparin sodium 150 MG/ML Prefilled Syringe [Lovenox]	Prescribing,	RXCUI
		Medication	
1658659	1 ML heparin sodium, porcine 1000 UNT/ML Injection	Prescribing,	RXCUI
		Medication	
1658637	1 ML heparin sodium, porcine 10000 UNT/ML Injection	Prescribing,	RXCUI
		Medication	
1659260	1 ML heparin sodium, porcine 5000 UNT/ML Cartridge	Prescribing,	RXCUI
		Medication	
1659263	1 ML heparin sodium, porcine 5000 UNT/ML Injection	Prescribing,	RXCUI
		Medication	
1798389	1 ML heparin sodium, porcine 5000 UNT/ML Prefilled Syringe	Prescribing,	RXCUI
4064577	40.40	Medication	B.V.O. II
1361577	10 ML heparin sodium, porcine 2500 UNT/ML Injection	Prescribing,	RXCUI
1007017	100 MJ bivalinudia F NAC /MJ Injection	Medication	DVCIII
1997017	100 ML bivalirudin 5 MG/ML Injection	Prescribing,	RXCUI
1004727	135 ML argatrahan 1 MC/ML Injection	Medication	DVCIII
1804737	125 ML argatroban 1 MG/ML Injection	Prescribing, Medication	RXCUI
1658647	2 ML heparin sodium, porcine 1000 UNT/ML Injection	Prescribing,	RXCUI
1030047	2 ME neparin sociam, porcine 1000 of the injection	Medication	KACOI
308351	2.5 ML argatroban 100 MG/ML Injection	Prescribing,	RXCUI
300331	2.5 ME digdtioball 100 Me/ME hijection	Medication	MACOI
1804738	250 ML argatroban 1 MG/ML Injection	Prescribing,	RXCUI
200 1700		Medication	
1362067	3 ML heparin sodium, porcine 2000 UNT/ML Prefilled Syringe	Prescribing,	RXCUI
		Medication	
1361568	5 ML heparin sodium, porcine 2000 UNT/ML Injection	Prescribing,	RXCUI
		Medication	
1804735	50 ML argatroban 1 MG/ML Injection	Prescribing,	RXCUI
		Medication	
1997015	50 ML bivalirudin 5 MG/ML Injection	Prescribing,	RXCUI
		Medication	
204210	Activase	Prescribing,	RXCUI
		Medication	
1169913	Activase Injectable Product	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
8410	alteplase	Prescribing,	RXCUI
0410	arcplase	Medication	TIXCOT
1804797	alteplase 100 MG	Prescribing,	RXCUI
200 .707	anopiaso 255 mg	Medication	
1804800	alteplase 100 MG [Activase]	Prescribing,	RXCUI
		Medication	
1804799	alteplase 100 MG Injection	Prescribing,	RXCUI
		Medication	
1804802	alteplase 100 MG Injection [Activase]	Prescribing,	RXCUI
		Medication	
1804803	alteplase 50 MG	Prescribing,	RXCUI
		Medication	
1804805	alteplase 50 MG [Activase]	Prescribing,	RXCUI
		Medication	
1804804	alteplase 50 MG Injection	Prescribing,	RXCUI
		Medication	
1804806	alteplase 50 MG Injection [Activase]	Prescribing,	RXCUI
		Medication	
1155608	alteplase Injectable Product	Prescribing,	RXCUI
		Medication	
1804798	alteplase Injection	Prescribing,	RXCUI
		Medication	
1804801	alteplase Injection [Activase]	Prescribing,	RXCUI
		Medication	
285044	Angiomax	Prescribing,	RXCUI
4476330	An alaman India stabila Dandunt	Medication	DVCIII
1176229	Angiomax Injectable Product	Prescribing,	RXCUI
15202	argatrohan	Medication	RXCUI
13202	argatroban	Prescribing, Medication	KACOI
1110707	argatroban 1 MG/ML	Prescribing,	RXCUI
1110707	argatioban I May ME	Medication	TOTO
329284	argatroban 100 MG/ML	Prescribing,	RXCUI
323201	41644 00411 100 MG/ ME	Medication	10.001
1546207	argatroban anhydrous	Prescribing,	RXCUI
	,	Medication	
1158258	argatroban Injectable Product	Prescribing,	RXCUI
		Medication	
1804730	argatroban Injection	Prescribing,	RXCUI
		Medication	
322155	Arixtra	Prescribing,	RXCUI
		Medication	
1170763	Arixtra Injectable Product	Prescribing,	RXCUI
		Medication	
60819	bivalirudin	Prescribing,	RXCUI
		Medication	
1657990	bivalirudin 250 MG	Prescribing,	RXCUI
		Medication	
1657993	bivalirudin 250 MG [Angiomax]	Prescribing,	RXCUI
200766	his alimedia 250 MC Inication	Medication	DV0! ::
308769	bivalirudin 250 MG Injection	Prescribing,	RXCUI
		Medication	

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Code	Description		
284534	Description bivalirudin 250 MG Injection [Angiomax]	Code Category Prescribing,	Code Type RXCUI
204334	Sivam dum 250 Mio mjection [Angiomax]	Medication	NACUI
1997014	bivalirudin 5 MG/ML	Prescribing,	RXCUI
1337014	Sivali dalii 3 ivio, ivie	Medication	TOTO
1161844	bivalirudin Injectable Product	Prescribing,	RXCUI
		Medication	
1657991	bivalirudin Injection	Prescribing,	RXCUI
	•	Medication	
1657994	bivalirudin Injection [Angiomax]	Prescribing,	RXCUI
		Medication	
67109	dalteparin	Prescribing,	RXCUI
		Medication	
371679	dalteparin Injectable Solution	Prescribing,	RXCUI
		Medication	
363135	dalteparin Injectable Solution [Fragmin]	Prescribing,	RXCUI
		Medication	B./ G. II
727382	dalteparin Prefilled Syringe	Prescribing,	RXCUI
752440	deltanguin Dusfilled Corings [Francis]	Medication	DVCIII
753110	dalteparin Prefilled Syringe [Fragmin]	Prescribing,	RXCUI
82137	dalteparin sodium	Medication Prescribing,	RXCUI
02137	uaitepariii souluiii	Medication	IXCOI
978759	dalteparin sodium 10000 UNT/ML Injectable Solution	Prescribing,	RXCUI
370733	dateparin sociali 20000 off / ME injectable solution	Medication	плеот
978774	dalteparin sodium 2500 UNT/ML Injectable Solution	Prescribing,	RXCUI
	, , , , , , , , , , , , , , , , , , ,	Medication	
978777	dalteparin sodium 25000 UNT/ML Injectable Solution	Prescribing,	RXCUI
		Medication	
978778	dalteparin sodium 25000 UNT/ML Injectable Solution [Fragmin]	Prescribing,	RXCUI
		Medication	
114934	desirudin	Prescribing,	RXCUI
		Medication	
1807808	desirudin 15 MG	Prescribing,	RXCUI
		Medication	
1807811	desirudin 15 MG [Iprivask]	Prescribing,	RXCUI
402240	destruction 45 NAC latestica	Medication	DVCI II
402248	desirudin 15 MG Injection	Prescribing,	RXCUI
402240	desirudin 15 MG Injection [Iprivask]	Medication	DVCIII
402249	destrucin 15 MG injection [iprivask]	Prescribing, Medication	RXCUI
1157753	desirudin Injectable Product	Prescribing,	RXCUI
1137733	desir dani injectable i roddet	Medication	плсот
1807809	desirudin Injection	Prescribing,	RXCUI
1007003	acsiliaani injection	Medication	10,001
1807812	desirudin Injection [Iprivask]	Prescribing,	RXCUI
		Medication	
67108	enoxaparin	Prescribing,	RXCUI
		Medication	
372012	enoxaparin Injectable Solution	Prescribing,	RXCUI
		Medication	
362788	enoxaparin Injectable Solution [Lovenox]	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
727722	enoxaparin Prefilled Syringe	Prescribing,	RXCUI
121122	enovabanii Freinieu Syringe	Medication	NACOI
759594	enoxaparin Prefilled Syringe [Lovenox]	Prescribing,	RXCUI
733334	enoxaparin Fremied Syringe [Lovenox]	Medication	KACUI
221095	enoxaparin sodium	Prescribing,	RXCUI
221033	enoxapann soulum	Medication	IXCOI
854227	enoxaparin sodium 100 MG/ML	Prescribing,	RXCUI
034227	CHOXAPATHI 30010HI 100 MIG/ME	Medication	IXCOI
854255	enoxaparin sodium 100 MG/ML Injectable Solution	Prescribing,	RXCUI
054255	Choxapann Soulain 100 mg/M2 mjeetable Solution	Medication	плеот
854256	enoxaparin sodium 100 MG/ML Injectable Solution [Lovenox]	Prescribing,	RXCUI
		Medication	
321208	fondaparinux	Prescribing,	RXCUI
		Medication	
1165637	fondaparinux Injectable Product	Prescribing,	RXCUI
		Medication	
727559	fondaparinux Prefilled Syringe	Prescribing,	RXCUI
	, ,	Medication	
727561	fondaparinux Prefilled Syringe [Arixtra]	Prescribing,	RXCUI
		Medication	
322154	fondaparinux sodium	Prescribing,	RXCUI
		Medication	
545075	fondaparinux sodium 12.5 MG/ML	Prescribing,	RXCUI
		Medication	
861357	fondaparinux sodium 12.5 MG/ML [Arixtra]	Prescribing,	RXCUI
		Medication	
861359	fondaparinux sodium 5 MG/ML	Prescribing,	RXCUI
		Medication	
861361	fondaparinux sodium 5 MG/ML [Arixtra]	Prescribing,	RXCUI
		Medication	
281554	Fragmin	Prescribing,	RXCUI
		Medication	
849698	heparin calcium 25000 UNT/ML	Prescribing,	RXCUI
		Medication	
849760	heparin calcium 25000 UNT/ML Injectable Solution	Prescribing,	RXCUI
		Medication	
1361225	heparin sodium, porcine 1000 UNT/ML	Prescribing,	RXCUI
		Medication	
1361226	heparin sodium, porcine 1000 UNT/ML Injectable Solution	Prescribing,	RXCUI
1051050	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Medication	B.// G/ //
1361852	heparin sodium, porcine 10000 UNT/ML	Prescribing,	RXCUI
4262024	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Medication	BYCH!
1362831	heparin sodium, porcine 10000 UNT/ML Injectable Solution	Prescribing,	RXCUI
1261567	honorin codium nousino 2000 LINT/MI	Medication	DVCIII
1361567	heparin sodium, porcine 2000 UNT/ML	Prescribing,	RXCUI
1264572	honorin codium, porcino 20000 LINT/MI	Medication	DVCIII
1361573	heparin sodium, porcine 20000 UNT/ML	Prescribing,	RXCUI
1264574	honorin codium marcina 20000 LINT/MI Intertable Calution	Medication	DVCIII
1361574	heparin sodium, porcine 20000 UNT/ML Injectable Solution	Prescribing,	RXCUI
1261576	honorin codium, porcino 2500 UNT/MI	Medication	DVCIII
1361576	heparin sodium, porcine 2500 UNT/ML	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
1361614	heparin sodium, porcine 5000 UNT/ML	Prescribing,	RXCUI
1301014	neparin socium, porcine soco orazzare	Medication	NACOI
1361615	heparin sodium, porcine 5000 UNT/ML Injectable Solution	Prescribing,	RXCUI
1301013	nepariti sodium, porcine 3000 olvi/iviz injectable solution	Medication	KACOI
383613	Iprivask	Prescribing,	RXCUI
303013	іртічазк	Medication	IXCOI
1176754	Iprivask Injectable Product	Prescribing,	RXCUI
11/0/54	iprivask injectable i roddet	Medication	IXCOI
225036	Lovenox	Prescribing,	RXCUI
223030	LOVETION	Medication	TIXCOT
219642	Retavase	Prescribing,	RXCUI
		Medication	
1182533	Retavase Injectable Product	Prescribing,	RXCUI
1102333	netavase injestaste i rodust	Medication	10.001
76895	reteplase	Prescribing,	RXCUI
, 0000	- Coop and	Medication	
1867708	reteplase 10 UNT	Prescribing,	RXCUI
2007700		Medication	
1867711	reteplase 10 UNT [Retavase]	Prescribing,	RXCUI
		Medication	
763138	reteplase 10 UNT Injection	Prescribing,	RXCUI
	J	Medication	
763141	reteplase 10 UNT Injection [Retavase]	Prescribing,	RXCUI
	,	Medication	
1164834	reteplase Injectable Product	Prescribing,	RXCUI
	•	Medication	
1867709	reteplase Injection	Prescribing,	RXCUI
	•	Medication	
1867712	reteplase Injection [Retavase]	Prescribing,	RXCUI
		Medication	
259280	tenecteplase	Prescribing,	RXCUI
		Medication	
1809070	tenecteplase 50 MG	Prescribing,	RXCUI
		Medication	
1809073	tenecteplase 50 MG [Tnkase]	Prescribing,	RXCUI
		Medication	
313212	tenecteplase 50 MG Injection	Prescribing,	RXCUI
		Medication	
284422	tenecteplase 50 MG Injection [Tnkase]	Prescribing,	RXCUI
		Medication	
1164230	tenecteplase Injectable Product	Prescribing,	RXCUI
		Medication	
1809071	tenecteplase Injection	Prescribing,	RXCUI
		Medication	
1809074	tenecteplase Injection [Tnkase]	Prescribing,	RXCUI
		Medication	
284879	Tnkase	Prescribing,	RXCUI
		Medication	
1177312	Tnkase Injectable Product	Prescribing,	RXCUI
		Medication	
1161789	warfarin Injectable Product	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
Courc	Antiplatelets	coue entegery	coue Type
G8598	Aspirin or another antiplatelet therapy used	Procedure	HCPCS
M1055	Aspirin or another antiplatelet therapy used	Procedure	HCPCS
G9793	Patient is currently on a daily aspirin or other antiplatelet	Procedure	HCPCS
C9460	Injection, cangrelor, 1 mg	Procedure	HCPCS
J3246	Injection, tirofiban hcl, 0.25 mg	Procedure	HCPCS
J1245	Injection, dipyridamole, per 10 mg	Procedure	HCPCS
J1327	Injection, eptifibatide, 5 mg	Procedure	HCPCS
XW03392	Introduction of Defibrotide Sodium Anticoagulant into Peripheral Vein, Percutaneous Approach, New Technology Group 2	Procedure	ICD-10-PCS
XW04392	Introduction of Defibrotide Sodium Anticoagulant into Central Vein, Percutaneous Approach, New Technology Group 2	Procedure	ICD-10-PCS
32968	clopidogrel	Prescribing,	RXCUI
32300	ciopidogrei	Medication	IXCOI
174742	Plavix	Prescribing,	RXCUI
1/4/42	I IGVIA	Medication	IIXCOI
213169	clopidogrel 75 MG Oral Tablet [Plavix]	Prescribing,	RXCUI
213103	clopidogref 75 IVIO Ofar Tablet [Flavix]	Medication	IXCOI
236991	clopidogrel bisulfate	Prescribing,	RXCUI
230331	ciopidogi ei bisultate	Medication	IIXCOI
309362	clopidogrel 75 MG Oral Tablet	Prescribing,	RXCUI
309302	clopidogref 75 MG Ofai Tablet	Medication	IXCOI
329449	clopidogrel 75 MG	Prescribing,	RXCUI
323443	clopidogref 75 MG	Medication	IIXCOI
368301	clopidogrel Oral Tablet [Plavix]	Prescribing,	RXCUI
300301	ciopidogrei Orai Tabiet [Havix]	Medication	IIXCOI
374583	clopidogrel Oral Tablet	Prescribing,	RXCUI
374303	ciopidogrei orai rabiet	Medication	10,001
573094	clopidogrel 75 MG [Plavix]	Prescribing,	RXCUI
373034	ciopidogrei 75 Wo [i lawx]	Medication	10.001
749198	clopidogrel 300 MG Oral Tablet [Plavix]	Prescribing,	RXCUI
743130	ciopidograf 300 Mid Ordi Tubici (Fluvin)	Medication	10.001
749195	clopidogrel 300 MG	Prescribing,	RXCUI
, 13133	cropitos, er soo me	Medication	10.001
749196	clopidogrel 300 MG Oral Tablet	Prescribing,	RXCUI
743130	clopidograf 300 MG Ordi Tubict	Medication	10.001
749197	clopidogrel 300 MG [Plavix]	Prescribing,	RXCUI
, .0 _ 0 ,		Medication	
1163766	clopidogrel Oral Product	Prescribing,	RXCUI
		Medication	
1163767	clopidogrel Pill	Prescribing,	RXCUI
		Medication	
1181790	Plavix Oral Product	Prescribing,	RXCUI
		Medication	
1181791	Plavix Pill	Prescribing,	RXCUI
		Medication	
1116632	ticagrelor	Prescribing,	RXCUI
,	Ŭ	Medication	
1116633	ticagrelor 90 MG	Prescribing,	RXCUI
,		Medication	
1116634	ticagrelor Oral Tablet	Prescribing,	RXCUI
,	O	Medication	
		ca.cacion	

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	Description		
Code	Description	Code Category	Code Type
1116635	ticagrelor 90 MG Oral Tablet	Prescribing,	RXCUI
1116626	Delline	Medication	DVCIII
1116636	Brilinta	Prescribing,	RXCUI
1116627	Air-real-re 00 MC [Deilinks]	Medication	DVCIII
1116637	ticagrelor 90 MG [Brilinta]	Prescribing,	RXCUI
4446600		Medication	B./ G. II
1116638	ticagrelor Oral Tablet [Brilinta]	Prescribing,	RXCUI
4446600		Medication	B./ G. II
1116639	ticagrelor 90 MG Oral Tablet [Brilinta]	Prescribing,	RXCUI
4457000		Medication	DVCIII
1157089	ticagrelor Oral Product	Prescribing,	RXCUI
4457000		Medication	B./ G. II
1157090	ticagrelor Pill	Prescribing,	RXCUI
4476240		Medication	DVCIII
1176340	Brilinta Oral Product	Prescribing,	RXCUI
4476044		Medication	B./ G. II
1176341	Brilinta Pill	Prescribing,	RXCUI
1666001		Medication	B./ G. II
1666331	ticagrelor 60 MG	Prescribing,	RXCUI
4666222	" L COMO O LT II I	Medication	DVCIII
1666332	ticagrelor 60 MG Oral Tablet	Prescribing,	RXCUI
4666000	at a control to the a	Medication	B./ G. II
1666333	ticagrelor 60 MG [Brilinta]	Prescribing,	RXCUI
4666224	The state of the s	Medication	DVCIII
1666334	ticagrelor 60 MG Oral Tablet [Brilinta]	Prescribing,	RXCUI
07	atalontation business delented	Medication	DVCIII
97	ticlopidine hydrochloride	Prescribing,	RXCUI
10504	atal antidio a	Medication	DVCIII
10594	ticlopidine	Prescribing,	RXCUI
200550	ticlopidine hydrochloride 250 MG Oral Tablet [Ticlid]	Medication	DVCIII
208558	ticiopidine nydrochionde 250 MG Orai Tablet [Ticild]	Prescribing,	RXCUI
227257	Tialia	Medication Prescribing,	DVCIII
227257	Ticlid	<u>.</u>	RXCUI
313406	ticlopidine hydrochloride 250 MG Oral Tablet	Medication Prescribing,	RXCUI
313400	ticiopidine nydrocinoride 230 MG Orai Tablet	=	KACUI
328741	ticlopidine hydrochloride 250 MG	Medication Prescribing,	RXCUI
320/41	ticiopiunie nyurocnionue 230 Ma	Medication	KACUI
369232	ticlopidine Oral Tablet [Ticlid]	Prescribing,	RXCUI
303232	ticiopidine Oral Tablet [Ticild]	Medication	KACUI
374131	ticlopidine Oral Tablet	Prescribing,	RXCUI
3/4131	ticiopiume orai rabiet	Medication	KACOI
569235	ticlopidine hydrochloride 250 MG [Ticlid]	Prescribing,	RXCUI
303233	ticiopianie nyarochionae 230 Ma [ricila]	Medication	KACOI
1157092	ticlopidine Oral Product	Prescribing,	RXCUI
1137032	ticiopiune orari roduct	Medication	IXCOI
1157093	ticlopidine Pill	Prescribing,	RXCUI
113/033	uciopiaine i III	Medication	NACOI
1178492	Ticlid Oral Product	Prescribing,	RXCUI
11/0432	richa Ordi Froudct	Medication	NACUI
1178493	Ticlid Pill	Prescribing,	RXCUI
11/0433	HONG I III	Medication	IXCOI
		iviedication	

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Code	Description	Code Category	Code Type
613391	prasugrel	Prescribing,	RXCUI
013391	prasugrei	Medication	KACUI
847020	prasugrel hydrochloride	Prescribing,	RXCUI
047020	prasugrer nyurochionue	Medication	IXCOI
855810	prasugrel 10 MG	Prescribing,	RXCUI
033010	prasugrer to Mid	Medication	IXCOI
855811	prasugrel Oral Tablet	Prescribing,	RXCUI
055011	produgici oral rabict	Medication	плеот
855812	prasugrel 10 MG Oral Tablet	Prescribing,	RXCUI
033012	productive order rublet	Medication	10,001
855814	prasugrel 10 MG [Effient]	Prescribing,	RXCUI
	p. 1000. 0. 10 0 [0]	Medication	
855815	prasugrel Oral Tablet [Effient]	Prescribing,	RXCUI
		Medication	
855816	prasugrel 10 MG Oral Tablet [Effient]	Prescribing,	RXCUI
		Medication	
855817	prasugrel 5 MG	Prescribing,	RXCUI
		Medication	
855818	prasugrel 5 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
855819	prasugrel 5 MG [Effient]	Prescribing,	RXCUI
		Medication	
855820	prasugrel 5 MG Oral Tablet [Effient]	Prescribing,	RXCUI
		Medication	
855813	Effient	Prescribing,	RXCUI
		Medication	
1165745	prasugrel Oral Product	Prescribing,	RXCUI
		Medication	
1165746	prasugrel Pill	Prescribing,	RXCUI
		Medication	
1173221	Effient Oral Product	Prescribing,	RXCUI
		Medication	
1173222	Effient Pill	Prescribing,	RXCUI
465665		Medication	B.V.O. II
1656052	cangrelor	Prescribing,	RXCUI
4.65.6054		Medication	DVCIII
1656051	cangrelor tetrasodium	Prescribing,	RXCUI
1656061	To MC Injection [Veneral]	Medication	DVCIII
1656061	cangrelor 50 MG Injection [Kengreal]	Prescribing,	RXCUI
1656056	cangrelor 50 MG Injection	Medication Prescribing,	RXCUI
1030030	cangreior 50 MG injection	Medication	KACUI
1656057	Kengreal	Prescribing,	RXCUI
1030037	Kengrear	Medication	KACUI
1656058	cangrelor 50 MG [Kengreal]	Prescribing,	RXCUI
1030030	canglelor 50 MG [Kenglear]	Medication	IXCOI
1656059	cangrelor Injection [Kengreal]	Prescribing,	RXCUI
1030033	cangretor injection [rengrear]	Medication	IXCOI
1656060	Kengreal Injectable Product	Prescribing,	RXCUI
100000		Medication	11/1001
1656053	cangrelor 50 MG	Prescribing,	RXCUI
	u ··· -	Medication	
		Micalcation	

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	E. List of KxNorm Concept Unique Identifier (KXCUI), Logical Observation Identif		
Code	Description	Code Category	Code Type
1656055	cangrelor Injection	Prescribing,	RXCUI
		Medication	
1656054	cangrelor Injectable Product	Prescribing,	RXCUI
		Medication	
3521	dipyridamole	Prescribing,	RXCUI
		Medication	
197622	dipyridamole 50 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
199314	dipyridamole 100 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
203015	Persantine	Prescribing,	RXCUI
		Medication	
206714	dipyridamole 25 MG Oral Tablet [Persantine]	Prescribing,	RXCUI
		Medication	
207569	dipyridamole 50 MG Oral Tablet [Persantine]	Prescribing,	RXCUI
		Medication	
208316	dipyridamole 75 MG Oral Tablet [Persantine]	Prescribing,	RXCUI
		Medication	
226716	aspirin / dipyridamole	Prescribing,	RXCUI
		Medication	
226718	Aggrenox	Prescribing,	RXCUI
		Medication	
259081	12 HR aspirin 25 MG / dipyridamole 200 MG Extended Release Oral Capsule	Prescribing,	RXCUI
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Medication	
309952	dipyridamole 25 MG Oral Tablet	Prescribing,	RXCUI
	.,,	Medication	
309955	dipyridamole 75 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
315837	dipyridamole 25 MG	Prescribing,	RXCUI
010007	u.p.,	Medication	
315838	dipyridamole 5 MG/ML	Prescribing,	RXCUI
313030	alpyridamore 5 moying	Medication	
315839	dipyridamole 75 MG	Prescribing,	RXCUI
313033	dipyridamole 75 WG	Medication	MACOI
317358	dipyridamole 50 MG	Prescribing,	RXCUI
317330	dipyridamole 50 MG	Medication	MACOI
329296	dipyridamole 200 MG	Prescribing,	RXCUI
323230	dipyridamole 200 MG	Medication	IIXCOI
331837	dipyridamole 100 MG	Prescribing,	RXCUI
331037	dipyridamole 100 MG	Medication	KACOI
368100	dipyridamole Oral Tablet [Persantine]	Prescribing,	RXCUI
300100	dipyridaniole Oral Tablet [Fersantine]	Medication	KACUI
371916	dipuridamala Extended Balasca Oral Cancula		RXCUI
3/1910	dipyridamole Extended Release Oral Capsule	Prescribing,	KACUI
271017	dinuridam ala Oral Tahlat	Medication	DVCIII
371917	dipyridamole Oral Tablet	Prescribing,	RXCUI
202454	disserial and a 10 MaC /MAL Oral Communication	Medication	DVCI II
392451	dipyridamole 10 MG/ML Oral Suspension	Prescribing,	RXCUI
202524	discovidant als 40 MaC/MAI	Medication	BV6! ::
393521	dipyridamole 10 MG/ML	Prescribing,	RXCUI
20255		Medication	B./.C/
393522	dipyridamole Oral Suspension	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
411653	12 HR dipyridamole 200 MG Extended Release Oral Capsule	Prescribing,	RXCUI
411033	12 Th dipyridaniole 200 MO Exterided Nelease Oral Capsule	Medication	NACUI
574548	aspirin 25 MG / dipyridamole 200 MG [Aggrenox]	Prescribing,	RXCUI
374340	aspiriti 23 MG / dipyridatifole 200 MG [Aggretiox]	=	KACUI
567526	dipyridamole 25 MG [Persantine]	Medication Prescribing,	RXCUI
307320	dipyridaniole 25 MG [Fersantine]	=	KACUI
568326	dipyridamole 50 MG [Persantine]	Medication Prescribing,	RXCUI
300320	dipyridaniole 30 MG [Fersantine]	Medication	KACUI
569024	dipyridamole 75 MG [Persantine]	Prescribing,	RXCUI
303024	dipyridaniole 73 MG [Fersantine]	Medication	KACUI
1362082	12 HR aspirin 25 MG / dipyridamole 200 MG Extended Release Oral Capsule	Prescribing,	RXCUI
1502002	[Aggrenox]	Medication	плеот
1153731	aspirin / dipyridamole Oral Product	Prescribing,	RXCUI
1133731	aspiritify dipyridamole oral froduct	Medication	MACOI
1153732	aspirin / dipyridamole Pill	Prescribing,	RXCUI
1133732	aspirit, alphitamore i iii	Medication	10,001
1158988	dipyridamole Injectable Product	Prescribing,	RXCUI
1130300	aipyridamole injectable rioddol	Medication	10.001
1158989	dipyridamole Oral Liquid Product	Prescribing,	RXCUI
1130303	apyridamore oral Elquid Froduct	Medication	MACOI
1158990	dipyridamole Oral Product	Prescribing,	RXCUI
1130330	alpyridamole order roddoc	Medication	
1158991	dipyridamole Pill	Prescribing,	RXCUI
1130331	alpyridamore i iii	Medication	10,001
1172780	Aggrenox Oral Product	Prescribing,	RXCUI
	7,00.01107.01117.01101	Medication	
1172781	Aggrenox Pill	Prescribing,	RXCUI
	7,00. 61.67.1	Medication	
1178211	Persantine Oral Product	Prescribing,	RXCUI
		Medication	
1178212	Persantine Pill	Prescribing,	RXCUI
		Medication	
309953	10 ML dipyridamole 5 MG/ML Injection	Prescribing,	RXCUI
		Medication	
1812189	dipyridamole Injection	Prescribing,	RXCUI
		Medication	
1856540	aspirin / dipyridamole Extended Release Oral Capsule [Aggrenox]	Prescribing,	RXCUI
20000.0	aspiring aspyriaamore includes a constant to appear to 1,000 crossing	Medication	
1856538	aspirin / dipyridamole Extended Release Oral Capsule	Prescribing,	RXCUI
	aspining approach and an account of a capture	Medication	
1537034	vorapaxar	Prescribing,	RXCUI
		Medication	
1537045	vorapaxar 2.08 MG Oral Tablet [Zontivity]	Prescribing,	RXCUI
2007010	10/4pana/ 2/00 mg 0/4/ (40/6/ [20/4///])	Medication	
1537050	vorapaxar sulfate	Prescribing,	RXCUI
	•	Medication	
1537040	Zontivity	Prescribing,	RXCUI
	······· _I	Medication	
1537041	vorapaxar 2.08 MG [Zontivity]	Prescribing,	RXCUI
		Medication	
1537042	vorapaxar Oral Tablet [Zontivity]	Prescribing,	RXCUI
200,012		Medication	
		Wicalcation	

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Code	Description	Code Category	Code Type
1537044	Zontivity Pill	Prescribing,	RXCUI
1337044	Zondivity i iii	Medication	IXCOI
1537043	Zontivity Oral Product	Prescribing,	RXCUI
1337043	Zontivity Oral Froduct	Medication	IXCOI
1537039	vorapaxar 2.08 MG Oral Tablet	Prescribing,	RXCUI
1337033	Vorapanar 2.00 Mio orai rabiet	Medication	плеот
1537035	vorapaxar 2.08 MG	Prescribing,	RXCUI
1337033	Vorapanar 2.00 MG	Medication	плеот
1537038	vorapaxar Oral Tablet	Prescribing,	RXCUI
		Medication	
1537037	vorapaxar Pill	Prescribing,	RXCUI
	•	Medication	
1537036	vorapaxar Oral Product	Prescribing,	RXCUI
	·	Medication	
1191	aspirin	Prescribing,	RXCUI
		Medication	
685589	aspirin 1.5 MG/ML Oral Solution	Prescribing,	RXCUI
		Medication	
103863	aspirin 150 MG Rectal Suppository	Prescribing,	RXCUI
		Medication	
103954	aspirin 75 MG Delayed Release Oral Tablet	Prescribing,	RXCUI
		Medication	
104474	aspirin 75 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
104475	aspirin 75 MG Disintegrating Oral Tablet	Prescribing,	RXCUI
		Medication	
104899	aspirin 300 MG Delayed Release Oral Tablet	Prescribing,	RXCUI
		Medication	
1154071	aspirin Rectal Product	Prescribing,	RXCUI
		Medication	
688214	aspirin 2.5 MG/ML Oral Solution	Prescribing,	RXCUI
		Medication	
198461	aspirin 120 MG Rectal Suppository	Prescribing,	RXCUI
100100		Medication	D.V.O. III
198463	aspirin 200 MG Rectal Suppository	Prescribing,	RXCUI
100464	and the 200 MC Dated Comments	Medication	DVCIII
198464	aspirin 300 MG Rectal Suppository	Prescribing,	RXCUI
100467	annimin 225 MAC Deleved Delegas Ovel Tablet	Medication	DVCIII
198467	aspirin 325 MG Delayed Release Oral Tablet	Prescribing,	RXCUI
198477	aspirin 162 MG Delayed Release Oral Tablet	Medication	RXCUI
1904//	aspiriti 102 ivid Delayeu kelease Oral Tablet	Prescribing, Medication	KACUI
199281	aspirin 300 MG Oral Tablet	Prescribing,	RXCUI
133201	aspiriti 500 MG Oral Tablet	Medication	KACOI
830530	aspirin 325 MG Oral Tablet [Ascriptin]	Prescribing,	RXCUI
030330	aspiriti 323 Mid Orai Tablet [Ascriptin]	Medication	IXCOI
825180	aspirin 81 MG Chewable Tablet [Bayer Aspirin]	Prescribing,	RXCUI
323100	aspiriti of the chewapic tubict [bayer //spiriti]	Medication	MACOI
211832	aspirin 81 MG Chewable Tablet [St. Joseph Aspirin]	Prescribing,	RXCUI
	asp 22 mg chematic rasice [st. 105cpm ropmm]	Medication	11/1001
1189781	aspirin 81 MG Delayed Release Oral Tablet [Ecotrin]	Prescribing,	RXCUI
		Medication	
		caication	

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Code	Description	Code Category	Code Type
211835	Description aspirin 81 MG Delayed Release Oral Tablet [Halfprin]	Prescribing,	RXCUI
211033	aspirin of inio pelayed helease Oral Tablet [Hallphill]	Medication	NACUI
211874	aspirin 325 MG Oral Tablet [Bayer Aspirin]	Prescribing,	RXCUI
2110/4	aspiriti 323 Mid Orai Tablet [Bayer Aspiriti]	Medication	KACUI
211881	aspirin 325 MG Oral Tablet [Norwich Aspirin]	Prescribing,	RXCUI
211001	aspiriti 323 MG Orai Tablet [Not with Aspiriti]	Medication	IXCOI
212033	aspirin 325 MG Oral Tablet	Prescribing,	RXCUI
212033	aspiriti 323 Mid Otal Tablet	Medication	плеот
212086	aspirin 325 MG Delayed Release Oral Tablet [Ecotrin]	Prescribing,	RXCUI
212000	aspiriti 323 the Belayed helease of all rubiet [250th]	Medication	плеот
215568	Bayer Aspirin	Prescribing,	RXCUI
	22/21.24	Medication	
218783	Norwich Aspirin	Prescribing,	RXCUI
		Medication	
220011	St. Joseph Aspirin	Prescribing,	RXCUI
		Medication	
1154069	aspirin Oral Product	Prescribing,	RXCUI
		Medication	
243670	aspirin 81 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
749795	aspirin 81 MG Delayed Release Oral Tablet [St. Joseph Aspirin]	Prescribing,	RXCUI
		Medication	
308403	aspirin 165 MG Delayed Release Oral Tablet	Prescribing,	RXCUI
		Medication	
308416	aspirin 81 MG Delayed Release Oral Tablet	Prescribing,	RXCUI
		Medication	
315413	aspirin 150 MG	Prescribing,	RXCUI
		Medication	
315414	aspirin 165 MG	Prescribing,	RXCUI
		Medication	
315418	aspirin 300 MG	Prescribing,	RXCUI
		Medication	
315420	aspirin 356.4 MG	Prescribing,	RXCUI
245422	400 140	Medication	DVCI II
315422	aspirin 400 MG	Prescribing,	RXCUI
245425	and this COMC	Medication	DVCIII
315425	aspirin 60 MG	Prescribing,	RXCUI
215420	achirin 75 MC	Medication	DVCIII
315429	aspirin 75 MG	Prescribing, Medication	RXCUI
315431	aspirin 81 MG	Prescribing,	RXCUI
313431	aspiriti of ivid	Medication	KACUI
317297	aspirin 120 MG	Prescribing,	RXCUI
317237	aspiriti 120 MO	Medication	IXCOI
317298	aspirin 162 MG	Prescribing,	RXCUI
31,230		Medication	
317299	aspirin 200 MG	Prescribing,	RXCUI
32.233		Medication	
317300	aspirin 325 MG	Prescribing,	RXCUI
	The second secon	Medication	
318272	aspirin 81 MG Chewable Tablet	Prescribing,	RXCUI
		Medication	-

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Code	Description	Code Category	Code Type
329295	aspirin 25 MG	Prescribing,	RXCUI
323233	aspiriti 23 ivid	Medication	IXCOI
329547	aspirin 228 MG	Prescribing,	RXCUI
323347	aspiriii 220 ivid	-	KACOI
333834	aspirin 60 MG Chewable Tablet	Medication Prescribing,	RXCUI
333634	aspiriti do IVIO Citewable Tablet	Medication	IXCOI
335933	aspirin 389 MG	Prescribing,	RXCUI
333333	aspiriii 365 ivid	Medication	KACUI
335953	aspirin 250 MG	Prescribing,	RXCUI
333333	aspiriii 230 ivid	Medication	IXCOI
335993	aspirin 210 MG	Prescribing,	RXCUI
333333	43pmm 210 mg	Medication	плеот
336010	aspirin 385 MG	Prescribing,	RXCUI
330010	aspirit 505 Mg	Medication	плест
336028	aspirin 230 MG	Prescribing,	RXCUI
555525	30F 200	Medication	
336430	aspirin 227 MG	Prescribing,	RXCUI
		Medication	
830524	aspirin Oral Tablet [Ascriptin]	Prescribing,	RXCUI
	aspan our ratios parapari,	Medication	
368457	aspirin Oral Tablet [Bayer Aspirin]	Prescribing,	RXCUI
		Medication	
368468	aspirin Oral Tablet [Norwich Aspirin]	Prescribing,	RXCUI
		Medication	
369693	aspirin Chewable Tablet [St. Joseph Aspirin]	Prescribing,	RXCUI
		Medication	
369814	aspirin Delayed Release Oral Tablet [Ecotrin]	Prescribing,	RXCUI
		Medication	
369817	aspirin Delayed Release Oral Tablet [Halfprin]	Prescribing,	RXCUI
		Medication	
370609	aspirin Rectal Suppository	Prescribing,	RXCUI
		Medication	
370611	aspirin Oral Tablet	Prescribing,	RXCUI
		Medication	
370612	aspirin Extended Release Oral Tablet	Prescribing,	RXCUI
		Medication	
370614	aspirin Chewable Tablet	Prescribing,	RXCUI
		Medication	
370939	aspirin Delayed Release Oral Tablet	Prescribing,	RXCUI
		Medication	
370940	aspirin Oral Capsule	Prescribing,	RXCUI
		Medication	
375972	aspirin Oral Solution	Prescribing,	RXCUI
		Medication	
376394	aspirin Extended Release Oral Capsule	Prescribing,	RXCUI
		Medication	
379422	aspirin Disintegrating Oral Tablet	Prescribing,	RXCUI
		Medication	
379497	aspirin Oral Powder	Prescribing,	RXCUI
		Medication	
387090	aspirin 325 MG Delayed Release Oral Tablet [Bayer Aspirin]	Prescribing,	RXCUI
		Medication	

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	Description		
Code	Description assign Delayed Poleage Oral Tablet [Payer Assign]	Code Category	Code Type
393300	aspirin Delayed Release Oral Tablet [Bayer Aspirin]	Prescribing,	RXCUI
405802	aspirin Delayed Release Oral Capsule	Medication Prescribing,	RXCUI
403002	aspiriti Delayeu Nelease Oral Capsule	Medication	NACUI
433353	aspirin 300 MG Chewable Tablet	Prescribing,	RXCUI
433333	aspiriti 300 ivid Chewasic Tablet	Medication	MCOI
572163	aspirin 81 MG [St. Joseph Aspirin]	Prescribing,	RXCUI
372103	aspirin of the [st. 103cph / spirin]	Medication	10,001
1189780	aspirin 81 MG [Ecotrin]	Prescribing,	RXCUI
		Medication	
572166	aspirin 81 MG [Halfprin]	Prescribing,	RXCUI
		Medication	
572203	aspirin 325 MG [Bayer Aspirin]	Prescribing,	RXCUI
		Medication	
572210	aspirin 325 MG [Norwich Aspirin]	Prescribing,	RXCUI
		Medication	
572393	aspirin 325 MG [Ecotrin]	Prescribing,	RXCUI
		Medication	
647977	aspirin 360 MG	Prescribing,	RXCUI
		Medication	
685588	aspirin 1.5 MG/ML	Prescribing,	RXCUI
		Medication	
688213	aspirin 2.5 MG/ML	Prescribing,	RXCUI
		Medication	
794229	aspirin 81 MG Delayed Release Oral Tablet [Bayer Aspirin]	Prescribing,	RXCUI
7.47006		Medication	B.V.O. II
747236	aspirin 81 MG Disintegrating Oral Tablet [Fasprin]	Prescribing,	RXCUI
747211	continue 01 NAC District countries Over Tablet	Medication	DVCIII
747211	aspirin 81 MG Disintegrating Oral Tablet	Prescribing,	RXCUI
747234	aspirin 81 MG [Fasprin]	Medication Prescribing,	RXCUI
747234	aspiriti o i tvio (i aspiriti)	Medication	IXCOI
747235	aspirin Disintegrating Oral Tablet [Fasprin]	Prescribing,	RXCUI
7 17233	aspiring bisintegrating oral radice [caspirin]	Medication	10.001
749794	aspirin Delayed Release Oral Tablet [St. Joseph Aspirin]	Prescribing,	RXCUI
		Medication	
794228	aspirin 81 MG [Bayer Aspirin]	Prescribing,	RXCUI
		Medication	
830529	aspirin 325 MG [Ascriptin]	Prescribing,	RXCUI
		Medication	
847089	aspirin 81 MG [Miniprin]	Prescribing,	RXCUI
		Medication	
863185	aspirin 410 MG	Prescribing,	RXCUI
		Medication	
900469	aspirin 1 MG/MG	Prescribing,	RXCUI
		Medication	
900470	aspirin 1 MG/MG Oral Powder	Prescribing,	RXCUI
4004.47.6	:: 225 MO [5 ::]	Medication	D./.C
1001474	aspirin 325 MG [Ecpirin]	Prescribing,	RXCUI
1001475	ashirin Dalayad Dalagaa Oral Tablat [Caninin]	Medication	DVCIII
1001475	aspirin Delayed Release Oral Tablet [Ecpirin]	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
1001476	aspirin 325 MG Delayed Release Oral Tablet [Ecpirin]	Prescribing,	RXCUI
1001470	aspiriti 323 Mid Delayed Release Oral Tablet [Ecpiriti]	Medication	IXCOI
1050241	aspirin 325 MG Oral Powder	Prescribing,	RXCUI
1030241	aspiriti 323 ivid Orari Owder	Medication	IXCOI
1052677	aspirin Delayed Release Oral Tablet [Miniprin]	Prescribing,	RXCUI
1032077	aspiriti belayea kelease orai rabiet [iviiiipriii]	Medication	10,001
1052678	aspirin 81 MG Delayed Release Oral Tablet [Miniprin]	Prescribing,	RXCUI
1032070	aspirin of the belayed helease oral rablet [williprin]	Medication	10,001
1154068	aspirin Oral Liquid Product	Prescribing,	RXCUI
113 1000	aspiriti orai Eiquid i roddot	Medication	10.001
1154070	aspirin Pill	Prescribing,	RXCUI
		Medication	
1168628	Bayer Aspirin Oral Product	Prescribing,	RXCUI
		Medication	
1168631	Bayer Aspirin Pill	Prescribing,	RXCUI
	, ,	Medication	
1177581	Norwich Aspirin Oral Product	Prescribing,	RXCUI
	·	Medication	
1177582	Norwich Aspirin Pill	Prescribing,	RXCUI
		Medication	
1177786	St. Joseph Aspirin Oral Product	Prescribing,	RXCUI
		Medication	
1177787	St. Joseph Aspirin Pill	Prescribing,	RXCUI
		Medication	
1293661	aspirin 81 MG [Aspir-Low]	Prescribing,	RXCUI
		Medication	
1293662	aspirin Delayed Release Oral Tablet [Aspir-Low]	Prescribing,	RXCUI
		Medication	
1293665	aspirin 81 MG Delayed Release Oral Tablet [Aspir-Low]	Prescribing,	RXCUI
		Medication	
1294937	aspirin Chewable Product	Prescribing,	RXCUI
		Medication	
1295715	aspirin Disintegrating Oral Product	Prescribing,	RXCUI
		Medication	
1295740	aspirin Oral Powder Product	Prescribing,	RXCUI
		Medication	
1295926	St. Joseph Aspirin Chewable Product	Prescribing,	RXCUI
4005000		Medication	B.V.O. II
1295996	Bayer Aspirin Chewable Product	Prescribing,	RXCUI
4.422.620	and the 430 MC Charachle Tables	Medication	DVCIII
1433630	aspirin 120 MG Chewable Tablet	Prescribing,	RXCUI
1525404	acrainin 91 MC Oval Film	Medication	DVCIII
1535484	aspirin 81 MG Oral Film	Prescribing,	RXCUI
1600991	aspirin 81 MG Delayed Release Oral Tablet [Aspi-Cor]	Medication Prescribing,	RXCUI
1000331	aspirition vid Delayed Release Oral Tablet [Aspi-Cor]	.	KACOI
1600097	aspirin 91 MG [Aspi Car]	Medication Prescribing,	DVCIII
1600987	aspirin 81 MG [Aspi-Cor]	.	RXCUI
1600988	aspirin Delayed Release Oral Tablet [Aspi-Cor]	Medication Prescribing,	RXCUI
1000300	aspiriti Delayed Nelease Oral Tablet [Aspi-COT]	Medication	NACOI
1665355	aspirin 162.5 MG	Prescribing,	RXCUI
1000000	45p 202.0 IIIO	Medication	MACOI
		ivicultation	

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Code	Description	Code Category	Code Type
1665356	24 HR aspirin 162.5 MG Extended Release Oral Capsule	Prescribing,	RXCUI
1005550	24 TIN d3pititi 102.5 WG Exterioed Neicase Oral Capsule	Medication	IXCOI
1665358	aspirin 162.5 MG [Durlaza]	Prescribing,	RXCUI
1005550	dopinii 102.5 iiio [Banaza]	Medication	11/1001
1665359	aspirin Extended Release Oral Capsule [Durlaza]	Prescribing,	RXCUI
	aspinin zhonaca neloade e na eapeane [z anaza]	Medication	
1665362	24 HR aspirin 162.5 MG Extended Release Oral Capsule [Durlaza]	Prescribing,	RXCUI
		Medication	
1673786	aspirin 220 MG	Prescribing,	RXCUI
		Medication	
202554	Ecotrin	Prescribing,	RXCUI
		Medication	
215431	Aspir-Low	Prescribing,	RXCUI
		Medication	
217481	Halfprin	Prescribing,	RXCUI
		Medication	
847088	Miniprin	Prescribing,	RXCUI
		Medication	
1176688	Halfprin Oral Product	Prescribing,	RXCUI
		Medication	
1176689	Halfprin Pill	Prescribing,	RXCUI
		Medication	
1179769	Miniprin Oral Product	Prescribing,	RXCUI
		Medication	
1179770	Miniprin Pill	Prescribing,	RXCUI
1000550		Medication	B.V.G. III
1293663	Aspir-Low Oral Product	Prescribing,	RXCUI
1202004	April Lavy Dill	Medication	DVCIII
1293664	Aspir-Low Pill	Prescribing,	RXCUI
1665357	Durlaza	Medication Prescribing,	RXCUI
1003337	Dullaza	Medication	KACOI
1665360	Durlaza Oral Product	Prescribing,	RXCUI
1005500	Dullaza Orai i Toduct	Medication	IXCOI
1665361	Durlaza Pill	Prescribing,	RXCUI
	24.14.4.	Medication	
242461	cilostazol 100 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
242462	cilostazol 50 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
261116	cilostazol 100 MG Oral Tablet [Pletal]	Prescribing,	RXCUI
		Medication	
284370	Pletal 50 MG Oral Tablet	Prescribing,	RXCUI
		Medication	
1163137	cilostazol Oral Product	Prescribing,	RXCUI
		Medication	
1163138	cilostazol Pill	Prescribing,	RXCUI
		Medication	
21107	cilostazol	Prescribing,	RXCUI
		Medication	
315675	cilostazol 100 MG	Prescribing,	RXCUI
		Medication	

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	Description		
Code	Description	Code Category	Code Type
315676	cilostazol 50 MG	Prescribing,	RXCUI
20240	silenteral Oval Tablet [Distal]	Medication	DVCIII
368249	cilostazol Oral Tablet [Pletal]	Prescribing,	RXCUI
274500	silantaral Oval Tablat	Medication	DVCIII
371508	cilostazol Oral Tablet	Prescribing,	RXCUI
F742C4	silectored 100 MC [Dietal]	Medication	DVCIII
574361	cilostazol 100 MG [Pletal]	Prescribing,	RXCUI
E74030	silestand FO MC [Distal]	Medication	DVCIII
574820	cilostazol 50 MG [Pletal]	Prescribing,	RXCUI
	Convalescent Plasma	Medication	
XW13325	Transfusion of Convalescent Plasma (Nonautologous) into Peripheral Vein,	Procedure	ICD-10-PCS
VAA T2272		FIUCEUUIE	ICD-10-5C2
XW14325	Percutaneous Approach, New Technology Group 5 Transfusion of Convalescent Plasma (Nonautologous) into Central Vein, Percutaneous	Procedure	ICD-10-PCS
VAN 14979	Approach, New Technology Group 6	Trocedure	ICD-10-LC2
	Hydroxychloroquine		
202462	PLAQUENIL	Prescribing,	RXCUI
202402	LENGOLNIE	Medication	RACUI
219565	QUINEPROX	Prescribing,	RXCUI
21///	QUITE NON	Medication	IXCOI
5521	HYDROXYCHLOROQUINE	Prescribing,	RXCUI
JJZI	TIDROTTCHEOROGOME	Medication	RACOI
153972	HYDROXYCHLOROQUINE SULFATE	Prescribing,	RXCUI
100012	THE MONTH CHECK OF THE SOLIAIL	Medication	IXCOI
202317	HYDROXYCHLOROQUINE 200 MG ORAL TABLET [PLAQUENIL]	Prescribing,	RXCUI
202317	THE NOXICHEONOGOINE 200 ING ONAL PABLET [I LAQUENIL]	Medication	IXCOI
206630	HYDROXYCHLOROQUINE 200 MG ORAL TABLET [QUINEPROX]	Prescribing,	RXCUI
200030	TITOROXICILOROQUINE 200 INIQ ORAL TABLET [QUINEFROX]	Medication	NACOI
979094	HYDROXYCHLOROQUINE SULFATE 200 MG ORAL TABLET [PLAQUENIL]	Prescribing,	RXCUI
373034	THE MONTH CHOOLONG SOLIATE 200 MIG ONAL TABLET [I LAQUENTE]	Medication	IXCOI
979097	HYDROXYCHLOROQUINE SULFATE 200 MG ORAL TABLET [QUINEPROX]	Prescribing,	RXCUI
313031	THE MONTH CHOOLONG SOLIATE 200 MIG ONAL TABLET [QUINEFNON]	Medication	RACOI
566152	HYDROXYCHLOROQUINE 200 MG [PLAQUENIL]	Prescribing,	RXCUI
300132	THE NONTERLEGIO QUINE 200 MIG [I ENQUENTE]	Medication	IXCOI
567454	HYDROXYCHLOROQUINE 200 MG [QUINEPROX]	Prescribing,	RXCUI
307434	TITEMONTCHEOROGORINE 200 MIO [QUINEFRON]	Medication	RACUI
979093	HYDROXYCHLOROQUINE SULFATE 200 MG [PLAQUENIL]	Prescribing,	RXCUI
313033	THE MONTH CHECKO QUINE SOLI ATE 200 INIO [FLAQUEINIE]	Medication	INACUI
979096	HYDROXYCHLOROQUINE SULFATE 200 MG [QUINEPROX]	Prescribing,	RXCUI
373030	THE MONTH CHOOLONG SOLI ATE 200 MIO [QUINEFRON]	Medication	RACOI
368893	HYDROXYCHLOROQUINE ORAL TABLET [QUINEPROX]	Prescribing,	RXCUI
300033	THE MONTH CHOOLOUGH COUNTRIES TO A C	Medication	NACOI
93787	HYDROXYCHLOROQUINE ORAL TABLET [PLAQUENIL]	Prescribing,	RXCUI
33707	THE MONTH CHOOCHINE ON ALL TABLET [I LAQUENIL]	Medication	IXCOI
1181266	PLAQUENIL ORAL PRODUCT	Prescribing,	RXCUI
1101200	I ENQUENTE OTAL I NODUCI	Medication	KACOI
1181267	PLAQUENIL PILL	Prescribing,	RXCUI
1101701	I LAQUENIL FILL	Medication	NACUI
1185918	QUINEPROX ORAL PRODUCT	Prescribing,	RXCUI
1100310	QUINEL NON OTHER TRODUCT	Medication	NACUI
1185919	QUINEPROX PILL	Prescribing,	RXCUI
1103313	QUINLI NON FILE	Medication	NACOI
		ivieuication	

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	E. List of KxNorm Concept Unique Identifier (KXCUI), Logical Observation Identifie		
Code	Description HYDDOXYCH ODOCUMES SHEATS 400 MC ODAL TABLET	Code Category	Code Type
1119312	HYDROXYCHLOROQUINE SULFATE 400 MG ORAL TABLET	Prescribing,	RXCUI
407706	LIVEROVICI II ORGOLIJAJE 200 MC ORAL TARLET	Medication	BVCI II
197796	HYDROXYCHLOROQUINE 200 MG ORAL TABLET	Prescribing,	RXCUI
400050		Medication	B.// G. II
433859	HYDROXYCHLOROQUINE 400 MG ORAL TABLET	Prescribing,	RXCUI
		Medication	
979092	HYDROXYCHLOROQUINE SULFATE 200 MG ORAL TABLET	Prescribing,	RXCUI
		Medication	
1119311	HYDROXYCHLOROQUINE SULFATE 400 MG	Prescribing,	RXCUI
		Medication	
329852	HYDROXYCHLOROQUINE 200 MG	Prescribing,	RXCUI
		Medication	
440422	HYDROXYCHLOROQUINE 400 MG	Prescribing,	RXCUI
		Medication	
979091	HYDROXYCHLOROQUINE SULFATE 200 MG	Prescribing,	RXCUI
		Medication	
370656	HYDROXYCHLOROQUINE ORAL TABLET	Prescribing,	RXCUI
		Medication	
1164627	HYDROXYCHLOROQUINE ORAL PRODUCT	Prescribing,	RXCUI
		Medication	
1164628	HYDROXYCHLOROQUINE PILL	Prescribing,	RXCUI
110 1020	THE HOW ON EAST OF THE PARTY OF	Medication	10.001
	Chloroquine	Wiedication	
J0390	Injection, chloroquine hydrochloride, up to 250 mg	Procedure	HCPCS
215391	ARALEN HYDROCHLORIDE	Prescribing,	RXCUI
		Medication	
215392	ARALEN PHOSPHATE	Prescribing,	RXCUI
213332	AND LETT THOSE TO THE	Medication	10.001
226389	MALARIVON	Prescribing,	RXCUI
220303		Medication	MACOI
2393	CHLOROQUINE	Prescribing,	RXCUI
2393	CHEOROGOINE	<u>-</u>	RACOI
484572	CHI OBOOLIINE HADBOCHI OBIDE	Medication Prescribing,	RXCUI
464372	CHLOROQUINE HYDROCHLORIDE	-	KACUI
600202	CHI ODOOHINE / DDIMA OHINE	Medication	DVCIII
689303	CHLOROQUINE / PRIMAQUINE	Prescribing,	RXCUI
202442		Medication	B./.C/. II
203119	CHLOROQUINE SULFATE	Prescribing,	RXCUI
		Medication	
20863	CHLOROQUINE PHOSPHATE	Prescribing,	RXCUI
		Medication	
451796	CHLOROQUINE HYDROCHLORIDE	Prescribing,	RXCUI
		Medication	
102821	CHLOROQUINE 50 MG/ML SYRUP [MALARIVON]	Prescribing,	RXCUI
		Medication	
108543	CHLOROQUINE 40 MG/ML INJECTABLE SOLUTION [NIVAQUINE]	Prescribing,	RXCUI
		Medication	
1116756	CHLOROQUINE HYDROCHLORIDE 50 MG/ML INJECTABLE SOLUTION [ARALEN	Prescribing,	RXCUI
	HYDROCHLORIDE]	Medication	
1116760	CHLOROQUINE PHOSPHATE 500 MG ORAL TABLET [ARALEN PHOSPHATE]	Prescribing,	RXCUI
	•	Medication	
213353	CHLOROQUINE 50 MG/ML INJECTABLE SOLUTION [ARALEN HYDROCHLORIDE]	Prescribing,	RXCUI
		Medication	
		ivicultation	

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Code	Description	Code Category	Code Type
213378	Description CHLOROQUINE 500 MG ORAL TABLET [ARALEN PHOSPHATE]	Prescribing,	RXCUI
2133/0	CHEONOGOINE JOU WIG ONAL TABLET [ANALEN FITOSPHATE]	Medication	NACUI
540221	CHLOROQUINE 500 MG ORAL TABLET [CLOROQUINE]	Prescribing,	RXCUI
J-0221	CHECKOGOME 300 MIG OTHE TABLET [CLONOQUINE]	Medication	IIACOI
754877	CHLOROQUINE 50 MG/ML ORAL SOLUTION [MALARIVON]	Prescribing,	RXCUI
75.077		Medication	10.001
1116755	CHLOROQUINE HYDROCHLORIDE 50 MG/ML [ARALEN HYDROCHLORIDE]	Prescribing,	RXCUI
		Medication	
1116759	CHLOROQUINE PHOSPHATE 500 MG [ARALEN PHOSPHATE]	Prescribing,	RXCUI
	•	Medication	
540219	CHLOROQUINE 500 MG [CLOROQUINE]	Prescribing,	RXCUI
		Medication	
563148	CHLOROQUINE 50 MG/ML [MALARIVON]	Prescribing,	RXCUI
		Medication	
564563	CHLOROQUINE 40 MG/ML [NIVAQUINE]	Prescribing,	RXCUI
		Medication	
573248	CHLOROQUINE 50 MG/ML [ARALEN HYDROCHLORIDE]	Prescribing,	RXCUI
		Medication	
573272	CHLOROQUINE 500 MG [ARALEN PHOSPHATE]	Prescribing,	RXCUI
		Medication	
362759	CHLOROQUINE INJECTABLE SOLUTION [NIVAQUINE]	Prescribing,	RXCUI
		Medication	
365284	CHLOROQUINE SYRUP [MALARIVON]	Prescribing,	RXCUI
		Medication	
368265	CHLOROQUINE ORAL TABLET [ARALEN PHOSPHATE]	Prescribing,	RXCUI
- 40000		Medication	B.V.O. II
540220	CHLOROQUINE ORAL TABLET [CLOROQUINE]	Prescribing,	RXCUI
75.6400	CHI ODOOHINE ODAL COLLITION [MAN ADIVON]	Medication	DVCIII
756409	CHLOROQUINE ORAL SOLUTION [MALARIVON]	Prescribing,	RXCUI
91840	CHLOROQUINE INJECTABLE SOLUTION [ARALEN HYDROCHLORIDE]	Medication Prescribing,	RXCUI
91840	CHLOROQUINE INJECTABLE SOLUTION [ARALEN HYDROCHLORIDE]	Medication	KACUI
1170090	ARALEN HYDROCHLORIDE INJECTABLE PRODUCT	Prescribing,	RXCUI
1170090	ANALEN TITOROCTIONIDE INJECTABLE PRODUCT	Medication	KACOI
1170091	ARALEN PHOSPHATE ORAL PRODUCT	Prescribing,	RXCUI
1170051	THE LETTINGS THAT STUDENT AND SOCIO	Medication	10.001
1170092	ARALEN PHOSPHATE PILL	Prescribing,	RXCUI
		Medication	
1179719	MALARIVON ORAL LIQUID PRODUCT	Prescribing,	RXCUI
	·	Medication	
1179720	MALARIVON ORAL PRODUCT	Prescribing,	RXCUI
		Medication	
105334	CHLOROQUINE 40 MG/ML INJECTABLE SOLUTION	Prescribing,	RXCUI
		Medication	
1116754	CHLOROQUINE HYDROCHLORIDE 50 MG/ML INJECTABLE SOLUTION	Prescribing,	RXCUI
		Medication	
1116758	CHLOROQUINE PHOSPHATE 500 MG ORAL TABLET	Prescribing,	RXCUI
		Medication	
1117346	CHLOROQUINE PHOSPHATE 16 MG/ML ORAL SOLUTION	Prescribing,	RXCUI
		Medication	
1117351	CHLOROQUINE SULFATE 13.6 MG/ML ORAL SOLUTION	Prescribing,	RXCUI
		Medication	

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	E. List of KxNorm Concept Unique Identifier (KXCUI), Logical Observation Identifiers N		
Code 1117353	Description CHLOROQUINE SULFATE 200 MG ORAL TABLET	Code Category Prescribing,	RXCUI
111/333	CHLOROQUINE SOLFATE 200 MIG ORAL TABLET	Medication	KACUI
1117531	CHLOROQUINE PHOSPHATE 250 MG ORAL TABLET	Prescribing,	RXCUI
111/331	CHLOROQUINE PHOSPHATE 250 MIG ORAL TABLET	=	KACUI
1119304	CHLOROQUINE SULFATE 200 MG ORAL CAPSULE	Medication Prescribing,	RXCUI
1113304	CHEOROGOTINE SOLFATE 200 MIG ORAL CAPSOLE	Medication	KACUI
1119306	CHLOROQUINE PHOSPHATE 25 MG/ML ORAL SOLUTION	Prescribing,	RXCUI
1119300	CHLOROQUINE PHOSPHATE 25 MIG/MIL ORAL SOLUTION	_	KACUI
1119308	CHLOROQUINE PHOSPHATE 500 MG / PRIMAQUINE PHOSPHATE 79 MG ORAL TABLET	Medication	RXCUI
1113300	CHEOROGOTINE PHOSPHATE 300 MG / PRIMAQUINE PHOSPHATE 75 MG ORAL TABLET	Medication	KACUI
1119310	CHLOROQUINE SULFATE 54.5 MG/ML INJECTABLE SOLUTION	Prescribing,	RXCUI
1113310	CHECKOGOINE SOLI ATE 54.5 MOJNIE INSECTABLE SOLOTION	Medication	MACOI
1119497	CHLOROQUINE PHOSPHATE 81 MG ORAL TABLET	Prescribing,	RXCUI
1113437	CHEOROGOINE PROSTRATE OF MIG ORAL PABLET	Medication	MACOI
197474	CHLOROQUINE 250 MG ORAL TABLET	Prescribing,	RXCUI
137 17 1	ONE ON OUNTE THE ENTER OF THE PROPERTY OF THE	Medication	
226388	CHLOROQUINE 16 MG/ML SYRUP	Prescribing,	RXCUI
220000	and don't is me, me small	Medication	
249571	CHLOROQUINE 100 MG ORAL TABLET	Prescribing,	RXCUI
213371	CHECKO CONTENTION OF THE PROPERTY OF THE PROPE	Medication	
249663	CHLOROQUINE 200 MG ORAL TABLET	Prescribing,	RXCUI
5555		Medication	
249789	CHLOROQUINE 7.5 MG/ML SYRUP	Prescribing,	RXCUI
		Medication	
250175	CHLOROQUINE 10 MG/ML SYRUP	Prescribing,	RXCUI
	N	Medication	
251714	CHLOROQUINE 200 MG ORAL CAPSULE	Prescribing,	RXCUI
		Medication	
251716	CHLOROQUINE 150 MG ORAL TABLET	Prescribing,	RXCUI
		Medication	
261104	CHLOROQUINE 500 MG ORAL TABLET	Prescribing,	RXCUI
		Medication	
309195	CHLOROQUINE 50 MG/ML INJECTABLE SOLUTION	Prescribing,	RXCUI
		Medication	
309196	CHLOROQUINE 500 MG / PRIMAQUINE 79 MG ORAL TABLET	Prescribing,	RXCUI
		Medication	
413761	CHLOROQUINE 54.4 MG/ML INJECTABLE SOLUTION	Prescribing,	RXCUI
		Medication	
422430	CHLOROQUINE 24.3 MG/ML ORAL SUSPENSION	Prescribing,	RXCUI
		Medication	
426977	CHLOROQUINE 25 MG/ML SYRUP	Prescribing,	RXCUI
		Medication	
426986	CHLOROQUINE 5 MG/ML SYRUP	Prescribing,	RXCUI
		Medication	
429878	CHLOROGUANIDE 100 MG / CHLOROQUINE 250 MG ORAL TABLET	Prescribing,	RXCUI
		Medication	
432898	CHLOROQUINE 300 MG ORAL TABLET	Prescribing,	RXCUI
		Medication	
433862	CHLOROQUINE 81 MG ORAL TABLET	Prescribing,	RXCUI
		Medication	
484045	CHLOROQUINE 54.5 MG/ML INJECTABLE SOLUTION	Prescribing,	RXCUI
		Medication	

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Code	Description		
562006	Description CHLOROQUINE 50 MG/ML SYRUP	Code Category	Code Type
302000	CHEONOQUINE 30 INIG/INIE 31 KUP	Prescribing, Medication	RXCUI
755534	CHLOROQUINE 7.5 MG/ML ORAL SOLUTION	Prescribing,	RXCUI
755554	CHECKOGONIE 7.5 MOJNIE OKAE SOLOTION	Medication	MACOI
755624	CHLOROQUINE 10 MG/ML ORAL SOLUTION	Prescribing,	RXCUI
		Medication	
755625	CHLOROQUINE 16 MG/ML ORAL SOLUTION	Prescribing,	RXCUI
		Medication	
755626	CHLOROQUINE 25 MG/ML ORAL SOLUTION	Prescribing,	RXCUI
		Medication	
755627	CHLOROQUINE 5 MG/ML ORAL SOLUTION	Prescribing,	RXCUI
		Medication	
755628	CHLOROQUINE 50 MG/ML ORAL SOLUTION	Prescribing,	RXCUI
		Medication	
1116753	CHLOROQUINE HYDROCHLORIDE 50 MG/ML	Prescribing,	RXCUI
4446757		Medication	B.V.O. II
1116757	CHLOROQUINE PHOSPHATE 500 MG	Prescribing,	RXCUI
1117245	CHI ODOOHINE DUOCDHATE 1C MC/MI	Medication	DVCIII
1117345	CHLOROQUINE PHOSPHATE 16 MG/ML	Prescribing,	RXCUI
1117350	CHLOROQUINE SULFATE 13.6 MG/ML	Medication Prescribing,	RXCUI
111/330	CHEOROGOTIVE SOLITATE 15.0 MIG/ME	Medication	KACOI
1117352	CHLOROQUINE SULFATE 200 MG	Prescribing,	RXCUI
1117552	CHESTIS QUITE SOLITITE 200 INIO	Medication	TOTO
1117530	CHLOROQUINE PHOSPHATE 250 MG	Prescribing,	RXCUI
		Medication	
1119305	CHLOROQUINE PHOSPHATE 25 MG/ML	Prescribing,	RXCUI
		Medication	
1119309	CHLOROQUINE SULFATE 54.5 MG/ML	Prescribing,	RXCUI
		Medication	
1119496	CHLOROQUINE PHOSPHATE 81 MG	Prescribing,	RXCUI
		Medication	
329403	CHLOROQUINE 250 MG	Prescribing,	RXCUI
		Medication	
329404	CHLOROQUINE 50 MG/ML	Prescribing,	RXCUI
220405	CHI ODOOHINE FOO MC	Medication	DVCIII
329405	CHLOROQUINE 500 MG	Prescribing,	RXCUI
222770	CHI ODOOLIINE 7 E MC/MI	Medication	RXCUI
332778	CHLOROQUINE 7.5 MG/ML	Prescribing, Medication	KACUI
332779	CHLOROQUINE 150 MG	Prescribing,	RXCUI
332113	CHEOROGOTAL 130 Mid	Medication	KACOI
332780	CHLOROQUINE 200 MG	Prescribing,	RXCUI
332700	6/126/16 Q6/1/12 256 1/16	Medication	10.001
332781	CHLOROQUINE 10 MG/ML	Prescribing,	RXCUI
	•	Medication	
332782	CHLOROQUINE 100 MG	Prescribing,	RXCUI
		Medication	
360917	CHLOROQUINE 40 MG/ML	Prescribing,	RXCUI
		Medication	
385597	CHLOROQUINE 16 MG/ML	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
438455	CHLOROQUINE 25 MG/ML	Prescribing,	RXCUI
.50-55	Sille Some Lo maj me	Medication	10.001
438456	CHLOROQUINE 81 MG	Prescribing,	RXCUI
430430	CHESTIS QUITE ST INC	Medication	TO COT
438457	CHLOROQUINE 24.3 MG/ML	Prescribing,	RXCUI
		Medication	
438460	CHLOROQUINE 5 MG/ML	Prescribing,	RXCUI
		Medication	
438461	CHLOROQUINE 300 MG	Prescribing,	RXCUI
		Medication	
438477	CHLOROQUINE 54.4 MG/ML	Prescribing,	RXCUI
		Medication	
484044	CHLOROQUINE 54.5 MG/ML	Prescribing,	RXCUI
		Medication	
371404	CHLOROQUINE / PRIMAQUINE ORAL TABLET	Prescribing,	RXCUI
		Medication	
371405	CHLOROQUINE INJECTABLE SOLUTION	Prescribing,	RXCUI
		Medication	
371406	CHLOROQUINE SYRUP	Prescribing,	RXCUI
		Medication	
371407	CHLOROQUINE ORAL TABLET	Prescribing,	RXCUI
		Medication	
371408	CHLOROQUINE ORAL CAPSULE	Prescribing,	RXCUI
		Medication	
438458	CHLOROQUINE ORAL SUSPENSION	Prescribing,	RXCUI
		Medication	
756408	CHLOROQUINE ORAL SOLUTION	Prescribing,	RXCUI
		Medication	
1153855	CHLOROQUINE / PRIMAQUINE ORAL PRODUCT	Prescribing,	RXCUI
		Medication	
1153856	CHLOROQUINE / PRIMAQUINE PILL	Prescribing,	RXCUI
		Medication	
1153859	CHLOROQUINE INJECTABLE PRODUCT	Prescribing,	RXCUI
		Medication	
1153860	CHLOROQUINE ORAL LIQUID PRODUCT	Prescribing,	RXCUI
4450064		Medication	B.V.O. II
1153861	CHLOROQUINE ORAL PRODUCT	Prescribing,	RXCUI
4452062	CHI ODOOLINE DILI	Medication	DVCI II
1153862	CHLOROQUINE PILL	Prescribing,	RXCUI
	Hospitalized Stroke /TIA	Medication	
G45	Hospitalized Stroke/TIA Transient cerebral ischemic attacks and related syndromes	Diagnosis	ICD-10-CM
G450	Vertebro-basilar artery syndrome	Diagnosis	ICD-10-CM
G451	Carotid artery syndrome (hemispheric)	Diagnosis	ICD-10-CM
G451 G452	Multiple and bilateral precerebral artery syndromes	Diagnosis	ICD-10-CM
G452 G453	Amaurosis fugax	Diagnosis	ICD-10-CM
G454	Transient global amnesia	Diagnosis	ICD-10-CM
G458	Other transient cerebral ischemic attacks and related syndromes	Diagnosis	ICD-10-CM
G459	Transient cerebral ischemic attack, unspecified	Diagnosis	ICD-10-CM
G46	Vascular syndromes of brain in cerebrovascular diseases	Diagnosis	ICD-10-CM
G460	Middle cerebral artery syndrome	Diagnosis	ICD-10-CM
G461	Anterior cerebral artery syndrome	Diagnosis	ICD-10-CM
		- 0	

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Code	Description	Code Category	Code Type
G462	Posterior cerebral artery syndrome	Diagnosis	ICD-10-CM
G463	Brain stem stroke syndrome	Diagnosis	ICD-10-CM
G464	Cerebellar stroke syndrome	Diagnosis	ICD-10-CM
G465	Pure motor lacunar syndrome	Diagnosis	ICD-10-CM
G466	Pure sensory lacunar syndrome	Diagnosis	ICD-10-CM
G467	Other lacunar syndromes	Diagnosis	ICD-10-CM
G468	Other vascular syndromes of brain in cerebrovascular diseases	Diagnosis	ICD-10-CM
160	Nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
1600	Nontraumatic subarachnoid hemorrhage from carotid siphon and bifurcation	Diagnosis	ICD-10-CM
16000	Nontraumatic subarachnoid hemorrhage from unspecified carotid siphon and bifurcation	Diagnosis	ICD-10-CM
16001	Nontraumatic subarachnoid hemorrhage from right carotid siphon and bifurcation	Diagnosis	ICD-10-CM
16002	Nontraumatic subarachnoid hemorrhage from left carotid siphon and bifurcation	Diagnosis	ICD-10-CM
I601	Nontraumatic subarachnoid hemorrhage from middle cerebral artery	Diagnosis	ICD-10-CM
I6010	Nontraumatic subarachnoid hemorrhage from unspecified middle cerebral artery	Diagnosis	ICD-10-CM
I6011	Nontraumatic subarachnoid hemorrhage from right middle cerebral artery	Diagnosis	ICD-10-CM
16012	Nontraumatic subarachnoid hemorrhage from left middle cerebral artery	Diagnosis	ICD-10-CM
1602	Nontraumatic subarachnoid hemorrhage from anterior communicating artery	Diagnosis	ICD-10-CM
16020	Nontraumatic subarachnoid hemorrhage from unspecified anterior communicating artery	Diagnosis	ICD-10-CM
16021	Nontraumatic subarachnoid hemorrhage from right anterior communicating artery	Diagnosis	ICD-10-CM
16022	Nontraumatic subarachnoid hemorrhage from left anterior communicating artery	Diagnosis	ICD-10-CM
1603	Nontraumatic subarachnoid hemorrhage from posterior communicating artery	Diagnosis	ICD-10-CM
16030	Nontraumatic subarachnoid hemorrhage from unspecified posterior communicating artery	Diagnosis	ICD-10-CM
16031	Nontraumatic subarachnoid hemorrhage from right posterior communicating artery	Diagnosis	ICD-10-CM
16032	Nontraumatic subarachnoid hemorrhage from left posterior communicating artery	Diagnosis	ICD-10-CM
1604	Nontraumatic subarachnoid hemorrhage from basilar artery	Diagnosis	ICD-10-CM
1605	Nontraumatic subarachnoid hemorrhage from vertebral artery	Diagnosis	ICD-10-CM
16050	Nontraumatic subarachnoid hemorrhage from unspecified vertebral artery	Diagnosis	ICD-10-CM
16051	Nontraumatic subarachnoid hemorrhage from right vertebral artery	Diagnosis	ICD-10-CM
16052	Nontraumatic subarachnoid hemorrhage from left vertebral artery	Diagnosis	ICD-10-CM
1606	Nontraumatic subarachnoid hemorrhage from other intracranial arteries	Diagnosis	ICD-10-CM
1607	Nontraumatic subarachnoid hemorrhage from unspecified intracranial artery	Diagnosis	ICD-10-CM
1608	Other nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
1609	Nontraumatic subarachnoid hemorrhage, unspecified	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
161	Nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
1610	Nontraumatic intracerebral hemorrhage in hemisphere, subcortical	Diagnosis	ICD-10-CM
1611	Nontraumatic intracerebral hemorrhage in hemisphere, cortical	Diagnosis	ICD-10-CM
1612	Nontraumatic intracerebral hemorrhage in hemisphere, unspecified	Diagnosis	ICD-10-CM
1613	Nontraumatic intracerebral hemorrhage in brain stem	Diagnosis	ICD-10-CM
1614	Nontraumatic intracerebral hemorrhage in cerebellum	Diagnosis	ICD-10-CM
1615	Nontraumatic intracerebral hemorrhage, intraventricular	Diagnosis	ICD-10-CM
1616	Nontraumatic intracerebral hemorrhage, multiple localized	Diagnosis	ICD-10-CM
1618	Other nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
1619	Nontraumatic intracerebral hemorrhage, unspecified	Diagnosis	ICD-10-CM
162	Other and unspecified nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
1620	Nontraumatic subdural hemorrhage	Diagnosis	ICD-10-CM
16200	Nontraumatic subdural hemorrhage, unspecified	Diagnosis	ICD-10-CM
16201	Nontraumatic acute subdural hemorrhage	Diagnosis	ICD-10-CM
16202	Nontraumatic subacute subdural hemorrhage	Diagnosis	ICD-10-CM
16203	Nontraumatic chronic subdural hemorrhage	Diagnosis	ICD-10-CM
1621	Nontraumatic extradural hemorrhage	Diagnosis	ICD-10-CM
1629	Nontraumatic intracranial hemorrhage, unspecified	Diagnosis	ICD-10-CM
163	Cerebral infarction	Diagnosis	ICD-10-CM
1630	Cerebral infarction due to thrombosis of precerebral arteries	Diagnosis	ICD-10-CM
16300	Cerebral infarction due to thrombosis of unspecified precerebral artery	Diagnosis	ICD-10-CM
16301	Cerebral infarction due to thrombosis of vertebral artery	Diagnosis	ICD-10-CM
163011	Cerebral infarction due to thrombosis of right vertebral artery	Diagnosis	ICD-10-CM
163012	Cerebral infarction due to thrombosis of left vertebral artery	Diagnosis	ICD-10-CM
163013	Cerebral infarction due to thrombosis of bilateral vertebral arteries	Diagnosis	ICD-10-CM
163019	Cerebral infarction due to thrombosis of unspecified vertebral artery	Diagnosis	ICD-10-CM
16302	Cerebral infarction due to thrombosis of basilar artery	Diagnosis	ICD-10-CM
16303	Cerebral infarction due to thrombosis of carotid artery	Diagnosis	ICD-10-CM
163031	Cerebral infarction due to thrombosis of right carotid artery	Diagnosis	ICD-10-CM
163032	Cerebral infarction due to thrombosis of left carotid artery	Diagnosis	ICD-10-CM
163033	Cerebral infarction due to thrombosis of bilateral carotid arteries	Diagnosis	ICD-10-CM
163039	Cerebral infarction due to thrombosis of unspecified carotid artery	Diagnosis	ICD-10-CM
16309	Cerebral infarction due to thrombosis of other precerebral artery	Diagnosis	ICD-10-CM
1631	Cerebral infarction due to embolism of precerebral arteries	Diagnosis	ICD-10-CM
16310	Cerebral infarction due to embolism of unspecified precerebral artery	Diagnosis	ICD-10-CM
10010	cerebral invariant and to embolish of anopeomea precedebral artery	2106110313	105 10 0111
16311	Cerebral infarction due to embolism of vertebral artery	Diagnosis	ICD-10-CM
163111	Cerebral infarction due to embolism of right vertebral artery	Diagnosis	ICD-10-CM
163112	Cerebral infarction due to embolism of left vertebral artery	Diagnosis	ICD-10-CM
163113	Cerebral infarction due to embolism of bilateral vertebral arteries	Diagnosis	ICD-10-CM
163119	Cerebral infarction due to embolism of unspecified vertebral artery	Diagnosis	ICD-10-CM
16312	Cerebral infarction due to embolism of basilar artery	Diagnosis	ICD-10-CM
16313	Cerebral infarction due to embolism of carotid artery	Diagnosis	ICD-10-CM
163131	Cerebral infarction due to embolism of right carotid artery	Diagnosis	ICD-10-CM
163132	Cerebral infarction due to embolism of left carotid artery	Diagnosis	ICD-10-CM
163133	Cerebral infarction due to embolism of bilateral carotid arteries	Diagnosis	ICD-10-CM
163139	Cerebral infarction due to embolism of unspecified carotid artery	Diagnosis	ICD-10-CM
16319	Cerebral infarction due to embolism of other precerebral artery	Diagnosis	ICD-10-CM
1632	Cerebral infarction due to unspecified occlusion or stenosis of precerebral arteries	Diagnosis	ICD-10-CM

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arteries	due to unspecified occlusion or stenosis of unspecified precerebral due to unspecified occlusion or stenosis of vertebral arteries	Code Category Diagnosis	ICD-10-CM
arteries		Diagnosis	ICD-10-CIVI
	due to unspecified occlusion or stenosis of vertebral arteries		
		Diagnosis	ICD-10-CM
I63211 Cerebral infarction	due to unspecified occlusion or stenosis of right vertebral artery	Diagnosis	ICD-10-CM
163212 Cerebral infarction	due to unspecified occlusion or stenosis of left vertebral artery	Diagnosis	ICD-10-CM
	due to unspecified occlusion or stenosis of bilateral vertebral	Diagnosis	ICD-10-CM
arteries 163219 Cerebral infarction artery	due to unspecified occlusion or stenosis of unspecified vertebral	Diagnosis	ICD-10-CM
	due to unspecified occlusion or stenosis of basilar artery	Diagnosis	ICD-10-CM
16323 Cerebral infarction	due to unspecified occlusion or stenosis of carotid arteries	Diagnosis	ICD-10-CM
I63231 Cerebral infarction	due to unspecified occlusion or stenosis of right carotid arteries	Diagnosis	ICD-10-CM
163232 Cerebral infarction	due to unspecified occlusion or stenosis of left carotid arteries	Diagnosis	ICD-10-CM
163233 Cerebral infarction arteries	due to unspecified occlusion or stenosis of bilateral carotid	Diagnosis	ICD-10-CM
163239 Cerebral infarction	due to unspecified occlusion or stenosis of unspecified carotid	Diagnosis	ICD-10-CM
artery 16329 Cerebral infarction arteries	due to unspecified occlusion or stenosis of other precerebral	Diagnosis	ICD-10-CM
	due to thrombosis of cerebral arteries	Diagnosis	ICD-10-CM
	due to thrombosis of unspecified cerebral artery	Diagnosis	ICD-10-CM
	,		
I6331 Cerebral infarction	due to thrombosis of middle cerebral artery	Diagnosis	ICD-10-CM
I63311 Cerebral infarction	due to thrombosis of right middle cerebral artery	Diagnosis	ICD-10-CM
I63312 Cerebral infarction	due to thrombosis of left middle cerebral artery	Diagnosis	ICD-10-CM
	due to thrombosis of bilateral middle cerebral arteries	Diagnosis	ICD-10-CM
163319 Cerebral infarction	due to thrombosis of unspecified middle cerebral artery	Diagnosis	ICD-10-CM
I6332 Cerebral infarction	due to thrombosis of anterior cerebral artery	Diagnosis	ICD-10-CM
	due to thrombosis of right anterior cerebral artery	Diagnosis	ICD-10-CM
163322 Cerebral infarction	due to thrombosis of left anterior cerebral artery	Diagnosis	ICD-10-CM
163323 Cerebral infarction	due to thrombosis of bilateral anterior cerebral arteries	Diagnosis	ICD-10-CM
163329 Cerebral infarction	due to thrombosis of unspecified anterior cerebral artery	Diagnosis	ICD-10-CM
16333 Cerebral infarction	due to thrombosis of posterior cerebral artery	Diagnosis	ICD-10-CM
	due to thrombosis of right posterior cerebral artery	Diagnosis	ICD-10-CM
163332 Cerebral infarction	due to thrombosis of left posterior cerebral artery	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
163333	Cerebral infarction due to thrombosis of bilateral posterior cerebral arteries	Diagnosis	ICD-10-CM
	Colosia initiation due to timolinostic of shallonal posterior colosia initiation	2.0800.0	.02 20 0
163339	Cerebral infarction due to thrombosis of unspecified posterior cerebral artery	Diagnosis	ICD-10-CM
	,	- 100	
16334	Cerebral infarction due to thrombosis of cerebellar artery	Diagnosis	ICD-10-CM
163341	Cerebral infarction due to thrombosis of right cerebellar artery	Diagnosis	ICD-10-CM
163342	Cerebral infarction due to thrombosis of left cerebellar artery	Diagnosis	ICD-10-CM
163343	Cerebral infarction due to thrombosis of bilateral cerebellar arteries	Diagnosis	ICD-10-CM
163349	Cerebral infarction due to thrombosis of unspecified cerebellar artery	Diagnosis	ICD-10-CM
16339	Cerebral infarction due to thrombosis of other cerebral artery	Diagnosis	ICD-10-CM
1634	Cerebral infarction due to embolism of cerebral arteries	Diagnosis	ICD-10-CM
16340	Cerebral infarction due to embolism of unspecified cerebral artery	Diagnosis	ICD-10-CM
16341	Cerebral infarction due to embolism of middle cerebral artery	Diagnosis	ICD-10-CM
163411	Cerebral infarction due to embolism of right middle cerebral artery	Diagnosis	ICD-10-CM
163412	Cerebral infarction due to embolism of left middle cerebral artery	Diagnosis	ICD-10-CM
163413	Cerebral infarction due to embolism of bilateral middle cerebral arteries	Diagnosis	ICD-10-CM
163419	Cerebral infarction due to embolism of unspecified middle cerebral artery	Diagnosis	ICD-10-CM
16342	Cerebral infarction due to embolism of anterior cerebral artery	Diagnosis	ICD-10-CM
163421	Cerebral infarction due to embolism of right anterior cerebral artery	Diagnosis	ICD-10-CM
163422	Cerebral infarction due to embolism of left anterior cerebral artery	Diagnosis	ICD-10-CM
163423	Cerebral infarction due to embolism of bilateral anterior cerebral arteries	Diagnosis	ICD-10-CM
163429	Cerebral infarction due to embolism of unspecified anterior cerebral artery	Diagnosis	ICD-10-CM
160.40		5	100 10 011
16343	Cerebral infarction due to embolism of posterior cerebral artery	Diagnosis	ICD-10-CM
163431	Cerebral infarction due to embolism of right posterior cerebral artery	Diagnosis	ICD-10-CM
162422	Combination than to such allows of left a set of a section of set on	Di	ICD 40 CN4
163432	Cerebral infarction due to embolism of left posterior cerebral artery	Diagnosis	ICD-10-CM
162422	Corobral inforction due to embalism of hilatoral nectories corobral arteries	Diagnosis	ICD 10 CM
163433	Cerebral infarction due to embolism of bilateral posterior cerebral arteries	Diagnosis	ICD-10-CM
163439	Cerebral infarction due to embolism of unspecified posterior cerebral artery	Diagnosis	ICD-10-CM
103433	cerebrar illiarction due to embolism of unspecified posterior cerebrar artery	Diagnosis	ICD-10-CIVI
16344	Cerebral infarction due to embolism of cerebellar artery	Diagnosis	ICD-10-CM
163441	Cerebral infarction due to embolism of cerebellar artery Cerebral infarction due to embolism of right cerebellar artery	Diagnosis	ICD-10-CW
163442	Cerebral infarction due to embolism of left cerebellar artery	Diagnosis	ICD-10-CW
163443	Cerebral infarction due to embolism of field cerebellar arteries	Diagnosis	ICD-10-CW
163449	Cerebral infarction due to embolism of unspecified cerebellar artery	Diagnosis	ICD-10-CW
103443	cerebral infarction due to embolish of dispectned cerebellar aftery	Diagnosis	ICD-10-CIVI
16349	Cerebral infarction due to embolism of other cerebral artery	Diagnosis	ICD-10-CM
1635	Cerebral infarction due to unspecified occlusion or stenosis of cerebral arteries	Diagnosis	ICD-10-CM
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16350	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral	Diagnosis	ICD-10-CM
	artery		
16351	Cerebral infarction due to unspecified occlusion or stenosis of middle cerebral artery	Diagnosis	ICD-10-CM
	,	5	

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Code	Description	Code Category	Code Type
163511	Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral	Diagnosis	ICD-10-CM
	artery		
163512	Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral	Diagnosis	ICD-10-CM
162542	artery	5	100 40 614
163513	Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle	Diagnosis	ICD-10-CM
163519	cerebral arteries Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle	Diagnosis	ICD-10-CM
103313	cerebral artery	Diagnosis	ICD-10-CIVI
16352	Cerebral infarction due to unspecified occlusion or stenosis of anterior cerebral artery	Diagnosis	ICD-10-CM
	,	J	
163521	Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral	Diagnosis	ICD-10-CM
	artery		
163522	Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral	Diagnosis	ICD-10-CM
163523	artery Cerebral infarction due to unspecified occlusion or stenosis of bilateral anterior	Diagnosis	ICD-10-CM
103323	cerebral arteries	Diagnosis	ICD-10-CIVI
163529	Cerebral infarction due to unspecified occlusion or stenosis of unspecified anterior	Diagnosis	ICD-10-CM
	cerebral artery	J	
16353	Cerebral infarction due to unspecified occlusion or stenosis of posterior cerebral	Diagnosis	ICD-10-CM
	artery		
163531	Cerebral infarction due to unspecified occlusion or stenosis of right posterior cerebral	Diagnosis	ICD-10-CM
162522	artery	Diai-	ICD 40 CN4
163532	Cerebral infarction due to unspecified occlusion or stenosis of left posterior cerebral	Diagnosis	ICD-10-CM
163533	artery Cerebral infarction due to unspecified occlusion or stenosis of bilateral posterior	Diagnosis	ICD-10-CM
.00000	cerebral arteries	2146.16616	.02 20 0
163539	Cerebral infarction due to unspecified occlusion or stenosis of unspecified posterior	Diagnosis	ICD-10-CM
	cerebral artery		
16354	Cerebral infarction due to unspecified occlusion or stenosis of cerebellar artery	Diagnosis	ICD-10-CM
1625.44		Diai-	ICD 40 CN4
163541	Cerebral infarction due to unspecified occlusion or stenosis of right cerebellar artery	Diagnosis	ICD-10-CM
163542	Cerebral infarction due to unspecified occlusion or stenosis of left cerebellar artery	Diagnosis	ICD-10-CM
100012	ceres ar initial scient due to unspecimed occidence of stemosis of fere series and after y	2106110313	100 10 0111
163543	Cerebral infarction due to unspecified occlusion or stenosis of bilateral cerebellar	Diagnosis	ICD-10-CM
	arteries		
163549	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebellar	Diagnosis	ICD-10-CM
	artery		
16359	Cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery	Diagnosis	ICD-10-CM
1636	Cerebral infarction due to cerebral venous thrombosis, nonpyogenic	Diagnosis	ICD-10-CM
1030	cerebral illiarction due to cerebral venous tilrollibosis, nonpyogenic	Diagnosis	ICD-10-CIVI
1638	Other cerebral infarction	Diagnosis	ICD-10-CM
16381	Other cerebral infarction due to occlusion or stenosis of small artery	Diagnosis	ICD-10-CM
	·		
16389	Other cerebral infarction	Diagnosis	ICD-10-CM
1639	Cerebral infarction, unspecified	Diagnosis	ICD-10-CM
ICE	Other Hospitalized Cerebrovascular Disease (CVD)	Diagnosis	ICD 10 CM
165	Occlusion and stenosis of precerebral arteries, not resulting in cerebral infarction	Diagnosis	ICD-10-CM
165.0	Occlusion and stenosis of vertebral artery	Diagnosis	ICD-10-CM
165.01	Occlusion and stenosis of right vertebral artery	Diagnosis	ICD-10-CM
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	E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifie		
Code	Description Oschwigen and stance of left worth heal artery	Code Category	Code Type
165.02	Occlusion and stenosis of left vertebral artery	Diagnosis	ICD-10-CM
165.03	Occlusion and stenosis of bilateral vertebral arteries	Diagnosis	ICD-10-CM
165.09	Occlusion and stenosis of unspecified vertebral artery	Diagnosis	ICD-10-CM
165.1	Occlusion and stenosis of basilar artery	Diagnosis	ICD-10-CM
165.2	Occlusion and stenosis of carotid artery	Diagnosis	ICD-10-CM
165.21	Occlusion and stenosis of right carotid artery	Diagnosis	ICD-10-CM
165.22	Occlusion and stenosis of left carotid artery	Diagnosis	ICD-10-CM
165.23	Occlusion and stenosis of bilateral carotid arteries	Diagnosis	ICD-10-CM
165.29	Occlusion and stenosis of unspecified carotid artery	Diagnosis	ICD-10-CM
165.8	Occlusion and stenosis of other precerebral arteries	Diagnosis	ICD-10-CM
165.9	Occlusion and stenosis of unspecified precerebral artery	Diagnosis	ICD-10-CM
166	Occlusion and stenosis of cerebral arteries, not resulting in cerebral infarction	Diagnosis	ICD-10-CM
166.0	Occlusion and stenosis of middle cerebral artery	Diagnosis	ICD-10-CM
166.01	Occlusion and stenosis of right middle cerebral artery	Diagnosis	ICD-10-CM
166.02	Occlusion and stenosis of left middle cerebral artery	Diagnosis	ICD-10-CM
166.03	Occlusion and stenosis of bilateral middle cerebral arteries	Diagnosis	ICD-10-CM
166.09	Occlusion and stenosis of unspecified middle cerebral artery	Diagnosis	ICD-10-CM
166.1	Occlusion and stenosis of anterior cerebral artery	Diagnosis	ICD-10-CM
166.11	Occlusion and stenosis of right anterior cerebral artery	Diagnosis	ICD-10-CM
166.12	Occlusion and stenosis of left anterior cerebral artery	Diagnosis	ICD-10-CM
166.13	Occlusion and stenosis of bilateral anterior cerebral arteries	Diagnosis	ICD-10-CM
166.19	Occlusion and stenosis of unspecified anterior cerebral artery	Diagnosis	ICD-10-CM
166.2	Occlusion and stenosis of posterior cerebral artery	Diagnosis	ICD-10-CM
166.21	Occlusion and stenosis of right posterior cerebral artery	Diagnosis	ICD-10-CM
166.22	Occlusion and stenosis of left posterior cerebral artery	Diagnosis	ICD-10-CM
166.23	Occlusion and stenosis of bilateral posterior cerebral arteries	Diagnosis	ICD-10-CM
166.29	Occlusion and stenosis of unspecified posterior cerebral artery	Diagnosis	ICD-10-CM
166.3	Occlusion and stenosis of cerebellar arteries	Diagnosis	ICD-10-CM
166.8	Occlusion and stenosis of other cerebral arteries	Diagnosis	ICD-10-CM
166.9	Occlusion and stenosis of unspecified cerebral artery	Diagnosis	ICD-10-CM
167	Other cerebrovascular diseases	Diagnosis	ICD-10-CM
167.0	Dissection of cerebral arteries, nonruptured	Diagnosis	ICD-10-CM
167.1	Cerebral aneurysm, nonruptured	Diagnosis	ICD-10-CM
167.2	Cerebral atherosclerosis	Diagnosis	ICD-10-CM
167.3	Progressive vascular leukoencephalopathy	Diagnosis	ICD-10-CM
167.4	Hypertensive encephalopathy	Diagnosis	ICD-10-CM
167.5	Moyamoya disease	Diagnosis	ICD-10-CM
167.6	Nonpyogenic thrombosis of intracranial venous system	Diagnosis	ICD-10-CM
167.7	Cerebral arteritis, not elsewhere classified	Diagnosis	ICD-10-CM
167.8	Other specified cerebrovascular diseases	Diagnosis	ICD-10-CM
167.81	Acute cerebrovascular insufficiency	Diagnosis	ICD-10-CM
167.82	Cerebral ischemia	Diagnosis	ICD-10-CM
167.83	Posterior reversible encephalopathy syndrome	Diagnosis	ICD-10-CM
167.84	Cerebral vasospasm and vasoconstriction	Diagnosis	ICD-10-CM
167.841	Reversible cerebrovascular vasoconstriction syndrome	Diagnosis	ICD-10-CM
167.848	Other cerebrovascular vasospasm and vasoconstriction	Diagnosis	ICD-10-CM
167.85	Hereditary cerebrovascular diseases	Diagnosis	ICD-10-CM
167.850	Cerebral autosomal dominant arteriopathy with subcortical infarcts and	Diagnosis	ICD-10-CM
	leukoencephalopathy		
167.858	Other hereditary cerebrovascular disease	Diagnosis	ICD-10-CM
167.89	Other cerebrovascular disease	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
167.9	Cerebrovascular disease, unspecified	Diagnosis	ICD-10-CM
167.5	Cerebrovascular disorders in diseases classified elsewhere	Diagnosis	ICD-10-CM
168.0	Cerebral amyloid angiopathy	Diagnosis	ICD-10-CM
168.2	Cerebral arteritis in other diseases classified elsewhere	Diagnosis	ICD-10-CM
168.8	Other cerebrovascular disorders in diseases classified elsewhere	Diagnosis	ICD-10-CM
169	Sequelae of cerebrovascular disease	Diagnosis	ICD-10-CM
169.0	Sequelae of nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.01	Cognitive deficits following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
105.01	cognitive denoits following north admatic subaracimolid hemorrhage	Diagnosis	ICD-10-CIVI
169.2	Sequelae of other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
169.22	Speech and language deficits following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
.00		2.0000.0	.02 20 0
169.23	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
		.0	
169.24	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
		G	
169.25	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
		G	
169.26	Other paralytic syndrome following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
169.29	Other sequelae of other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
169.3	Sequelae of cerebral infarction	Diagnosis	ICD-10-CM
169.32	Speech and language deficits following cerebral infarction	Diagnosis	ICD-10-CM
169.33	Monoplegia of upper limb following cerebral infarction	Diagnosis	ICD-10-CM
169.34	Monoplegia of lower limb following cerebral infarction	Diagnosis	ICD-10-CM
169.35	Hemiplegia and hemiparesis following cerebral infarction	Diagnosis	ICD-10-CM
169.36	Other paralytic syndrome following cerebral infarction	Diagnosis	ICD-10-CM
169.39	Other sequelae of cerebral infarction	Diagnosis	ICD-10-CM
169.00	Unspecified sequelae of nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.010	Attention and concentration deficit following nontraumatic subarachnoid	Diagnosis	ICD-10-CM
	hemorrhage		
169.011	Memory deficit following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.012	Visuospatial deficit and spatial neglect following nontraumatic subarachnoid	Diagnosis	ICD-10-CM
	hemorrhage		
169.013	Psychomotor deficit following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.014	Frontal lobe and executive function deficit following nontraumatic subarachnoid	Diagnosis	ICD-10-CM
	hemorrhage		
169.015	Cognitive social or emotional deficit following nontraumatic subarachnoid	Diagnosis	ICD-10-CM
	hemorrhage		
169.018	Other symptoms and signs involving cognitive functions following nontraumatic	Diagnosis	ICD-10-CM
	subarachnoid hemorrhage		
169.019	Unspecified symptoms and signs involving cognitive functions following nontraumatic	Diagnosis	ICD-10-CM
	subarachnoid hemorrhage		
169.02	Speech and language deficits following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.020	Aphasia following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.021	Dysphasia following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.022	Dysarthria following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.023	Fluency disorder following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
169.028	Other speech and language deficits following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.03	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.031	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.032	affecting right dominant side Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.033	affecting left dominant side Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.034	affecting right non-dominant side Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.039	affecting left non-dominant side Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.04	affecting unspecified side Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.041	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting	Diagnosis	ICD-10-CM
169.042	right dominant side Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting	Diagnosis	ICD-10-CM
169.043	left dominant side Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting	Diagnosis	ICD-10-CM
169.044	right non-dominant side Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting	Diagnosis	ICD-10-CM
169.049	left non-dominant side Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting	Diagnosis	ICD-10-CM
169.05	unspecified side Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.051	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.052	affecting right dominant side Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.053	affecting left dominant side Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.054	affecting right non-dominant side Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.059	affecting left non-dominant side Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.06	affecting unspecified side Other paralytic syndrome following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.061	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting	Diagnosis	ICD-10-CM
169.062	right dominant side Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting	Diagnosis	ICD-10-CM
169.063	left dominant side Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting	Diagnosis	ICD-10-CM
169.064	right non-dominant side Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting	Diagnosis	ICD-10-CM
169.065	left non-dominant side Other paralytic syndrome following nontraumatic subarachnoid hemorrhage, bilateral	Diagnosis	ICD-10-CM
169.069	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
169.09	Other sequelae of nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.090	Apraxia following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.091	Dysphagia following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.092	Facial weakness following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.093	Ataxia following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.098	Other sequelae following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.1	Sequelae of nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
169.10	Unspecified sequelae of nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
169.11	Cognitive deficits following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
169.110	Attention and concentration deficit following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
169.111	Memory deficit following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
169.112	Visuospatial deficit and spatial neglect following nontraumatic intracerebral	Diagnosis	ICD-10-CM
	hemorrhage	- 10011011	
169.113	Psychomotor deficit following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
		- 12011	
169.114	Frontal lobe and executive function deficit following nontraumatic intracerebral	Diagnosis	ICD-10-CM
	hemorrhage	•	
169.115	Cognitive social or emotional deficit following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
169.118	Other symptoms and signs involving cognitive functions following nontraumatic	Diagnosis	ICD-10-CM
	intracerebral hemorrhage		
169.119	Unspecified symptoms and signs involving cognitive functions following nontraumatic	Diagnosis	ICD-10-CM
	intracerebral hemorrhage		
169.12	Speech and language deficits following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
169.120	Aphasia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
169.121	Dysphasia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
169.122	Dysarthria following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
169.123	Fluency disorder following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
169.128	Other speech and language deficits following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
169.13	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
169.131	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting	Diagnosis	ICD-10-CM
	right dominant side		
169.132	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting	Diagnosis	ICD-10-CM
100 422	left dominant side	5	100 40 684
169.133	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting	Diagnosis	ICD-10-CM
100 424	right non-dominant side	5	100 40 684
169.134	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting	Diagnosis	ICD-10-CM
100 420	left non-dominant side	5	100 40 604
169.139	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting	Diagnosis	ICD-10-CM
100.44	unspecified side	Diamania	1CD 40 CN4
169.14	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
100 1 11	Manageria of laws with fallowing parties were in interested by the second of the secon	Diamonis	ICD 10 CM
169.141	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting	uagnosis	ICD-10-CM
160 142	right dominant side Managlagia of lower limb following pontroumatic intracerabral homographs affecting	Diagnosis	ICD 10 CN4
169.142	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting	Diagnosis	ICD-10-CM
	left dominant side		

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Code	Description	Code Category	Code Type
169.143	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting		ICD-10-CM
109.145	right non-dominant side	Diagnosis	ICD-10-CIVI
169.144	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting	Diagnosis	ICD-10-CM
105.144		Diagnosis	ICD-10-CIVI
160 140	left non-dominant side Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting	Diagnosis	ICD 10 CM
169.149		Diagnosis	ICD-10-CM
160.45	unspecified side	D: .	100 40 614
169.15	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
160 454		D: .	100 40 614
169.151	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
160 452	affecting right dominant side	D: .	100 40 614
169.152	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
160 450	affecting left dominant side		100 10 011
169.153	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
160 454	affecting right non-dominant side		100 10 011
169.154	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
	affecting left non-dominant side		
169.159	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
	affecting unspecified side		
169.16	Other paralytic syndrome following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
169.161	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting	Diagnosis	ICD-10-CM
	right dominant side		
169.162	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting	Diagnosis	ICD-10-CM
	left dominant side		
169.163	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting	Diagnosis	ICD-10-CM
	right non-dominant side		
169.164	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting	Diagnosis	ICD-10-CM
	left non-dominant side		
169.165	Other paralytic syndrome following nontraumatic intracerebral hemorrhage, bilateral	Diagnosis	ICD-10-CM
169.169	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting	Diagnosis	ICD-10-CM
	unspecified side		
169.19	Other sequelae of nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
169.190	Apraxia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
169.191	Dysphagia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
169.192	Facial weakness following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
169.193	Ataxia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
169.198	Other sequelae of nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
169.20	Unspecified sequelae of other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
		•	
169.21	Cognitive deficits following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
		J	
169.210	Attention and concentration deficit following other nontraumatic intracranial	Diagnosis	ICD-10-CM
	hemorrhage	.0	
169.211	Memory deficit following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
· ·		-0	
169.212	Visuospatial deficit and spatial neglect following other nontraumatic intracranial	Diagnosis	ICD-10-CM
.03.212	hemorrhage	05.100.0	.55 15 0141
169.213	Psychomotor deficit following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
103.213	1. 37 5.1.5.1.1.5 to 1 denote following other nontraumatic intractantal nemormage	-105110313	.CD 10 CIVI
169.214	Frontal lobe and executive function deficit following other nontraumatic intracranial	Diagnosis	ICD-10-CM
.03.217	hemorrhage	- 100110010	.02 10 0141
	nemornage		

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Code	Description	Code Category	Code Type
169.215	Cognitive social or emotional deficit following other nontraumatic intracranial	Diagnosis	ICD-10-CM
109.213		Diagnosis	ICD-10-CIVI
169.218	hemorrhage Other symptoms and signs involving cognitive functions following other nontraumatic	Diagnosis	ICD-10-CM
109.216		Diagnosis	ICD-10-CIVI
169.219	intracranial hemorrhage Use positive functions following other	Diagnosis	ICD-10-CM
109.219	Unspecified symptoms and signs involving cognitive functions following other	Diagnosis	ICD-10-CIVI
100 220	nontraumatic intracranial hemorrhage	Diamonia	ICD 10 CM
169.220	Aphasia following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
169.221	Dysphasia following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
169.222	Dysarthria following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
169.223	Fluency disorder following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
160 220		5	100 40 614
169.228	Other speech and language deficits following other nontraumatic intracranial	Diagnosis	ICD-10-CM
	hemorrhage		
169.231	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
	affecting right dominant side		
169.232	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
	affecting left dominant side		
169.233	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
	affecting right non-dominant side		
169.234	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
	affecting left non-dominant side		
169.239	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
	affecting unspecified side		
169.241	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
	affecting right dominant side		
169.242	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
	affecting left dominant side		
169.243	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
	affecting right non-dominant side		
169.244	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
	affecting left non-dominant side		
169.249	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
	affecting unspecified side		
169.251	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
	affecting right dominant side		
169.252	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
	affecting left dominant side		
169.253	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
	affecting right non-dominant side		
169.254	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
	affecting left non-dominant side		
169.259	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
	affecting unspecified side		
169.261	Other paralytic syndrome following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
	affecting right dominant side		
169.262	Other paralytic syndrome following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
	affecting left dominant side	J	
169.263	Other paralytic syndrome following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
	affecting right non-dominant side	_	
169.264	Other paralytic syndrome following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
-	affecting left non-dominant side	5 -	

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Code	Description	Code Category	Code Type
169.265	Other paralytic syndrome following other nontraumatic intracranial hemorrhage,	Diagnosis	ICD-10-CM
	bilateral	•	
169.269	Other paralytic syndrome following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
	affecting unspecified side		
169.290	Apraxia following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
169.291	Dysphagia following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
169.292	Facial weakness following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
169.293	Ataxia following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
169.298	Other sequelae of other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
169.30	Unspecified sequelae of cerebral infarction	Diagnosis	ICD-10-CM
169.31	Cognitive deficits following cerebral infarction	Diagnosis	ICD-10-CM
169.310	Attention and concentration deficit following cerebral infarction	Diagnosis	ICD-10-CM
169.311	Memory deficit following cerebral infarction	Diagnosis	ICD-10-CM
169.312	Visuospatial deficit and spatial neglect following cerebral infarction	Diagnosis	ICD-10-CM
169.313	Psychomotor deficit following cerebral infarction	Diagnosis	ICD-10-CM
169.314	Frontal lobe and executive function deficit following cerebral infarction	Diagnosis	ICD-10-CM
160 245		. .	100 40 614
169.315	Cognitive social or emotional deficit following cerebral infarction	Diagnosis	ICD-10-CM
169.318	Other symptoms and signs involving cognitive functions following cerebral infarction	Diagnosis	ICD-10-CM
169.319	Unspecified symptoms and signs involving cognitive functions following cerebral	Diagnosis	ICD-10-CM
109.319	infarction	Diagnosis	ICD-10-CIVI
169.320	Aphasia following cerebral infarction	Diagnosis	ICD-10-CM
169.321	Dysphasia following cerebral infarction	Diagnosis Diagnosis	ICD-10-CW
169.322	Dysarthria following cerebral infarction	Diagnosis	ICD-10-CW
169.323	Fluency disorder following cerebral infarction	Diagnosis	ICD-10-CW
169.328	Other speech and language deficits following cerebral infarction	Diagnosis	ICD-10-CW
169.331	Monoplegia of upper limb following cerebral infarction affecting right dominant side	Diagnosis	ICD-10-CIVI
103.331	Monopiegia of apper limb following cerebral infarction affecting right dominant side	Diagnosis	ICD-10-CIVI
169.332	Monoplegia of upper limb following cerebral infarction affecting left dominant side	Diagnosis	ICD-10-CM
103.332	monopiesta or apper mino ronowing cerebrar interesting ferr dominant side	Diagnosis	TED TO CIVI
169.333	Monoplegia of upper limb following cerebral infarction affecting right non-dominant	Diagnosis	ICD-10-CM
	side	2146.100.0	.02 20 0
169.334	Monoplegia of upper limb following cerebral infarction affecting left non-dominant	Diagnosis	ICD-10-CM
	side	. 0	
169.339	Monoplegia of upper limb following cerebral infarction affecting unspecified side	Diagnosis	ICD-10-CM
		J	
169.341	Monoplegia of lower limb following cerebral infarction affecting right dominant side	Diagnosis	ICD-10-CM
		_	
169.342	Monoplegia of lower limb following cerebral infarction affecting left dominant side	Diagnosis	ICD-10-CM
169.343	Monoplegia of lower limb following cerebral infarction affecting right non-dominant	Diagnosis	ICD-10-CM
	side		
169.344	Monoplegia of lower limb following cerebral infarction affecting left non-dominant	Diagnosis	ICD-10-CM
	side		
169.349	Monoplegia of lower limb following cerebral infarction affecting unspecified side	Diagnosis	ICD-10-CM
169.351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant	Diagnosis	ICD-10-CM
	side		

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Code	Description	Code Category	Code Type
169.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side	Diagnosis	ICD-10-CM
169.353	Hemiplegia and hemiparesis following cerebral infarction affecting right non-	Diagnosis	ICD-10-CM
	dominant side	J	
169.354	Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant	Diagnosis	ICD-10-CM
.00.00	side	2108110010	.02 20 0
169.359	Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side	Diagnosis	ICD-10-CM
109.339	The implegia and the imparesis following cerebral imarction affecting unspecified side	Diagnosis	ICD-10-CIVI
169.361	Other paralytic syndrome following cerebral infarction affecting right dominant side	Diagnosis	ICD-10-CM
169.362	Other paralytic syndrome following cerebral infarction affecting left dominant side	Diagnosis	ICD-10-CM
169.363	Other paralytic syndrome following cerebral infarction affecting right non-dominant	Diagnosis	ICD-10-CM
	side		
169.364	Other paralytic syndrome following cerebral infarction affecting left non-dominant	Diagnosis	ICD-10-CM
	side		
169.365	Other paralytic syndrome following cerebral infarction, bilateral	Diagnosis	ICD-10-CM
169.369	Other paralytic syndrome following cerebral infarction affecting unspecified side	Diagnosis	ICD-10-CM
		J	
169.390	Apraxia following cerebral infarction	Diagnosis	ICD-10-CM
169.391	Dysphagia following cerebral infarction	Diagnosis	ICD-10-CM
169.392	Facial weakness following cerebral infarction	Diagnosis	ICD-10-CM
		_	
169.393	Ataxia following cerebral infarction	Diagnosis	ICD-10-CM
169.398	Other sequelae of cerebral infarction	Diagnosis	ICD-10-CM
169.8	Sequelae of other cerebrovascular diseases	Diagnosis	ICD-10-CM
169.80	Unspecified sequelae of other cerebrovascular disease	Diagnosis	ICD-10-CM
169.81	Cognitive deficits following other cerebrovascular disease	Diagnosis	ICD-10-CM
169.810	Attention and concentration deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM
100 011	Name and deficit fellowing other appearance and discourse	Diamania	ICD 10 CM
169.811	Memory deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM
169.812	Visuospatial deficit and spatial neglect following other cerebrovascular disease	Diagnosis	ICD-10-CM
169.813	Psychomotor deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM
169.814	Frontal lobe and executive function deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM
103.014	Trontal lose and executive function deficit following other ecresiovascular disease	Diagnosis	TCD TO CIVI
169.815	Cognitive social or emotional deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM
169.818	Other symptoms and signs involving cognitive functions following other	Diagnosis	ICD-10-CM
	cerebrovascular disease		
169.819	Unspecified symptoms and signs involving cognitive functions following other	Diagnosis	ICD-10-CM
	cerebrovascular disease	J	
169.82	Speech and language deficits following other cerebrovascular disease	Diagnosis	ICD-10-CM
103.02	opecan and language denotes following other denest of assaular disease	Diagnosis	100 10 0111
169.820	Aphasia following other cerebrovascular disease	Diagnosis	ICD-10-CM
169.821	Dysphasia following other cerebrovascular disease	Diagnosis	ICD-10-CM
169.822	Dysarthria following other cerebrovascular disease	Diagnosis	ICD-10-CM
169.823	Fluency disorder following other cerebrovascular disease	Diagnosis	ICD-10-CM
169.828	Other speech and language deficits following other cerebrovascular disease	Diagnosis	ICD-10-CM
169.83	Manaplagia of upper limb following other carebrayassular disease	Diagnosis	ICD 10 CM
	Monoplegia of upper limb following other cerebrovascular disease	Diagnosis	ICD-10-CM
169.831	Monoplegia of upper limb following other cerebrovascular disease affecting right	Diagnosis	ICD-10-CM
	dominant side		

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	E. List of KxNorm Concept Unique Identifier (KXCUI), Logical Observation Identifiers N		
Code	Description	Code Category	Code Type
169.832	Monoplegia of upper limb following other cerebrovascular disease affecting left	Diagnosis	ICD-10-CM
100 022	dominant side	Diamania	ICD 10 CM
169.833	Monoplegia of upper limb following other cerebrovascular disease affecting right non-	· Diagnosis	ICD-10-CM
169.834	dominant side Monoplegia of upper limb following other cerebrovascular disease affecting left non-	Diagnosis	ICD-10-CM
103.634	dominant side	Diagnosis	ICD-10-CIVI
169.839	Monoplegia of upper limb following other cerebrovascular disease affecting	Diagnosis	ICD-10-CM
103.633	unspecified side	Diagnosis	ICD-10-CIVI
169.84	Monoplegia of lower limb following other cerebrovascular disease	Diagnosis	ICD-10-CM
169.841	Monoplegia of lower limb following other cerebrovascular disease affecting right	Diagnosis	ICD-10-CIVI
105.041	dominant side	Diagnosis	ICD 10 CIVI
169.842	Monoplegia of lower limb following other cerebrovascular disease affecting left	Diagnosis	ICD-10-CM
103.012	dominant side	D146110313	100 10 0111
169.843	Monoplegia of lower limb following other cerebrovascular disease affecting right non-	Diagnosis	ICD-10-CM
	dominant side		
169.844	Monoplegia of lower limb following other cerebrovascular disease affecting left non-	Diagnosis	ICD-10-CM
	dominant side	.0	
169.849	Monoplegia of lower limb following other cerebrovascular disease affecting	Diagnosis	ICD-10-CM
	unspecified side	o .	
169.85	Hemiplegia and hemiparesis following other cerebrovascular disease	Diagnosis	ICD-10-CM
169.851	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right	Diagnosis	ICD-10-CM
	dominant side		
169.852	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left	Diagnosis	ICD-10-CM
	dominant side		
169.853	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right	Diagnosis	ICD-10-CM
	non-dominant side		
169.854	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non	· Diagnosis	ICD-10-CM
	dominant side		
169.859	Hemiplegia and hemiparesis following other cerebrovascular disease affecting	Diagnosis	ICD-10-CM
	unspecified side		
169.86	Other paralytic syndrome following other cerebrovascular disease	Diagnosis	ICD-10-CM
169.861	Other paralytic syndrome following other cerebrovascular disease affecting right	Diagnosis	ICD-10-CM
	dominant side		
169.862	Other paralytic syndrome following other cerebrovascular disease affecting left	Diagnosis	ICD-10-CM
	dominant side		
169.863	Other paralytic syndrome following other cerebrovascular disease affecting right non-	Diagnosis	ICD-10-CM
160.064	dominant side	5	100 40 614
169.864	Other paralytic syndrome following other cerebrovascular disease affecting left non-	Diagnosis	ICD-10-CM
100 005	dominant side	Diamasia	ICD 10 CM
169.865	Other paralytic syndrome following other cerebrovascular disease, bilateral	Diagnosis	ICD-10-CM
169.869	Other paralytic syndrome following other cerebrovascular disease affecting	Diagnosis	ICD-10-CM
103.603	unspecified side	Diagnosis	ICD-10-CIVI
169.89	Other sequelae of other cerebrovascular disease	Diagnosis	ICD-10-CM
169.890	Apraxia following other cerebrovascular disease	Diagnosis	ICD-10-CM
169.890	Dysphagia following other cerebrovascular disease	Diagnosis	ICD-10-CM
169.891	Facial weakness following other cerebrovascular disease	Diagnosis	ICD-10-CM
169.893	Ataxia following other cerebrovascular disease	Diagnosis	ICD-10-CM
169.898	Other sequelae of other cerebrovascular disease	Diagnosis	ICD-10-CM
169.9	Sequelae of unspecified cerebrovascular diseases	Diagnosis	ICD-10-CM
169.90	Unspecified sequelae of unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
	The state of the s		.02 10 011

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Code	Description	Code Category	Code Type
169.91	Cognitive deficits following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
169.910	Attention and concentration deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
.00.010	The state of the s	2.0800.0	.02 20 0
169.911	Memory deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
169.912	Visuospatial deficit and spatial neglect following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
		J	
169.913	Psychomotor deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
169.914	Frontal lobe and executive function deficit following unspecified cerebrovascular	Diagnosis	ICD-10-CM
	disease		
169.915	Cognitive social or emotional deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
169.918	Other symptoms and signs involving cognitive functions following unspecified	Diagnosis	ICD-10-CM
	cerebrovascular disease		
169.919	Unspecified symptoms and signs involving cognitive functions following unspecified	Diagnosis	ICD-10-CM
	cerebrovascular disease		
169.92	Speech and language deficits following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
169.920	Aphasia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
169.921	Dysphasia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
169.922	Dysarthria following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
169.923	Fluency disorder following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
169.928	Other speech and language deficits following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
160.00		5	100 40 614
169.93	Monoplegia of upper limb following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
160 021	Managina of upper limb fallowing upprocified corphroves ular disease offering	Diagnasis	ICD 10 CM
169.931	Monoplegia of upper limb following unspecified cerebrovascular disease affecting	Diagnosis	ICD-10-CM
169.932	right dominant side Monoplegia of upper limb following unspecified cerebrovascular disease affecting left	Diagnosis	ICD 10 CM
109.932	dominant side	Diagnosis	ICD-10-CM
169.933	Monoplegia of upper limb following unspecified cerebrovascular disease affecting	Diagnosis	ICD-10-CM
105.555	right non-dominant side	Diagnosis	ICD-10-CIVI
169.934	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left	Diagnosis	ICD-10-CM
103.334	non-dominant side	Diagnosis	ICD IO CIVI
169.939	Monoplegia of upper limb following unspecified cerebrovascular disease affecting	Diagnosis	ICD-10-CM
.00.000	unspecified side	2.0800.0	.02 20 0
169.94	Monoplegia of lower limb following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
		J	
169.941	Monoplegia of lower limb following unspecified cerebrovascular disease affecting	Diagnosis	ICD-10-CM
	right dominant side	•	
169.942	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left	Diagnosis	ICD-10-CM
	dominant side		
169.943	Monoplegia of lower limb following unspecified cerebrovascular disease affecting	Diagnosis	ICD-10-CM
	right non-dominant side		
169.944	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left	Diagnosis	ICD-10-CM
	non-dominant side		
169.949	Monoplegia of lower limb following unspecified cerebrovascular disease affecting	Diagnosis	ICD-10-CM
	unspecified side		
169.95	Hemiplegia and hemiparesis following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
169.951	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting	Diagnosis	ICD-10-CM
	right dominant side		

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	Description		
Code 169.952	Description Hemiplogia and hominarosis following unspecified corebrovascular disease affecting	Code Category	Code Type
103.352	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting	Diagnosis	ICD-10-CM
160.053	left dominant side	Diagnasis	ICD 10 CM
169.953	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting	Diagnosis	ICD-10-CM
169.954	right non-dominant side	Diagnosis	ICD-10-CM
109.954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting	Diagnosis	ICD-10-CIVI
160 050	left non-dominant side	Diagnasis	ICD 10 CM
169.959	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting	Diagnosis	ICD-10-CM
169.96	unspecified side Other paralytic syndrome following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
103.30	Other paralytic syndrome following dispectified cerebrovascular disease	Diagnosis	ICD-10-CIVI
169.961	Other paralytic syndrome following unspecified cerebrovascular disease affecting	Diagnosis	ICD-10-CM
103.301	right dominant side	Diagnosis	100 10 0111
169.962	Other paralytic syndrome following unspecified cerebrovascular disease affecting left	Diagnosis	ICD-10-CM
103.302	dominant side	2106110313	102 10 0.11
169.963	Other paralytic syndrome following unspecified cerebrovascular disease affecting	Diagnosis	ICD-10-CM
.00.000	right non-dominant side	2.0000.0	.02 20 0
169.964	Other paralytic syndrome following unspecified cerebrovascular disease affecting left	Diagnosis	ICD-10-CM
	non-dominant side		
169.965	Other paralytic syndrome following unspecified cerebrovascular disease, bilateral	Diagnosis	ICD-10-CM
	0 · · · · · · · · · · · · · · · · · · ·	.0	
169.969	Other paralytic syndrome following unspecified cerebrovascular disease affecting	Diagnosis	ICD-10-CM
	unspecified side	J	
169.99	Other sequelae of unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
169.990	Apraxia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
169.991	Dysphagia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
169.992	Facial weakness following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
169.993	Ataxia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
169.998	Other sequelae following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
	Non-Hospitalized Stroke, TIA, CVD		
G45	Transient cerebral ischemic attacks and related syndromes	Diagnosis	ICD-10-CM
G450	Vertebro-basilar artery syndrome	Diagnosis	ICD-10-CM
G451	Carotid artery syndrome (hemispheric)	Diagnosis	ICD-10-CM
G452	Multiple and bilateral precerebral artery syndromes	Diagnosis	ICD-10-CM
G453	Amaurosis fugax	Diagnosis	ICD-10-CM
G454	Transient global amnesia	Diagnosis	ICD-10-CM
G458	Other transient cerebral ischemic attacks and related syndromes	Diagnosis	ICD-10-CM
G459	Transient cerebral ischemic attack, unspecified	Diagnosis	ICD-10-CM
G46	Vascular syndromes of brain in cerebrovascular diseases	Diagnosis	ICD-10-CM
G460	Middle cerebral artery syndrome	Diagnosis	ICD-10-CM
G461	Anterior cerebral artery syndrome	Diagnosis	ICD-10-CM
G462	Posterior cerebral artery syndrome	Diagnosis	ICD-10-CM
G463	Brain stem stroke syndrome	Diagnosis	ICD-10-CM
G464	Cerebellar stroke syndrome	Diagnosis	ICD-10-CM
G465	Pure motor lacunar syndrome	Diagnosis	ICD-10-CM
G466	Pure sensory lacunar syndrome	Diagnosis	ICD-10-CM
G467	Other lacunar syndromes	Diagnosis	ICD-10-CM
G468	Other vascular syndromes of brain in cerebrovascular diseases	Diagnosis	ICD-10-CM
160	Nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
1600	Nontraumatic subarachnoid hemorrhage from carotid siphon and bifurcation	Diagnosis	ICD-10-CM
16000	Nontraumatic subarachnoid hemorrhage from unspecified carotid siphon and	Diagnosis	ICD-10-CM
	bifurcation		

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Code	Description	Code Category	Code Type
16001	Nontraumatic subarachnoid hemorrhage from right carotid siphon and bifurcation	Diagnosis	ICD-10-CM
10001	Honeradinatic subditational nemotinage from fight carotia signor and shareadon	Diagnosis	TOD TO CIVI
16002	Nontraumatic subarachnoid hemorrhage from left carotid siphon and bifurcation	Diagnosis	ICD-10-CM
.000_	The state of the s	2146.10010	.02 20 0
1601	Nontraumatic subarachnoid hemorrhage from middle cerebral artery	Diagnosis	ICD-10-CM
		. 0	
16010	Nontraumatic subarachnoid hemorrhage from unspecified middle cerebral artery	Diagnosis	ICD-10-CM
	,	Ü	
16011	Nontraumatic subarachnoid hemorrhage from right middle cerebral artery	Diagnosis	ICD-10-CM
16012	Nontraumatic subarachnoid hemorrhage from left middle cerebral artery	Diagnosis	ICD-10-CM
1602	Nontraumatic subarachnoid hemorrhage from anterior communicating artery	Diagnosis	ICD-10-CM
16020	Nontraumatic subarachnoid hemorrhage from unspecified anterior communicating	Diagnosis	ICD-10-CM
	artery		
16021	Nontraumatic subarachnoid hemorrhage from right anterior communicating artery	Diagnosis	ICD-10-CM
16022	Nontraumatic subarachnoid hemorrhage from left anterior communicating artery	Diagnosis	ICD-10-CM
1600		. .	100 40 614
1603	Nontraumatic subarachnoid hemorrhage from posterior communicating artery	Diagnosis	ICD-10-CM
16020	Nentralimatic subarachusid hamorrhaga from unappaified nactoriar communicating	Diagnosis	ICD 10 CM
16030	Nontraumatic subarachnoid hemorrhage from unspecified posterior communicating	Diagnosis	ICD-10-CM
16031	artery Nontraumatic subarachnoid hemorrhage from right posterior communicating artery	Diagnosis	ICD-10-CM
10031	Nontradifiatic subaractificity fremontage from fight posterior communicating aftery	Diagnosis	ICD-10-CIVI
16032	Nontraumatic subarachnoid hemorrhage from left posterior communicating artery	Diagnosis	ICD-10-CM
10032	Trontiadinatio susuratimora nemornage from tert posterior communicating artery	2146110313	102 20 0141
1604	Nontraumatic subarachnoid hemorrhage from basilar artery	Diagnosis	ICD-10-CM
1605	Nontraumatic subarachnoid hemorrhage from vertebral artery	Diagnosis	ICD-10-CM
16050	Nontraumatic subarachnoid hemorrhage from unspecified vertebral artery	Diagnosis	ICD-10-CM
		_	
16051	Nontraumatic subarachnoid hemorrhage from right vertebral artery	Diagnosis	ICD-10-CM
16052	Nontraumatic subarachnoid hemorrhage from left vertebral artery	Diagnosis	ICD-10-CM
1606	Nontraumatic subarachnoid hemorrhage from other intracranial arteries	Diagnosis	ICD-10-CM
1607	Nontraumatic subarachnoid hemorrhage from unspecified intracranial artery	Diagnosis	ICD-10-CM
1608	Other nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
1609	Nontraumatic subarachnoid hemorrhage, unspecified	Diagnosis	ICD-10-CM
161	Nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
1610	Nontraumatic intracerebral hemorrhage in hemisphere, subcortical	Diagnosis	ICD-10-CM
1611	Nontraumatic intracerebral hemorrhage in hemisphere, cortical	Diagnosis	ICD-10-CM
1612	Nontraumatic intracerebral hemorrhage in hemisphere, unspecified	Diagnosis	ICD-10-CM
1613	Nontraumatic intracerebral hemorrhage in brain stem	Diagnosis	ICD-10-CM
1614	Nontraumatic intracerebral hemorrhage in cerebellum	Diagnosis	ICD-10-CM
1615	Nontraumatic intracerebral hemorrhage, intraventricular	Diagnosis	ICD-10-CM
1616	Nontraumatic intracerebral hemorrhage, multiple localized	Diagnosis	ICD-10-CM
1618	Other nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
1619	Nontraumatic intracerebral hemorrhage, unspecified	Diagnosis	ICD-10-CM
162	Other and unspecified nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
1620	Nontraumatic subdural hemorrhage	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
16200	Nontraumatic subdural hemorrhage, unspecified	Diagnosis	ICD-10-CM
16201	Nontraumatic acute subdural hemorrhage	Diagnosis	ICD-10-CM
16202	Nontraumatic subacute subdural hemorrhage	Diagnosis	ICD-10-CM
16203	Nontraumatic chronic subdural hemorrhage	Diagnosis	ICD-10-CM
1621	Nontraumatic extradural hemorrhage	Diagnosis	ICD-10-CM
1629	Nontraumatic intracranial hemorrhage, unspecified	Diagnosis	ICD-10-CM
163	Cerebral infarction	Diagnosis	ICD-10-CM
1630	Cerebral infarction due to thrombosis of precerebral arteries	Diagnosis	ICD-10-CM
16300	Cerebral infarction due to thrombosis of unspecified precerebral artery	Diagnosis	ICD-10-CM
16301	Cerebral infarction due to thrombosis of vertebral artery	Diagnosis	ICD-10-CM
163011	Cerebral infarction due to thrombosis of right vertebral artery	Diagnosis	ICD-10-CM
163012	Cerebral infarction due to thrombosis of left vertebral artery	Diagnosis	ICD-10-CM
163013	Cerebral infarction due to thrombosis of bilateral vertebral arteries	Diagnosis	ICD-10-CM
163019	Cerebral infarction due to thrombosis of unspecified vertebral artery	Diagnosis	ICD-10-CM
16302	Cerebral infarction due to thrombosis of basilar artery	Diagnosis	ICD-10-CM
16303	Cerebral infarction due to thrombosis of carotid artery	Diagnosis	ICD-10-CM
163031	Cerebral infarction due to thrombosis of right carotid artery	Diagnosis	ICD-10-CM
163032	Cerebral infarction due to thrombosis of left carotid artery	Diagnosis	ICD-10-CM
163033	Cerebral infarction due to thrombosis of bilateral carotid arteries	Diagnosis	ICD-10-CM
163039	Cerebral infarction due to thrombosis of unspecified carotid artery	Diagnosis	ICD-10-CM
16309	Cerebral infarction due to thrombosis of other precerebral artery	Diagnosis	ICD-10-CM
1631	Cerebral infarction due to embolism of precerebral arteries	Diagnosis	ICD-10-CM
16310	Cerebral infarction due to embolism of unspecified precerebral artery	Diagnosis	ICD-10-CM
16311	Cerebral infarction due to embolism of vertebral artery	Diagnosis	ICD-10-CM
163111	Cerebral infarction due to embolism of right vertebral artery	Diagnosis	ICD-10-CM
163112	Cerebral infarction due to embolism of left vertebral artery	Diagnosis	ICD-10-CM
163113	Cerebral infarction due to embolism of bilateral vertebral arteries	Diagnosis	ICD-10-CM
163119	Cerebral infarction due to embolism of unspecified vertebral artery	Diagnosis	ICD-10-CM
16312	Cerebral infarction due to embolism of basilar artery	Diagnosis	ICD-10-CM
16313	Cerebral infarction due to embolism of carotid artery	Diagnosis	ICD-10-CM
163131	Cerebral infarction due to embolism of right carotid artery	Diagnosis	ICD-10-CM
163132	Cerebral infarction due to embolism of left carotid artery	Diagnosis	ICD-10-CM
163133	Cerebral infarction due to embolism of bilateral carotid arteries	Diagnosis	ICD-10-CM
163139	Cerebral infarction due to embolism of unspecified carotid artery	Diagnosis	ICD-10-CM
16319	Cerebral infarction due to embolism of other precerebral artery	Diagnosis	ICD-10-CM
1632	Cerebral infarction due to unspecified occlusion or stenosis of precerebral arteries	Diagnosis	ICD-10-CM
16320	Cerebral infarction due to unspecified occlusion or stenosis of unspecified precerebral	Diagnosis	ICD-10-CM
	arteries		
16321	Cerebral infarction due to unspecified occlusion or stenosis of vertebral arteries	Diagnosis	ICD-10-CM
163211	Cerebral infarction due to unspecified occlusion or stenosis of right vertebral artery	Diagnosis	ICD-10-CM
163212	Cerebral infarction due to unspecified occlusion or stenosis of left vertebral artery	Diagnosis	ICD-10-CM
		-0	
163213	Cerebral infarction due to unspecified occlusion or stenosis of bilateral vertebral	Diagnosis	ICD-10-CM
163219	arteries Cerebral infarction due to unspecified occlusion or stenosis of unspecified vertebral	Diagnosis	ICD-10-CM
103213	artery	Diagnosis	ICD TO-CIVI

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Code	Description	Code Category	Code Type
16322	Cerebral infarction due to unspecified occlusion or stenosis of basilar artery	Diagnosis	ICD-10-CM
16323	Cerebral infarction due to unspecified occlusion or stenosis of carotid arteries	Diagnosis	ICD-10-CM
163231	Cerebral infarction due to unspecified occlusion or stenosis of right carotid arteries	Diagnosis	ICD-10-CM
163232	Cerebral infarction due to unspecified occlusion or stenosis of left carotid arteries	Diagnosis	ICD-10-CM
163233	Cerebral infarction due to unspecified occlusion or stenosis of bilateral carotid arteries	Diagnosis	ICD-10-CM
163239	Cerebral infarction due to unspecified occlusion or stenosis of unspecified carotid	Diagnosis	ICD-10-CM
16329	artery Cerebral infarction due to unspecified occlusion or stenosis of other precerebral arteries	Diagnosis	ICD-10-CM
1633	Cerebral infarction due to thrombosis of cerebral arteries	Diagnosis	ICD-10-CM
16330	Cerebral infarction due to thrombosis of unspecified cerebral artery	Diagnosis	ICD-10-CM
10330	ceresial infared on due to thrombosis of anspectned ceresial artery	Diagnosis	TCD 10 CIVI
16331	Cerebral infarction due to thrombosis of middle cerebral artery	Diagnosis	ICD-10-CM
163311	Cerebral infarction due to thrombosis of right middle cerebral artery	Diagnosis	ICD-10-CM
.00011	ceres ar marchen due to anomisosis or right madic ceres ar artery	2146110313	102 10 0
163312	Cerebral infarction due to thrombosis of left middle cerebral artery	Diagnosis	ICD-10-CM
163313	Cerebral infarction due to thrombosis of bilateral middle cerebral arteries	Diagnosis	ICD-10-CM
.00010		2.0800.0	.02 20 0
163319	Cerebral infarction due to thrombosis of unspecified middle cerebral artery	Diagnosis	ICD-10-CM
16332	Cerebral infarction due to thrombosis of anterior cerebral artery	Diagnosis	ICD-10-CM
163321	Cerebral infarction due to thrombosis of affector cerebral aftery	Diagnosis	ICD-10-CM
103321	Cerebral illiarction due to thrombosis of right affection cerebral aftery	Diagnosis	ICD-10-CIVI
163322	Cerebral infarction due to thrombosis of left anterior cerebral artery	Diagnosis	ICD-10-CM
163323	Cerebral infarction due to thrombosis of bilateral anterior cerebral arteries	Diagnosis	ICD-10-CM
163329	Cerebral infarction due to thrombosis of unspecified anterior cerebral artery	Diagnosis	ICD-10-CM
16222	Corobral infarction due to thrombosis of nectoriar corobral artery	Diagnosis	ICD 10 CM
16333 163331	Cerebral infarction due to thrombosis of posterior cerebral artery Cerebral infarction due to thrombosis of right posterior cerebral artery	Diagnosis Diagnosis	ICD-10-CM ICD-10-CM
103331	cerebial illiarction due to tillollibosis of right posterior cerebial aftery	Diagnosis	ICD-10-CIVI
163332	Cerebral infarction due to thrombosis of left posterior cerebral artery	Diagnosis	ICD-10-CM
163333	Cerebral infarction due to thrombosis of bilateral posterior cerebral arteries	Diagnosis	ICD-10-CM
163339	Cerebral infarction due to thrombosis of unspecified posterior cerebral artery	Diagnosis	ICD-10-CM
16334	Cerebral infarction due to thrombosis of cerebellar artery	Diagnosis	ICD-10-CM
163341	Cerebral infarction due to thrombosis of cerebellar artery	Diagnosis Diagnosis	ICD-10-CM
163341	Cerebral infarction due to thrombosis of left cerebellar artery	Diagnosis	ICD-10-CM
163343	Cerebral infarction due to thrombosis of felt cerebellar arteries	Diagnosis	ICD-10-CM
103343	Cerebral illiarction due to tillombosis of bilateral cerebellar afteries	Diagnosis	ICD-10-CIVI
163349	Cerebral infarction due to thrombosis of unspecified cerebellar artery	Diagnosis	ICD-10-CM
16220	Couchural information dura to the manufaction of other manufactions	Diamas!-	ICD 40 CP4
16339	Cerebral infarction due to thrombosis of other cerebral artery	Diagnosis	ICD-10-CM
1634	Cerebral infarction due to embolism of cerebral arteries	Diagnosis	ICD-10-CM

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Company Comp		Description		
16341 Cerebral infarction due to embolism of indied cerebral artery Diagnosis CD-10-CM 163412 Cerebral infarction due to embolism of inght middle cerebral artery Diagnosis CD-10-CM 163413 Cerebral infarction due to embolism of left middle cerebral artery Diagnosis CD-10-CM 163419 Cerebral infarction due to embolism of lateral middle cerebral arteries Diagnosis CD-10-CM 16342 Cerebral infarction due to embolism of unspecified middle cerebral artery Diagnosis CD-10-CM 16342 Cerebral infarction due to embolism of inght anterior cerebral artery Diagnosis CD-10-CM 16342 Cerebral infarction due to embolism of right anterior cerebral artery Diagnosis CD-10-CM 163423 Cerebral infarction due to embolism of left anterior cerebral artery Diagnosis CD-10-CM 163423 Cerebral infarction due to embolism of unspecified anterior cerebral artery Diagnosis CD-10-CM 163429 Cerebral infarction due to embolism of unspecified anterior cerebral artery Diagnosis CD-10-CM 163431 Cerebral infarction due to embolism of posterior cerebral artery Diagnosis CD-10-CM 163432 Cerebral infarction due to embolism of posterior cerebral artery Diagnosis CD-10-CM 163433 Cerebral infarction due to embolism of left posterior cerebral artery Diagnosis CD-10-CM 163432 Cerebral infarction due to embolism of left posterior cerebral artery Diagnosis CD-10-CM 16344 Cerebral infarction due to embolism of unspecified posterior cerebral arteries Diagnosis CD-10-CM 16344 Cerebral infarction due to embolism of errebellar artery Diagnosis CD-10-CM 16345 Cerebral infarction due to embolism of inspecified posterior cerebral arteries Diagnosis CD-10-CM 16346 Cerebral infarction due to embolism of of the cerebellar artery Diagnosis CD-10-CM 16347 Cerebral infarction due to embolism of of the cerebellar artery Diagnosis CD-10-CM 16348 Cerebral infarction due to unspecified occlusion or stenosis of right middle cereb	Code	Description	Code Category	Code Type
IGSA112 Cerebral infarction due to embolism of right protection cerebral artery Diagnosis ICD-10-CM			-	
I63412 Cerebral infarction due to embolism of left middle cerebral artery Diagnosis ICD-10-CM I63413 Cerebral infarction due to embolism of bilateral middle cerebral arteries Diagnosis ICD-10-CM I63419 Cerebral infarction due to embolism of unspecified middle cerebral artery Diagnosis ICD-10-CM I6342 Cerebral infarction due to embolism of right anterior cerebral artery Diagnosis ICD-10-CM I63422 Cerebral infarction due to embolism of left anterior cerebral artery Diagnosis ICD-10-CM I63423 Cerebral infarction due to embolism of bilateral anterior cerebral artery Diagnosis ICD-10-CM I63429 Cerebral infarction due to embolism of unspecified anterior cerebral artery Diagnosis ICD-10-CM I63431 Cerebral infarction due to embolism of posterior cerebral artery Diagnosis ICD-10-CM I63432 Cerebral infarction due to embolism of posterior cerebral artery Diagnosis ICD-10-CM I63433 Cerebral infarction due to embolism of left posterior cerebral artery Diagnosis ICD-10-CM I63443 Cerebral infarction due to embolism of unspecified posterior cerebral artery Diagnosis ICD-10-CM		·	_	
Cerebral infarction due to embolism of bilateral middle cerebral arteries Diagnosis ICD-10-CM		=	Diagnosis	ICD-10-CM
Cerebral infarction due to embolism of unspecified middle cerebral artery Cerebral infarction due to embolism of anterior cerebral artery Cerebral infarction due to embolism of right anterior cerebral artery Cerebral infarction due to embolism of left anterior cerebral artery Cerebral infarction due to embolism of left anterior cerebral artery Diagnosis ICD-10-CM Cerebral infarction due to embolism of left anterior cerebral artery Cerebral infarction due to embolism of bilateral anterior cerebral arteries Diagnosis ICD-10-CM Cerebral infarction due to embolism of bilateral anterior cerebral arteries Diagnosis ICD-10-CM Cerebral infarction due to embolism of posterior cerebral artery Diagnosis ICD-10-CM Cerebral infarction due to embolism of right posterior cerebral artery Diagnosis ICD-10-CM Cerebral infarction due to embolism of left posterior cerebral artery Diagnosis ICD-10-CM Cerebral infarction due to embolism of bilateral posterior cerebral artery Diagnosis ICD-10-CM Cerebral infarction due to embolism of bilateral posterior cerebral artery Diagnosis ICD-10-CM Cerebral infarction due to embolism of cerebellar artery Diagnosis ICD-10-CM Cerebral infarction due to embolism of right cerebellar artery Diagnosis ICD-10-CM Cerebral infarction due to embolism of left cerebellar artery Diagnosis ICD-10-CM Cerebral infarction due to embolism of lieft cerebellar artery Diagnosis ICD-10-CM Cerebral infarction due to embolism of bilateral erebellar artery Diagnosis ICD-10-CM Cerebral infarction due to embolism of of the cerebellar artery Diagnosis ICD-10-CM Cerebral infarction due to embolism of left cerebellar artery Diagnosis ICD-10-CM Cerebral infarction due to embolism of of unspecified cerebellar artery Diagnosis ICD-10-CM Cerebral infarction due to embolism of of unspecified cerebellar artery Diagnosis ICD-10-CM Cerebral infarction due to unspecified occlusion or stenosis of cerebral arteries Diagnosis ICD-10-CM Cerebral infarction due to unspecified oc	163412	Cerebral infarction due to embolism of left middle cerebral artery	Diagnosis	ICD-10-CM
Cerebral infarction due to embolism of anterior cerebral artery Diagnosis ICD-10-CM IG3421 Cerebral infarction due to embolism of right anterior cerebral artery Diagnosis ICD-10-CM IG3422 Cerebral infarction due to embolism of left anterior cerebral artery Diagnosis ICD-10-CM IG3423 Cerebral infarction due to embolism of bilateral anterior cerebral arteries Diagnosis ICD-10-CM IG3429 Cerebral infarction due to embolism of unspecified anterior cerebral artery Diagnosis ICD-10-CM IG3431 Cerebral infarction due to embolism of posterior cerebral artery Diagnosis ICD-10-CM IG3431 Cerebral infarction due to embolism of right posterior cerebral artery Diagnosis ICD-10-CM IG3432 Cerebral infarction due to embolism of right posterior cerebral artery Diagnosis ICD-10-CM IG3433 Cerebral infarction due to embolism of left posterior cerebral artery Diagnosis ICD-10-CM IG3433 Cerebral infarction due to embolism of bilateral posterior cerebral arteries Diagnosis ICD-10-CM IG3440 Cerebral infarction due to embolism of unspecified posterior cerebral artery Diagnosis ICD-10-CM IG3441 Cerebral infarction due to embolism of right cerebellar artery Diagnosis ICD-10-CM IG3441 Cerebral infarction due to embolism of right cerebellar artery Diagnosis ICD-10-CM IG3440 Cerebral infarction due to embolism of infarctered eerebellar artery Diagnosis ICD-10-CM IG3440 Cerebral infarction due to embolism of unspecified cerebellar artery Diagnosis ICD-10-CM IG3440 Cerebral infarction due to embolism of bilateral cerebellar arteries Diagnosis ICD-10-CM IG3441 Cerebral infarction due to embolism of supposition of stenosis of unspecified cerebral arteries Diagnosis ICD-10-CM IG3440 Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral Diagnosis ICD-10-CM IG3440 Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral Diagnosis ICD-10-CM IG3511 Cerebral infarction due to unspecified occlusion or stenosis of lateral middle Diagnosis ICD-10-CM IG3512 Cerebral infarction due to unspecified occ	163413	Cerebral infarction due to embolism of bilateral middle cerebral arteries	Diagnosis	ICD-10-CM
IG3422 Cerebral infarction due to embolism of right anterior cerebral artery Diagnosis ICD-10-CM IG3423 Cerebral infarction due to embolism of left anterior cerebral arteries Diagnosis ICD-10-CM IG3424 Cerebral infarction due to embolism of bilateral anterior cerebral arteries Diagnosis ICD-10-CM IG3429 Cerebral infarction due to embolism of posterior cerebral artery Diagnosis ICD-10-CM IG3431 Cerebral infarction due to embolism of posterior cerebral artery Diagnosis ICD-10-CM IG3431 Cerebral infarction due to embolism of right posterior cerebral artery Diagnosis ICD-10-CM IG3432 Cerebral infarction due to embolism of left posterior cerebral artery Diagnosis ICD-10-CM IG3433 Cerebral infarction due to embolism of bilateral posterior cerebral arteries Diagnosis ICD-10-CM IG3432 Cerebral infarction due to embolism of unspecified posterior cerebral arteries Diagnosis ICD-10-CM IG3433 Cerebral infarction due to embolism of unspecified posterior cerebral artery Diagnosis ICD-10-CM IG3441 Cerebral infarction due to embolism of right cerebellar artery Diagnosis ICD-10-CM IG3442 Cerebral infarction due to embolism of left cerebellar artery Diagnosis ICD-10-CM IG3443 Cerebral infarction due to embolism of bilateral cerebellar artery Diagnosis ICD-10-CM IG3444 Cerebral infarction due to embolism of bilateral cerebellar artery Diagnosis ICD-10-CM IG345 Cerebral infarction due to embolism of other cerebral artery Diagnosis ICD-10-CM IG346 Cerebral infarction due to embolism of other cerebral artery Diagnosis ICD-10-CM IG351 Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral Diagnosis ICD-10-CM IG351 Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral Diagnosis ICD-10-CM IG351 Cerebral infarction due to unspecified occlusion or stenosis of left middle Diagnosis ICD-10-CM IG351 Cerebral infarction due to	I63419	Cerebral infarction due to embolism of unspecified middle cerebral artery	Diagnosis	ICD-10-CM
Cerebral infarction due to embolism of left anterior cerebral artery Diagnosis ICD-10-CM	16342	Cerebral infarction due to embolism of anterior cerebral artery	Diagnosis	ICD-10-CM
I63423 Cerebral infarction due to embolism of bilateral anterior cerebral arteries Diagnosis ICD-10-CM I63429 Cerebral infarction due to embolism of unspecified anterior cerebral artery Diagnosis ICD-10-CM I6343 Cerebral infarction due to embolism of posterior cerebral artery Diagnosis ICD-10-CM I63431 Cerebral infarction due to embolism of right posterior cerebral artery Diagnosis ICD-10-CM I63432 Cerebral infarction due to embolism of bilateral posterior cerebral artery Diagnosis ICD-10-CM I63433 Cerebral infarction due to embolism of unspecified posterior cerebral artery Diagnosis ICD-10-CM I63439 Cerebral infarction due to embolism of unspecified posterior cerebral artery Diagnosis ICD-10-CM I6344 Cerebral infarction due to embolism of right cerebellar artery Diagnosis ICD-10-CM I63442 Cerebral infarction due to embolism of left cerebellar artery Diagnosis ICD-10-CM I63443 Cerebral infarction due to embolism of bilateral cerebellar artery Diagnosis ICD-10-CM I63440 Cerebral infarction due to embolism of other cerebral artery Diagnosis ICD-10-CM I	163421	Cerebral infarction due to embolism of right anterior cerebral artery	Diagnosis	ICD-10-CM
I63423 Cerebral infarction due to embolism of bilateral anterior cerebral arteries Diagnosis ICD-10-CM I63429 Cerebral infarction due to embolism of unspecified anterior cerebral artery Diagnosis ICD-10-CM I6343 Cerebral infarction due to embolism of posterior cerebral artery Diagnosis ICD-10-CM I63431 Cerebral infarction due to embolism of right posterior cerebral artery Diagnosis ICD-10-CM I63432 Cerebral infarction due to embolism of bilateral posterior cerebral artery Diagnosis ICD-10-CM I63433 Cerebral infarction due to embolism of unspecified posterior cerebral artery Diagnosis ICD-10-CM I63439 Cerebral infarction due to embolism of unspecified posterior cerebral artery Diagnosis ICD-10-CM I6344 Cerebral infarction due to embolism of cerebellar artery Diagnosis ICD-10-CM I63441 Cerebral infarction due to embolism of left cerebellar artery Diagnosis ICD-10-CM I63442 Cerebral infarction due to embolism of bilateral cerebellar arteries Diagnosis ICD-10-CM I63442 Cerebral infarction due to embolism of other cerebral artery Diagnosis ICD-10-CM I6343	163422	Cerebral infarction due to embolism of left anterior cerebral artery	Diagnosis	ICD-10-CM
Cerebral infarction due to embolism of posterior cerebral artery Diagnosis ICD-10-CM		·	-	
IG3431 Cerebral infarction due to embolism of right posterior cerebral artery Diagnosis ICD-10-CM IG3432 Cerebral infarction due to embolism of left posterior cerebral artery Diagnosis ICD-10-CM IG3433 Cerebral infarction due to embolism of bilateral posterior cerebral arteries Diagnosis ICD-10-CM IG3439 Cerebral infarction due to embolism of unspecified posterior cerebral artery Diagnosis ICD-10-CM IG344 Cerebral infarction due to embolism of cerebellar artery Diagnosis ICD-10-CM IG3441 Cerebral infarction due to embolism of right cerebellar artery Diagnosis ICD-10-CM IG3442 Cerebral infarction due to embolism of left cerebellar artery Diagnosis ICD-10-CM IG3443 Cerebral infarction due to embolism of libitareal cerebellar arteries Diagnosis ICD-10-CM IG3449 Cerebral infarction due to embolism of unspecified cerebellar artery Diagnosis ICD-10-CM IG349 Cerebral infarction due to embolism of other cerebral artery Diagnosis ICD-10-CM IG350 Cerebral infarction due to unspecified occlusion or stenosis of cerebral arteries Diagnosis ICD-10-CM IG351 Cerebral infarction due to unspecified occlusion or stenosis of middle cerebral Diagnosis ICD-10-CM IG351 Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral Diagnosis ICD-10-CM IG351 Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral Diagnosis ICD-10-CM IG351 Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle Diagnosis ICD-10-CM IG351 Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle Diagnosis ICD-10-CM IG351 Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle Diagnosis ICD-10-CM IG352 Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral Diagnosis ICD-10-CM IG352 Cerebral infarction due to unspec	163429	Cerebral infarction due to embolism of unspecified anterior cerebral artery	Diagnosis	ICD-10-CM
Cerebral infarction due to embolism of right posterior cerebral artery Diagnosis ICD-10-CM	16343	Cerebral infarction due to embolism of posterior cerebral artery	Diagnosis	ICD-10-CM
Cerebral infarction due to embolism of left posterior cerebral artery Diagnosis ICD-10-CM 163433 Cerebral infarction due to embolism of bilateral posterior cerebral arteries Diagnosis ICD-10-CM 163439 Cerebral infarction due to embolism of unspecified posterior cerebral artery Diagnosis ICD-10-CM 16344 Cerebral infarction due to embolism of cerebellar artery Diagnosis ICD-10-CM 16344 Cerebral infarction due to embolism of right cerebellar artery Diagnosis ICD-10-CM 163442 Cerebral infarction due to embolism of left cerebellar artery Diagnosis ICD-10-CM 163443 Cerebral infarction due to embolism of libateral cerebellar arteries Diagnosis ICD-10-CM 163449 Cerebral infarction due to embolism of unspecified cerebellar artery Diagnosis ICD-10-CM 16350 Cerebral infarction due to embolism of other cerebral artery Diagnosis ICD-10-CM 16351 Cerebral infarction due to unspecified occlusion or stenosis of cerebral artery Diagnosis ICD-10-CM 16351 Cerebral infarction due to unspecified occlusion or stenosis of middle cerebral artery Diagnosis ICD-10-CM 16351 Cerebral infarction due to unspecified occlusion or stenosis of middle cerebral artery Diagnosis ICD-10-CM 16351 Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral Diagnosis ICD-10-CM 16351 Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral Diagnosis ICD-10-CM 16351 Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle Diagnosis ICD-10-CM 16352 Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle Diagnosis ICD-10-CM 16352 Cerebral infarction due to unspecified occlusion or stenosis of anterior cerebral artery Diagnosis ICD-10-CM 16352 Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral Diagnosis ICD-10-CM 16352 Cerebral infarction		· · · · · · · · · · · · · · · · · · ·	_	
163433 Cerebral infarction due to embolism of bilateral posterior cerebral arteries Diagnosis ICD-10-CM 163444 Cerebral infarction due to embolism of unspecified posterior cerebral artery Diagnosis ICD-10-CM 163441 Cerebral infarction due to embolism of cerebellar artery Diagnosis ICD-10-CM 163442 Cerebral infarction due to embolism of right cerebellar artery Diagnosis ICD-10-CM 163443 Cerebral infarction due to embolism of left cerebellar artery Diagnosis ICD-10-CM 163444 Cerebral infarction due to embolism of left cerebellar artery Diagnosis ICD-10-CM 163440 Cerebral infarction due to embolism of left cerebellar artery Diagnosis ICD-10-CM 163440 Cerebral infarction due to embolism of other cerebral artery Diagnosis ICD-10-CM 16349 Cerebral infarction due to embolism of other cerebral artery Diagnosis ICD-10-CM 16350 Cerebral infarction due to unspecified occlusion or stenosis of cerebral arteries Diagnosis ICD-10-CM 16351 Cerebral infarction due to unspecified occlusion or stenosis of middle cerebral plagnosis ICD-10-CM 16351 Cerebral infarction due to unspecified occlusion or stenosis of middle cerebral plagnosis ICD-10-CM 16351 Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral Diagnosis ICD-10-CM 163513 Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle Diagnosis ICD-10-CM 163519 Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle Diagnosis ICD-10-CM 163519 Cerebral infarction due to unspecified occlusion or stenosis of anterior cerebral artery Diagnosis ICD-10-CM 163520 Cerebral infarction due to unspecified occlusion or stenosis of anterior cerebral artery Diagnosis ICD-10-CM 163521 Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral artery Diagnosis ICD-10-CM 163522 Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral artery Diagnosis ICD-10-CM 163522 Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral Di	103431	Cerebial illiarction due to embolishi of right posterior cerebial artery	Diagnosis	ICD-10-CIVI
163439 Cerebral infarction due to embolism of unspecified posterior cerebral artery Diagnosis ICD-10-CM 163441 Cerebral infarction due to embolism of cerebellar artery Diagnosis ICD-10-CM 163442 Cerebral infarction due to embolism of right cerebellar artery Diagnosis ICD-10-CM 163443 Cerebral infarction due to embolism of left cerebellar artery Diagnosis ICD-10-CM 163444 Cerebral infarction due to embolism of bilateral cerebellar artery Diagnosis ICD-10-CM 163449 Cerebral infarction due to embolism of unspecified cerebellar artery Diagnosis ICD-10-CM 16350 Cerebral infarction due to embolism of other cerebral artery Diagnosis ICD-10-CM 16351 Cerebral infarction due to unspecified occlusion or stenosis of cerebral arteries Diagnosis ICD-10-CM 16351 Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral Diagnosis ICD-10-CM 16351 Cerebral infarction due to unspecified occlusion or stenosis of middle cerebral artery Diagnosis ICD-10-CM 16351 Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral Diagnosis ICD-10-CM 16351 Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral Diagnosis ICD-10-CM 16351 Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle Diagnosis ICD-10-CM 16351 Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle Diagnosis ICD-10-CM 16351 Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle Diagnosis ICD-10-CM 16351 Cerebral infarction due to unspecified occlusion or stenosis of anterior cerebral artery Diagnosis ICD-10-CM 16352 Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral Diagnosis ICD-10-CM 16352 Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral Diagnosis ICD-10-CM 16352 Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral Diagnosis ICD-10-CM	163432	Cerebral infarction due to embolism of left posterior cerebral artery	Diagnosis	ICD-10-CM
163441 Cerebral infarction due to embolism of cerebellar artery Diagnosis ICD-10-CM 163442 Cerebral infarction due to embolism of right cerebellar artery Diagnosis ICD-10-CM 163442 Cerebral infarction due to embolism of left cerebellar artery Diagnosis ICD-10-CM 163443 Cerebral infarction due to embolism of bilateral cerebellar arteries Diagnosis ICD-10-CM 163449 Cerebral infarction due to embolism of unspecified cerebellar artery Diagnosis ICD-10-CM 16349 Cerebral infarction due to embolism of other cerebral artery Diagnosis ICD-10-CM 16350 Cerebral infarction due to unspecified occlusion or stenosis of cerebral arteries Diagnosis ICD-10-CM 16350 Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral artery 16351 Cerebral infarction due to unspecified occlusion or stenosis of middle cerebral artery Diagnosis ICD-10-CM 16351 Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral artery 163512 Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery 163513 Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle Diagnosis ICD-10-CM 163514 Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle Diagnosis ICD-10-CM 163515 Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle Diagnosis ICD-10-CM 163516 Cerebral infarction due to unspecified occlusion or stenosis of anterior cerebral artery 16351 Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral artery 16352 Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral artery 16352 Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral artery 16352 Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral artery 16352 Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral Diagnosis ICD-10-CM 163522 Cerebral infarction due to unspecified	163433	Cerebral infarction due to embolism of bilateral posterior cerebral arteries	Diagnosis	ICD-10-CM
Cerebral infarction due to embolism of right cerebellar artery Diagnosis ICD-10-CM	163439	Cerebral infarction due to embolism of unspecified posterior cerebral artery	Diagnosis	ICD-10-CM
Cerebral infarction due to embolism of left cerebellar artery Diagnosis ICD-10-CM 163443 Cerebral infarction due to embolism of bilateral cerebellar arteries Diagnosis ICD-10-CM 163449 Cerebral infarction due to embolism of unspecified cerebellar artery Diagnosis ICD-10-CM 16349 Cerebral infarction due to embolism of other cerebral artery Diagnosis ICD-10-CM 16350 Cerebral infarction due to unspecified occlusion or stenosis of cerebral arteries Diagnosis ICD-10-CM 16351 Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral Diagnosis ICD-10-CM 16351 Cerebral infarction due to unspecified occlusion or stenosis of middle cerebral artery Diagnosis ICD-10-CM 163511 Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral Diagnosis ICD-10-CM 163512 Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral Diagnosis ICD-10-CM 163513 Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle Diagnosis ICD-10-CM 163519 Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle Diagnosis ICD-10-CM 16352 Cerebral infarction due to unspecified occlusion or stenosis of anterior cerebral artery Diagnosis ICD-10-CM 163521 Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral Diagnosis ICD-10-CM 163522 Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral Diagnosis ICD-10-CM 163522 Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral Diagnosis ICD-10-CM 163522 Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral Diagnosis ICD-10-CM 163522 Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral Diagnosis ICD-10-CM 163522 Cerebral infarction due to unspecified occlu	16344	Cerebral infarction due to embolism of cerebellar artery	Diagnosis	ICD-10-CM
Cerebral infarction due to embolism of left cerebellar artery Diagnosis ICD-10-CM 163443 Cerebral infarction due to embolism of bilateral cerebellar arteries Diagnosis ICD-10-CM 163449 Cerebral infarction due to embolism of unspecified cerebellar artery Diagnosis ICD-10-CM 16349 Cerebral infarction due to embolism of other cerebral artery Diagnosis ICD-10-CM 16350 Cerebral infarction due to unspecified occlusion or stenosis of cerebral arteries Diagnosis ICD-10-CM 16351 Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral Diagnosis ICD-10-CM 16351 Cerebral infarction due to unspecified occlusion or stenosis of middle cerebral artery Diagnosis ICD-10-CM 163511 Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral Diagnosis ICD-10-CM 163512 Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral Diagnosis ICD-10-CM 163513 Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle Diagnosis ICD-10-CM 163519 Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle Diagnosis ICD-10-CM 16352 Cerebral infarction due to unspecified occlusion or stenosis of anterior cerebral artery Diagnosis ICD-10-CM 163521 Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral Diagnosis ICD-10-CM 163522 Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral Diagnosis ICD-10-CM 163522 Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral Diagnosis ICD-10-CM 163522 Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral Diagnosis ICD-10-CM 163522 Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral Diagnosis ICD-10-CM 163522 Cerebral infarction due to unspecified occlu	163441	Cerebral infarction due to embolism of right cerebellar artery	Diagnosis	ICD-10-CM
Cerebral infarction due to embolism of bilateral cerebellar arteries Diagnosis ICD-10-CM Cerebral infarction due to embolism of unspecified cerebellar artery Diagnosis ICD-10-CM Cerebral infarction due to embolism of other cerebral artery Diagnosis ICD-10-CM Cerebral infarction due to unspecified occlusion or stenosis of cerebral arteries Diagnosis ICD-10-CM Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral Diagnosis ICD-10-CM Cerebral infarction due to unspecified occlusion or stenosis of middle cerebral artery Diagnosis ICD-10-CM Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral Diagnosis ICD-10-CM Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral Diagnosis ICD-10-CM Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle Diagnosis ICD-10-CM Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle Diagnosis ICD-10-CM Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle Diagnosis ICD-10-CM Cerebral infarction due to unspecified occlusion or stenosis of anterior cerebral artery Diagnosis ICD-10-CM Cerebral infarction due to unspecified occlusion or stenosis of anterior cerebral artery Diagnosis ICD-10-CM Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral Diagnosis ICD-10-CM Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral Diagnosis ICD-10-CM Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral Diagnosis ICD-10-CM Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral Diagnosis ICD-10-CM Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral Diagnosis ICD-10-CM Cerebral infarction due to unspecified occlusion or ste			_	
Cerebral infarction due to embolism of unspecified cerebellar artery Diagnosis ICD-10-CM Cerebral infarction due to embolism of other cerebral artery Diagnosis ICD-10-CM Cerebral infarction due to unspecified occlusion or stenosis of cerebral arteries Diagnosis ICD-10-CM Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral Diagnosis ICD-10-CM Cerebral infarction due to unspecified occlusion or stenosis of middle cerebral artery Diagnosis ICD-10-CM Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral Diagnosis ICD-10-CM Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral Diagnosis ICD-10-CM Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle Diagnosis ICD-10-CM Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle Diagnosis ICD-10-CM Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle Diagnosis ICD-10-CM Cerebral infarction due to unspecified occlusion or stenosis of anterior cerebral artery Diagnosis ICD-10-CM Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral Diagnosis ICD-10-CM Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral Diagnosis ICD-10-CM Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral Diagnosis ICD-10-CM Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral Diagnosis ICD-10-CM Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral Diagnosis ICD-10-CM Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral Diagnosis ICD-10-CM Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral Diagnosis ICD-10-CM Cerebral infarction due to unspecifie		•	-	
Cerebral infarction due to unspecified occlusion or stenosis of cerebral arteries Diagnosis ICD-10-CM			-	
Cerebral infarction due to unspecified occlusion or stenosis of cerebral arteries Diagnosis ICD-10-CM				
IG350 Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral artery Diagnosis ICD-10-CM artery		•	-	
artery Cerebral infarction due to unspecified occlusion or stenosis of middle cerebral artery Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral artery Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle cerebral arteries Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle Cerebral artery Cerebral infarction due to unspecified occlusion or stenosis of anterior cerebral artery Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral Diagnosis ICD-10-CM artery Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral Diagnosis ICD-10-CM ICD-10-CM Diagnosis ICD-10-CM	1635	Cerebral infarction due to unspecified occlusion or stenosis of cerebral arteries	Diagnosis	ICD-10-CM
16351Cerebral infarction due to unspecified occlusion or stenosis of middle cerebral arteryDiagnosisICD-10-CM163511Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral arteryDiagnosisICD-10-CM163512Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral arteryDiagnosisICD-10-CM163513Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle cerebral arteriesDiagnosisICD-10-CM163519Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle cerebral arteryDiagnosisICD-10-CM16352Cerebral infarction due to unspecified occlusion or stenosis of anterior cerebral arteryDiagnosisICD-10-CM163521Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral arteryDiagnosisICD-10-CM163522Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebralDiagnosisICD-10-CM	16350	·	Diagnosis	ICD-10-CM
artery Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral Diagnosis ICD-10-CM artery Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle Diagnosis ICD-10-CM cerebral arteries Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle Diagnosis ICD-10-CM cerebral artery Cerebral infarction due to unspecified occlusion or stenosis of anterior cerebral artery Diagnosis ICD-10-CM artery Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral Diagnosis ICD-10-CM artery Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral Diagnosis ICD-10-CM artery Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral Diagnosis ICD-10-CM	16351	·	Diagnosis	ICD-10-CM
Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral Diagnosis ICD-10-CM artery I63513 Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle Diagnosis ICD-10-CM cerebral arteries I63519 Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle Diagnosis ICD-10-CM cerebral artery I6352 Cerebral infarction due to unspecified occlusion or stenosis of anterior cerebral artery Diagnosis ICD-10-CM artery I63521 Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral Diagnosis ICD-10-CM artery I63522 Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral Diagnosis ICD-10-CM	163511		Diagnosis	ICD-10-CM
Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle Cerebral arteries Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle Cerebral artery Cerebral infarction due to unspecified occlusion or stenosis of anterior cerebral artery Cerebral infarction due to unspecified occlusion or stenosis of anterior cerebral artery Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral Diagnosis ICD-10-CM artery Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral Diagnosis ICD-10-CM artery Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral Diagnosis ICD-10-CM	l63512	Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral	Diagnosis	ICD-10-CM
Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle Cerebral artery Cerebral infarction due to unspecified occlusion or stenosis of anterior cerebral artery Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral Diagnosis ICD-10-CM Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral Diagnosis ICD-10-CM	I63513	Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle	Diagnosis	ICD-10-CM
Cerebral infarction due to unspecified occlusion or stenosis of anterior cerebral artery Diagnosis ICD-10-CM Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral Diagnosis ICD-10-CM artery Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral Diagnosis ICD-10-CM	I63519	Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle	Diagnosis	ICD-10-CM
artery 163522 Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral Diagnosis ICD-10-CM	16352		Diagnosis	ICD-10-CM
163522 Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral Diagnosis ICD-10-CM	l63521	· · · · · · · · · · · · · · · · · · ·	Diagnosis	ICD-10-CM
	163522	Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
163523	Cerebral infarction due to unspecified occlusion or stenosis of bilateral anterior	Diagnosis	ICD-10-CM
103323	cerebral arteries	Diagnosis	ICD TO CIVI
163529	Cerebral infarction due to unspecified occlusion or stenosis of unspecified anterior	Diagnosis	ICD-10-CM
103323	cerebral artery	Diagnosis	ICD 10 CIVI
16353	Cerebral infarction due to unspecified occlusion or stenosis of posterior cerebral	Diagnosis	ICD-10-CM
10000	artery	D106110313	102 10 0111
163531	Cerebral infarction due to unspecified occlusion or stenosis of right posterior cerebral	Diagnosis	ICD-10-CM
.00001	artery	2.000.0000	.02 20 0
163532	Cerebral infarction due to unspecified occlusion or stenosis of left posterior cerebral	Diagnosis	ICD-10-CM
	artery	g	
163533	Cerebral infarction due to unspecified occlusion or stenosis of bilateral posterior	Diagnosis	ICD-10-CM
	cerebral arteries	J	
163539	Cerebral infarction due to unspecified occlusion or stenosis of unspecified posterior	Diagnosis	ICD-10-CM
	cerebral artery		
16354	Cerebral infarction due to unspecified occlusion or stenosis of cerebellar artery	Diagnosis	ICD-10-CM
163541	Cerebral infarction due to unspecified occlusion or stenosis of right cerebellar artery	Diagnosis	ICD-10-CM
163542	Cerebral infarction due to unspecified occlusion or stenosis of left cerebellar artery	Diagnosis	ICD-10-CM
163543	Cerebral infarction due to unspecified occlusion or stenosis of bilateral cerebellar	Diagnosis	ICD-10-CM
	arteries		
163549	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebellar	Diagnosis	ICD-10-CM
	artery		
16359	Cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery	Diagnosis	ICD-10-CM
1636	Cerebral infarction due to cerebral venous thrombosis, nonpyogenic	Diagnosis	ICD-10-CM
1638	Other cerebral infarction	Diagnosis	ICD-10-CM
16381	Other cerebral infarction due to occlusion or stenosis of small artery	Diagnosis	ICD-10-CM
16200	Other conductive	Dii-	ICD 40 CM
16389	Other cerebral infarction	Diagnosis	ICD-10-CM
1639	Cerebral infarction, unspecified	Diagnosis	ICD-10-CM
165	Occlusion and stenosis of precerebral arteries, not resulting in cerebral infarction	Diagnosis	ICD-10-CM
165.0	Occlusion and stenosis of vertebral artery	Diagnosis	ICD-10-CM
165.01	Occlusion and stenosis of right vertebral artery	Diagnosis	ICD-10-CIVI
165.02	Occlusion and stenosis of light vertebral artery	Diagnosis	ICD-10-CIVI
165.03	Occlusion and stenosis of bilateral vertebral arteries	Diagnosis	ICD-10-CM
165.09	Occlusion and stenosis of unspecified vertebral artery	Diagnosis	ICD-10-CIVI
165.1	Occlusion and stenosis of dispetimed vertebrar artery	Diagnosis	ICD-10-CM
165.2	Occlusion and stenosis of carotid artery	Diagnosis	ICD-10-CM
165.21	Occlusion and stenosis of right carotid artery	Diagnosis	ICD-10-CM
165.22	Occlusion and stenosis of left carotid artery	Diagnosis	ICD-10-CM
165.23	Occlusion and stenosis of bilateral carotid arteries	Diagnosis	ICD-10-CM
165.29	Occlusion and stenosis of unspecified carotid artery	Diagnosis	ICD-10-CM
165.8	Occlusion and stenosis of other precerebral arteries	Diagnosis	ICD-10-CM
165.9	Occlusion and stenosis of unspecified precerebral artery	Diagnosis	ICD-10-CM
166	Occlusion and stenosis of cerebral arteries, not resulting in cerebral infarction	Diagnosis	ICD-10-CM
	,	J	
166.0	Occlusion and stenosis of middle cerebral artery	Diagnosis	ICD-10-CM
166.01	Occlusion and stenosis of right middle cerebral artery	Diagnosis	ICD-10-CM
	-	=	

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	E. List of KxNorm Concept Unique identifier (KXCOI), Logical Observation identifiers in		
Code	Description	Code Category	Code Type
166.02	Occlusion and stenosis of left middle cerebral artery	Diagnosis	ICD-10-CM
166.03	Occlusion and stenosis of bilateral middle cerebral arteries	Diagnosis	ICD-10-CM
166.09	Occlusion and stenosis of unspecified middle cerebral artery	Diagnosis	ICD-10-CM
166.1	Occlusion and stenosis of anterior cerebral artery	Diagnosis	ICD-10-CM
166.11	Occlusion and stenosis of right anterior cerebral artery	Diagnosis	ICD-10-CM
166.12	Occlusion and stenosis of left anterior cerebral artery	Diagnosis	ICD-10-CM
166.13	Occlusion and stenosis of bilateral anterior cerebral arteries	Diagnosis	ICD-10-CM
166.19	Occlusion and stenosis of unspecified anterior cerebral artery	Diagnosis	ICD-10-CM
166.2	Occlusion and stenosis of posterior cerebral artery	Diagnosis	ICD-10-CM
166.21	Occlusion and stenosis of right posterior cerebral artery	Diagnosis	ICD-10-CM
166.22	Occlusion and stenosis of left posterior cerebral artery	Diagnosis	ICD-10-CM
166.23	Occlusion and stenosis of bilateral posterior cerebral arteries	Diagnosis	ICD-10-CM
166.29	Occlusion and stenosis of unspecified posterior cerebral artery	Diagnosis	ICD-10-CM
166.3	Occlusion and stenosis of cerebellar arteries	Diagnosis	ICD-10-CM
166.8	Occlusion and stenosis of other cerebral arteries	Diagnosis	ICD-10-CM
166.9	Occlusion and stenosis of unspecified cerebral artery	Diagnosis	ICD-10-CM
167	Other cerebrovascular diseases	Diagnosis	ICD-10-CM
167.0	Dissection of cerebral arteries, nonruptured	Diagnosis	ICD-10-CM
167.1	Cerebral aneurysm, nonruptured	Diagnosis	ICD-10-CM
167.2	Cerebral atherosclerosis	Diagnosis	ICD-10-CM
167.3	Progressive vascular leukoencephalopathy	Diagnosis	ICD-10-CM
167.4	Hypertensive encephalopathy	Diagnosis	ICD-10-CM
167.5	Moyamoya disease	Diagnosis	ICD-10-CM
167.6	Nonpyogenic thrombosis of intracranial venous system	Diagnosis	ICD-10-CM
167.7	Cerebral arteritis, not elsewhere classified	Diagnosis	ICD-10-CM
167.8	Other specified cerebrovascular diseases	Diagnosis	ICD-10-CM
167.81	Acute cerebrovascular insufficiency	Diagnosis	ICD-10-CM
167.82	Cerebral ischemia	Diagnosis	ICD-10-CM
167.83	Posterior reversible encephalopathy syndrome	Diagnosis	ICD-10-CM
167.84	Cerebral vasospasm and vasoconstriction	Diagnosis	ICD-10-CM
167.841	Reversible cerebrovascular vasoconstriction syndrome	Diagnosis	ICD-10-CM
167.848	Other cerebrovascular vasospasm and vasoconstriction	Diagnosis	ICD-10-CM
167.85	Hereditary cerebrovascular diseases	Diagnosis	ICD-10-CM
167.850	Cerebral autosomal dominant arteriopathy with subcortical infarcts and	Diagnosis	ICD-10-CM
	leukoencephalopathy	2.0800.0	.02 20 0
167.858	Other hereditary cerebrovascular disease	Diagnosis	ICD-10-CM
167.89	Other cerebrovascular disease	Diagnosis	ICD-10-CM
167.9	Cerebrovascular disease, unspecified	Diagnosis	ICD-10-CM
168	Cerebrovascular disorders in diseases classified elsewhere	Diagnosis	ICD-10-CM
168.0	Cerebral amyloid angiopathy	Diagnosis	ICD-10-CM
168.2	Cerebral arteritis in other diseases classified elsewhere	Diagnosis	ICD-10-CM
168.8	Other cerebrovascular disorders in diseases classified elsewhere	Diagnosis	ICD-10-CM
169	Sequelae of cerebrovascular disease	Diagnosis	ICD-10-CM
169.0	Sequelae of nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.01	Cognitive deficits following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CW
109.01	Cognitive deficits following nontradiliatic subaractificid fieliformage	Diagnosis	ICD-10-CIVI
169.2	Sequelae of other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
169.22	Speech and language deficits following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
169.23	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
169.24	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
169.25	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
169.26	Other paralytic syndrome following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
169.29	Other sequelae of other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
169.3	Sequelae of cerebral infarction	Diagnosis	ICD-10-CM
169.32	Speech and language deficits following cerebral infarction	Diagnosis	ICD-10-CM
169.33	Monoplegia of upper limb following cerebral infarction	Diagnosis	ICD-10-CM
169.34	Monoplegia of lower limb following cerebral infarction	Diagnosis	ICD-10-CM
169.35	Hemiplegia and hemiparesis following cerebral infarction	Diagnosis	ICD-10-CM
169.36	Other paralytic syndrome following cerebral infarction	Diagnosis	ICD-10-CM
169.39	Other sequelae of cerebral infarction	Diagnosis	ICD-10-CM
169.00	Unspecified sequelae of nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.010	Attention and concentration deficit following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.011	Memory deficit following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.012	Visuospatial deficit and spatial neglect following nontraumatic subarachnoid	Diagnosis	ICD-10-CM
109.012	hemorrhage	Diagnosis	ICD-10-CIVI
169.013	Psychomotor deficit following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.014	Frontal lobe and executive function deficit following nontraumatic subarachnoid	Diagnosis	ICD-10-CM
169.015	hemorrhage Cognitive social or emotional deficit following nontraumatic subarachnoid	Diagnosis	ICD-10-CM
169.018	hemorrhage Other symptoms and signs involving cognitive functions following nontraumatic	Diagnosis	ICD-10-CM
169.019	subarachnoid hemorrhage Unspecified symptoms and signs involving cognitive functions following nontraumatic	Diagnosis	ICD-10-CM
169.02	subarachnoid hemorrhage Speech and language deficits following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.020	Aphasia following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.021	Dysphasia following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.022	Dysarthria following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.023	Fluency disorder following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
103.023	Thuency disorder following nontradifiatic subaractificity flemormage	Diagnosis	ICD-10-CIVI
169.028	Other speech and language deficits following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.03	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.031	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.032	affecting right dominant side Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.033	affecting left dominant side Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.034	affecting right non-dominant side Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.039	affecting left non-dominant side Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM

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	Description		
Code	Description No proplems of leaves line healtoning a party constitution and beginning to be a second by the second	Code Category	Code Type
169.04	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.041	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
169.042	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting	Diagnosis	ICD-10-CM
169.043	left dominant side Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting	Diagnosis	ICD-10-CM
169.044	right non-dominant side Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
169.049	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
169.05	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.051	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
169.052	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
169.053	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
169.054	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
169.059	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
169.06	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.061	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
169.062	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
169.063	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
169.064	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
169.065	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage, bilateral	Diagnosis	ICD-10-CM
169.069	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
169.09	Other sequelae of nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.090	Apraxia following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.091	Dysphagia following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.092	Facial weakness following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.093	Ataxia following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.098	Other sequelae following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
169.1	Sequelae of nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
169.10	Unspecified sequelae of nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
169.11	Cognitive deficits following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.110	Attention and concentration deficit following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
169.111	Memory deficit following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
169.112	Visuospatial deficit and spatial neglect following nontraumatic intracerebral	Diagnosis	ICD-10-CM
103.112	hemorrhage	Diagnosis	ICD-10-CIVI
169.113	Psychomotor deficit following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
103.113	Toyonomotor denter ronowing nontradinate incracerestal nemorninge	Diagnosis	TED TO CIVI
169.114	Frontal lobe and executive function deficit following nontraumatic intracerebral	Diagnosis	ICD-10-CM
	hemorrhage		
169.115	Cognitive social or emotional deficit following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
		•	
169.118	Other symptoms and signs involving cognitive functions following nontraumatic	Diagnosis	ICD-10-CM
	intracerebral hemorrhage		
169.119	Unspecified symptoms and signs involving cognitive functions following nontraumatic	Diagnosis	ICD-10-CM
	intracerebral hemorrhage		
169.12	Speech and language deficits following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
169.120	Aphasia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
169.121	Dysphasia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
169.122	Dysarthria following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
169.123	Fluency disorder following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
169.128	Other speech and language deficits following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
169.13	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
103.13	Monopiegia of apper mino following north admatic intraceress at nemormage	Diagnosis	ICD 10 CIVI
169.131	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting	Diagnosis	ICD-10-CM
	right dominant side	- 10011011	
169.132	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting	Diagnosis	ICD-10-CM
	left dominant side	J	
169.133	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting	Diagnosis	ICD-10-CM
	right non-dominant side		
169.134	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting	Diagnosis	ICD-10-CM
	left non-dominant side		
169.139	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting	Diagnosis	ICD-10-CM
	unspecified side		
169.14	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
160 4 44		5	100 40 614
169.141	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting	Diagnosis	ICD-10-CM
169.142	right dominant side Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting	Diagnosis	ICD-10-CM
105.142	left dominant side	Diagnosis	ICD-10-CIVI
169.143	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting	Diagnosis	ICD-10-CM
103.143	right non-dominant side	Diagnosis	TED TO CIVI
169.144	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting	Diagnosis	ICD-10-CM
	left non-dominant side	J	
169.149	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting	Diagnosis	ICD-10-CM
	unspecified side	•	
169.15	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
169.151	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
	affecting right dominant side		
169.152	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
100 4-5	affecting left dominant side	s	105 45 55
169.153	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
	affecting right non-dominant side		

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Code	Description	Code Category	Code Type
169.154	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
	affecting left non-dominant side		
169.159	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
	affecting unspecified side		
169.16	Other paralytic syndrome following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
169.161	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting	Diagnosis	ICD-10-CM
	right dominant side		
169.162	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting	Diagnosis	ICD-10-CM
	left dominant side		
169.163	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting	Diagnosis	ICD-10-CM
	right non-dominant side		
169.164	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting	Diagnosis	ICD-10-CM
	left non-dominant side		
169.165	Other paralytic syndrome following nontraumatic intracerebral hemorrhage, bilateral	Diagnosis	ICD-10-CM
169.169	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting	Diagnosis	ICD-10-CM
	unspecified side		
169.19	Other sequelae of nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
169.190	Apraxia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
169.191	Dysphagia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
169.192	Facial weakness following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
169.193	Ataxia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
169.198	Other sequelae of nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
169.20	Unspecified sequelae of other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
169.21	Cognitive deficits following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
169.210	Attention and concentration deficit following other nontraumatic intracranial	Diagnosis	ICD-10-CM
	hemorrhage		
169.211	Memory deficit following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
169.212	Visuospatial deficit and spatial neglect following other nontraumatic intracranial	Diagnosis	ICD-10-CM
	hemorrhage		
169.213	Psychomotor deficit following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
169.214	Frontal lobe and executive function deficit following other nontraumatic intracranial	Diagnosis	ICD-10-CM
160 245	hemorrhage	D: .	100 40 614
169.215	Cognitive social or emotional deficit following other nontraumatic intracranial	Diagnosis	ICD-10-CM
160 240	hemorrhage	D: .	100 40 614
169.218	Other symptoms and signs involving cognitive functions following other nontraumatic	Diagnosis	ICD-10-CM
160.040	intracranial hemorrhage		100 10 011
169.219	Unspecified symptoms and signs involving cognitive functions following other	Diagnosis	ICD-10-CM
160 220	nontraumatic intracranial hemorrhage	D: .	100 40 614
169.220	Aphasia following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
169.221	Dysphasia following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
169.222	Dysarthria following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
169.223	Fluency disorder following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
169.228	Other speech and language deficits following other nontraumatic intracranial	Diagnosis	ICD-10-CM
103.220	hemorrhage	Diagnosis	ICD-TO-CIAI
	nemormage		

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	E. List of KxNorm Concept Unique Identifier (KXCUI), Logical Observation Identifiers i		
Code	Description	Code Category	Code Type
169.231	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
169.232	affecting right dominant side	Diagnosis	ICD 10 CM
109.232	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
169.233	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
103.233		Diagnosis	ICD-10-CIVI
169.234	affecting right non-dominant side Monoplegia of upper limb following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
105.234	affecting left non-dominant side	Diagnosis	ICD-10-CIVI
169.239	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
103.233	affecting unspecified side	Diagnosis	ICD-10-CIVI
169.241	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
103.241	affecting right dominant side	Diagnosis	ICD 10 CIVI
169.242	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
103.242	affecting left dominant side	Diagnosis	ICD 10 CIVI
169.243	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
.00.2.0	affecting right non-dominant side	2.00.0000	.02 20 0
169.244	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
	affecting left non-dominant side		
169.249	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
	affecting unspecified side	.0	
169.251	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
	affecting right dominant side	J	
169.252	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
	affecting left dominant side	•	
169.253	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
	affecting right non-dominant side		
169.254	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
	affecting left non-dominant side		
169.259	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
	affecting unspecified side		
169.261	Other paralytic syndrome following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
	affecting right dominant side		
169.262	Other paralytic syndrome following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
	affecting left dominant side		
169.263	Other paralytic syndrome following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
	affecting right non-dominant side		
169.264	Other paralytic syndrome following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
	affecting left non-dominant side		
169.265	Other paralytic syndrome following other nontraumatic intracranial hemorrhage,	Diagnosis	ICD-10-CM
160.060	bilateral		105 40 614
169.269	Other paralytic syndrome following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
160 200	affecting unspecified side	5	100 40 604
169.290	Apraxia following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
169.291	Dysphagia following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
169.292	Facial weakness following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
160 202	Atovio fallouing other neutroumatic introislanders	Diagnosis	ICD 10 CM
169.293	Ataxia following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
169.298	Other sequelae of other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
169.30	Unspecified sequelae of cerebral infarction	Diagnosis	ICD-10-CM
169.31 169.310	Cognitive deficits following cerebral infarction Attention and concentration deficit following cerebral infarction	Diagnosis Diagnosis	ICD-10-CM ICD-10-CM
169.310	Memory deficit following cerebral infarction	Diagnosis	ICD-10-CM
103.311	Memory deficit following cerebral illiarction	Diagillosis	ICD-TO-CIVI

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	Description		
Code	Description	Code Category	Code Type
169.312	Visuospatial deficit and spatial neglect following cerebral infarction	Diagnosis	ICD-10-CM
169.313	Psychomotor deficit following cerebral infarction	Diagnosis	ICD-10-CM
169.314	Frontal lobe and executive function deficit following cerebral infarction	Diagnosis	ICD-10-CM
169.315	Cognitive social or emotional deficit following cerebral infarction	Diagnosis	ICD-10-CM
169.318	Other symptoms and signs involving cognitive functions following cerebral infarction	Diagnosis	ICD-10-CM
169.319	Unspecified symptoms and signs involving cognitive functions following cerebral infarction	Diagnosis	ICD-10-CM
169.320	Aphasia following cerebral infarction	Diagnosis	ICD-10-CM
169.321	Dysphasia following cerebral infarction	Diagnosis	ICD-10-CM
169.322	Dysarthria following cerebral infarction	Diagnosis	ICD-10-CM
169.323	Fluency disorder following cerebral infarction	Diagnosis	ICD-10-CM
169.328	Other speech and language deficits following cerebral infarction	Diagnosis	ICD-10-CM
169.331	Monoplegia of upper limb following cerebral infarction affecting right dominant side	Diagnosis	ICD-10-CM
169.332	Monoplegia of upper limb following cerebral infarction affecting left dominant side	Diagnosis	ICD-10-CM
169.333	Monoplegia of upper limb following cerebral infarction affecting right non-dominant side	Diagnosis	ICD-10-CM
169.334	Monoplegia of upper limb following cerebral infarction affecting left non-dominant side	Diagnosis	ICD-10-CM
169.339	Monoplegia of upper limb following cerebral infarction affecting unspecified side	Diagnosis	ICD-10-CM
169.341	Monoplegia of lower limb following cerebral infarction affecting right dominant side	Diagnosis	ICD-10-CM
169.342	Monoplegia of lower limb following cerebral infarction affecting left dominant side	Diagnosis	ICD-10-CM
169.343	Monoplegia of lower limb following cerebral infarction affecting right non-dominant side	Diagnosis	ICD-10-CM
169.344	Monoplegia of lower limb following cerebral infarction affecting left non-dominant side	Diagnosis	ICD-10-CM
169.349	Monoplegia of lower limb following cerebral infarction affecting unspecified side	Diagnosis	ICD-10-CM
169.351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side	Diagnosis	ICD-10-CM
169.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side	Diagnosis	ICD-10-CM
169.353	Hemiplegia and hemiparesis following cerebral infarction affecting right non- dominant side	Diagnosis	ICD-10-CM
169.354	Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side	Diagnosis	ICD-10-CM
169.359	Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side	Diagnosis	ICD-10-CM
169.361	Other paralytic syndrome following cerebral infarction affecting right dominant side	Diagnosis	ICD-10-CM
169.362	Other paralytic syndrome following cerebral infarction affecting left dominant side	Diagnosis	ICD-10-CM
169.363	Other paralytic syndrome following cerebral infarction affecting right non-dominant side	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
169.364	Other paralytic syndrome following cerebral infarction affecting left non-dominant	Diagnosis	ICD-10-CM
	side		
169.365	Other paralytic syndrome following cerebral infarction, bilateral	Diagnosis	ICD-10-CM
169.369	Other paralytic syndrome following cerebral infarction affecting unspecified side	Diagnosis	ICD-10-CM
169.390	Apraxia following cerebral infarction	Diagnosis	ICD-10-CM
169.391	Dysphagia following cerebral infarction	Diagnosis	ICD-10-CM
169.392	Facial weakness following cerebral infarction	Diagnosis	ICD-10-CM
169.393	Ataxia following cerebral infarction	Diagnosis	ICD-10-CM
169.398	Other sequelae of cerebral infarction	Diagnosis	ICD-10-CM
169.8	Sequelae of other cerebrovascular diseases	Diagnosis	ICD-10-CM
169.80	Unspecified sequelae of other cerebrovascular disease	Diagnosis	ICD-10-CM
169.81	Cognitive deficits following other cerebrovascular disease	Diagnosis	ICD-10-CM
169.810	Attention and concentration deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM
169.811	Memory deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM
169.812	Visuospatial deficit and spatial neglect following other cerebrovascular disease	Diagnosis	ICD-10-CM
169.813	Psychomotor deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM
169.814	Frontal lobe and executive function deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM
169.815	Cognitive social or emotional deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM
169.818	Other symptoms and signs involving cognitive functions following other cerebrovascular disease	Diagnosis	ICD-10-CM
169.819	Unspecified symptoms and signs involving cognitive functions following other cerebrovascular disease	Diagnosis	ICD-10-CM
169.82	Speech and language deficits following other cerebrovascular disease	Diagnosis	ICD-10-CM
169.820	Aphasia following other cerebrovascular disease	Diagnosis	ICD-10-CM
169.821	Dysphasia following other cerebrovascular disease	Diagnosis	ICD-10-CM
169.822	Dysarthria following other cerebrovascular disease	Diagnosis	ICD-10-CM
169.823	Fluency disorder following other cerebrovascular disease	Diagnosis	ICD-10-CM
169.828	Other speech and language deficits following other cerebrovascular disease	Diagnosis	ICD-10-CM
169.83	Monoplegia of upper limb following other cerebrovascular disease	Diagnosis	ICD-10-CM
169.831	Monoplegia of upper limb following other cerebrovascular disease affecting right	Diagnosis	ICD-10-CM
169.832	dominant side Monoplegia of upper limb following other cerebrovascular disease affecting left	Diagnosis	ICD-10-CM
169.833	dominant side Monoplegia of upper limb following other cerebrovascular disease affecting right non- dominant side	- Diagnosis	ICD-10-CM
169.834	Monoplegia of upper limb following other cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
169.839	Monoplegia of upper limb following other cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
169.84	Monoplegia of lower limb following other cerebrovascular disease	Diagnosis	ICD-10-CM
169.841	Monoplegia of lower limb following other cerebrovascular disease affecting right	Diagnosis	ICD-10-CM
169.842	dominant side Monoplegia of lower limb following other cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM

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Code	Description		Code Type
169.843	Description Monoplegia of lower limb following other cerebrovascular disease affecting right non-	Code Category	ICD-10-CM
109.843	dominant side	Diagnosis	ICD-10-CIVI
169.844	Monoplegia of lower limb following other cerebrovascular disease affecting left non-	Diagnosis	ICD-10-CM
103.044	dominant side	Diagnosis	ICD-10-CIVI
169.849	Monoplegia of lower limb following other cerebrovascular disease affecting	Diagnosis	ICD-10-CM
103.043	unspecified side	Diagnosis	ICD 10 CIVI
169.85	Hemiplegia and hemiparesis following other cerebrovascular disease	Diagnosis	ICD-10-CM
103.03	Tremplegia and hemparesis following other ceresiovascular disease	Diagnosis	TOD TO CIVI
169.851	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right	Diagnosis	ICD-10-CM
	dominant side	- 100	
169.852	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left	Diagnosis	ICD-10-CM
	dominant side	J	
169.853	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right	Diagnosis	ICD-10-CM
	non-dominant side	•	
169.854	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non	· Diagnosis	ICD-10-CM
	dominant side		
169.859	Hemiplegia and hemiparesis following other cerebrovascular disease affecting	Diagnosis	ICD-10-CM
	unspecified side		
169.86	Other paralytic syndrome following other cerebrovascular disease	Diagnosis	ICD-10-CM
169.861	Other paralytic syndrome following other cerebrovascular disease affecting right	Diagnosis	ICD-10-CM
	dominant side		
169.862	Other paralytic syndrome following other cerebrovascular disease affecting left	Diagnosis	ICD-10-CM
	dominant side		
169.863	Other paralytic syndrome following other cerebrovascular disease affecting right non-	Diagnosis	ICD-10-CM
	dominant side		
169.864	Other paralytic syndrome following other cerebrovascular disease affecting left non-	Diagnosis	ICD-10-CM
	dominant side		
169.865	Other paralytic syndrome following other cerebrovascular disease, bilateral	Diagnosis	ICD-10-CM
169.869	Other paralytic syndrome following other cerebrovascular disease affecting	Diagnosis	ICD-10-CM
160.00	unspecified side	5	100 40 614
169.89	Other sequelae of other cerebrovascular disease	Diagnosis	ICD-10-CM
169.890	Apraxia following other cerebrovascular disease	Diagnosis	ICD-10-CM
169.891	Dysphagia following other cerebrovascular disease	Diagnosis	ICD-10-CM
169.892	Facial weakness following other cerebrovascular disease	Diagnosis	ICD-10-CM
169.893 169.898	Ataxia following other cerebrovascular disease Other sequelae of other cerebrovascular disease	Diagnosis Diagnosis	ICD-10-CM ICD-10-CM
169.898	Sequelae of unspecified cerebrovascular diseases	Diagnosis	ICD-10-CM
169.90	Unspecified sequelae of unspecified cerebrovascular disease	Diagnosis	ICD-10-CIVI
169.91	Cognitive deficits following unspecified cerebrovascular disease	Diagnosis	ICD-10-CIVI
169.910	Attention and concentration deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CIVI
103.310	Attention and concentration deficit following dispectified telebrovascular disease	Diagnosis	ICD-10-CIVI
169.911	Memory deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
169.912	Visuospatial deficit and spatial neglect following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
103.512	visuospatiai deneit and spatiai neglect following disspecified cerebrovascular discuse	Diagnosis	ICD 10 CIVI
169.913	Psychomotor deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
169.914	Frontal lobe and executive function deficit following unspecified cerebrovascular	Diagnosis	ICD-10-CM
- = •	disease	- 0 /	
169.915	Cognitive social or emotional deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
- · -	Q	5	
169.918	Other symptoms and signs involving cognitive functions following unspecified	Diagnosis	ICD-10-CM
	cerebrovascular disease		

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Code	Description	Code Category	Code Type
169.919	Unspecified symptoms and signs involving cognitive functions following unspecified	Diagnosis	ICD-10-CM
103.313	cerebrovascular disease	Diagnosis	ICD-10-CIVI
169.92	Speech and language deficits following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
103.32	speech and language denotes following anspeatited cerebrovascalar discuse	Diagnosis	ICD 10 CIVI
169.920	Aphasia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
169.921	Dysphasia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
169.922	Dysarthria following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
169.923	Fluency disorder following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
169.928	Other speech and language deficits following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
		_	
169.93	Monoplegia of upper limb following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
169.931	Monoplegia of upper limb following unspecified cerebrovascular disease affecting	Diagnosis	ICD-10-CM
	right dominant side		
169.932	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left	Diagnosis	ICD-10-CM
	dominant side		
169.933	Monoplegia of upper limb following unspecified cerebrovascular disease affecting	Diagnosis	ICD-10-CM
	right non-dominant side		
169.934	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left	Diagnosis	ICD-10-CM
	non-dominant side		
169.939	Monoplegia of upper limb following unspecified cerebrovascular disease affecting	Diagnosis	ICD-10-CM
	unspecified side		
169.94	Monoplegia of lower limb following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
160.044		5	100 40 614
169.941	Monoplegia of lower limb following unspecified cerebrovascular disease affecting	Diagnosis	ICD-10-CM
169.942	right dominant side Monoplegia of lower limb following unspecified cerebrovascular disease affecting left	Diagnosis	ICD 10 CM
109.942	dominant side	Diagnosis	ICD-10-CM
169.943	Monoplegia of lower limb following unspecified cerebrovascular disease affecting	Diagnosis	ICD-10-CM
103.545	right non-dominant side	Diagnosis	ICD-10-CIVI
169.944	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left	Diagnosis	ICD-10-CM
	non-dominant side	2.0800.0	.02 20 0
169.949	Monoplegia of lower limb following unspecified cerebrovascular disease affecting	Diagnosis	ICD-10-CM
	unspecified side	.0	
169.95	Hemiplegia and hemiparesis following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
		•	
169.951	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting	Diagnosis	ICD-10-CM
	right dominant side		
169.952	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting	Diagnosis	ICD-10-CM
	left dominant side		
169.953	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting	Diagnosis	ICD-10-CM
	right non-dominant side		
169.954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting	Diagnosis	ICD-10-CM
	left non-dominant side		
169.959	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting	Diagnosis	ICD-10-CM
	unspecified side		
169.96	Other paralytic syndrome following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
166.05		5	100 10 511
169.961	Other paralytic syndrome following unspecified cerebrovascular disease affecting	Diagnosis	ICD-10-CM
160.063	right dominant side Other paralytic syndrome following unspecified carebravessular disease affecting left	Diagnosis	ICD 10 CM
169.962	Other paralytic syndrome following unspecified cerebrovascular disease affecting left	DIABLIOSIS	ICD-10-CM
	dominant side		

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	Description		
Code	Description	Code Category	Code Type
169.963	Other paralytic syndrome following unspecified cerebrovascular disease affecting	Diagnosis	ICD-10-CM
150.054	right non-dominant side	s	100 10 011
169.964	Other paralytic syndrome following unspecified cerebrovascular disease affecting left	Diagnosis	ICD-10-CM
160.065	non-dominant side	5	100 40 604
169.965	Other paralytic syndrome following unspecified cerebrovascular disease, bilateral	Diagnosis	ICD-10-CM
169.969	Other paralytic syndrome following unspecified cerebrovascular disease affecting	Diagnosis	ICD-10-CM
103.303	unspecified side	Diagnosis	ICD 10 CIVI
169.99	Other sequelae of unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
169.990	Apraxia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
169.991	Dysphagia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
169.992	Facial weakness following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
169.993	Ataxia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
169.998	Other sequelae following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
	Atrial Fibrillation		
148	Atrial fibrillation and flutter	Diagnosis	ICD-10-CM
1480	Paroxysmal atrial fibrillation	Diagnosis	ICD-10-CM
1481	Persistent atrial fibrillation	Diagnosis	ICD-10-CM
14811	Longstanding persistent atrial fibrillation	Diagnosis	ICD-10-CM
14819	Other persistent atrial fibrillation	Diagnosis	ICD-10-CM
1482	Chronic atrial fibrillation	Diagnosis	ICD-10-CM
14820	Chronic atrial fibrillation, unspecified	Diagnosis	ICD-10-CM
14821	Permanent atrial fibrillation	Diagnosis	ICD-10-CM
1483	Typical atrial flutter	Diagnosis	ICD-10-CM
1484	Atypical atrial flutter	Diagnosis	ICD-10-CM
1489	Unspecified atrial fibrillation and atrial flutter	Diagnosis	ICD-10-CM
14891	Unspecified atrial fibrillation	Diagnosis	ICD-10-CM
14892	Unspecified atrial flutter	Diagnosis	ICD-10-CM
	Coronary Revascularization		
Z951	Presence of aortocoronary bypass graft	Diagnosis	ICD-10-CM
Z955	Presence of coronary angioplasty implant and graft	Diagnosis	ICD-10-CM
Z9861	Coronary angioplasty status	Diagnosis	ICD-10-CM
0210083	Bypass Coronary Artery, One Artery from Coronary Artery with Zooplastic Tissue,	Procedure	ICD-10-PCS
	Open Approach		
0210088	Bypass Coronary Artery, One Artery from Right Internal Mammary with Zooplastic	Procedure	ICD-10-PCS
	Tissue, Open Approach		
0210089	Bypass Coronary Artery, One Artery from Left Internal Mammary with Zooplastic	Procedure	ICD-10-PCS
	Tissue, Open Approach		
021008C	Bypass Coronary Artery, One Artery from Thoracic Artery with Zooplastic Tissue, Open	Procedure	ICD-10-PCS
	Approach		
021008F	Bypass Coronary Artery, One Artery from Abdominal Artery with Zooplastic Tissue,	Procedure	ICD-10-PCS
	Open Approach		
021008W	Bypass Coronary Artery, One Artery from Aorta with Zooplastic Tissue, Open	Procedure	ICD-10-PCS
	Approach		
0210093	Bypass Coronary Artery, One Artery from Coronary Artery with Autologous Venous	Procedure	ICD-10-PCS
	Tissue, Open Approach		
0210098	Bypass Coronary Artery, One Artery from Right Internal Mammary with Autologous	Procedure	ICD-10-PCS
	Venous Tissue, Open Approach	_	
0210099	Bypass Coronary Artery, One Artery from Left Internal Mammary with Autologous	Procedure	ICD-10-PCS
	Venous Tissue, Open Approach		
021009C	Bypass Coronary Artery, One Artery from Thoracic Artery with Autologous Venous	Procedure	ICD-10-PCS
	Tissue, Open Approach		

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Code	Description	Code Category	Code Type
021009F	Bypass Coronary Artery, One Artery from Abdominal Artery with Autologous Venous	Procedure	ICD-10-PCS
0210031	Tissue, Open Approach	Troccaure	100 10 1 05
021009W	Bypass Coronary Artery, One Artery from Aorta with Autologous Venous Tissue, Open	Procedure	ICD-10-PCS
021003**	Approach	rroccaare	100 10 1 05
02100A3	Bypass Coronary Artery, One Artery from Coronary Artery with Autologous Arterial	Procedure	ICD-10-PCS
	Tissue, Open Approach		
02100A8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Autologous	Procedure	ICD-10-PCS
	Arterial Tissue, Open Approach		
02100A9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Autologous	Procedure	ICD-10-PCS
	Arterial Tissue, Open Approach		
02100AC	Bypass Coronary Artery, One Artery from Thoracic Artery with Autologous Arterial	Procedure	ICD-10-PCS
	Tissue, Open Approach		
02100AF	Bypass Coronary Artery, One Artery from Abdominal Artery with Autologous Arterial	Procedure	ICD-10-PCS
	Tissue, Open Approach		
02100AW	Bypass Coronary Artery, One Artery from Aorta with Autologous Arterial Tissue, Open	Procedure	ICD-10-PCS
	Approach		
02100J3	Bypass Coronary Artery, One Artery from Coronary Artery with Synthetic Substitute,	Procedure	ICD-10-PCS
	Open Approach		
02100J8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Synthetic	Procedure	ICD-10-PCS
	Substitute, Open Approach		
02100J9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Synthetic	Procedure	ICD-10-PCS
	Substitute, Open Approach		
02100JC	Bypass Coronary Artery, One Artery from Thoracic Artery with Synthetic Substitute,	Procedure	ICD-10-PCS
	Open Approach		
02100JF	Bypass Coronary Artery, One Artery from Abdominal Artery with Synthetic Substitute,	Procedure	ICD-10-PCS
	Open Approach		
02100JW	Bypass Coronary Artery, One Artery from Aorta with Synthetic Substitute, Open	Procedure	ICD-10-PCS
024001/2	Approach	5 1	10D 40 D00
02100K3	Bypass Coronary Artery, One Artery from Coronary Artery with Nonautologous Tissue	Procedure	ICD-10-PCS
0210078	Substitute, Open Approach Puness Corporat Artery Open Artery from Bight Internal Mammary with	Dragadura	ICD 10 DCC
02100K8	Bypass Coronary Artery, One Artery from Right Internal Mammary with	Procedure	ICD-10-PCS
02100K9	Nonautologous Tissue Substitute, Open Approach Bypass Coronary Artery, One Artery from Left Internal Mammary with Nonautologous	Drocoduro	ICD-10-PCS
02100K9	Tissue Substitute, Open Approach	riocedule	ICD-10-PC3
02100KC	Bypass Coronary Artery, One Artery from Thoracic Artery with Nonautologous Tissue	Procedure	ICD-10-PCS
02100KC	Substitute, Open Approach	Trocedure	ICD-10-I C3
02100KF	Bypass Coronary Artery, One Artery from Abdominal Artery with Nonautologous	Procedure	ICD-10-PCS
02100Ki	Tissue Substitute, Open Approach	Troccaure	100 10 1 05
02100KW	Bypass Coronary Artery, One Artery from Aorta with Nonautologous Tissue	Procedure	ICD-10-PCS
000	Substitute, Open Approach		.02 20 . 00
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
0210344	Bypass Coronary Artery, One Artery from Coronary Vein with Drug-eluting	Procedure	ICD-10-PCS
	Intraluminal Device, Percutaneous Approach		

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Code	Description	Code Category	Code Type
02103D4	Bypass Coronary Artery, One Artery from Coronary Vein with Intraluminal Device,	Procedure	ICD-10-PCS
0210304	Percutaneous Approach	rroccaure	100 10 1 05
0210444	Bypass Coronary Artery, One Artery from Coronary Vein with Drug-eluting	Procedure	ICD-10-PCS
0210444	Intraluminal Device, Percutaneous Endoscopic Approach	rroccaure	100 10 1 05
0210483	Bypass Coronary Artery, One Artery from Coronary Artery with Zooplastic Tissue,	Procedure	ICD-10-PCS
	Percutaneous Endoscopic Approach		
0210488	Bypass Coronary Artery, One Artery from Right Internal Mammary with Zooplastic	Procedure	ICD-10-PCS
	Tissue, Percutaneous Endoscopic Approach		
0210489	Bypass Coronary Artery, One Artery from Left Internal Mammary with Zooplastic	Procedure	ICD-10-PCS
	Tissue, Percutaneous Endoscopic Approach		
021048C	Bypass Coronary Artery, One Artery from Thoracic Artery with Zooplastic Tissue,	Procedure	ICD-10-PCS
	Percutaneous Endoscopic Approach		
021048F	Bypass Coronary Artery, One Artery from Abdominal Artery with Zooplastic Tissue,	Procedure	ICD-10-PCS
	Percutaneous Endoscopic Approach		
021048W	Bypass Coronary Artery, One Artery from Aorta with Zooplastic Tissue, Percutaneous	Procedure	ICD-10-PCS
	Endoscopic Approach		
0210493	Bypass Coronary Artery, One Artery from Coronary Artery with Autologous Venous	Procedure	ICD-10-PCS
	Tissue, Percutaneous Endoscopic Approach		
0210498	Bypass Coronary Artery, One Artery from Right Internal Mammary with Autologous	Procedure	ICD-10-PCS
	Venous Tissue, Percutaneous Endoscopic Approach		
0210499	Bypass Coronary Artery, One Artery from Left Internal Mammary with Autologous	Procedure	ICD-10-PCS
	Venous Tissue, Percutaneous Endoscopic Approach		
021049C	Bypass Coronary Artery, One Artery from Thoracic Artery with Autologous Venous	Procedure	ICD-10-PCS
	Tissue, Percutaneous Endoscopic Approach		
021049F	Bypass Coronary Artery, One Artery from Abdominal Artery with Autologous Venous	Procedure	ICD-10-PCS
	Tissue, Percutaneous Endoscopic Approach		
021049W	Bypass Coronary Artery, One Artery from Aorta with Autologous Venous Tissue,	Procedure	ICD-10-PCS
0240442	Percutaneous Endoscopic Approach	Dan and dans	100 40 000
02104A3	Bypass Coronary Artery, One Artery from Coronary Artery with Autologous Arterial	Procedure	ICD-10-PCS
0210440	Tissue, Percutaneous Endoscopic Approach	Due ee duwe	ICD 10 DCC
02104A8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Autologous	Procedure	ICD-10-PCS
	Arterial Tissue, Percutaneous Endoscopic Approach		
02104A9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Autologous	Procedure	ICD-10-PCS
02104A9	Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PC3
	Arterial rissue, Percutarieous Eridoscopic Approach		
02104AC	Bypass Coronary Artery, One Artery from Thoracic Artery with Autologous Arterial	Procedure	ICD-10-PCS
0210+AC	Tissue, Percutaneous Endoscopic Approach	rroccaure	100 10 1 03
02104AF	Bypass Coronary Artery, One Artery from Abdominal Artery with Autologous Arterial	Procedure	ICD-10-PCS
02104711	Tissue, Percutaneous Endoscopic Approach	rroccaure	100 10 1 05
02104AW	Bypass Coronary Artery, One Artery from Aorta with Autologous Arterial Tissue,	Procedure	ICD-10-PCS
	Percutaneous Endoscopic Approach		
02104D4	Bypass Coronary Artery, One Artery from Coronary Vein with Intraluminal Device,	Procedure	ICD-10-PCS
	Percutaneous Endoscopic Approach		
02104J3	Bypass Coronary Artery, One Artery from Coronary Artery with Synthetic Substitute,	Procedure	ICD-10-PCS
	Percutaneous Endoscopic Approach		-
02104J8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Synthetic	Procedure	ICD-10-PCS
	Substitute, Percutaneous Endoscopic Approach		
02104J9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Synthetic	Procedure	ICD-10-PCS
	Substitute, Percutaneous Endoscopic Approach		

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Code	Description	Code Category	Code Type
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
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	Procedure	ICD-10-PCS
02104Z3	Substitute, Percutaneous Endoscopic Approach 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,	Procedure	ICD-10-PCS
021108W	Open Approach Bypass Coronary Artery, Two Arteries from Aorta with Zooplastic Tissue, Open	Procedure	ICD-10-PCS
0211093	Approach Bypass Coronary Artery, Two Arteries from Coronary Artery with Autologous Venous	Procedure	ICD-10-PCS
0211098	Tissue, Open Approach Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Autologous Vancua Tissue, Open Approach	Procedure	ICD-10-PCS
0211099	Venous Tissue, Open Approach Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS

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	E. List of KxNorm Concept Unique Identifier (KXCOI), Logical Observation Identifiers N		
Code	Description	Code Category	Code Type
021109C	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Autologous Venous	Procedure	ICD-10-PCS
021109F	Tissue, Open Approach Punass Caranaga Artaria Two Artarias from Abdominal Artary with Autologous Vanous	Drocoduro	ICD-10-PCS
021109F	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Autologous Venous	Procedure	ICD-10-PC3
021109W	Tissue, Open Approach Bypass Coronary Artery, Two Arteries from Aorta with Autologous Venous Tissue,	Procedure	ICD-10-PCS
021103	Open Approach	Trocedure	1CD-10-1 C3
02110A3	Bypass Coronary Artery, Two Arteries from Coronary Artery with Autologous Arterial	Procedure	ICD-10-PCS
02110A3	Tissue, Open Approach	riocedure	ICD-10-FC3
02110A8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Autologous	Procedure	ICD-10-PCS
02110A8	Arterial Tissue, Open Approach	riocedure	ICD-10-FC3
02110A9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Autologous	Procedure	ICD-10-PCS
02110/13	Arterial Tissue, Open Approach	rroccaare	100 101 05
02110AC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Autologous Arterial	Procedure	ICD-10-PCS
OZIIOAC	Tissue, Open Approach	rroccaare	100 101 05
02110AF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Autologous Arterial	Procedure	ICD-10-PCS
02110/11	Tissue, Open Approach	rioccadic	100 101 05
02110AW	Bypass Coronary Artery, Two Arteries from Aorta with Autologous Arterial Tissue,	Procedure	ICD-10-PCS
02220/111	Open Approach	110004410	100 10 1 00
02110J3	Bypass Coronary Artery, Two Arteries from Coronary Artery with Synthetic Substitute,	Procedure	ICD-10-PCS
00	Open Approach		.02 20 . 00
02110J8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Synthetic	Procedure	ICD-10-PCS
	Substitute, Open Approach		
02110J9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Synthetic	Procedure	ICD-10-PCS
	Substitute, Open Approach		
02110JC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Synthetic Substitute,	Procedure	ICD-10-PCS
	Open Approach		
02110JF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Synthetic	Procedure	ICD-10-PCS
	Substitute, Open Approach		
02110JW	Bypass Coronary Artery, Two Arteries from Aorta with Synthetic Substitute, Open	Procedure	ICD-10-PCS
	Approach		
02110K3	Bypass Coronary Artery, Two Arteries from Coronary Artery with Nonautologous	Procedure	ICD-10-PCS
	Tissue Substitute, Open Approach		
02110K8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with	Procedure	ICD-10-PCS
	Nonautologous Tissue Substitute, Open Approach		
02110K9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with	Procedure	ICD-10-PCS
	Nonautologous Tissue Substitute, Open Approach		
02110KC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Nonautologous	Procedure	ICD-10-PCS
	Tissue Substitute, Open Approach		
02110KF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Nonautologous	Procedure	ICD-10-PCS
	Tissue Substitute, Open Approach		
02110KW	Bypass Coronary Artery, Two Arteries from Aorta with Nonautologous Tissue	Procedure	ICD-10-PCS
	Substitute, Open Approach		
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
00115==			
02110ZC	Bypass Coronary Artery, Two Arteries from Thoracic Artery, Open Approach	Procedure	ICD-10-PCS
0244075	Dunana Cananama Antama Tura Antamia furana Aladamaina I.A	Due ee de	ICD 40 500
02110ZF	Bypass Coronary Artery, Two Arteries from Abdominal Artery, Open Approach	Procedure	ICD-10-PCS

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Code	Description	Code Category	Code Type
0211344	•	<u> </u>	
0211344	Bypass Coronary Artery, Two Arteries from Coronary Vein with Drug-eluting	Procedure	ICD-10-PCS
0211204	Intraluminal Device, Percutaneous Approach	Dragodura	ICD 10 DCC
02113D4	Bypass Coronary Artery, Two Arteries from Coronary Vein with Intraluminal Device,	Procedure	ICD-10-PCS
0211444	Percutaneous Approach Bypass Coronary Artery, Two Arteries from Coronary Vein with Drug-eluting	Procedure	ICD-10-PCS
0211444		Procedure	ICD-10-PC3
0211402	Intraluminal Device, Percutaneous Endoscopic Approach	Dragodura	ICD 10 DCC
0211483	Bypass Coronary Artery, Two Arteries from Coronary Artery with Zooplastic Tissue,	Procedure	ICD-10-PCS
0211400	Percutaneous Endoscopic Approach Punass Corporary Artery Type Arteries from Bight Internal Mammary with Zoonlastic	Procedure	ICD 10 DCC
0211488	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Zooplastic	Procedure	ICD-10-PCS
0211489	Tissue, Percutaneous Endoscopic Approach Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Zooplastic	Procedure	ICD-10-PCS
0211409	Tissue, Percutaneous Endoscopic Approach	Frocedure	ICD-10-FC3
021148C	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Zooplastic Tissue,	Procedure	ICD-10-PCS
0211400	Percutaneous Endoscopic Approach	riocedure	ICD-10-1 C3
021148F	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Zooplastic Tissue,	Procedure	ICD-10-PCS
0211401	Percutaneous Endoscopic Approach	Troccaure	100 10 1 05
021148W	Bypass Coronary Artery, Two Arteries from Aorta with Zooplastic Tissue,	Procedure	ICD-10-PCS
0211.011	Percutaneous Endoscopic Approach	rioccaure	102 10 1 03
0211493	Bypass Coronary Artery, Two Arteries from Coronary Artery with Autologous Venous	Procedure	ICD-10-PCS
0211.33	Tissue, Percutaneous Endoscopic Approach	roccaure	102 10 1 03
0211498	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Autologous	Procedure	ICD-10-PCS
	Venous Tissue, Percutaneous Endoscopic Approach		
	renous rissue, rerouturieous Enuoscopie ripproueir		
0211499	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Autologous	Procedure	ICD-10-PCS
	Venous Tissue, Percutaneous Endoscopic Approach		
	The state of the s		
021149C	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Autologous Venous	Procedure	ICD-10-PCS
	Tissue, Percutaneous Endoscopic Approach		
021149F	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Autologous Venous	Procedure	ICD-10-PCS
	Tissue, Percutaneous Endoscopic Approach		
021149W	Bypass Coronary Artery, Two Arteries from Aorta with Autologous Venous Tissue,	Procedure	ICD-10-PCS
	Percutaneous Endoscopic Approach		
02114A3	Bypass Coronary Artery, Two Arteries from Coronary Artery with Autologous Arterial	Procedure	ICD-10-PCS
	Tissue, Percutaneous Endoscopic Approach		
02114A8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Autologous	Procedure	ICD-10-PCS
	Arterial Tissue, Percutaneous Endoscopic Approach		
02114A9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Autologous	Procedure	ICD-10-PCS
	Arterial Tissue, Percutaneous Endoscopic Approach		
02114AC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Autologous Arterial	Procedure	ICD-10-PCS
	Tissue, Percutaneous Endoscopic Approach	_	
02114AF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Autologous Arterial	Procedure	ICD-10-PCS
	Tissue, Percutaneous Endoscopic Approach	_	
02114AW	Bypass Coronary Artery, Two Arteries from Aorta with Autologous Arterial Tissue,	Procedure	ICD-10-PCS
	Percutaneous Endoscopic Approach		
02114D4	Bypass Coronary Artery, Two Arteries from Coronary Vein with Intraluminal Device,	Procedure	ICD-10-PCS
0044	Percutaneous Endoscopic Approach		100 45 555
02114J3	Bypass Coronary Artery, Two Arteries from Coronary Artery with Synthetic Substitute,	Procedure	ICD-10-PCS
0244410	Percutaneous Endoscopic Approach	5 1	100 40 505
02114J8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Synthetic	Procedure	ICD-10-PCS
	Substitute, Percutaneous Endoscopic Approach		

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Code	Description	Code Category	Code Type
02114J9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Synthetic	Procedure	ICD-10-PCS
0211-33	Substitute, Percutaneous Endoscopic Approach	rroccaare	100 10 1 05
02114JC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Synthetic Substitute,	Procedure	ICD-10-PCS
	Percutaneous Endoscopic Approach		
02114JF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Synthetic	Procedure	ICD-10-PCS
0044484	Substitute, Percutaneous Endoscopic Approach		100 10 000
02114JW	Bypass Coronary Artery, Two Arteries from Aorta with Synthetic Substitute,	Procedure	ICD-10-PCS
021141/2	Percutaneous Endoscopic Approach	Due ee duwe	ICD 10 DCC
02114K3	Bypass Coronary Artery, Two Arteries from Coronary Artery with Nonautologous	Procedure	ICD-10-PCS
	Tissue Substitute, Percutaneous Endoscopic Approach		
02114K8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with	Procedure	ICD-10-PCS
02114NO	Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	rioccaure	100 101 05
	Nonautologous rissue substitute, refeutameous Endoscopie Approach		
02114K9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with	Procedure	ICD-10-PCS
0211113	Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	110000010	100 10 1 00
	Tronactorogous rissue substitute, i ereataneous Enaoscopie ripproden		
02114KC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Nonautologous	Procedure	ICD-10-PCS
	Tissue Substitute, Percutaneous Endoscopic Approach		
	, , , , , , , , , , , , , , , , , , , ,		
02114KF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Nonautologous	Procedure	ICD-10-PCS
	Tissue Substitute, Percutaneous Endoscopic Approach		
02114KW	Bypass Coronary Artery, Two Arteries from Aorta with Nonautologous Tissue	Procedure	ICD-10-PCS
	Substitute, Percutaneous Endoscopic Approach		
	<u>.</u>		
02114Z3	Bypass Coronary Artery, Two Arteries from Coronary Artery, Percutaneous	Procedure	ICD-10-PCS
0044470	Endoscopic Approach		100 10 000
02114Z8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary, Percutaneous	Procedure	ICD-10-PCS
0211470	Endoscopic Approach Punes Corpora Arteria Tura Arterias from Left Internal Mammary, Parsystaneous	Dragadura	ICD 10 DCC
02114Z9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary, Percutaneous	Procedure	ICD-10-PCS
02114ZC	Endoscopic Approach Bypass Coronary Artery, Two Arteries from Thoracic Artery, Percutaneous Endoscopic	Procedure	ICD-10-PCS
UZ1142C	Approach	riocedule	ICD-10-PC3
02114ZF	Bypass Coronary Artery, Two Arteries from Abdominal Artery, Percutaneous	Procedure	ICD-10-PCS
0211-121	Endoscopic Approach	rroccaare	100 10 1 05
0212083	Bypass Coronary Artery, Three Arteries from Coronary Artery with Zooplastic Tissue,	Procedure	ICD-10-PCS
	Open Approach		
0212088	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Zooplastic	Procedure	ICD-10-PCS
	Tissue, Open Approach		
0212089	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Zooplastic	Procedure	ICD-10-PCS
	Tissue, Open Approach		
021208C	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Zooplastic Tissue,	Procedure	ICD-10-PCS
	Open Approach		
021208F	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Zooplastic Tissue,	Procedure	ICD-10-PCS
	Open Approach		
021208W	Bypass Coronary Artery, Three Arteries from Aorta with Zooplastic Tissue, Open	Procedure	ICD-10-PCS
00400-	Approach		100 10 5
0212093	Bypass Coronary Artery, Three Arteries from Coronary Artery with Autologous Venous	Procedure	ICD-10-PCS
0242000	Tissue, Open Approach	Dunnali	ICD 40 500
0212098	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with	Procedure	ICD-10-PCS
	Autologous Venous Tissue, Open Approach		

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Code	Description	Code Category	Code Type
0212099	·	Procedure	ICD-10-PCS
0212033	Venous Tissue, Open Approach	rioccaure	100 10 1 05
021209C	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Autologous Venous	Procedure	ICD-10-PCS
	Tissue, Open Approach		
021209F	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Autologous	Procedure	ICD-10-PCS
	Venous Tissue, Open Approach		
021209W	Bypass Coronary Artery, Three Arteries from Aorta with Autologous Venous Tissue,	Procedure	ICD-10-PCS
	Open Approach		
02120A3	Bypass Coronary Artery, Three Arteries from Coronary Artery with Autologous Arterial	Procedure	ICD-10-PCS
	Tissue, Open Approach		
02120A8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with	Procedure	ICD-10-PCS
	Autologous Arterial Tissue, Open Approach		
02120A9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Autologous	Procedure	ICD-10-PCS
	Arterial Tissue, Open Approach		
02120AC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Autologous Arterial	Procedure	ICD-10-PCS
	Tissue, Open Approach		
02120AF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Autologous	Procedure	ICD-10-PCS
	Arterial Tissue, Open Approach		
02120AW	Bypass Coronary Artery, Three Arteries from Aorta with Autologous Arterial Tissue,	Procedure	ICD-10-PCS
	Open Approach		
02120J3	Bypass Coronary Artery, Three Arteries from Coronary Artery with Synthetic	Procedure	ICD-10-PCS
	Substitute, Open Approach		
02120J8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Synthetic	Procedure	ICD-10-PCS
	Substitute, Open Approach		
02120J9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Synthetic	Procedure	ICD-10-PCS
	Substitute, Open Approach		
02120JC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Synthetic	Procedure	ICD-10-PCS
	Substitute, Open Approach		
02120JF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Synthetic	Procedure	ICD-10-PCS
	Substitute, Open Approach		
02120JW	Bypass Coronary Artery, Three Arteries from Aorta with Synthetic Substitute, Open	Procedure	ICD-10-PCS
	Approach		
02120K3	Bypass Coronary Artery, Three Arteries from Coronary Artery with Nonautologous	Procedure	ICD-10-PCS
0040040	Tissue Substitute, Open Approach	- 1	100 10 000
02120K8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with	Procedure	ICD-10-PCS
024201/0	Nonautologous Tissue Substitute, Open Approach	Dunnalium	ICD 40 DCC
02120K9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with	Procedure	ICD-10-PCS
0212010	Nonautologous Tissue Substitute, Open Approach	Drocoduro	ICD 10 DCS
02120KC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Nonautologous	Procedure	ICD-10-PCS
02120KF	Tissue Substitute, Open Approach Bypass Coronary Artery, Three Arteries from Abdominal Artery with Nonautologous	Procedure	ICD 10 DCS
UZIZUKF		Procedure	ICD-10-PCS
021206/1	Tissue Substitute, Open Approach Bypass Coronary Artery, Three Arteries from Aorta with Nonautologous Tissue	Drocoduro	ICD 10 DCS
02120KW	Substitute, Open Approach	Procedure	ICD-10-PCS
02120Z3	Bypass Coronary Artery, Three Arteries from Coronary Artery, Open Approach	Procedure	ICD-10-PCS
0212023	bypass colonally Artely, Three Arteries from colonally Artely, Open Approach	Trocedure	ICD-10-I C3
02120Z8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary, Open	Procedure	ICD-10-PCS
0212020	Approach	Trocedure	ICD-10-FC3
02120Z9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary, Open Approach	Procedure	ICD-10-PCS
0212023	bypass coronary Artery, Three Arteries non-terr internativaliniary, Open Approach	Trocedure	ICD-10-FC3
02120ZC	Bypass Coronary Artery, Three Arteries from Thoracic Artery, Open Approach	Procedure	ICD-10-PCS
3212020	2, past 25.5,cc ,ccciic		.55 15 1 65

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Code	Description	Code Category	Code Type
02120ZF	Bypass Coronary Artery, Three Arteries from Abdominal Artery, Open Approach	Procedure	ICD-10-PCS
0212021	bypass coronary ratery, rince rateries from radioninal ratery, open ripproudi	Troccaure	100 10 1 05
0212344	Bypass Coronary Artery, Three Arteries from Coronary Vein with Drug-eluting	Procedure	ICD-10-PCS
0	Intraluminal Device, Percutaneous Approach		.02 20 . 00
02123D4	Bypass Coronary Artery, Three Arteries from Coronary Vein with Intraluminal Device,	Procedure	ICD-10-PCS
	Percutaneous Approach		
0212444	Bypass Coronary Artery, Three Arteries from Coronary Vein with Drug-eluting	Procedure	ICD-10-PCS
	Intraluminal Device, Percutaneous Endoscopic Approach		
	, , , , , , , , , , , , , , , , , , , ,		
0212483	Bypass Coronary Artery, Three Arteries from Coronary Artery with Zooplastic Tissue,	Procedure	ICD-10-PCS
	Percutaneous Endoscopic Approach		
0212488	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Zooplastic	Procedure	ICD-10-PCS
	Tissue, Percutaneous Endoscopic Approach		
0212489	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Zooplastic	Procedure	ICD-10-PCS
	Tissue, Percutaneous Endoscopic Approach		
021248C	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Zooplastic Tissue,	Procedure	ICD-10-PCS
	Percutaneous Endoscopic Approach		
021248F	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Zooplastic Tissue,	Procedure	ICD-10-PCS
	Percutaneous Endoscopic Approach		
021248W	Bypass Coronary Artery, Three Arteries from Aorta with Zooplastic Tissue,	Procedure	ICD-10-PCS
	Percutaneous Endoscopic Approach		
0212493	Bypass Coronary Artery, Three Arteries from Coronary Artery with Autologous Venous	Procedure	ICD-10-PCS
0242400	Tissue, Percutaneous Endoscopic Approach	5 1	16D 40 D66
0212498	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with	Procedure	ICD-10-PCS
	Autologous Venous Tissue, Percutaneous Endoscopic Approach		
0212499	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Autologous	Procedure	ICD-10-PCS
0212433	Venous Tissue, Percutaneous Endoscopic Approach	riocedure	ICD-10-F C3
	verious rissue, Fercutarieous Endoscopic Approacti		
021249C	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Autologous Venous	Procedure	ICD-10-PCS
0212430	Tissue, Percutaneous Endoscopic Approach	Troccaure	100 10 1 05
021249F	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Autologous	Procedure	ICD-10-PCS
	Venous Tissue, Percutaneous Endoscopic Approach		
021249W	Bypass Coronary Artery, Three Arteries from Aorta with Autologous Venous Tissue,	Procedure	ICD-10-PCS
	Percutaneous Endoscopic Approach		
02124A3	Bypass Coronary Artery, Three Arteries from Coronary Artery with Autologous Arterial	Procedure	ICD-10-PCS
	Tissue, Percutaneous Endoscopic Approach		
02124A8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with	Procedure	ICD-10-PCS
	Autologous Arterial Tissue, Percutaneous Endoscopic Approach		
02124A9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Autologous	Procedure	ICD-10-PCS
	Arterial Tissue, Percutaneous Endoscopic Approach		
02124AC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Autologous Arterial	Procedure	ICD-10-PCS
0242445	Tissue, Percutaneous Endoscopic Approach	5 1	16D 40 D66
02124AF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Autologous	Procedure	ICD-10-PCS
02124414	Arterial Tissue, Percutaneous Endoscopic Approach	Drocoders	ICD 10 PCC
02124AW	Bypass Coronary Artery, Three Arteries from Aorta with Autologous Arterial Tissue,	Procedure	ICD-10-PCS
02124D4	Percutaneous Endoscopic Approach Bypass Coronary Artery, Three Arteries from Coronary Vein with Intraluminal Device,	Procedure	ICD-10-PCS
0212404	Percutaneous Endoscopic Approach	Trocedure	1CD-10-LC3
	refeataneous Endoscopie Approach		

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Code	Description		
02124J3	Description Bypass Coronary Artery, Three Arteries from Coronary Artery with Synthetic	Code Category Procedure	Code Type ICD-10-PCS
0212433		Procedure	ICD-10-PC3
0212410	Substitute, Percutaneous Endoscopic Approach Punass Caronagu Artany Three Artarias from Bight Internal Mammany with Synthetic	Drocoduro	ICD 10 DCS
02124J8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Synthetic	Procedure	ICD-10-PCS
	Substitute, Percutaneous Endoscopic Approach		
02124J9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Synthetic	Procedure	ICD-10-PCS
0212433	Substitute, Percutaneous Endoscopic Approach	rroccaure	100 101 05
02124JC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Synthetic	Procedure	ICD-10-PCS
0212-30	Substitute, Percutaneous Endoscopic Approach	rroccaare	100 10 1 05
02124JF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Synthetic	Procedure	ICD-10-PCS
0	Substitute, Percutaneous Endoscopic Approach		.02 20 . 00
02124JW	Bypass Coronary Artery, Three Arteries from Aorta with Synthetic Substitute,	Procedure	ICD-10-PCS
0	Percutaneous Endoscopic Approach		.02 20 . 00
02124K3	Bypass Coronary Artery, Three Arteries from Coronary Artery with Nonautologous	Procedure	ICD-10-PCS
00	Tissue Substitute, Percutaneous Endoscopic Approach		.02 20 . 00
	rissue substitute, i eleutuneous Enuoscopie Approuen		
02124K8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with	Procedure	ICD-10-PCS
	Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach		
	,		
02124K9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with	Procedure	ICD-10-PCS
	Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach		
02124KC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Nonautologous	Procedure	ICD-10-PCS
	Tissue Substitute, Percutaneous Endoscopic Approach		
02124KF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Nonautologous	Procedure	ICD-10-PCS
	Tissue Substitute, Percutaneous Endoscopic Approach		
02124KW	Bypass Coronary Artery, Three Arteries from Aorta with Nonautologous Tissue	Procedure	ICD-10-PCS
	Substitute, Percutaneous Endoscopic Approach		
02124Z3	Bypass Coronary Artery, Three Arteries from Coronary Artery, Percutaneous	Procedure	ICD-10-PCS
	Endoscopic Approach		
02124Z8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary, Percutaneous	Procedure	ICD-10-PCS
0242470	Endoscopic Approach	5 .	160 40 066
02124Z9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary, Percutaneous	Procedure	ICD-10-PCS
0242476	Endoscopic Approach	Dan and dan	ICD 40 DCC
02124ZC	Bypass Coronary Artery, Three Arteries from Thoracic Artery, Percutaneous	Procedure	ICD-10-PCS
0242475	Endoscopic Approach	Dun andrum	ICD 10 DCC
02124ZF	Bypass Coronary Artery, Three Arteries from Abdominal Artery, Percutaneous	Procedure	ICD-10-PCS
0212002	Endoscopic Approach Puness Corenery Artery Four or More Arteries from Corenery Artery with Zoonlestie	Procedure	ICD 10 DCC
0213083	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Zooplastic	Procedure	ICD-10-PCS
0212000	Tissue, Open Approach	Dragodura	ICD 10 DCC
0213088	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with	Procedure	ICD-10-PCS
<u> </u>	Zooplastic Tissue, Open Approach Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with	Procedure	ICD 10 DCS
0213089	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with	FIUCEUUIE	ICD-10-PCS
021308C	Zooplastic Tissue, Open Approach Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Zooplastic	Procedure	ICD-10 DCS
021308C	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Zooplastic	riocedule	ICD-10-PCS
021308F	Tissue, Open Approach Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Zooplastic	Procedure	ICD-10-PCS
0213005		, i i ocedule	1CD-10-LC3
	Tissue, Open Approach		

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	Description		
Code	Description Description	Code Category	Code Type
021308W	Bypass Coronary Artery, Four or More Arteries from Aorta with Zooplastic Tissue,	Procedure	ICD-10-PCS
0213093	Open Approach Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Autologous	Procedure	ICD-10-PCS
0213093		Procedure	ICD-10-PC3
0213098	Venous Tissue, Open Approach Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with	Procedure	ICD-10-PCS
0213038		riocedure	ICD-10-FC3
0213099	Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
0213099	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with	Procedure	ICD-10-PC3
0212006	Autologous Venous Tissue, Open Approach	Dunanadiina	ICD 10 DCC
021309C	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Autologous	Procedure	ICD-10-PCS
021309F	Venous Tissue, Open Approach Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with	Procedure	ICD-10-PCS
021309F		riocedule	ICD-10-PC3
021309W	Autologous Venous Tissue, Open Approach Bypass Coronary Artery, Four or More Arteries from Aorta with Autologous Venous	Procedure	ICD-10-PCS
02130900		Procedure	ICD-10-PC3
02130A3	Tissue, Open Approach Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Autologous	Procedure	ICD-10-PCS
02130A3		riocedule	ICD-10-PC3
02130A8	Arterial Tissue, Open Approach Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with	Procedure	ICD-10-PCS
02130A6		riocedule	ICD-10-PC3
02130A9	Autologous Arterial Tissue, Open Approach Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with	Procedure	ICD-10-PCS
02130A9		riocedule	ICD-10-PC3
02130AC	Autologous Arterial Tissue, Open Approach Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Autologous	Procedure	ICD-10-PCS
02130AC	Arterial Tissue, Open Approach	riocedure	ICD-10-FC3
02130AF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with	Procedure	ICD-10-PCS
02130AI	Autologous Arterial Tissue, Open Approach	Trocedure	ICD-10-I C3
02130AW	Bypass Coronary Artery, Four or More Arteries from Aorta with Autologous Arterial	Procedure	ICD-10-PCS
02130AW	Tissue, Open Approach	rroccaure	100 10 1 05
02130J3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Synthetic	Procedure	ICD-10-PCS
0213033	Substitute, Open Approach	Trocedure	ICD-10-I C3
02130J8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with	Procedure	ICD-10-PCS
0213030	Synthetic Substitute, Open Approach	rroccaure	100 10 1 05
02130J9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with	Procedure	ICD-10-PCS
0213033	Synthetic Substitute, Open Approach	110000010	100 10 1 00
02130JC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Synthetic	Procedure	ICD-10-PCS
0213030	Substitute, Open Approach	110000010	100 10 1 00
02130JF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Synthetic	Procedure	ICD-10-PCS
000.	Substitute, Open Approach		.02 20 . 00
02130JW	Bypass Coronary Artery, Four or More Arteries from Aorta with Synthetic Substitute,	Procedure	ICD-10-PCS
00011	Open Approach		.02 20 . 00
02130K3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with	Procedure	ICD-10-PCS
	Nonautologous Tissue Substitute, Open Approach		
02130K8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with	Procedure	ICD-10-PCS
	Nonautologous Tissue Substitute, Open Approach		
02130K9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with	Procedure	ICD-10-PCS
	Nonautologous Tissue Substitute, Open Approach		
02130KC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with	Procedure	ICD-10-PCS
	Nonautologous Tissue Substitute, Open Approach		
02130KF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with	Procedure	ICD-10-PCS
	Nonautologous Tissue Substitute, Open Approach	·	
02130KW	Bypass Coronary Artery, Four or More Arteries from Aorta with Nonautologous Tissue	Procedure	ICD-10-PCS
	Substitute, Open Approach	-	
02130Z3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery, Open Approach	Procedure	ICD-10-PCS

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	Description		
Code	Description State of the Picket of the Picke	Code Category	Code Type
02130Z8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary, Open	Procedure	ICD-10-PCS
	Approach		
02130Z9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary, Open	Procedure	ICD-10-PCS
	Approach		
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	Procedure	ICD-10-PCS
	Approach		
0213344	Bypass Coronary Artery, Four or More Arteries from Coronary Vein with Drug-eluting	Procedure	ICD-10-PCS
	Intraluminal Device, Percutaneous Approach		
02133D4	Bypass Coronary Artery, Four or More Arteries from Coronary Vein with Intraluminal	Procedure	ICD-10-PCS
	Device, Percutaneous Approach		
0213444	Bypass Coronary Artery, Four or More Arteries from Coronary Vein with Drug-eluting	Procedure	ICD-10-PCS
	Intraluminal Device, Percutaneous Endoscopic Approach		
0213483	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Zooplastic	Procedure	ICD-10-PCS
	Tissue, Percutaneous Endoscopic Approach		
0213488	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with	Procedure	ICD-10-PCS
0220.00	Zooplastic Tissue, Percutaneous Endoscopic Approach		
	Zoopiastic Histac, i creataneous Enaoscopie Approach		
0213489	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with	Procedure	ICD-10-PCS
0210103	Zooplastic Tissue, Percutaneous Endoscopic Approach	110000010	100 10 1 00
	Zoopiastic Tissue, refeataneous Endoscopie Approach		
021348C	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Zooplastic	Procedure	ICD-10-PCS
0213460	Tissue, Percutaneous Endoscopic Approach	Trocedure	ICD-10-1 C3
021348F	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Zooplastic	Procedure	ICD-10-PCS
0213481	Tissue, Percutaneous Endoscopic Approach	riocedure	ICD-10-FC3
021348W	Bypass Coronary Artery, Four or More Arteries from Aorta with Zooplastic Tissue,	Procedure	ICD-10-PCS
02134677		riocedure	ICD-10-PC3
0213493	Percutaneous Endoscopic Approach Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Autologous	Drocoduro	ICD-10-PCS
0215495		Procedure	ICD-10-PC3
	Venous Tissue, Percutaneous Endoscopic Approach		
0212400	Dunger Caranary Artony Faur or Mara Artories from Bight Internal Mammany with	Procedure	ICD 10 DCC
0213498	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with	Procedure	ICD-10-PCS
	Autologous Venous Tissue, Percutaneous Endoscopic Approach		
0242400	Duran Canada Matana Farra and Maria Antania for an Laft late and I Managaman with	Dunandous	ICD 40 DCC
0213499	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with	Procedure	ICD-10-PCS
	Autologous Venous Tissue, Percutaneous Endoscopic Approach		
0242406	Duran Canada Astana Farra and Maria Antania forms Theoretic Antana with Antalana	Dunandous	ICD 40 DCC
021349C	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Autologous	Procedure	ICD-10-PCS
	Venous Tissue, Percutaneous Endoscopic Approach		
021349F	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with	Procedure	ICD-10-PCS
	Autologous Venous Tissue, Percutaneous Endoscopic Approach		
021349W	Bypass Coronary Artery, Four or More Arteries from Aorta with Autologous Venous	Procedure	ICD-10-PCS
	Tissue, Percutaneous Endoscopic Approach		
02134A3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Autologous	Procedure	ICD-10-PCS
	Arterial Tissue, Percutaneous Endoscopic Approach		
02134A8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with	Procedure	ICD-10-PCS
	Autologous Arterial Tissue, Percutaneous Endoscopic Approach		

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	E. LIST OF KXNORM Concept Unique Identifier (KXCUI), Logical Observation Identifiers N		
Code	Description Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with	Code Category	Code Type
02134A9		Procedure	ICD-10-PCS
	Autologous Arterial Tissue, Percutaneous Endoscopic Approach		
02134AC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Autologous	Procedure	ICD-10-PCS
0215476	Arterial Tissue, Percutaneous Endoscopic Approach	rroccaure	100 101 05
	Arterial rissue, Fercutarieous Endoscopic Approach		
02134AF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with	Procedure	ICD-10-PCS
00	Autologous Arterial Tissue, Percutaneous Endoscopic Approach		.02 20 . 00
	Tutologous / it tellar Fissae, Ferentaries as Enassopie / ipproach		
02134AW	Bypass Coronary Artery, Four or More Arteries from Aorta with Autologous Arterial	Procedure	ICD-10-PCS
	Tissue, Percutaneous Endoscopic Approach		
02134D4	Bypass Coronary Artery, Four or More Arteries from Coronary Vein with Intraluminal	Procedure	ICD-10-PCS
	Device, Percutaneous Endoscopic Approach		
02134J3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Synthetic	Procedure	ICD-10-PCS
	Substitute, Percutaneous Endoscopic Approach		
02134J8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with	Procedure	ICD-10-PCS
	Synthetic Substitute, Percutaneous Endoscopic Approach		
02134J9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with	Procedure	ICD-10-PCS
	Synthetic Substitute, Percutaneous Endoscopic Approach		
02134JC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Synthetic	Procedure	ICD-10-PCS
0242415	Substitute, Percutaneous Endoscopic Approach	Dan en de en	ICD 40 DCC
02134JF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Synthetic	Procedure	ICD-10-PCS
	Substitute, Percutaneous Endoscopic Approach		
02134JW	Bypass Coronary Artery, Four or More Arteries from Aorta with Synthetic Substitute,	Procedure	ICD-10-PCS
02134100	Percutaneous Endoscopic Approach	riocedure	ICD-10-F C3
02134K3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with	Procedure	ICD-10-PCS
0213 M3	Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach		100 10 1 00
	World at to Sabottate, Teredianeous Endoscopie Approach		
02134K8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with	Procedure	ICD-10-PCS
	Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach		
	, , , , , , , , , , , , , , , , , , , ,		
02134K9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with	Procedure	ICD-10-PCS
	Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach		
02134KC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with	Procedure	ICD-10-PCS
	Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach		
02134KF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with	Procedure	ICD-10-PCS
	Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach		
02124674	Dunasa Caranam, Antoni, Faura an Maria Antonias franca Acute with Name talance Tissue	Dun an duum	ICD 10 DCC
02134KW	Bypass Coronary Artery, Four or More Arteries from Aorta with Nonautologous Tissue	Procedure	ICD-10-PCS
	Substitute, Percutaneous Endoscopic Approach		
02134Z3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery, Percutaneous	Procedure	ICD-10-PCS
0213423	Endoscopic Approach	Tocedule	ICD-10-FC3
02134Z8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary,	Procedure	ICD-10-PCS
3213720	Percutaneous Endoscopic Approach	occuare	.02 10 1 03
02134Z9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary,	Procedure	ICD-10-PCS
: 	Percutaneous Endoscopic Approach		
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Code	Description	Code Category	Code Type
02134ZC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery, Percutaneous	Procedure	ICD-10-PCS
0213426	Endoscopic Approach	roccaare	100 10 1 05
02134ZF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery, Percutaneous	Procedure	ICD-10-PCS
0110 .1.	Endoscopic Approach		.02 20 . 00
0270046	Dilation of Coronary Artery, One Artery, Bifurcation, with Drug-eluting Intraluminal	Procedure	ICD-10-PCS
	Device, Open Approach		
027004Z	Dilation of Coronary Artery, One Artery with Drug-eluting Intraluminal Device, Open	Procedure	ICD-10-PCS
	Approach		
0270056	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Drug-eluting	Procedure	ICD-10-PCS
	Intraluminal Devices, Open Approach		
027005Z	Dilation of Coronary Artery, One Artery with Two Drug-eluting Intraluminal Devices,	Procedure	ICD-10-PCS
	Open Approach		
0270066	Dilation of Coronary Artery, One Artery, Bifurcation, with Three Drug-eluting	Procedure	ICD-10-PCS
	Intraluminal Devices, Open Approach		
027006Z	Dilation of Coronary Artery, One Artery with Three Drug-eluting Intraluminal Devices,	Procedure	ICD-10-PCS
	Open Approach		
0270076	Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Drug-eluting	Procedure	ICD-10-PCS
	Intraluminal Devices, Open Approach		
027007Z	Dilation of Coronary Artery, One Artery with Four or More Drug-eluting Intraluminal	Procedure	ICD-10-PCS
0270000	Devices, Open Approach	Dua aa duwa	ICD 10 DCC
02700D6	Dilation of Coronary Artery, One Artery, Bifurcation, with Intraluminal Device, Open	Procedure	ICD-10-PCS
02700DZ	Approach Pilation of Coronary Artery, One Artery with Introluminal Povice, Onen Approach	Drocoduro	ICD 10 DCS
0270002	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,	Procedure	ICD-10-PCS
0270020	Open Approach	110000010	100 10 1 00
02700EZ	Dilation of Coronary Artery, One Artery with Two Intraluminal Devices, Open	Procedure	ICD-10-PCS
	Approach		
02700F6	Dilation of Coronary Artery, One Artery, Bifurcation, with Three Intraluminal Devices,	Procedure	ICD-10-PCS
	Open Approach		
02700FZ	Dilation of Coronary Artery, One Artery with Three Intraluminal Devices, Open	Procedure	ICD-10-PCS
	Approach		
02700G6	Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Intraluminal	Procedure	ICD-10-PCS
	Devices, Open Approach		
02700GZ	Dilation of Coronary Artery, One Artery with Four or More Intraluminal Devices, Open	Procedure	ICD-10-PCS
	Approach		
02700T6	Dilation of Coronary Artery, One Artery, Bifurcation, with Radioactive Intraluminal	Procedure	ICD-10-PCS
	Device, Open Approach		
02700TZ	Dilation of Coronary Artery, One Artery with Radioactive Intraluminal Device, Open	Procedure	ICD-10-PCS
0270076	Approach	Dun and duna	ICD 40 DCC
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
0270022	bliation of Coronary Artery, One Artery, Open Approach	riocedule	ICD-10-PC3
0270346	Dilation of Coronary Artery, One Artery, Bifurcation, with Drug-eluting Intraluminal	Procedure	ICD-10-PCS
0270340	Device, Percutaneous Approach	roccaare	100 10 1 05
027034Z	Dilation of Coronary Artery, One Artery with Drug-eluting Intraluminal Device,	Procedure	ICD-10-PCS
	Percutaneous Approach		z= =3 · 33
0270356	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Drug-eluting	Procedure	ICD-10-PCS
	Intraluminal Devices, Percutaneous Approach		
027035Z	Dilation of Coronary Artery, One Artery with Two Drug-eluting Intraluminal Devices,	Procedure	ICD-10-PCS
	Percutaneous Approach		

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	Description		
Code	Description Silver of Control of	Code Category	Code Type
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,	Procedure	ICD-10-PCS
0270376	Percutaneous Approach Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Drug-eluting	Procedure	ICD-10-PCS
027037Z	Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, One Artery with Four or More Drug-eluting Intraluminal	Procedure	ICD-10-PCS
02703D6	Devices, Percutaneous Approach Dilation of Coronary Artery, One Artery, Bifurcation, with Intraluminal Device,	Procedure	ICD-10-PCS
02703DZ	Percutaneous Approach Dilation of Coronary Artery, One Artery with Intraluminal Device, Percutaneous	Procedure	ICD-10-PCS
02703E6	Approach Dilation of Coronary Artery, One Artery, Bifurcation, with Two Intraluminal Devices,	Procedure	ICD-10-PCS
02703EZ	Percutaneous Approach Dilation of Coronary Artery, One Artery with Two Intraluminal Devices, Percutaneous	Procedure	ICD-10-PCS
02703F6	Approach Dilation of Coronary Artery, One Artery, Bifurcation, with Three Intraluminal Devices,	Procedure	ICD-10-PCS
02703FZ	Percutaneous Approach Dilation of Coronary Artery, One Artery with Three Intraluminal Devices,	Procedure	ICD-10-PCS
02703G6	Percutaneous Approach Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Intraluminal	Procedure	ICD-10-PCS
02703GZ	Devices, Percutaneous Approach Dilation of Coronary Artery, One Artery with Four or More Intraluminal Devices,	Procedure	ICD-10-PCS
02703T6	Percutaneous Approach Dilation of Coronary Artery, One Artery, Bifurcation, with Radioactive Intraluminal	Procedure	ICD-10-PCS
02703TZ	Device, Percutaneous Approach Dilation of Coronary Artery, One Artery with Radioactive Intraluminal Device,	Procedure	ICD-10-PCS
02703Z6	Percutaneous Approach 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	Procedure	ICD-10-PCS
027044Z	Device, Percutaneous Endoscopic Approach 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,	Procedure	ICD-10-PCS
0270476	Percutaneous Endoscopic Approach 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	Procedure	ICD-10-PCS
02704D6	Devices, Percutaneous Endoscopic Approach Dilation of Coronary Artery, One Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

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Code	Description	Code Category	Code Type
02704DZ	Dilation of Coronary Artery, One Artery with Intraluminal Device, Percutaneous	Procedure	ICD-10-PCS
	Endoscopic Approach		
02704E6	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Intraluminal Devices,	Procedure	ICD-10-PCS
02704EZ	Percutaneous Endoscopic Approach Dilation of Coronary Artery, One Artery with Two Intraluminal Devices, Percutaneous	Procedure	ICD-10-PCS
02704F6	Endoscopic Approach Dilation of Coronary Artery, One Artery, Bifurcation, with Three Intraluminal Devices,	Procedure	ICD-10-PCS
02704FZ	Percutaneous Endoscopic Approach Dilation of Coronary Artery, One Artery with Three Intraluminal Devices,	Procedure	ICD-10-PCS
02704G6	Percutaneous Endoscopic Approach Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Intraluminal	Procedure	ICD-10-PCS
02704GZ	Devices, Percutaneous Endoscopic Approach Dilation of Coronary Artery, One Artery with Four or More Intraluminal Devices,	Procedure	ICD-10-PCS
02704T6	Percutaneous Endoscopic Approach 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,	Procedure	ICD-10-PCS
02704Z6	Percutaneous Endoscopic Approach Dilation of Coronary Artery, One Artery, Bifurcation, Percutaneous Endoscopic	Procedure	ICD-10-PCS
02704ZZ	Approach 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	Procedure	ICD-10-PCS
027104Z	Device, Open Approach Dilation of Coronary Artery, Two Arteries with Drug-eluting Intraluminal Device, Open	Procedure	ICD-10-PCS
0271056	Approach Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Drug-eluting	Procedure	ICD-10-PCS
027105Z	Intraluminal Devices, Open Approach Dilation of Coronary Artery, Two Arteries with Two Drug-eluting Intraluminal Devices,	Procedure	ICD-10-PCS
0271066	Open Approach Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Drug-eluting	Procedure	ICD-10-PCS
027106Z	Intraluminal Devices, Open Approach Dilation of Coronary Artery, Two Arteries with Three Drug-eluting Intraluminal	Procedure	ICD-10-PCS
0271076	Devices, Open Approach Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Drug-eluting	Procedure	ICD-10-PCS
027107Z	Intraluminal Devices, Open Approach Dilation of Coronary Artery, Two Arteries with Four or More Drug-eluting Intraluminal	Procedure	ICD-10-PCS
02710D6	Devices, Open Approach Dilation of Coronary Artery, Two Arteries, Bifurcation, with Intraluminal Device, Open	Procedure	ICD-10-PCS
02710DZ	Approach 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,	Procedure	ICD-10-PCS
02710EZ	Open Approach Dilation of Coronary Artery, Two Arteries with Two Intraluminal Devices, Open	Procedure	ICD-10-PCS
02710F6	Approach Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Intraluminal	Procedure	ICD-10-PCS
02710FZ	Devices, Open Approach Dilation of Coronary Artery, Two Arteries with Three Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS

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Code	Description	Code Category	Code Type
02710G6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Intraluminal		ICD-10-PCS
0271000	Devices, Open Approach	roccuure	100 10 1 05
02710GZ	Dilation of Coronary Artery, Two Arteries with Four or More Intraluminal Devices,	Procedure	ICD-10-PCS
0271002	Open Approach	Trocedure	ICD-10-1 C3
02710T6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Radioactive Intraluminal	Procedure	ICD-10-PCS
0271010	Device, Open Approach	rioccuure	100 10 1 03
02710TZ	Dilation of Coronary Artery, Two Arteries with Radioactive Intraluminal Device, Open	Procedure	ICD-10-PCS
02/1012		Trocedure	ICD-10-1 C3
02710Z6	Approach Dilation of Coronary Artery, Two Arteries, Bifurcation, Open Approach	Procedure	ICD-10-PCS
0271020	bliation of Corollary Artery, Two Arteries, Birdication, Open Approach	riocedure	ICD-10-FC3
02710ZZ	Dilation of Coronary Artery, Two Arteries, Open Approach	Procedure	ICD-10-PCS
0271022	billution of coronary Artery, Two Arteries, Open Approach	roccuure	100 10 1 05
0271346	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Drug-eluting Intraluminal	Procedure	ICD-10-PCS
0271540	Device, Percutaneous Approach	rioccaure	100 10 1 03
027134Z	Dilation of Coronary Artery, Two Arteries with Drug-eluting Intraluminal Device,	Procedure	ICD-10-PCS
0271342	Percutaneous Approach	rioccaure	100 10 1 03
0271356	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Drug-eluting	Procedure	ICD-10-PCS
0271330	Intraluminal Devices, Percutaneous Approach	Trocedure	ICD-10-1 C3
027135Z	Dilation of Coronary Artery, Two Arteries with Two Drug-eluting Intraluminal Devices,	Procedure	ICD-10-PCS
0271332	Percutaneous Approach	Trocedure	ICD-10-1 C3
0271366	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Drug-eluting	Procedure	ICD-10-PCS
0271300	Intraluminal Devices, Percutaneous Approach	roccuure	100 10 1 05
027136Z	Dilation of Coronary Artery, Two Arteries with Three Drug-eluting Intraluminal	Procedure	ICD-10-PCS
0271302	Devices, Percutaneous Approach	Trocedure	ICD-10-1 C3
0271376	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Drug-eluting	Procedure	ICD-10-PCS
02/13/0	Intraluminal Devices, Percutaneous Approach	roccuure	100 10 1 05
027137Z	Dilation of Coronary Artery, Two Arteries with Four or More Drug-eluting Intraluminal	Procedure	ICD-10-PCS
02/13/2	Devices, Percutaneous Approach	roccuure	100 10 1 05
02713D6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Intraluminal Device,	Procedure	ICD-10-PCS
0271020	Percutaneous Approach	110000010	100 10 1 00
02713DZ	Dilation of Coronary Artery, Two Arteries with Intraluminal Device, Percutaneous	Procedure	ICD-10-PCS
027202	Approach		
02713E6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Intraluminal Devices,	Procedure	ICD-10-PCS
0272020	Percutaneous Approach		.02 20 . 00
02713EZ	Dilation of Coronary Artery, Two Arteries with Two Intraluminal Devices,	Procedure	ICD-10-PCS
	Percutaneous Approach		
02713F6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Intraluminal	Procedure	ICD-10-PCS
	Devices, Percutaneous Approach		
02713FZ	Dilation of Coronary Artery, Two Arteries with Three Intraluminal Devices,	Procedure	ICD-10-PCS
	Percutaneous Approach		
02713G6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Intraluminal	Procedure	ICD-10-PCS
	Devices, Percutaneous Approach		
02713GZ	Dilation of Coronary Artery, Two Arteries with Four or More Intraluminal Devices,	Procedure	ICD-10-PCS
	Percutaneous Approach		
02713T6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Radioactive Intraluminal	Procedure	ICD-10-PCS
	Device, Percutaneous Approach		
02713TZ	Dilation of Coronary Artery, Two Arteries with Radioactive Intraluminal Device,	Procedure	ICD-10-PCS
	Percutaneous Approach		
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
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	E. List of KxNorm Concept Unique Identifier (KXCUI), Logical Observation Identifiers N		
Code	Description	Code Category	Code Type
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,	Procedure	ICD-10-PCS
0271466	Percutaneous Endoscopic Approach 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	Procedure	ICD-10-PCS
0271476	Devices, Percutaneous Endoscopic Approach 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
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

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Devices, Open Approach 127206F 127206F 127206F 127206F 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 127207 12		E. LIST OF KXNORM Concept Unique Identifier (KXCUI), Logical Observation Identifiers N		
Intraluminal Devices, Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Drug- Bilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Intraluminal Device, Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Intraluminal Device, Open Approach Devices, Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Intraluminal Devices, Open Approach Devices, Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Intraluminal Devices, Open Approach Devices, Open Approach Devices, Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Intraluminal Devices, Open Approach Devices, Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Devices, Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Devices, Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Rouloactive Intraluminal Procedure Device, Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Radioactive Intraluminal Procedure Device, Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, With Brug-eluting Intraluminal Procedure Device, Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Drug-eluting Intraluminal Procedure Device, Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Drug-eluting I	Code	Description Dilation of Company Antony Three Antonics Differentials with Three Days sluting	Code Category	Code Type
0272062 Dilation of Coronary Artery, Three Arteries with Three Drug-eluting Intraluminal Procedure ICD-10-PCS 0272076 Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach ICD-10-PCS ICD-10-PCS 0272070 Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Open Approach Procedure ICD-10-PCS 027200D Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Open Approach Procedure ICD-10-PCS 027200E Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Intraluminal Devices, Open Approach Procedure ICD-10-PCS 02720EA Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Intraluminal Devices, Open Approach Procedure ICD-10-PCS 02720EA Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Intraluminal Devices, Open Approach Procedure ICD-10-PCS 02720EA Dilation of Coronary Artery, Three Arteries with Three Intraluminal Devices, Open Approach Procedure ICD-10-PCS 02720EA Dilation of Coronary Artery, Three Arteries with Four or More Intraluminal Devices, Open Approach Procedure ICD-10-PCS 02720EA Dilation of Coronary Artery, Three Arteries with	02/2066		Procedure	ICD-10-PCS
Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	027206Z	Dilation of Coronary Artery, Three Arteries with Three Drug-eluting Intraluminal	Procedure	ICD-10-PCS
Dilation of Coronary Artery, Three Arteries with Four or More Drug-eluting Intraluminal Devices, Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Intraluminal Device, Open Approach Devices, Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Intraluminal Devices, Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Intraluminal Procedure Devices, Open Approach Dilation of Coronary Artery, Three Arteries with Three Intraluminal Devices, Open Approach Dilation of Coronary Artery, Three Arteries with Three Intraluminal Devices, Open Procedure ICD-10-PCS Approach Dilation of Coronary Artery, Three Arteries with Three Intraluminal Devices, Open Procedure ICD-10-PCS Intraluminal Devices, Open Approach Dilation of Coronary Artery, Three Arteries with Four or More Intraluminal Devices, Open Approach Dilation of Coronary Artery, Three Arteries with Four or More Intraluminal Devices, Open Approach Dilation of Coronary Artery, Three Arteries with Four or More Intraluminal Procedure Device, Open Approach Dilation of Coronary Artery, Three Arteries with Radioactive Intraluminal Devices, Device, Open Approach Dilation of Coronary Artery, Three Arteries with Radioactive Intraluminal Device, Device, Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Procedure Device, Percutaneous Approach Devices, Percutaneous Approach Dev	0272076	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Drug-	Procedure	ICD-10-PCS
Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Open Approach Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Open Approach Dilation of Coronary Artery, Three Arteries Bifurcation, with Two Intraluminal Procedure Dilation of Coronary Artery, Three Arteries with Two Intraluminal Devices, Open Approach Dilation of Coronary Artery, Three Arteries with Two Intraluminal Devices, Open Approach Dilation of Coronary Artery, Three Arteries with Two Intraluminal Devices, Open Approach Dilation of Coronary Artery, Three Arteries Bifurcation, with Three Intraluminal Procedure Dilation of Coronary Artery, Three Arteries Bifurcation, with Three Intraluminal Devices, Open Approach Dilation of Coronary Artery, Three Arteries Bifurcation, with Four or More Dilation of Coronary Artery, Three Arteries Bifurcation, with Four or More Intraluminal Devices, Open Approach Dilation of Coronary Artery, Three Arteries with Four or More Intraluminal Devices, Procedure Dilation of Coronary Artery, Three Arteries with Radioactive Intraluminal Device, Deen Approach Dilation of Coronary Artery, Three Arteries Bifurcation, with Radioactive Intraluminal Procedure Device, Open Approach Dilation of Coronary Artery, Three Arteries with Radioactive Intraluminal Device, Deen Approach Dilation of Coronary Artery, Three Arteries Bifurcation, Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, With Drug-eluting Intraluminal Procedure Device, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Drug-eluting Intraluminal Device, Device, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal Procedure Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal Procedure Intraluminal Devices, Percutaneous Approach	027207Z	Dilation of Coronary Artery, Three Arteries with Four or More Drug-eluting	Procedure	ICD-10-PCS
027200Z Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Open Approach Devices, Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Intraluminal Devices, Open Approach Dilation of Coronary Artery, Three Arteries with Two Intraluminal Devices, Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Intraluminal Devices, Open Approach Dilation of Coronary Artery, Three Arteries with Three Intraluminal Devices, Open Approach Dilation of Coronary Artery, Three Arteries with Three Intraluminal Devices, Open Approach Dilation of Coronary Artery, Three Arteries with Four or More Intraluminal Devices, Open Approach Dilation of Coronary Artery, Three Arteries with Four or More Intraluminal Devices, Open Approach Dilation of Coronary Artery, Three Arteries with Four or More Intraluminal Devices, Open Approach Dilation of Coronary Artery, Three Arteries with Radioactive Intraluminal Device, Depen Approach Dilation of Coronary Artery, Three Arteries with Radioactive Intraluminal Device, Depen Approach Dilation of Coronary Artery, Three Arteries with Radioactive Intraluminal Device, Depen Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, Open Approach Dilation of Coronary Artery, Three Arteries, Depen Approach Device, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Drug-eluting Intraluminal Procedure Device, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Drug-eluting Intraluminal Procedure Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal Procedure Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal Procedure Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Four or More Drug-eluting Intralum	02720D6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device,	Procedure	ICD-10-PCS
Devices, Open Approach Dilation of Coronary Artery, Three Arteries with Two Intraluminal Devices, Open Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Intraluminal Procedure Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Intraluminal Devices, Open Approach Dilation of Coronary Artery, Three Arteries with Three Intraluminal Devices, Open Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Dilation of Coronary Artery, Three Arteries with Four or More Intraluminal Devices, Open Approach Dilation of Coronary Artery, Three Arteries with Four or More Intraluminal Devices, Dilation of Coronary Artery, Three Arteries, Bifurcation, with Radioactive Intraluminal Device, Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Radioactive Intraluminal Device, Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Drug-eluting Intraluminal Procedure Device, Percutaneous Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Drug-eluting Intraluminal Procedure Device, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Drug-eluting Intraluminal Device, Device, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Drug-eluting Intraluminal Procedure Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Drug-eluting Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intral	02720DZ		Procedure	ICD-10-PCS
Dilation of Coronary Artery, Three Arteries with Two Intraluminal Devices, Open Procedure ICD-10-PCS Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Intraluminal Procedure ICD-10-PCS Devices, Open Approach Dilation of Coronary Artery, Three Arteries with Three Intraluminal Devices, Open Procedure ICD-10-PCS Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Procedure ICD-10-PCS Intraluminal Devices, Open Approach Dilation of Coronary Artery, Three Arteries with Four or More Intraluminal Devices, Procedure ICD-10-PCS Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Radioactive Intraluminal Procedure ICD-10-PCS Device, Open Approach Dilation of Coronary Artery, Three Arteries with Radioactive Intraluminal Device, Procedure ICD-10-PCS Device, Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, Open Approach Dilation of Coronary Artery, Three Arteries, Device, Open Approach Dilation of Coronary Artery, Three Arteries, Device, Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Drug-eluting Intraluminal Procedure ICD-10-PCS Device, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Drug-eluting Intraluminal Procedure ICD-10-PCS Percutaneous Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Drug-eluting Procedure ICD-10-PCS Intraluminal Device, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal Procedure ICD-10-PCS Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal Procedure ICD-10-PCS Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal Procedure ICD-10-PCS Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal Procedure ICD-10-PCS	02720E6		Procedure	ICD-10-PCS
Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Intraluminal Procedure Devices, Open Approach Dilation of Coronary Artery, Three Arteries with Three Intraluminal Devices, Open Procedure ICD-10-PCS Approach Dilation of Coronary Artery, Three Arteries Bifurcation, with Four or More Procedure ICD-10-PCS Intraluminal Devices, Open Approach Dilation of Coronary Artery, Three Arteries with Four or More Intraluminal Devices, Procedure ICD-10-PCS Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Radioactive Intraluminal Procedure ICD-10-PCS Device, Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Radioactive Intraluminal Procedure ICD-10-PCS Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, Open Approach Dilation of Coronary Artery, Three Arteries, Device, Open Approach Dilation of Coronary Artery, Three Arteries, Device, Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, With Drug-eluting Intraluminal Procedure ICD-10-PCS Device, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Drug-eluting Intraluminal Procedure Device, Percutaneous Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Drug-eluting Procedure ICD-10-PCS Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Drug-eluting Procedure ICD-10-PCS Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Drug-eluting Procedure ICD-10-PCS Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Drug-eluting Procedure ICD-10-PCS Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Drug-Procedure ICD-10-PCS Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Drug-Procedure	02720EZ	Dilation of Coronary Artery, Three Arteries with Two Intraluminal Devices, Open	Procedure	ICD-10-PCS
Dilation of Coronary Artery, Three Arteries with Three Intraluminal Devices, Open Procedure ICD-10-PCS Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Procedure ICD-10-PCS Intraluminal Devices, Open Approach Dilation of Coronary Artery, Three Arteries with Four or More Intraluminal Devices, Procedure ICD-10-PCS Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Radioactive Intraluminal Procedure ICD-10-PCS Device, Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Radioactive Intraluminal Procedure ICD-10-PCS Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, Open Approach Dilation of Coronary Artery, Three Arteries, Device, Open Approach Dilation of Coronary Artery, Three Arteries, Device, Open Approach Device, Percutaneous Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Drug-eluting Intraluminal Procedure ICD-10-PCS Device, Percutaneous Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Drug-eluting Procedure ICD-10-PCS Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal Procedure ICD-10-PCS Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal Procedure ICD-10-PCS Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Three Drug-eluting Intraluminal Procedure ICD-10-PCS Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Drug-eluting Procedure ICD-10-PCS Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Three Drug-eluting Intraluminal Procedure ICD-10-PCS Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Four or More Drug-eluting Procedure ICD-10-PCS Intraluminal Devices, Percutaneous Approach Dilation of Coronary	02720F6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Intraluminal	Procedure	ICD-10-PCS
Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Intraluminal Devices, Open Approach Dilation of Coronary Artery, Three Arteries with Four or More Intraluminal Devices, Procedure Dilation of Coronary Artery, Three Arteries, Bifurcation, with Radioactive Intraluminal Procedure Device, Open Approach Dilation of Coronary Artery, Three Arteries with Radioactive Intraluminal Device, Open Approach Dilation of Coronary Artery, Three Arteries with Radioactive Intraluminal Device, Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, Open Approach Dilation of Coronary Artery, Three Arteries, Open Approach Dilation of Coronary Artery, Three Arteries, Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Drug-eluting Intraluminal Procedure ICD-10-PCS Device, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Drug-eluting Intraluminal Device, Procedure Procedure Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Drug-eluting Procedure ICD-10-PCS Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal Procedure ICD-10-PCS Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal Procedure ICD-10-PCS Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Three Drug-eluting Intraluminal Procedure ICD-10-PCS Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Three Drug-eluting Intraluminal Procedure ICD-10-PCS Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Three Drug-eluting Intraluminal Procedure ICD-10-PCS Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Procedure ICD-10-PCS Intraluminal Devices, Percutaneous Approach Dilation of Coronary	02720FZ	Dilation of Coronary Artery, Three Arteries with Three Intraluminal Devices, Open	Procedure	ICD-10-PCS
02720GZDilation of Coronary Artery, Three Arteries with Four or More Intraluminal Devices, Open ApproachProcedureICD-10-PCS02720T6Dilation of Coronary Artery, Three Arteries, Bifurcation, with Radioactive Intraluminal ProcedureICD-10-PCS02720T2Dilation of Coronary Artery, Three Arteries with Radioactive Intraluminal Device, Open ApproachProcedureICD-10-PCS02720Z6Dilation of Coronary Artery, Three Arteries, Bifurcation, Open ApproachProcedureICD-10-PCS02720Z7Dilation of Coronary Artery, Three Arteries, Open ApproachProcedureICD-10-PCS0272346Dilation of Coronary Artery, Three Arteries, Bifurcation, with Drug-eluting Intraluminal ProcedureICD-10-PCS0272347Dilation of Coronary Artery, Three Arteries with Drug-eluting Intraluminal Device, Percutaneous ApproachProcedureICD-10-PCS0272356Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal ProcedureICD-10-PCS0272352Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal ProcedureICD-10-PCS0272365Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal ProcedureICD-10-PCS0272366Dilation of Coronary Artery, Three Arteries with Three Drug-eluting Intraluminal ProcedureICD-10-PCS0272376Dilation of Coronary Artery, Three Arteries with Three Drug-eluting Intraluminal ProcedureICD-10-PCS0272376Dilation of Coronary Artery, Three Arteries with Four or More Drug-elutingProcedureICD-10-PCS0272372Dilation of Coronary Artery, Three Arteries with Four or More Drug-eluting	02720G6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More	Procedure	ICD-10-PCS
Dilation of Coronary Artery, Three Arteries, Bifurcation, with Radioactive Intraluminal Procedure Device, Open Approach Dilation of Coronary Artery, Three Arteries with Radioactive Intraluminal Device, Procedure ICD-10-PCS Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, Open Approach Dilation of Coronary Artery, Three Arteries, Device, Percutaneous Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Drug-eluting Intraluminal Procedure ICD-10-PCS Device, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Drug-eluting Intraluminal Device, Procedure ICD-10-PCS Device, Percutaneous Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Drug-eluting Procedure ICD-10-PCS Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal Procedure ICD-10-PCS Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Drug-eluting Procedure ICD-10-PCS Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Three Drug-eluting Intraluminal Procedure ICD-10-PCS Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Procedure ICD-10-PCS Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Four or More Drug-eluting Procedure ICD-10-PCS Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Procedure ICD-10-PCS Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Procedure ICD-10-PCS Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device,	02720GZ	Dilation of Coronary Artery, Three Arteries with Four or More Intraluminal Devices,	Procedure	ICD-10-PCS
Dilation of Coronary Artery, Three Arteries with Radioactive Intraluminal Device, Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, Open Approach Dilation of Coronary Artery, Three Arteries, Open Approach Dilation of Coronary Artery, Three Arteries, Open Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Drug-eluting Intraluminal Procedure Device, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Drug-eluting Intraluminal Device, Procedure Percutaneous Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Drug-eluting Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Drug-eluting Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Drug-eluting Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Drug-eluting Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Four or More Drug-eluting Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Procedure Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Procedure Dilation of Coronary Artery, Three Arteries with Four or More Drug-eluting Devices Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Procedure Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Procedure Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device,	02720T6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Radioactive Intraluminal	Procedure	ICD-10-PCS
02720Z6Dilation of Coronary Artery, Three Arteries, Bifurcation, Open ApproachProcedureICD-10-PCS02720Z2Dilation of Coronary Artery, Three Arteries, Open ApproachProcedureICD-10-PCS0272346Dilation of Coronary Artery, Three Arteries, Bifurcation, with Drug-eluting Intraluminal ProcedureICD-10-PCS0272342Dilation of Coronary Artery, Three Arteries with Drug-eluting Intraluminal Device, Percutaneous ApproachProcedureICD-10-PCS0272356Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous ApproachProcedureICD-10-PCS0272352Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal ProcedureICD-10-PCS0272366Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Drug-elutingProcedureICD-10-PCS0272362Dilation of Coronary Artery, Three Arteries with Three Drug-eluting Intraluminal ProcedureICD-10-PCS0272376Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous ApproachProcedureICD-10-PCS0272372Dilation of Coronary Artery, Three Arteries with Four or More Drug-elutingProcedureICD-10-PCS0272373Dilation of Coronary Artery, Three Arteries with Four or More Drug-elutingProcedureICD-10-PCS0272374Dilation of Coronary Artery, Three Arteries with Four or More Drug-elutingProcedureICD-10-PCS02723D5Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Percutaneous ApproachProcedureICD-10-PCS </td <td>02720TZ</td> <td>Dilation of Coronary Artery, Three Arteries with Radioactive Intraluminal Device,</td> <td>Procedure</td> <td>ICD-10-PCS</td>	02720TZ	Dilation of Coronary Artery, Three Arteries with Radioactive Intraluminal Device,	Procedure	ICD-10-PCS
Dilation of Coronary Artery, Three Arteries, Bifurcation, with Drug-eluting Intraluminal Procedure Device, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Drug-eluting Intraluminal Device, Procedure Percutaneous Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Drug-eluting Procedure ICD-10-PCS Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal Procedure ICD-10-PCS Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal Procedure ICD-10-PCS Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Drug-eluting Procedure ICD-10-PCS Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Three Drug-eluting Intraluminal Procedure ICD-10-PCS Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Drug-eluting Procedure ICD-10-PCS eluting Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Four or More Drug-eluting Procedure ICD-10-PCS Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Four or More Drug-eluting Procedure ICD-10-PCS Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Procedure ICD-10-PCS Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Procedure ICD-10-PCS Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Procedure ICD-10-PCS Percutaneous Approach	02720Z6		Procedure	ICD-10-PCS
Device, Percutaneous Approach 027234Z Dilation of Coronary Artery, Three Arteries with Drug-eluting Intraluminal Device, Procedure 0272356 Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach 0272352 Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Approach 0272366 Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach 0272367 Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach 0272368 Dilation of Coronary Artery, Three Arteries with Three Drug-eluting Intraluminal Procedure ICD-10-PCS Devices, Percutaneous Approach 0272376 Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Drug-eluting Procedure ICD-10-PCS eluting Intraluminal Devices, Percutaneous Approach 0272377 Dilation of Coronary Artery, Three Arteries with Four or More Drug-eluting Procedure ICD-10-PCS Intraluminal Devices, Percutaneous Approach 0272378 Dilation of Coronary Artery, Three Arteries with Four or More Drug-eluting Procedure ICD-10-PCS Intraluminal Devices, Percutaneous Approach 0272370 Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach 02723D2 Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Procedure ICD-10-PCS Percutaneous Approach 02723D2 Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Procedure ICD-10-PCS Percutaneous Approach 02723D2 Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Procedure ICD-10-PCS Percutaneous Approach 02723D2 Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous	02720ZZ	Dilation of Coronary Artery, Three Arteries, Open Approach	Procedure	ICD-10-PCS
Dilation of Coronary Artery, Three Arteries with Drug-eluting Intraluminal Device, Percutaneous Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Approach Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Approach Devices, Percutaneous Approach Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Drug-eluting Procedure ICD-10-PCS Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Four or More Drug-eluting Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Four or More Drug-eluting Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Four or More Drug-eluting Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Procedure ICD-10-PCS Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Procedure ICD-10-PCS Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Procedure ICD-10-PCS Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Procedure ICD-10-PCS Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Procedure ICD-10-PCS Devices, Percutaneous Approach	0272346		Procedure	ICD-10-PCS
Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Drug-eluting Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Four or More Drug-eluting Dilation of Coronary Artery, Three Arteries with Four or More Drug-eluting Dilation of Coronary Artery, Three Arteries with Four or More Drug-eluting Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Procedure ICD-10-PCS Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Procedure Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous	027234Z	Dilation of Coronary Artery, Three Arteries with Drug-eluting Intraluminal Device,	Procedure	ICD-10-PCS
Devices, Percutaneous Approach O272366 Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Drug-eluting Intraluminal Procedure ICD-10-PCS Intraluminal Devices, Percutaneous Approach O272362 Dilation of Coronary Artery, Three Arteries with Three Drug-eluting Intraluminal Procedure ICD-10-PCS Devices, Percutaneous Approach O272376 Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Drugeluting Intraluminal Devices, Percutaneous Approach O272377 Dilation of Coronary Artery, Three Arteries with Four or More Drugeluting Procedure ICD-10-PCS Intraluminal Devices, Percutaneous Approach O272378 Dilation of Coronary Artery, Three Arteries with Four or More Drugeluting Procedure ICD-10-PCS Intraluminal Devices, Percutaneous Approach O272379 Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Procedure ICD-10-PCS Percutaneous Approach O2723D2 Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Procedure ICD-10-PCS Percutaneous Approach O2723D2 Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Procedure ICD-10-PCS	0272356	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Drug-eluting	Procedure	ICD-10-PCS
Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Drug-eluting Procedure ICD-10-PCS Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Three Drug-eluting Intraluminal Procedure ICD-10-PCS Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Four or More Drug-eluting Procedure ICD-10-PCS Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Procedure ICD-10-PCS Percutaneous Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Procedure ICD-10-PCS Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Procedure ICD-10-PCS Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Procedure ICD-10-PCS Percutaneous Approach	027235Z	Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal	Procedure	ICD-10-PCS
Dilation of Coronary Artery, Three Arteries with Three Drug-eluting Intraluminal Procedure ICD-10-PCS Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Four or More Drug-eluting Procedure ICD-10-PCS Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Procedure ICD-10-PCS Percutaneous Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Procedure ICD-10-PCS Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Procedure ICD-10-PCS	0272366	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Drug-eluting	Procedure	ICD-10-PCS
Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Drug- eluting Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Procedure ICD-10-PCS Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Procedure ICD-10-PCS Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Procedure	027236Z	Dilation of Coronary Artery, Three Arteries with Three Drug-eluting Intraluminal	Procedure	ICD-10-PCS
Dilation of Coronary Artery, Three Arteries with Four or More Drug-eluting Procedure ICD-10-PCS Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Procedure ICD-10-PCS Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Procedure ICD-10-PCS ICD-10-PCS	0272376	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Drug-	Procedure	ICD-10-PCS
Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Procedure ICD-10-PCS Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Procedure ICD-10-PCS	027237Z	Dilation of Coronary Artery, Three Arteries with Four or More Drug-eluting	Procedure	ICD-10-PCS
02723DZ Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Procedure ICD-10-PCS	02723D6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device,	Procedure	ICD-10-PCS
	02723DZ	Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous	Procedure	ICD-10-PCS

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	E. List of KxNorm Concept Unique Identifier (KXCOI), Logical Observation Identifiers No		
Code	Description Dilating of Consum Autom. Three Automics Differentials with Two Introduction	Code Category	Code Type
02723E6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Intraluminal	Procedure	ICD-10-PCS
02723EZ	Devices, Percutaneous Approach Dilation of Coronary Artery, Three Arteries with Two Intraluminal Devices,	Procedure	ICD-10-PCS
02/2362	Percutaneous Approach	riocedule	ICD-10-PC3
02723F6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Intraluminal	Procedure	ICD-10-PCS
0272310	Devices, Percutaneous Approach	Troccaure	100 101 05
02723FZ	Dilation of Coronary Artery, Three Arteries with Three Intraluminal Devices,	Procedure	ICD-10-PCS
0272012	Percutaneous Approach	rioccaare	100 10 1 00
02723G6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More	Procedure	ICD-10-PCS
	Intraluminal Devices, Percutaneous Approach		
02723GZ	Dilation of Coronary Artery, Three Arteries with Four or More Intraluminal Devices,	Procedure	ICD-10-PCS
	Percutaneous Approach		
02723T6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Radioactive Intraluminal	Procedure	ICD-10-PCS
	Device, Percutaneous Approach		
02723TZ	Dilation of Coronary Artery, Three Arteries with Radioactive Intraluminal Device,	Procedure	ICD-10-PCS
	Percutaneous Approach		
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 Common Autom. There Automics Differentian with David alleting letter was and	Due ee duue	ICD 10 DCC
0272446	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Drug-eluting Intraluminal	Procedure	ICD-10-PCS
027244Z	Device, Percutaneous Endoscopic Approach Dilation of Coronary Artery, Three Arteries with Drug-eluting Intraluminal Device,	Procedure	ICD-10-PCS
0272442	Percutaneous Endoscopic Approach	riocedule	ICD-10-PC3
0272456	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Drug-eluting	Procedure	ICD-10-PCS
0272430	Intraluminal Devices, Percutaneous Endoscopic Approach	Trocedure	100 10 1 05
	madamina bevices, i ereataneous Endoscopie Approden		
027245Z	Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal	Procedure	ICD-10-PCS
	Devices, Percutaneous Endoscopic Approach		
0272466	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Drug-eluting	Procedure	ICD-10-PCS
	Intraluminal Devices, Percutaneous Endoscopic Approach		
027246Z	Dilation of Coronary Artery, Three Arteries with Three Drug-eluting Intraluminal	Procedure	ICD-10-PCS
	Devices, Percutaneous Endoscopic Approach		
0272476	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Drug-	Procedure	ICD-10-PCS
	eluting Intraluminal Devices, Percutaneous Endoscopic Approach		
0070477		5 1	100 40 000
027247Z	Dilation of Coronary Artery, Three Arteries with Four or More Drug-eluting	Procedure	ICD-10-PCS
0272406	Intraluminal Devices, Percutaneous Endoscopic Approach	Dragodura	ICD 10 DCC
02724D6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device,	Procedure	ICD-10-PCS
02724DZ	Percutaneous Endoscopic Approach Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous	Procedure	ICD-10-PCS
0272402	Endoscopic Approach	riocedule	ICD-10-PC3
02724E6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Intraluminal	Procedure	ICD-10-PCS
02,24LU	Devices, Percutaneous Endoscopic Approach	occurre	.00 10 100
02724EZ	Dilation of Coronary Artery, Three Arteries with Two Intraluminal Devices,	Procedure	ICD-10-PCS
	Percutaneous Endoscopic Approach		
02724F6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Intraluminal	Procedure	ICD-10-PCS
	Devices, Percutaneous Endoscopic Approach		
02724FZ	Dilation of Coronary Artery, Three Arteries with Three Intraluminal Devices,	Procedure	ICD-10-PCS
	Percutaneous Endoscopic Approach		

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Code	Description	Code Category	Code Type
02724G6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More	Procedure	ICD-10-PCS
	Intraluminal Devices, Percutaneous Endoscopic Approach		
02724GZ	Dilation of Coronary Artery, Three Arteries with Four or More Intraluminal Devices,	Procedure	ICD-10-PCS
02724T6	Percutaneous Endoscopic Approach 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,	Procedure	ICD-10-PCS
02724Z6	Percutaneous Endoscopic Approach Dilation of Coronary Artery, Three Arteries, Bifurcation, Percutaneous Endoscopic	Procedure	ICD-10-PCS
02724ZZ	Approach 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
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

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Code	Description	Code Category	Code Type
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
0273356	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Drug-eluting	Procedure	ICD-10-PCS
027335Z	Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Four or More Arteries with Two Drug-eluting Intraluminal	Procedure	ICD-10-PCS
0273366	Devices, Percutaneous Approach Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Drug-	Procedure	ICD-10-PCS
027336Z	eluting Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Four or More Arteries with Three Drug-eluting	Procedure	ICD-10-PCS
0273376	Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More	Procedure	ICD-10-PCS
	Drug-eluting Intraluminal Devices, Percutaneous Approach		
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	Procedure	ICD-10-PCS
02733EZ	Devices, Percutaneous Approach Dilation of Coronary Artery, Four or More Arteries with Two Intraluminal Devices,	Procedure	ICD-10-PCS
02733F6	Percutaneous Approach Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three	Procedure	ICD-10-PCS
02733FZ	Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Four or More Arteries with Three Intraluminal Devices,	Procedure	ICD-10-PCS
02733G6	Percutaneous Approach Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More	Procedure	ICD-10-PCS
02733GZ	Intraluminal Devices, Percutaneous Approach Dilation of Coronary Artery, Four or More Arteries with Four or More Intraluminal	Procedure	ICD-10-PCS
02733T6	Devices, Percutaneous Approach Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Radioactive	Procedure	ICD-10-PCS
02733TZ	Intraluminal Device, Percutaneous Approach Dilation of Coronary Artery, Four or More Arteries with Radioactive Intraluminal	Procedure	ICD-10-PCS
02733Z6	Device, Percutaneous Approach Dilation of Coronary Artery, Four or More Arteries, Bifurcation, Percutaneous	Procedure	ICD-10-PCS
02733ZZ	Approach 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	Procedure	ICD-10-PCS
	Intraluminal Device, Percutaneous Endoscopic Approach		
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

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	Description		
Code	Description State of Control of C	Code Category	Code Type
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-	Procedure	ICD-10-PCS
0273400	eluting Intraluminal Devices, Percutaneous Endoscopic Approach	riocedure	ICD-10-I C3
	eluting intraluminal Devices, Percutaneous Endoscopic Approach		
027346Z	Dilation of Coronary Artery, Four or More Arteries with Three Drug-eluting	Procedure	ICD-10-PCS
	Intraluminal Devices, Percutaneous Endoscopic Approach		
0273476	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More	Procedure	ICD-10-PCS
	Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach		
0272477	Dilation of Congress Autom. Form on Many Automics with Form on Many Dury aluting	Procedure	ICD 10 DCC
027347Z	Dilation of Coronary Artery, Four or More Arteries with Four or More Drug-eluting	Procedure	ICD-10-PCS
	Intraluminal Devices, Percutaneous Endoscopic Approach		
02734D6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Intraluminal	Procedure	ICD-10-PCS
	Device, Percutaneous Endoscopic Approach		
02734DZ	Dilation of Coronary Artery, Four or More Arteries with Intraluminal Device,	Procedure	ICD-10-PCS
	Percutaneous Endoscopic Approach		
02734E6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Intraluminal	Procedure	ICD-10-PCS
	Devices, Percutaneous Endoscopic Approach		
02734EZ	Dilation of Coronary Artery, Four or More Arteries with Two Intraluminal Devices,	Procedure	ICD-10-PCS
0070456	Percutaneous Endoscopic Approach		100 10 000
02734F6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three	Procedure	ICD-10-PCS
0272457	Intraluminal Devices, Percutaneous Endoscopic Approach Dilation of Coronary Artery, Four or More Arteries with Three Intraluminal Devices	Dragodura	ICD 10 DCC
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	Procedure	ICD-10-PCS
0273400	Intraluminal Devices, Percutaneous Endoscopic Approach	riocedure	ICD-10-I C3
	maranimar bevices, i creataneous Enaoscopie Approach		
02734GZ	Dilation of Coronary Artery, Four or More Arteries with Four or More Intraluminal	Procedure	ICD-10-PCS
	Devices, Percutaneous Endoscopic Approach		
02734T6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Radioactive	Procedure	ICD-10-PCS
	Intraluminal Device, Percutaneous Endoscopic Approach		
02734TZ	Dilation of Coronary Artery, Four or More Arteries with Radioactive Intraluminal	Procedure	ICD-10-PCS
0273412	Device, Percutaneous Endoscopic Approach	riocedule	ICD-10-FC3
02734Z6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, Percutaneous	Procedure	ICD-10-PCS
02/0/20	Endoscopic Approach		.02 20 . 00
02734ZZ	Dilation of Coronary Artery, Four or More Arteries, Percutaneous Endoscopic	Procedure	ICD-10-PCS
	Approach		
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	Procedure	ICD-10-PCS
0200320	Approach	Troccaure	100 10 1 05
02C03ZZ	Extirpation of Matter from Coronary Artery, One Artery, Percutaneous Approach	Procedure	ICD-10-PCS
0100011			.02 20 . 00
02C04Z6	Extirpation of Matter from Coronary Artery, One Artery, Bifurcation, Percutaneous	Procedure	ICD-10-PCS
	Endoscopic Approach		
02C04ZZ	Extirpation of Matter from Coronary Artery, One Artery, Percutaneous Endoscopic	Procedure	ICD-10-PCS
	Approach		

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Code	Description	Code Category	Code Type
02C10Z6	Extirpation of Matter from Coronary Artery, Two Arteries, Bifurcation, Open	Procedure	ICD-10-PCS
0201020	Approach	rioccaure	100 10 1 05
02C10ZZ	Extirpation of Matter from Coronary Artery, Two Arteries, Open Approach	Procedure	ICD-10-PCS
0201022	Exclipation of Matter from Coronally Affectly, Two Affectles, Open Approach	rioccaure	100 10 1 05
02C13Z6	Extirpation of Matter from Coronary Artery, Two Arteries, Bifurcation, Percutaneous	Procedure	ICD-10-PCS
	Approach		
02C13ZZ	Extirpation of Matter from Coronary Artery, Two Arteries, Percutaneous Approach	Procedure	ICD-10-PCS
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02C14Z6	Extirpation of Matter from Coronary Artery, Two Arteries, Bifurcation, Percutaneous	Procedure	ICD-10-PCS
	Endoscopic Approach		
02C14ZZ	Extirpation of Matter from Coronary Artery, Two Arteries, Percutaneous Endoscopic	Procedure	ICD-10-PCS
	Approach		
02C20Z6	Extirpation of Matter from Coronary Artery, Three Arteries, Bifurcation, Open	Procedure	ICD-10-PCS
	Approach		
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	Procedure	ICD-10-PCS
0262277	Approach	5 1	100 40 000
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	Procedure	ICD-10-PCS
0202420	Endoscopic Approach	riocedure	ICD-10-PC3
02C24ZZ	Extirpation of Matter from Coronary Artery, Three Arteries, Percutaneous Endoscopic	Procedure	ICD-10-PCS
0202422	Approach	rioccaure	100 101 05
02C30Z6	Extirpation of Matter from Coronary Artery, Four or More Arteries, Bifurcation, Open	Procedure	ICD-10-PCS
0100010	Approach		.02 20 . 00
02C30ZZ	Extirpation of Matter from Coronary Artery, Four or More Arteries, Open Approach	Procedure	ICD-10-PCS
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02C33Z6	Extirpation of Matter from Coronary Artery, Four or More Arteries, Bifurcation,	Procedure	ICD-10-PCS
	Percutaneous Approach		
02C33ZZ	Extirpation of Matter from Coronary Artery, Four or More Arteries, Percutaneous	Procedure	ICD-10-PCS
	Approach		
02C34Z6	Extirpation of Matter from Coronary Artery, Four or More Arteries, Bifurcation,	Procedure	ICD-10-PCS
	Percutaneous Endoscopic Approach		
02C34ZZ	Extirpation of Matter from Coronary Artery, Four or More Arteries, Percutaneous	Procedure	ICD-10-PCS
	Endoscopic Approach		
10981	Congestive Heart Failure Rheumatic heart failure	Diagnosis	ICD-10-CM
1110	Hypertensive heart disease with heart failure	Diagnosis Diagnosis	ICD-10-CIVI
1110	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through	Diagnosis	ICD-10-CM
1130	stage 4 chronic kidney disease, or unspecified chronic kidney disease	Diagnosis	ICD-10-CIVI
	stage 4 chilome kidney disease, or unspecified chilome kidney disease		
l132	Hypertensive heart and chronic kidney disease with heart failure and with stage 5	Diagnosis	ICD-10-CM
	chronic kidney disease, or end stage renal disease		
12601	Septic pulmonary embolism with acute cor pulmonale	Diagnosis	ICD-10-CM
12602	Saddle embolus of pulmonary artery with acute cor pulmonale	Diagnosis	ICD-10-CM
12609	Other pulmonary embolism with acute cor pulmonale	Diagnosis	ICD-10-CM
12781	Cor pulmonale (chronic)	Diagnosis	ICD-10-CM
12783	Eisenmenger's syndrome	Diagnosis	ICD-10-CM
1502	Systolic (congestive) heart failure	Diagnosis	ICD-10-CM
15020	Unspecified systolic (congestive) heart failure	Diagnosis	ICD-10-CM
15021	Acute systolic (congestive) heart failure	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
15022	Chronic systolic (congestive) heart failure	Diagnosis	ICD-10-CM
15023	Acute on chronic systolic (congestive) heart failure	Diagnosis	ICD-10-CM
1503	Diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
15030	Unspecified diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
15031	Acute diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
15032	Chronic diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
15033	Acute on chronic diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
1504	Combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
15040	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I5041	Acute combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
15042	Chronic combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
15043	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
15081	Right heart failure	Diagnosis	ICD-10-CM
150810	Right heart failure, unspecified	Diagnosis	ICD-10-CM
150811	Acute right heart failure	Diagnosis	ICD-10-CM
150812	Chronic right heart failure	Diagnosis	ICD-10-CM
150813	Acute on chronic right heart failure	Diagnosis	ICD-10-CM
150814	Right heart failure due to left heart failure	Diagnosis	ICD-10-CM
15082	Biventricular heart failure	Diagnosis	ICD-10-CM
15083	High output heart failure	Diagnosis	ICD-10-CM
15084	End stage heart failure	Diagnosis	ICD-10-CM
15089	Other heart failure	Diagnosis	ICD-10-CM
1509	Heart failure, unspecified	Diagnosis	ICD-10-CM
G8694	Left ventricular ejection fraction (lvef) < 40%	Procedure	HCPCS
G8923	Left ventricular ejection fraction (lvef) < 40% or documentation of moderately or	Procedure	HCPCS
	severely depressed left ventricular systolic function		
G8934	Left ventricular ejection fraction (lvef) <40% or documentation of moderately or	Procedure	HCPCS
G8451	severely depressed left ventricular systolic function Beta-blocker therapy for lvef < 40% not prescribed for reasons documented by the	Procedure	HCPCS
	clinician (e.g., low blood pressure, fluid overload, asthma, patients recently treated		
	with an intravenous positive inotropic agent, allergy, intolerance, other medical		
	reasons, patient declined, other patient reasons, or other reasons attributable to the		
	healthcare system)		
	neutineare system;		

	Hospitalized AMI			
121	Acute myocardial infarction	Diagnosis	ICD-10-CM	
1210	ST elevation (STEMI) myocardial infarction of anterior wall	Diagnosis	ICD-10-CM	
12101	ST elevation (STEMI) myocardial infarction involving left main coronary artery	Diagnosis	ICD-10-CM	
12102	ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery	Diagnosis	ICD-10-CM	
12109	ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall	Diagnosis	ICD-10-CM	
1211	ST elevation (STEMI) myocardial infarction of inferior wall	Diagnosis	ICD-10-CM	
12111	ST elevation (STEMI) myocardial infarction involving right coronary artery	Diagnosis	ICD-10-CM	

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Code	Description	Code Category	Code Type
12119	ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior	Diagnosis	ICD-10-CM
	wall		
12121	ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery	Diagnosis	ICD-10-CM
12129	ST elevation (STEMI) myocardial infarction involving other sites	Diagnosis	ICD-10-CM
1213	ST elevation (STEMI) myocardial infarction of unspecified site	Diagnosis	ICD-10-CM
1214	Non-ST elevation (NSTEMI) myocardial infarction	Diagnosis	ICD-10-CM
1219	Acute myocardial infarction, unspecified	Diagnosis	ICD-10-CM
1212	ST elevation (STEMI) myocardial infarction of other sites	Diagnosis	ICD-10-CM
121A	Other type of myocardial infarction	Diagnosis	ICD-10-CM
I21A1	Myocardial infarction type 2	Diagnosis	ICD-10-CM
I21A9	Other myocardial infarction type	Diagnosis	ICD-10-CM
122	Subsequent ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial	Diagnosis	ICD-10-CM
	infarction	J	
1220	Subsequent ST elevation (STEMI) myocardial infarction of anterior wall	Diagnosis	ICD-10-CM
1221	Subsequent ST elevation (STEMI) myocardial infarction of inferior wall	Diagnosis	ICD-10-CM
1222	Subsequent non-ST elevation (NSTEMI) myocardial infarction	Diagnosis	ICD 10 CM
	Subsequent ST elevation (NSTEMI) myocardial infarction of other sites	Diagnosis	ICD-10-CM
1228	Subsequent ST elevation (STEIVII) myocardial infarction of other sites	Diagnosis	ICD-10-CM
1229	Subsequent ST elevation (STEMI) myocardial infarction of unspecified site	Diagnosis	ICD-10-CM
	Hypertension		
l10	Essential (primary) hypertension	Diagnosis	ICD-10-CM
l11	Hypertensive heart disease	Diagnosis	ICD-10-CM
I110	Hypertensive heart disease with heart failure	Diagnosis	ICD-10-CM
1119	Hypertensive heart disease without heart failure	Diagnosis	ICD-10-CM
I12	Hypertensive chronic kidney disease	Diagnosis	ICD-10-CM
I120	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage	Diagnosis	ICD-10-CM
	renal disease		
1129	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney	Diagnosis	ICD-10-CM
	disease, or unspecified chronic kidney disease		
l13	Hypertensive heart and chronic kidney disease	Diagnosis	ICD-10-CM
I130	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through	Diagnosis	ICD-10-CM
	stage 4 chronic kidney disease, or unspecified chronic kidney disease		
I131	Hypertensive heart and chronic kidney disease without heart failure	Diagnosis	ICD-10-CM
11310	Hypertensive heart and chronic kidney disease without heart failure, with stage 1	Diagnosis	ICD-10-CM
11310	through stage 4 chronic kidney disease, or unspecified chronic kidney disease	Diagnosis	ICD TO CIVI
	through stage 4 chronic Namey disease, or anspective emonic Namey disease		
11311	Hypertensive heart and chronic kidney disease without heart failure, with stage 5	Diagnosis	ICD-10-CM
	chronic kidney disease, or end stage renal disease		
I132	Hypertensive heart and chronic kidney disease with heart failure and with stage 5	Diagnosis	ICD-10-CM
.102	chronic kidney disease, or end stage renal disease	45110313	
I15	Secondary hypertension	Diagnosis	ICD-10-CM
1150	Renovascular hypertension	Diagnosis	ICD-10-CM
1151	Hypertension secondary to other renal disorders	Diagnosis	ICD-10-CM
1151	Hypertension secondary to endocrine disorders	Diagnosis	ICD-10-CM
1152	Other secondary hypertension	Diagnosis	ICD-10-CM
		= :0000.0	22 20 0

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Code	Description	Code Category	Code Type
1159	Secondary hypertension, unspecified	Diagnosis	ICD-10-CM
116	Hypertensive crisis	Diagnosis	ICD-10-CM
1160	Hypertensive crisis Hypertensive urgency	Diagnosis	ICD-10-CM
1161	Hypertensive emergency	Diagnosis	ICD-10-CM
		•	
I169	Hypertensive crisis, unspecified	Diagnosis	ICD-10-CM
1674	Hypertensive encephalopathy Asthma	Diagnosis	ICD-10-CM
J4520	Mild intermittent asthma, uncomplicated	Diagnosis	ICD-10-CM
J4521	Mild intermittent astima, uncomplicated Mild intermittent asthma with (acute) exacerbation	Diagnosis	ICD-10-CM
J4521 J4522	Mild intermittent asthma with status asthmaticus	Diagnosis	ICD-10-CM
J4522 J4530	Mild persistent asthma, uncomplicated	Diagnosis	ICD-10-CM
J4530 J4531	Mild persistent asthma with (acute) exacerbation	Diagnosis	ICD-10-CM
J4531 J4532	Mild persistent asthma with status asthmaticus	Diagnosis	ICD-10-CM
J4532 J4540	·	Diagnosis	ICD-10-CM
J4541	Moderate persistent asthma, uncomplicated	<u>-</u>	
	Moderate persistent asthma with (acute) exacerbation	Diagnosis	ICD-10-CM
J4542	Moderate persistent asthma with status asthmaticus	Diagnosis	ICD-10-CM
J4550	Severe persistent asthma, uncomplicated	Diagnosis	ICD-10-CM
J4551	Severe persistent asthma with (acute) exacerbation	Diagnosis	ICD-10-CM
J4552	Severe persistent asthma with status asthmaticus	Diagnosis	ICD-10-CM
J45901	Unspecified asthma with (acute) exacerbation	Diagnosis	ICD-10-CM
J45902	Unspecified asthma with status asthmaticus	Diagnosis	ICD-10-CM
J45909	Unspecified asthma, uncomplicated	Diagnosis	ICD-10-CM
J45990	Exercise induced bronchospasm	Diagnosis	ICD-10-CM
J45991	Cough variant asthma	Diagnosis	ICD-10-CM
J45998	Other asthma	Diagnosis	ICD-10-CM
J45	Asthma	Diagnosis	ICD-10-CM
J452	Mild intermittent asthma	Diagnosis	ICD-10-CM
J453	Mild persistent asthma	Diagnosis	ICD-10-CM
J454	Moderate persistent asthma	Diagnosis	ICD-10-CM
J455	Severe persistent asthma	Diagnosis	ICD-10-CM
J459	Other and unspecified asthma	Diagnosis	ICD-10-CM
J4590	Unspecified asthma	Diagnosis	ICD-10-CM
	COPD		
J41	Simple and mucopurulent chronic bronchitis	Diagnosis	ICD-10-CM
J410	Simple chronic bronchitis	Diagnosis	ICD-10-CM
J411	Mucopurulent chronic bronchitis	Diagnosis	ICD-10-CM
J418	Mixed simple and mucopurulent chronic bronchitis	Diagnosis	ICD-10-CM
J42	Unspecified chronic bronchitis	Diagnosis	ICD-10-CM
J44	Other chronic obstructive pulmonary disease	Diagnosis	ICD-10-CM
J440	Chronic obstructive pulmonary disease with acute lower respiratory infection	Diagnosis	ICD-10-CM
1441	Chronic abstructive nulmanany disease with (acuta) evacemention	Diagnasis	ICD 10 CM
J441	Chronic obstructive pulmonary disease with (acute) exacerbation	Diagnosis	ICD-10-CM
J449	Chronic obstructive pulmonary disease, unspecified Interstitial Lung Disease	Diagnosis	ICD-10-CM
J82	Pulmonary eosinophilia, not elsewhere classified	Diagnosis	ICD-10-CM
J84	Other interstitial pulmonary diseases	Diagnosis	ICD-10-CM
J840	Alveolar and parieto-alveolar conditions	Diagnosis	ICD-10-CM
	•	_	
J8401 J8402	Alveolar proteinosis	Diagnosis	ICD-10-CM
	Pulmonary alveolar microlithiasis	Diagnosis	ICD-10-CM
J8403	Idiopathic pulmonary hemosiderosis	Diagnosis	ICD-10-CM
J8409	Other alveolar and parieto-alveolar conditions	Diagnosis	ICD-10-CM
J841	Other interstitial pulmonary diseases with fibrosis	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
J8410	Pulmonary fibrosis, unspecified	Diagnosis	ICD-10-CM
J8411	Idiopathic interstitial pneumonia	Diagnosis	ICD-10-CM
J84111	Idiopathic interstitial pneumonia, not otherwise specified	Diagnosis	ICD-10-CM
J84112	Idiopathic pulmonary fibrosis	Diagnosis	ICD-10-CM
J84113	Idiopathic non-specific interstitial pneumonitis	Diagnosis	ICD-10-CM
J84115	Respiratory bronchiolitis interstitial lung disease	Diagnosis	ICD-10-CM
J84116	Cryptogenic organizing pneumonia	Diagnosis	ICD-10-CM
J84117	Desquamative interstitial pneumonia	Diagnosis	ICD-10-CM
J8417	Other interstitial pulmonary diseases with fibrosis in diseases classified elsewhere	Diagnosis	ICD-10-CM
J842	Lymphoid interstitial pneumonia	Diagnosis	ICD-10-CM
J8481	Lymphangioleiomyomatosis	Diagnosis	ICD-10-CM
J8482	Adult pulmonary Langerhans cell histiocytosis	Diagnosis	ICD-10-CM
J8483	Surfactant mutations of the lung	Diagnosis	ICD-10-CM
J84841	Neuroendocrine cell hyperplasia of infancy	Diagnosis	ICD-10-CM
J84842	Pulmonary interstitial glycogenosis	Diagnosis	ICD-10-CM
J84843	Alveolar capillary dysplasia with vein misalignment	Diagnosis	ICD-10-CM
J84848	Other interstitial lung diseases of childhood	Diagnosis	ICD-10-CM
J8489	Other specified interstitial pulmonary diseases	Diagnosis	ICD-10-CM
J849	Interstitial pulmonary disease, unspecified	Diagnosis	ICD-10-CM
J828	Pulmonary eosinophilia, not elsewhere classified	Diagnosis	ICD-10-CM
J8281	Chronic eosinophilic pneumonia	Diagnosis	ICD-10-CM
J8282	Acute eosinophilic pneumonia	Diagnosis	ICD-10-CM
J8283	Eosinophilic asthma	Diagnosis	ICD-10-CM
J8289	Other pulmonary eosinophilia, not elsewhere classified	Diagnosis	ICD-10-CM
J84114	Acute interstitial pneumonitis	Diagnosis	ICD-10-CM
J84170	Interstitial lung disease with progressive fibrotic phenotype in diseases classified	Diagnosis	ICD-10-CM
	elsewhere		
J84178	Other interstitial pulmonary diseases with fibrosis in diseases classified elsewhere	Diagnosis	ICD-10-CM
J848	Other specified interstitial pulmonary diseases	Diagnosis	ICD-10-CM
J8484	Other interstitial lung diseases of childhood	Diagnosis	ICD-10-CM
	Hypersensitivity Pneumotitis		
J60	Coalworker's pneumoconiosis	Diagnosis	ICD-10-CM
J61	Pneumoconiosis due to asbestos and other mineral fibers	Diagnosis	ICD-10-CM
J62	Pneumoconiosis due to dust containing silica	Diagnosis	ICD-10-CM
J620	Pneumoconiosis due to talc dust	Diagnosis	ICD-10-CM
J628	Pneumoconiosis due to other dust containing silica	Diagnosis	ICD-10-CM
J63	Pneumoconiosis due to other inorganic dusts	Diagnosis	ICD-10-CM
J630	Aluminosis (of lung)	Diagnosis	ICD-10-CM
J631	Bauxite fibrosis (of lung)	Diagnosis	ICD-10-CM
J632	Berylliosis	Diagnosis	ICD-10-CM
J633	Graphite fibrosis (of lung)	Diagnosis	ICD-10-CM
J634	Siderosis	Diagnosis	ICD-10-CM
J635	Stannosis	Diagnosis	ICD-10-CM
J636	Pneumoconiosis due to other specified inorganic dusts	Diagnosis	ICD-10-CM
J64	Unspecified pneumoconiosis	Diagnosis	ICD-10-CM
J65	Pneumoconiosis associated with tuberculosis	Diagnosis	ICD-10-CM
J66	Airway disease due to specific organic dusts	Diagnosis	ICD-10-CM
J660	Byssinosis	Diagnosis	ICD-10-CM
J661	Flax-dressers' disease	Diagnosis	ICD-10-CM
J662	Cannabinosis	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
J668	Airway disease due to other specific organic dusts	Diagnosis	ICD-10-CM
J67	Hypersensitivity pneumonitis due to organic dust	Diagnosis	ICD-10-CM
J670	Farmer's lung	Diagnosis	ICD-10-CM
J671	Bagassosis	Diagnosis	ICD-10-CM
J672	Bird fancier's lung	Diagnosis	ICD-10-CM
J673	Suberosis	Diagnosis	ICD-10-CM
J674	Maltworker's lung	Diagnosis	ICD-10-CM
J675	Mushroom-worker's lung	Diagnosis	ICD-10-CM
J676	Maple-bark-stripper's lung	Diagnosis	ICD-10-CM
J677	Air conditioner and humidifier lung	Diagnosis	ICD-10-CM
J678	Hypersensitivity pneumonitis due to other organic dusts	Diagnosis	ICD-10-CM
J679	Hypersensitivity pneumonitis due to unspecified organic dust	Diagnosis	ICD-10-CM
J68	Respiratory conditions due to chemicals, gases, fumes and vapors	Diagnosis	ICD-10-CM
J680	Bronchitis and pneumonitis due to chemicals, gases, fumes and vapors	Diagnosis	ICD-10-CM
7000	2.0.0	2.08.100.0	.02 20 0
J681	Pulmonary edema due to chemicals, gases, fumes and vapors	Diagnosis	ICD-10-CM
J682	Upper respiratory inflammation due to chemicals, gases, fumes and vapors, not	Diagnosis	ICD-10-CM
	elsewhere classified		
J684	Chronic respiratory conditions due to chemicals, gases, fumes and vapors	Diagnosis	ICD-10-CM
J688	Other respiratory conditions due to chemicals, gases, fumes and vapors	Diagnosis	ICD-10-CM
J689	Unspecified respiratory condition due to chemicals, gases, fumes and vapors	Diagnosis	ICD-10-CM
		J	
J70	Respiratory conditions due to other external agents	Diagnosis	ICD-10-CM
J700	Acute pulmonary manifestations due to radiation	Diagnosis	ICD-10-CM
J701	Chronic and other pulmonary manifestations due to radiation	Diagnosis	ICD-10-CM
J703	Chronic drug-induced interstitial lung disorders	Diagnosis	ICD-10-CM
J705	Respiratory conditions due to smoke inhalation	Diagnosis	ICD-10-CM
J708	Respiratory conditions due to other specified external agents	Diagnosis	ICD-10-CM
J709	Respiratory conditions due to unspecified external agent	Diagnosis	ICD-10-CM
	Bronchiectasis		
J470	Bronchiectasis with acute lower respiratory infection	Diagnosis	ICD-10-CM
J471	Bronchiectasis with (acute) exacerbation	Diagnosis	ICD-10-CM
J479	Bronchiectasis, uncomplicated	Diagnosis	ICD-10-CM
	Idiopathic Pulmonary Fibrosis		125 12 511
J84.10	Pulmonary fibrosis, unspecified	Diagnosis	ICD-10-CM
J84.112	Idiopathic pulmonary fibrosis	Diagnosis	ICD-10-CM
127.0	Pulmonary Hypertension Primary pulmonary hypertension	Diagnosis	ICD-10-CM
127.0	Other secondary pulmonary hypertension	Diagnosis	ICD-10-CM
127.20	Pulmonary hypertension, unspecified	Diagnosis	ICD-10-CM
127.20	Secondary pulmonary arterial hypertension	Diagnosis	ICD-10-CM
127.21		_	ICD-10-CM
	Pulmonary hypertension due to left heart disease	Diagnosis	
127.23 127.24	Pulmonary hypertension due to lung diseases and hypoxia Chronic thromboembolic pulmonary hypertension	Diagnosis	ICD-10-CM ICD-10-CM
	• • • • • • • • • • • • • • • • • • • •	Diagnosis	
127.29	Other secondary pulmonary hypertension Diabetes	Diagnosis	ICD-10-CM
E08	Diabetes mellitus due to underlying condition	Diagnosis	ICD-10-CM
E080	Diabetes mellitus due to underlying condition with hyperosmolarity	Diagnosis	ICD-10-CM
E0800	Diabetes mellitus due to underlying condition with hyperosmolarity without	Diagnosis	ICD-10-CM
LUGUU	nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	Diagilusis	ICD-TO-CIAI
	Homketotic hypergryceinic-hyperosinolal coma (NKAIIC)		

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	Description		
Code E0801	Diabetes mellitus due to underlying condition with hyperosmolarity with coma	Code Category	Code Type
EOQUI	Diabetes meintus due to undenying condition with hyperosmolarity with coma	Diagnosis	ICD-10-CM
E081	Diabetes mellitus due to underlying condition with ketoacidosis	Diagnosis	ICD-10-CM
E0810	Diabetes mellitus due to underlying condition with ketoacidosis without coma	Diagnosis	ICD-10-CM
E0811	Diabetes mellitus due to underlying condition with ketoacidosis with coma	Diagnosis	ICD-10-CM
E082	Diabetes mellitus due to underlying condition with kidney complications	Diagnosis	ICD-10-CM
E0821	Diabetes mellitus due to underlying condition with diabetic nephropathy	Diagnosis	ICD-10-CM
E0822	Diabetes mellitus due to underlying condition with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E0829	Diabetes mellitus due to underlying condition with other diabetic kidney complication	Diagnosis	ICD-10-CM
E083	Diabetes mellitus due to underlying condition with ophthalmic complications	Diagnosis	ICD-10-CM
E0831	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy	Diagnosis	ICD-10-CM
E08311	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E08319	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E0832	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E08321	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E083211	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E083212	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E083213	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E083219	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E08329	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic	Diagnosis	ICD-10-CM
E083291	retinopathy without macular edema Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E083292	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E083293	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E083299	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
E0833	Diabetes mellitus due to underlying condition with moderate nonproliferative	Diagnosis	ICD-10-CM
	diabetic retinopathy	.0	
E08331	Diabetes mellitus due to underlying condition with moderate nonproliferative	Diagnosis	ICD-10-CM
E083311	diabetic retinopathy with macular edema Diabetes mellitus due to underlying condition with moderate nonproliferative	Diagnosis	ICD-10-CM
L003311	diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CIVI
	diabetic retinopatiny with macdial edema, right eye		
E083312	Diabetes mellitus due to underlying condition with moderate nonproliferative	Diagnosis	ICD-10-CM
	diabetic retinopathy with macular edema, left eye		
E083313	Diabetes mellitus due to underlying condition with moderate nonproliferative	Diagnosis	ICD-10-CM
	diabetic retinopathy with macular edema, bilateral		
E083319	Diabetes mellitus due to underlying condition with moderate nonproliferative	Diagnosis	ICD-10-CM
	diabetic retinopathy with macular edema, unspecified eye		
E08339	Diabetes mellitus due to underlying condition with moderate nonproliferative	Diagnosis	ICD-10-CM
F002201	diabetic retinopathy without macular edema	Diagnosis	ICD 10 CM
E083391	Diabetes mellitus due to underlying condition with moderate nonproliferative	Diagnosis	ICD-10-CM
	diabetic retinopathy without macular edema, right eye		
E083392	Diabetes mellitus due to underlying condition with moderate nonproliferative	Diagnosis	ICD-10-CM
	diabetic retinopathy without macular edema, left eye		
	, , , , , , , , , , , , , , , , , , ,		
E083393	Diabetes mellitus due to underlying condition with moderate nonproliferative	Diagnosis	ICD-10-CM
	diabetic retinopathy without macular edema, bilateral		
E083399	Diabetes mellitus due to underlying condition with moderate nonproliferative	Diagnosis	ICD-10-CM
	diabetic retinopathy without macular edema, unspecified eye		
E0834	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic	Diagnosis	ICD-10-CM
	retinopathy	2.0800.0	.02 20 0
E08341	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic	Diagnosis	ICD-10-CM
	retinopathy with macular edema		
E083411	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic	Diagnosis	ICD-10-CM
	retinopathy with macular edema, right eye		
5000440		5	100 10 011
E083412	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic	Diagnosis	ICD-10-CM
E083413	retinopathy with macular edema, left eye Diabetes mellitus due to underlying condition with severe nonproliferative diabetic	Diagnosis	ICD-10-CM
1003413	retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CIVI
	retinopatily with macular edema, bilateral		
E083419	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic	Diagnosis	ICD-10-CM
	retinopathy with macular edema, unspecified eye		
E08349	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic	Diagnosis	ICD-10-CM
	retinopathy without macular edema		
E083491	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic	Diagnosis	ICD-10-CM
	retinopathy without macular edema, right eye		
E083492	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic	Diagnosis	ICD-10-CM
	retinopathy without macular edema, left eye	. 0	
	,		

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Code	Description	Code Category	Code Type
E083493	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic	Diagnosis	ICD-10-CM
	retinopathy without macular edema, bilateral	2148.10010	.02 20 0
E083499	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic	Diagnosis	ICD-10-CM
	retinopathy without macular edema, unspecified eye		
E0835	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E08351	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E002E44	with macular edema	Diamonia	ICD 40 CN4
E083511	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E083512	with macular edema, right eye Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
L003312	with macular edema, left eye	Diagnosis	ICD-10-CIVI
E083513	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
2005515	with macular edema, bilateral	2106110313	100 10 0111
E083519	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	with macular edema, unspecified eye	· ·	
E08352	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	with traction retinal detachment involving the macula		
E083521	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	with traction retinal detachment involving the macula, right eye		
רטפטרטט	Dishetes mollitus due to underlying condition with proliferative dishetic retinanethy	Diagnosis	ICD 10 CM
E083522	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	with traction retinal detachment involving the macula, left eye		
E083523	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	with traction retinal detachment involving the macula, bilateral	2148.10010	.02 20 0
	G ,		
E083529	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	with traction retinal detachment involving the macula, unspecified eye		
E08353	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	with traction retinal detachment not involving the macula		
5002524	Dish at a small to a small and the small title and the small title and the small title at a small and the small an	Diamonia	ICD 40 CN4
E083531	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	with traction retinal detachment not involving the macula, right eye		
E083532	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
L003332	with traction retinal detachment not involving the macula, left eye	Diagnosis	ICD 10 CIVI
	with traction retinal actachment not involving the macaia, left eye		
E083533	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	with traction retinal detachment not involving the macula, bilateral	· ·	
E083539	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	with traction retinal detachment not involving the macula, unspecified eye		
E08354	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	with combined traction retinal detachment and rhegmatogenous retinal detachment		

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	E. List of KxNorm Concept Unique Identifier (KXCOI), Logical Observation Identifiers N		
Code	Description Dishets multiple due to underlying condition with proliferative dishetic retinanethy.	Code Category	Code Type
E083541	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	with combined traction retinal detachment and rhegmatogenous retinal detachment,		
E083542	right eve Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
EU03342	with combined traction retinal detachment and rhegmatogenous retinal detachment,	Diagnosis	ICD-10-CIVI
	left eve		
E083543	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
L003343	with combined traction retinal detachment and rhegmatogenous retinal detachment,	Diagnosis	ICD 10 CIVI
	bilateral		
E083549	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
20000 .5	with combined traction retinal detachment and rhegmatogenous retinal detachment,	2.0800.0	.02 20 0
	unspecified eve		
E08355	Diabetes mellitus due to underlying condition with stable proliferative diabetic	Diagnosis	ICD-10-CM
	retinopathy	· ·	
E083551	Diabetes mellitus due to underlying condition with stable proliferative diabetic	Diagnosis	ICD-10-CM
	retinopathy, right eye	J	
E083552	Diabetes mellitus due to underlying condition with stable proliferative diabetic	Diagnosis	ICD-10-CM
	retinopathy, left eye	_	
E083553	Diabetes mellitus due to underlying condition with stable proliferative diabetic	Diagnosis	ICD-10-CM
	retinopathy, bilateral		
E083559	Diabetes mellitus due to underlying condition with stable proliferative diabetic	Diagnosis	ICD-10-CM
	retinopathy, unspecified eye		
E08359	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	without macular edema		
E083591	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	without macular edema, right eye		
E083592	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E002E02	without macular edema, left eye	Diamania	ICD 10 CM
E083593	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E083599	without macular edema, bilateral Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E003333	without macular edema, unspecified eye	Diagnosis	ICD-10-CIVI
E0836	Diabetes mellitus due to underlying condition with diabetic cataract	Diagnosis	ICD-10-CM
20030	Diabetes memers due to underlying condition with diabetic cutaract	Diagnosis	ICD 10 CIVI
E0837	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved	Diagnosis	ICD-10-CM
20007	following treatment	2.0800.0	.02 20 0
E0837X1	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved	Diagnosis	ICD-10-CM
	following treatment, right eye	.0	
E0837X2	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved	Diagnosis	ICD-10-CM
	following treatment, left eye		
E0837X3	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved	Diagnosis	ICD-10-CM
	following treatment, bilateral		
E0837X9	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved	Diagnosis	ICD-10-CM
	following treatment, unspecified eye		
E0839	Diabetes mellitus due to underlying condition with other diabetic ophthalmic	Diagnosis	ICD-10-CM
	complication		
E084	Diabetes mellitus due to underlying condition with neurological complications	Diagnosis	ICD-10-CM
E0840	Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified	Diagnosis	ICD-10-CM
E0044	Nich stars as all the stars and advances are districted by the stars of the stars and the stars of the stars	Diai	100 40 614
E0841	Diabetes mellitus due to underlying condition with diabetic mononeuropathy	Diagnosis	ICD-10-CM

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Code	Description		
	Description Dislant a graphity of the standard dislant with dislant and the standard dislant dislan	Code Category	Code Type
E0842	Diabetes mellitus due to underlying condition with diabetic polyneuropathy	Diagnosis	ICD-10-CM
E0843	Diabetes mellitus due to underlying condition with diabetic autonomic	Diagnosis	ICD-10-CM
50044	(poly)neuropathy	Diamondo	ICD 40 CN4
E0844	Diabetes mellitus due to underlying condition with diabetic amyotrophy	Diagnosis	ICD-10-CM
E0849	Diabetes mellitus due to underlying condition with other diabetic neurological	Diagnosis	ICD-10-CM
E085	complication Diabetes mellitus due to underlying condition with circulatory complications	Diagnosis	ICD-10-CM
E0851	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy	Diagnosis	ICD-10-CM
E0852	without gangrene Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy	Diagnosis	ICD-10-CM
E0859	with gangrene Diabetes mellitus due to underlying condition with other circulatory complications	Diagnosis	ICD-10-CM
E086	Diabetes mellitus due to underlying condition with other specified complications	Diagnosis	ICD-10-CM
E08610	Diabetes mellitus due to underlying condition with diabetic arthropathy	Diagnosis	ICD-10-CM
E08618	Diabetes mellitus due to underlying condition with other diabetic arthropathy	Diagnosis	ICD-10-CM
E08620	Diabetes mellitus due to underlying condition with skin complications	Diagnosis	ICD-10-CM
E08621	Diabetes mellitus due to underlying condition with foot ulcer	Diagnosis	ICD-10-CM
E08622	Diabetes mellitus due to underlying condition with other skin ulcer	Diagnosis	ICD-10-CM
E08628	Diabetes mellitus due to underlying condition with other skin complications	Diagnosis	ICD-10-CM
100020	blabetes memeas due to underlying condition with other skin complications	Diagnosis	ICD 10 CIVI
E08630	Diabetes mellitus due to underlying condition with oral complications	Diagnosis	ICD-10-CM
E08638	Diabetes mellitus due to underlying condition with other oral complications	Diagnosis	ICD-10-CM
E0864	Diabetes mellitus due to underlying condition with hypoglycemia	Diagnosis	ICD-10-CM
E08641	Diabetes mellitus due to underlying condition with hypoglycemia with coma	Diagnosis	ICD-10-CM
	7,70,75	.0	
E08649	Diabetes mellitus due to underlying condition with hypoglycemia without coma	Diagnosis	ICD-10-CM
E0865	Diabetes mellitus due to underlying condition with hyperglycemia	Diagnosis	ICD-10-CM
E0869	Diabetes mellitus due to underlying condition with other specified complication	Diagnosis	ICD-10-CM
		•	
E088	Diabetes mellitus due to underlying condition with unspecified complications	Diagnosis	ICD-10-CM
E089	Diabetes mellitus due to underlying condition without complications	Diagnosis	ICD-10-CM
E09	Drug or chemical induced diabetes mellitus	Diagnosis	ICD-10-CM
E090	Drug or chemical induced diabetes mellitus with hyperosmolarity	Diagnosis	ICD-10-CM
E0900	Drug or chemical induced diabetes mellitus with hyperosmolarity without nonketotic	Diagnosis	ICD-10-CM
	hyperglycemic-hyperosmolar coma (NKHHC)		
E0901	Drug or chemical induced diabetes mellitus with hyperosmolarity with coma	Diagnosis	ICD-10-CM
E091	Drug or chemical induced diabetes mellitus with ketoacidosis	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
E0910	Drug or chemical induced diabetes mellitus with ketoacidosis without coma	Diagnosis	ICD-10-CM
L0910	Drug of Chemical induced diabetes memitus with Retoacidosis without coma	Diagnosis	ICD-10-CIVI
E0911	Drug or chemical induced diabetes mellitus with ketoacidosis with coma	Diagnosis	ICD-10-CM
E092	Drug or chemical induced diabetes mellitus with kidney complications	Diagnosis	ICD-10-CM
E0921	Drug or chemical induced diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E0922	Drug or chemical induced diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E0929	Drug or chemical induced diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
E093	Drug or chemical induced diabetes mellitus with ophthalmic complications	Diagnosis	ICD-10-CM
E0931	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy	Diagnosis	ICD-10-CM
E09311	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E09319	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E0932	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E09321	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E093211	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E093212	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E093213	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E093219	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E09329	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E093291	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E093292	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E093293	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E093299	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E0933	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM

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E09331 Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye ICD-10-CM E093312 Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye Diagnosis ICD-10-CM E093313 Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye Diagnosis ICD-10-CM E093319 Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye Diagnosis ICD-10-CM E093319 Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye Diagnosis ICD-10-CM E093390 Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye Diagnosis ICD-10-CM E093391 Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye Diagnosis ICD-10-CM E093392 Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, plateral Diagnosis ICD-10-CM E0	Code	Description	Code Category	Code Type
retinopathy with macular edema Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye Drug or chemical induced diabetes				
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retinopathy with macular edema Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye E093412 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye E093413 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral E093419 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye E09349 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema E093491 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema E093492 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye E093492 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic Diagnosis ICD-10-CM	E00244		Diamania	ICD 40 CM
E093412 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye E093412 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye E093413 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral E093419 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye E09349 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema E093491 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema E093492 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye E093492 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic Diagnosis ICD-10-CM	E09341		Diagnosis	ICD-10-CM
E093412 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye E093413 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral E093419 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye E09349 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye E093491 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema E093491 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye E093492 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic Diagnosis ICD-10-CM	F093411		Diagnosis	ICD-10-CM
E093412 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye E093413 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral E093419 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye E09349 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema E093491 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema E093492 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic Diagnosis ICD-10-CM E093492 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic Diagnosis ICD-10-CM E093492 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic Diagnosis ICD-10-CM			2.0000.0	.02 20 0
retinopathy with macular edema, left eye Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic Diagnosis ICD-10-CM retinopathy without macular edema, right eye				
E093413 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral E093419 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye E09349 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema E093491 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema E093492 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic Diagnosis ICD-10-CM retinopathy without macular edema, right eye E093492 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic Diagnosis ICD-10-CM	E093412	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic	Diagnosis	ICD-10-CM
retinopathy with macular edema, bilateral E093419 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye E09349 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema E093491 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic Diagnosis ICD-10-CM retinopathy without macular edema, right eye E093492 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic Diagnosis ICD-10-CM				
E093419 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye E09349 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema E093491 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema E093492 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic Diagnosis ICD-10-CM retinopathy without macular edema, right eye	E093413	-	Diagnosis	ICD-10-CM
retinopathy with macular edema, unspecified eye E09349 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema E093491 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye E093492 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic Diagnosis ICD-10-CM		retinopathy with macular edema, bilateral		
retinopathy with macular edema, unspecified eye E09349 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema E093491 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye E093492 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic Diagnosis ICD-10-CM	F093419	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic	Diagnosis	ICD-10-CM
E09349 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema E093491 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye E093492 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic Diagnosis ICD-10-CM			2.0000.0	.02 20 0
retinopathy without macular edema E093491 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye E093492 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic Diagnosis ICD-10-CM				
E093491 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye E093492 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic Diagnosis ICD-10-CM	E09349	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic	Diagnosis	ICD-10-CM
retinopathy without macular edema, right eye E093492 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic Diagnosis ICD-10-CM				
E093492 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic Diagnosis ICD-10-CM	E093491		Diagnosis	ICD-10-CM
		retinopatny without macular edema, right eye		
	E093492	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic	Diagnosis	ICD-10-CM
		retinopathy without macular edema, left eye	. 0	

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Code	Description	Code Category	Code Type
E093493	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic	Diagnosis	ICD-10-CM
	retinopathy without macular edema, bilateral		
	,		
E093499	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic	Diagnosis	ICD-10-CM
	retinopathy without macular edema, unspecified eye		
E0935	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
500054		5	100 40 684
E09351	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E093511	with macular edema Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E033311	with macular edema, right eye	Diagnosis	ICD-10-CIVI
E093512	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
2033312	with macular edema, left eye	Diagnosis	100 10 0141
E093513	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	with macular edema, bilateral	.0	
E093519	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	with macular edema, unspecified eye		
E09352	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	with traction retinal detachment involving the macula		
E093521	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	with traction retinal detachment involving the macula, right eye		
E002E22	Drug or chamical induced diabetes mollitus with proliferative diabetic retinenathy	Diagnosis	ICD-10-CM
E093522	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	Diagnosis	ICD-10-CIVI
	with traction retinal detachment involving the macula, left eye		
E093523	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	with traction retinal detachment involving the macula, bilateral	2.00.000	.02 20 0
	,		
E093529	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	with traction retinal detachment involving the macula, unspecified eye		
E09353	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	with traction retinal detachment not involving the macula		
5003534		5	100 40 614
E093531	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	with traction retinal detachment not involving the macula, right eye		
E093532	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
L033332	with traction retinal detachment not involving the macula, left eye	Diagnosis	ICD-10-CIVI
	with traction retinal detachment not involving the macula, left eye		
E093533	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	with traction retinal detachment not involving the macula, bilateral	· ·	
	,		
E093539	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	with traction retinal detachment not involving the macula, unspecified eye		
E09354	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	with combined traction retinal detachment and rhegmatogenous retinal detachment		

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Code	Description	Code Category	Code Type
E093541	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
2033312	with combined traction retinal detachment and rhegmatogenous retinal detachment,	Diagnosis	100 10 0
	right eve		
E093542	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	with combined traction retinal detachment and rhegmatogenous retinal detachment,	. 0	
	left eye		
E093543	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	with combined traction retinal detachment and rhegmatogenous retinal detachment,	J	
	bilateral		
E093549	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	with combined traction retinal detachment and rhegmatogenous retinal detachment,	J	
	unspecified eve		
E09355	Drug or chemical induced diabetes mellitus with stable proliferative diabetic	Diagnosis	ICD-10-CM
	retinopathy	J	
E093551	Drug or chemical induced diabetes mellitus with stable proliferative diabetic	Diagnosis	ICD-10-CM
	retinopathy, right eye	. 0	
E093552	Drug or chemical induced diabetes mellitus with stable proliferative diabetic	Diagnosis	ICD-10-CM
	retinopathy, left eye	. 0	
E093553	Drug or chemical induced diabetes mellitus with stable proliferative diabetic	Diagnosis	ICD-10-CM
	retinopathy, bilateral	J	
E093559	Drug or chemical induced diabetes mellitus with stable proliferative diabetic	Diagnosis	ICD-10-CM
	retinopathy, unspecified eye	J	
E09359	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	without macular edema	J	
E093591	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	without macular edema, right eye	J	
E093592	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	without macular edema, left eye	J	
E093593	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	without macular edema, bilateral		
E093599	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	without macular edema, unspecified eye		
E0936	Drug or chemical induced diabetes mellitus with diabetic cataract	Diagnosis	ICD-10-CM
E0937	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved	Diagnosis	ICD-10-CM
	following treatment		
E0937X1	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved	Diagnosis	ICD-10-CM
	following treatment, right eye		
E0937X2	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved	Diagnosis	ICD-10-CM
	following treatment, left eye		
E0937X3	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved	Diagnosis	ICD-10-CM
	following treatment, bilateral		
E0937X9	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved	Diagnosis	ICD-10-CM
	following treatment, unspecified eye		
E0939	Drug or chemical induced diabetes mellitus with other diabetic ophthalmic	Diagnosis	ICD-10-CM
	complication		
E094	Drug or chemical induced diabetes mellitus with neurological complications	Diagnosis	ICD-10-CM
E0940	Drug or chemical induced diabetes mellitus with neurological complications with	Diagnosis	ICD-10-CM
	diabetic neuropathy, unspecified		
E0941	Drug or chemical induced diabetes mellitus with neurological complications with	Diagnosis	ICD-10-CM
	diabetic mononeuropathy		

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Code	Description		
E0942	Description Drug or chemical induced diabetes mellitus with neurological complications with	Code Category Diagnosis	Code Type ICD-10-CM
EU942		Diagnosis	ICD-10-CIVI
F0043	diabetic polyneuropathy	Diamasia	ICD 10 CM
E0943	Drug or chemical induced diabetes mellitus with neurological complications with	Diagnosis	ICD-10-CM
F0044	diabetic autonomic (poly)neuropathy	Diamasia	ICD 10 CM
E0944	Drug or chemical induced diabetes mellitus with neurological complications with	Diagnosis	ICD-10-CM
50040	diabetic amyotrophy	5	100 40 614
E0949	Drug or chemical induced diabetes mellitus with neurological complications with	Diagnosis	ICD-10-CM
	other diabetic neurological complication		
E095	Drug or chemical induced diabetes mellitus with circulatory complications	Diagnosis	ICD-10-CM
E0951	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy	Diagnosis	ICD-10-CM
	without gangrene		
E0952	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with	Diagnosis	ICD-10-CM
	gangrene		
E0959	Drug or chemical induced diabetes mellitus with other circulatory complications	Diagnosis	ICD-10-CM
E096	Drug or chemical induced diabetes mellitus with other specified complications	Diagnosis	ICD-10-CM
E09610	Drug or chemical induced diabetes mellitus with diabetic arthropathy	Diagnosis	ICD-10-CM
E09618	Drug or chemical induced diabetes mellitus with other diabetic arthropathy	Diagnosis	ICD-10-CM
E09620	Drug or chemical induced diabetes mellitus with skin complications	Diagnosis	ICD-10-CM
E09621	Drug or chemical induced diabetes mellitus with foot ulcer	Diagnosis	ICD-10-CM
E09622	Drug or chemical induced diabetes mellitus with other skin ulcer	Diagnosis	ICD-10-CM
E09628	Drug or chemical induced diabetes mellitus with other skin complications	Diagnosis	ICD-10-CM
E09630	Drug or chemical induced diabetes mellitus with oral complications	Diagnosis	ICD-10-CM
E09638	Drug or chemical induced diabetes mellitus with other oral complications	Diagnosis	ICD-10-CM
E0964	Drug or chemical induced diabetes mellitus with hypoglycemia	Diagnosis	ICD-10-CM
E09641	Drug or chemical induced diabetes mellitus with hypoglycemia with coma	Diagnosis	ICD-10-CM
E09649	Drug or chemical induced diabetes mellitus with hypoglycemia without coma	Diagnosis	ICD-10-CM
	71 07	J	
E0965	Drug or chemical induced diabetes mellitus with hyperglycemia	Diagnosis	ICD-10-CM
E0969	Drug or chemical induced diabetes mellitus with other specified complication	Diagnosis	ICD-10-CM
		J	
E098	Drug or chemical induced diabetes mellitus with unspecified complications	Diagnosis	ICD-10-CM
		- 10.01.1011	
E099	Drug or chemical induced diabetes mellitus without complications	Diagnosis	ICD-10-CM
E1010	Type 1 diabetes mellitus with ketoacidosis without coma	Diagnosis	ICD-10-CM
E1011	Type 1 diabetes mellitus with ketoacidosis with coma	Diagnosis	ICD-10-CM
E1021	Type 1 diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E1021	Type 1 diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E1022	Type 1 diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CIVI
E1023	Type 1 diabetes mellitus with other diabetic kidney complication Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema	Diagnosis	ICD-10-CIVI
L10311	Type I diabetes meintus with unspecified diabetic retiliopatity with illactual edellia	ριαξιτυσίο	ICD-TO-CIVI
E10210	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular	Diagnosis	ICD-10 CM
E10319		Diagnosis	ICD-10-CM
	edema		

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Code	Description	Code Category	Code Type
E10321	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular	<u> </u>	ICD-10-CM
L10321	edema	Diagnosis	ICD-10-CIVI
E103211	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular	Diagnosis	ICD-10-CM
L103211		Diagnosis	ICD-10-CIVI
E103212	edema, right eye Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular	Diagnosis	ICD-10-CM
L103212		Diagnosis	ICD-10-CIVI
E103213	edema, left eye	Diagnosis	ICD 10 CM
E103213	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular	Diagnosis	ICD-10-CM
F102210	edema, bilateral	Diamania	ICD 10 CM
E103219	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular	Diagnosis	ICD-10-CM
F40220	edema, unspecified eye	Di	ICD 40 CM
E10329	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
E402204	macular edema	D: :	100 40 614
E103291	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
5400000	macular edema, right eye	5	100 10 011
E103292	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
	macular edema, left eye		
E103293	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
	macular edema, bilateral		
E103299	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
	macular edema, unspecified eye		
E10331	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
	macular edema		
E103311	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
	macular edema, right eye		
E103312	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
	macular edema, left eye		
E103313	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
	macular edema, bilateral		
E103319	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
	macular edema, unspecified eye		
E10339	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
	macular edema		
E103391	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
	macular edema, right eye		
E103392	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
	macular edema, left eye		
E103393	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
	macular edema, bilateral	J	
E103399	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
	macular edema, unspecified eye	J	
E10341	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
	macular edema		
E103411	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
	macular edema, right eye		
E103412	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
2200 122	macular edema, left eye	2146110313	100 10 0111
E103413	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
L103413	macular edema, bilateral	2192110313	.00 10 0101
E103419	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
L103413	macular edema, unspecified eye	Diagnosis	ICD-TO-CIVI
E10349	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
L10343	macular edema	Piagilusis	ICD-TO-CIVI
	iliaculai eueilla		

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	Description		
Code	Description III III III III III III III III III I	Code Category	Code Type
E103491	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E103492	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E103493	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
E103499	macular edema, bilateral Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
E10351	macular edema, unspecified eye Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E103511	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E103512	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E103513	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E103519	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E103521	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	Diagnosis	ICD-10-CM
E103522	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	Diagnosis	ICD-10-CM
E103523	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal	Diagnosis	ICD-10-CM
E103529	detachment involving the macula, bilateral Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E103531	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal	Diagnosis	ICD-10-CM
E103532	detachment not involving the macula, right eye Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal	Diagnosis	ICD-10-CM
E103533	detachment not involving the macula, left eye Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal	Diagnosis	ICD-10-CM
E103539	detachment not involving the macula, bilateral Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E103541	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	Diagnosis	ICD-10-CM
E103542	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	Diagnosis	ICD-10-CM
E103543	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	Diagnosis	ICD-10-CM
E103549	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	Diagnosis	ICD-10-CM
E103551	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, right eye	Diagnosis	ICD-10-CM
E103552	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, left eye	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
E103553	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	Diagnosis	ICD-10-CM
		J	
E103559	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified	Diagnosis	ICD-10-CM
	eye		
E10359	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular	Diagnosis	ICD-10-CM
	edema		
E103591	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular	Diagnosis	ICD-10-CM
F102F02	edema, right eye	Diamenia	ICD 10 CM
E103592	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E103593	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular	Diagnosis	ICD-10-CM
2100000	edema, bilateral	Diagnosis	100 10 0111
E103599	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular	Diagnosis	ICD-10-CM
	edema, unspecified eye	•	
E1036	Type 1 diabetes mellitus with diabetic cataract	Diagnosis	ICD-10-CM
E1037X1	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment,	Diagnosis	ICD-10-CM
	right eye		
E1037X2	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment,	Diagnosis	ICD-10-CM
E4027V2	left eye	Diamonia	ICD 40 CN4
E1037X3	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment,	Diagnosis	ICD-10-CM
E1037X9	bilateral Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment,	Diagnosis	ICD-10-CM
LIUS/NS	unspecified eye	Diagnosis	ICD-10-CIVI
E1039	Type 1 diabetes mellitus with other diabetic ophthalmic complication	Diagnosis	ICD-10-CM
	7,	.0	
E1040	Type 1 diabetes mellitus with diabetic neuropathy, unspecified	Diagnosis	ICD-10-CM
E1041	Type 1 diabetes mellitus with diabetic mononeuropathy	Diagnosis	ICD-10-CM
E1042	Type 1 diabetes mellitus with diabetic polyneuropathy	Diagnosis	ICD-10-CM
E1043	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy	Diagnosis	ICD-10-CM
E1044	Type 1 diabetes mellitus with diabetic amyotrophy	Diagnosis	ICD-10-CM
E1049	Type 1 diabetes mellitus with other diabetic neurological complication	Diagnosis	ICD-10-CM
E4.0E4	Torred disherence like a could be able to reach and a second book and a second beautiful as a second	Diamonia	ICD 40 CN4
E1051	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene	Diagnosis	ICD-10-CM
E1052	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene	Diagnosis	ICD-10-CM
L1032	Type I diabetes memeas with diabetic peripheral diffeopatiny with gangrene	Diagnosis	ICD 10 CIVI
E1059	Type 1 diabetes mellitus with other circulatory complications	Diagnosis	ICD-10-CM
E10610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy	Diagnosis	ICD-10-CM
E10618	Type 1 diabetes mellitus with other diabetic arthropathy	Diagnosis	ICD-10-CM
E10620	Type 1 diabetes mellitus with diabetic dermatitis	Diagnosis	ICD-10-CM
E10621	Type 1 diabetes mellitus with foot ulcer	Diagnosis	ICD-10-CM
E10622	Type 1 diabetes mellitus with other skin ulcer	Diagnosis	ICD-10-CM
E10628	Type 1 diabetes mellitus with other skin complications	Diagnosis	ICD-10-CM
E10630	Type 1 diabetes mellitus with periodontal disease	Diagnosis	ICD-10-CM
E10638	Type 1 diabetes mellitus with other oral complications	Diagnosis	ICD-10-CM
E10641	Type 1 diabetes mellitus with hypoglycemia with coma	Diagnosis	ICD-10-CM
E10649	Type 1 diabetes mellitus with hypoglycemia without coma	Diagnosis	ICD-10-CM
E1065	Type 1 diabetes mellitus with hyperglycemia	Diagnosis	ICD-10-CM
E1069	Type 1 diabetes mellitus with other specified complication	Diagnosis	ICD-10-CM
E108	Type 1 diabetes mellitus with unspecified complications	Diagnosis	ICD-10-CM
E109	Type 1 diabetes mellitus without complications	Diagnosis	ICD-10-CM
	· · · · · · · · · · · · · · · · · · ·	5	

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Code	Description	Code Category	Code Type
E1100	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-	Diagnosis	ICD-10-CM
11100	hyperosmolar coma (NKHHC)	Diagnosis	ICD 10 CIVI
E1101	Type 2 diabetes mellitus with hyperosmolarity with coma	Diagnosis	ICD-10-CM
E1110	Type 2 diabetes mellitus with ketoacidosis without coma	Diagnosis	ICD-10-CM
E1111	Type 2 diabetes mellitus with ketoacidosis with coma	Diagnosis	ICD-10-CM
E1121	Type 2 diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E1122	Type 2 diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E1129	Type 2 diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
E11311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
		J	
E11319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular	Diagnosis	ICD-10-CM
	edema		
E11321	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular	Diagnosis	ICD-10-CM
	edema		
E113211	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular	Diagnosis	ICD-10-CM
	edema, right eye		
E113212	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular	Diagnosis	ICD-10-CM
	edema, left eye		
E113213	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular	Diagnosis	ICD-10-CM
	edema, bilateral		
E113219	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular	Diagnosis	ICD-10-CM
	edema, unspecified eye		
E11329	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
	macular edema		
E113291	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
	macular edema, right eye		
E113292	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
E442202	macular edema, left eye	5	100 40 604
E113293	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
F112200	macular edema, bilateral	Diagnosis	ICD 10 CM
E113299	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
E11331	macular edema, unspecified eye Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with	Diagnosis	ICD 10 CM
E11221	macular edema	Diagnosis	ICD-10-CM
E113311	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
LIIJJII	macular edema, right eye	Diagnosis	ICD-10-CIVI
E113312	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
L113312	macular edema, left eye	Diagnosis	ICD 10 CIVI
E113313	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
1113313	macular edema, bilateral	Diagnosis	ICD 10 CIVI
E113319	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
	macular edema, unspecified eye	2146.100.0	.02 20 0
E11339	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
	macular edema	0	
E113391	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
	macular edema, right eye		
E113392	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
-	macular edema, left eye	<u> </u>	-
E113393	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
	macular edema, bilateral	_	
E113399	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
	macular edema, unspecified eye		

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Codo	Description		
Code	Description Type 2 disheres mallity a with according to prove the province of the last is really a with	Code Category	Code Type
E11341	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E113411	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
E113412	macular edema, right eye Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
E113413	macular edema, left eye Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
E113419	macular edema, bilateral Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
E11349	macular edema, unspecified eye Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
E113491	macular edema Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
E113492	macular edema, right eye Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
E113493	macular edema, left eye Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
E113499	macular edema, bilateral Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
E11351	macular edema, unspecified eye Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E113511	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema,	Diagnosis	ICD-10-CM
E113512	right eye Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema,	Diagnosis	ICD-10-CM
E113513	left eye Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema,	Diagnosis	ICD-10-CM
E113519	bilateral Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema,	Diagnosis	ICD-10-CM
E113521	unspecified eye Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal	Diagnosis	ICD-10-CM
E113522	detachment involving the macula, right eye Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal	Diagnosis	ICD-10-CM
E113523	detachment involving the macula, left eye Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal	Diagnosis	ICD-10-CM
E113529	detachment involving the macula, bilateral Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal	Diagnosis	ICD-10-CM
	detachment involving the macula, unspecified eye		
E113531	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	Diagnosis	ICD-10-CM
E113532	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	Diagnosis	ICD-10-CM
E113533	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal	Diagnosis	ICD-10-CM
E113539	detachment not involving the macula, bilateral Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E113541	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
E113542	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined	Diagnosis	ICD-10-CM
	traction retinal detachment and rhegmatogenous retinal detachment, left eye	J	
E113543	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined	Diagnosis	ICD-10-CM
	traction retinal detachment and rhegmatogenous retinal detachment, bilateral	J	
	traction retinal actaonment and megmatogenous retinal actaonment, shaterar		
E113549	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined	Diagnosis	ICD-10-CM
	traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	-	
	traction retinal actaenment and megmatogenous retinal actaenment, anspectinea eye	•	
E113551	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, right eye	Diagnosis	ICD-10-CM
1113331	Type 2 diabetes mentas with stable promerative diabetic retinopatity, right eye	Diagnosis	TED TO CIVI
E113552	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, left eye	Diagnosis	ICD-10-CM
L113332	Type 2 diabetes mentus with stable promerative diabetic retinopatity, left eye	Diagnosis	ICD 10 CIVI
E113553	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	Diagnosis	ICD-10-CM
L113333	Type 2 diabetes mentus with stable promerative diabetic retinopatity, bilateral	Diagnosis	ICD-10-CIVI
E113559	Type 2 diabetes mollitus with stable preliferative diabetic retinenathy unspecified	Diagnosis	ICD-10-CM
E113239	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified	Diagnosis	ICD-10-CIVI
E113E0	eye	Diamania	ICD 10 CM
E11359	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular	Diagnosis	ICD-10-CM
E442E04	edema	5	100 40 614
E113591	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular	Diagnosis	ICD-10-CM
	edema, right eye		
E113592	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular	Diagnosis	ICD-10-CM
	edema, left eye		
E113593	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular	Diagnosis	ICD-10-CM
	edema, bilateral		
E113599	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular	Diagnosis	ICD-10-CM
	edema, unspecified eye		
E1136	Type 2 diabetes mellitus with diabetic cataract	Diagnosis	ICD-10-CM
E1137X1	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment,	Diagnosis	ICD-10-CM
	right eye		
E1137X2	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment,	Diagnosis	ICD-10-CM
	left eye		
E1137X3	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment,	Diagnosis	ICD-10-CM
	bilateral		
E1137X9	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment,	Diagnosis	ICD-10-CM
	unspecified eye		
E1139	Type 2 diabetes mellitus with other diabetic ophthalmic complication	Diagnosis	ICD-10-CM
E1140	Type 2 diabetes mellitus with diabetic neuropathy, unspecified	Diagnosis	ICD-10-CM
E1141	Type 2 diabetes mellitus with diabetic mononeuropathy	Diagnosis	ICD-10-CM
E1142	Type 2 diabetes mellitus with diabetic polyneuropathy	Diagnosis	ICD-10-CM
E1143	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy	Diagnosis	ICD-10-CM
E1144	Type 2 diabetes mellitus with diabetic amyotrophy	Diagnosis	ICD-10-CM
E1149	Type 2 diabetes mellitus with other diabetic neurological complication	Diagnosis	ICD-10-CM
		J	
E1151	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene	Diagnosis	ICD-10-CM
	7, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. 0	
E1152	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene	Diagnosis	ICD-10-CM
	,,	-0	
E1159	Type 2 diabetes mellitus with other circulatory complications	Diagnosis	ICD-10-CM
E11610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy	Diagnosis	ICD-10-CM
E11618	Type 2 diabetes mellitus with other diabetic arthropathy	Diagnosis	ICD-10-CM
	Tr		

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	Description		
Code	Description Type 2 disheres mellitus with disheris dermetitis	Code Category	Code Type
E11620 E11621	Type 2 diabetes mellitus with diabetic dermatitis	Diagnosis	ICD-10-CM ICD-10-CM
E11621 E11622	Type 2 diabetes mellitus with foot ulcer	Diagnosis	ICD-10-CM
	Type 2 diabetes mellitus with other skin ulcer	Diagnosis	
E11628	Type 2 diabetes mellitus with other skin complications	Diagnosis	ICD-10-CM
E11630	Type 2 diabetes mellitus with periodontal disease	Diagnosis	ICD-10-CM
E11638	Type 2 diabetes mellitus with other oral complications	Diagnosis	ICD-10-CM
E11641	Type 2 diabetes mellitus with hypoglycemia with coma	Diagnosis	ICD-10-CM
E11649	Type 2 diabetes mellitus with hypoglycemia without coma	Diagnosis	ICD-10-CM
E1165	Type 2 diabetes mellitus with hyperglycemia	Diagnosis	ICD-10-CM
E1169	Type 2 diabetes mellitus with other specified complication	Diagnosis	ICD-10-CM
E118	Type 2 diabetes mellitus with unspecified complications	Diagnosis	ICD-10-CM
E119	Type 2 diabetes mellitus without complications	Diagnosis	ICD-10-CM
E1300	Other specified diabetes mellitus with hyperosmolarity without nonketotic	Diagnosis	ICD-10-CM
	hyperglycemic-hyperosmolar coma (NKHHC)		
E1301	Other specified diabetes mellitus with hyperosmolarity with coma	Diagnosis	ICD-10-CM
E1310	Other specified diabetes mellitus with ketoacidosis without coma	Diagnosis	ICD-10-CM
E1311	Other specified diabetes mellitus with ketoacidosis with coma	Diagnosis	ICD-10-CM
E1321	Other specified diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E1322	Other specified diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
	,	J	
E1329	Other specified diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
E13311	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular	Diagnosis	ICD-10-CM
	edema	J	
E13319	Other specified diabetes mellitus with unspecified diabetic retinopathy without	Diagnosis	ICD-10-CM
	macular edema		
E13321	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
	macular edema		
E133211	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
	macular edema, right eye	· ·	
E133212	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
	macular edema, left eye		
E133213	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
2133213	macular edema, bilateral	2146110313	100 10 0111
E133219	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
L133219		Diagnosis	ICD-10-CIVI
E12220	macular edema, unspecified eye Other specified dishetes mellitus with mild penpreliferative dishetic retinanathy	Diagnosis	ICD 10 CM
E13329	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E422204	without macular edema	5	100 40 614
E133291	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	without macular edema, right eye		
E133292	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	without macular edema, left eye		
E133293	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	without macular edema, bilateral		
E133299	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	without macular edema, unspecified eye		
E13331	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	with macular edema		
E133311	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	with macular edema, right eye	5	
E133312	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	with macular edema, left eye	-0	
	The massian cacinal fore eye		

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Code	Description	Code Category	Code Type
E133313	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy		ICD-10-CM
	with macular edema, bilateral		
E133319	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	with macular edema, unspecified eye		
E13339	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E422204	without macular edema	5	100 40 614
E133391	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E133392	without macular edema, right eye Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
L133332	without macular edema, left eye	Diagnosis	ICD-10-CIVI
E133393	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	without macular edema, bilateral		
E133399	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	without macular edema, unspecified eye		
E13341	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	with macular edema		
E133411	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
F122412	with macular edema, right eye Other specified dishetes mellitus with severe pennseliferative dishetic retinenative	Diagnosis	ICD 10 CM
E133412	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E133413	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
2200 120	with macular edema, bilateral	2106110010	100 10 0.0
E133419	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	with macular edema, unspecified eye		
E13349	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	without macular edema		
E133491	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E422402	without macular edema, right eye	Diamaria	ICD 10 CM
E133492	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E133493	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
L133433	without macular edema, bilateral	Diagnosis	TCD 10 CIVI
E133499	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
	without macular edema, unspecified eye		
E13351	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular	Diagnosis	ICD-10-CM
	edema		
E133511	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular	Diagnosis	ICD-10-CM
5400540	edema, right eye		105 10 011
E133512	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular	Diagnosis	ICD-10-CM
E133513	edema, left eye Other specified diabetes mellitus with proliferative diabetic retinopathy with macular	Diagnosis	ICD-10-CM
L133313	edema, bilateral	Diagnosis	ICD-10-CIVI
E133519	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular	Diagnosis	ICD-10-CM
	edema, unspecified eye		
E133521	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction	Diagnosis	ICD-10-CM
	retinal detachment involving the macula, right eye		
E133522	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction	Diagnosis	ICD-10-CM
	retinal detachment involving the macula, left eye		

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	Description		
Code	Other specified dishetes mellitus with preliferative dishetic retinenathy with traction	Code Category	Code Type
E133523	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	Diagnosis	ICD-10-CM
	retinal detachment involving the macula, bilateral		
E133529	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction	Diagnosis	ICD-10-CM
	retinal detachment involving the macula, unspecified eye	- 100.1001	
	The second of th		
E133531	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction	Diagnosis	ICD-10-CM
	retinal detachment not involving the macula, right eye		
E133532	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction	Diagnosis	ICD-10-CM
	retinal detachment not involving the macula, left eye		
E133533	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction	Diagnosis	ICD-10-CM
	retinal detachment not involving the macula, bilateral		
E133539	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction	Diagnosis	ICD-10-CM
	retinal detachment not involving the macula, unspecified eye		
E4 22 E 44		5	100 40 614
E133541	Other specified diabetes mellitus with proliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
	combined traction retinal detachment and rhegmatogenous retinal detachment, right		
E133542	eye Other specified diabetes mellitus with proliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
E133342	combined traction retinal detachment and rhegmatogenous retinal detachment, left	Diagnosis	ICD-10-CIVI
E133543	eve Other specified diabetes mellitus with proliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
L133343	combined traction retinal detachment and rhegmatogenous retinal detachment,	Diagnosis	ieb 10 eivi
	bilateral		
E133549	Other specified diabetes mellitus with proliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
	combined traction retinal detachment and rhegmatogenous retinal detachment,		
	unspecified eve		
E133551	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, right	Diagnosis	ICD-10-CM
	еуе		
E133552	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, left	Diagnosis	ICD-10-CM
	eye		
E133553	Other specified diabetes mellitus with stable proliferative diabetic retinopathy,	Diagnosis	ICD-10-CM
	bilateral		
E133559	Other specified diabetes mellitus with stable proliferative diabetic retinopathy,	Diagnosis	ICD-10-CM
F122F0	unspecified eye	Diagnosis	ICD 10 CM
E13359	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E133591	Other specified diabetes mellitus with proliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
L133331	macular edema, right eye	Diagnosis	ICD-10-CIVI
E133592	Other specified diabetes mellitus with proliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
2100002	macular edema, left eye	2106110313	102 20 0.11
E133593	Other specified diabetes mellitus with proliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
	macular edema, bilateral	3	
E133599	Other specified diabetes mellitus with proliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
	macular edema, unspecified eye		
E1336	Other specified diabetes mellitus with diabetic cataract	Diagnosis	ICD-10-CM
E1337X1	Other specified diabetes mellitus with diabetic macular edema, resolved following	Diagnosis	ICD-10-CM
	treatment, right eye		

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Code	Description	Code Category	Code Type
E1337X2	Other specified diabetes mellitus with diabetic macular edema, resolved following	Diagnosis	ICD-10-CM
E133/\Z	-	Diagnosis	ICD-10-CIVI
E4227V2	treatment, left eye	Diagnasia	ICD 10 CM
E1337X3	Other specified diabetes mellitus with diabetic macular edema, resolved following	Diagnosis	ICD-10-CM
E4 2271/0	treatment, bilateral	5	100 40 614
E1337X9	Other specified diabetes mellitus with diabetic macular edema, resolved following	Diagnosis	ICD-10-CM
	treatment, unspecified eye		
E1339	Other specified diabetes mellitus with other diabetic ophthalmic complication	Diagnosis	ICD-10-CM
E1340	Other specified diabetes mellitus with diabetic neuropathy, unspecified	Diagnosis	ICD-10-CM
E1341	Other specified diabetes mellitus with diabetic mononeuropathy	Diagnosis	ICD-10-CM
E1342	Other specified diabetes mellitus with diabetic polyneuropathy	Diagnosis	ICD-10-CM
E1343	Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy	Diagnosis	ICD-10-CM
E1344	Other specified diabetes mellitus with diabetic amyotrophy	Diagnosis	ICD-10-CM
E1349	Other specified diabetes mellitus with other diabetic neurological complication	Diagnosis	ICD-10-CM
		· ·	
E1351	Other specified diabetes mellitus with diabetic peripheral angiopathy without	Diagnosis	ICD-10-CM
	gangrene	Ü	
E1352	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene	Diagnosis	ICD-10-CM
21332	other specimed diddetes memeds with diddetic peripheral displaying with gaing ene	Diagnosis	102 20 0141
E1359	Other specified diabetes mellitus with other circulatory complications	Diagnosis	ICD-10-CM
21333	other specified diabetes memeas with other circulatory complications	Diagnosis	ICD 10 CIVI
E13610	Other specified diabetes mellitus with diabetic neuropathic arthropathy	Diagnosis	ICD-10-CM
L13010	other specified diabetes memoral massetic neuropatine artificipatiny	Diagnosis	ICD-10-CIVI
E13618	Other specified diabetes mellitus with other diabetic arthropathy	Diagnosis	ICD-10-CM
		_	
E13620	Other specified diabetes mellitus with diabetic dermatitis	Diagnosis	ICD-10-CM
E13621	Other specified diabetes mellitus with foot ulcer	Diagnosis	ICD-10-CM
E13622	Other specified diabetes mellitus with other skin ulcer	Diagnosis	ICD-10-CM
E13628	Other specified diabetes mellitus with other skin complications	Diagnosis	ICD-10-CM
E13630	Other specified diabetes mellitus with periodontal disease	Diagnosis	ICD-10-CM
E13638	Other specified diabetes mellitus with other oral complications	Diagnosis	ICD-10-CM
E13641	Other specified diabetes mellitus with hypoglycemia with coma	Diagnosis	ICD-10-CM
E13649	Other specified diabetes mellitus with hypoglycemia without coma	Diagnosis	ICD-10-CM
E1365	Other specified diabetes mellitus with hyperglycemia	Diagnosis	ICD-10-CM
E1369	Other specified diabetes mellitus with other specified complication	Diagnosis	ICD-10-CM
E138	Other specified diabetes mellitus with unspecified complications	Diagnosis	ICD-10-CM
E139	Other specified diabetes mellitus without complications	Diagnosis	ICD-10-CM
0240	Pre-existing type 1 diabetes mellitus, in pregnancy, childbirth and the puerperium	Diagnosis	ICD-10-CM
0240	The existing type I diabetes memas, in pregnancy, emiability and the pacipenam	Diagnosis	ICD 10 CIVI
O2401	Pre-existing type 1 diabetes mellitus, in pregnancy	Diagnosis	ICD-10-CM
O2401 O24011	Pre-existing type 1 diabetes mellitus, in pregnancy, first trimester	Diagnosis	ICD-10-CW
	- ··	-	
O24012	Pre-existing type 1 diabetes mellitus, in pregnancy, second trimester	Diagnosis	ICD-10-CM
024042	Donatistica to an Adiabata and little in an array and third to be a second	Diamonia	ICD 40 CM
024013	Pre-existing type 1 diabetes mellitus, in pregnancy, third trimester	Diagnosis	ICD-10-CM
O24019	Pre-existing type 1 diabetes mellitus, in pregnancy, unspecified trimester	Diagnosis	ICD-10-CM
02400	Bernard Arte Comment	D: .	100 10 511
02402	Pre-existing type 1 diabetes mellitus, in childbirth	Diagnosis	ICD-10-CM
O2403	Pre-existing type 1 diabetes mellitus, in the puerperium	Diagnosis	ICD-10-CM
0241	Pre-existing type 2 diabetes mellitus, in pregnancy, childbirth and the puerperium	Diagnosis	ICD-10-CM
02411	Pre-existing type 2 diabetes mellitus, in pregnancy	Diagnosis	ICD-10-CM

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	E. List of KxNorm Concept Unique Identifier (KXCUI), Logical Observation Identifiers in		
Code	Description	Code Category	Code Type
024111	Pre-existing type 2 diabetes mellitus, in pregnancy, first trimester	Diagnosis	ICD-10-CM
024112	Pre-existing type 2 diabetes mellitus, in pregnancy, second trimester	Diagnosis	ICD-10-CM
024113	Pre-existing type 2 diabetes mellitus, in pregnancy, third trimester	Diagnosis	ICD-10-CM
O24119	Pre-existing type 2 diabetes mellitus, in pregnancy, unspecified trimester	Diagnosis	ICD-10-CM
02412	Pre-existing type 2 diabetes mellitus, in childbirth	Diagnosis	ICD-10-CM
02413	Pre-existing type 2 diabetes mellitus, in the puerperium	Diagnosis	ICD-10-CM
O243	Unspecified pre-existing diabetes mellitus in pregnancy, childbirth and the	Diagnosis	ICD-10-CM
02431	puerperium Unspecified pre-existing diabetes mellitus in pregnancy	Diagnosis	ICD-10-CM
024311	Unspecified pre-existing diabetes mellitus in pregnancy, first trimester	Diagnosis	ICD-10-CM
024311	onspecified pre-existing diabetes melitus in pregnancy, mst trimester	Diagnosis	ICD-10-CIVI
024312	Unspecified pre-existing diabetes mellitus in pregnancy, second trimester	Diagnosis	ICD-10-CM
024313	Unspecified pre-existing diabetes mellitus in pregnancy, third trimester	Diagnosis	ICD-10-CM
O24319	Unspecified pre-existing diabetes mellitus in pregnancy, unspecified trimester	Diagnosis	ICD-10-CM
02432	Unspecified pre-existing diabetes mellitus in childbirth	Diagnosis	ICD-10-CM
02433	Unspecified pre-existing diabetes mellitus in the puerperium	Diagnosis	ICD-10-CM
02441	Gestational diabetes mellitus in pregnancy	Diagnosis	ICD-10-CM
024410	Gestational diabetes mellitus in pregnancy, diet controlled	Diagnosis	ICD-10-CM
024414	Gestational diabetes mellitus in pregnancy, insulin controlled	Diagnosis	ICD-10-CM
024415	Gestational diabetes mellitus in pregnancy, controlled by oral hypoglycemic drugs	Diagnosis	ICD-10-CM
O24419	Gestational diabetes mellitus in pregnancy, unspecified control	Diagnosis	ICD-10-CM
O2442	Gestational diabetes mellitus in childbirth	Diagnosis	ICD-10-CM
O24420	Gestational diabetes mellitus in childbirth, diet controlled	Diagnosis	ICD-10-CM
O24424	Gestational diabetes mellitus in childbirth, insulin controlled	Diagnosis	ICD-10-CM
O24425	Gestational diabetes mellitus in childbirth, controlled by oral hypoglycemic drugs	Diagnosis	ICD-10-CM
O24429	Gestational diabetes mellitus in childbirth, unspecified control	Diagnosis	ICD-10-CM
02443	Gestational diabetes mellitus in the puerperium	Diagnosis	ICD-10-CM
024430	Gestational diabetes mellitus in the puerperium, diet controlled	Diagnosis	ICD-10-CM
024434	Gestational diabetes mellitus in the puerperium, insulin controlled	Diagnosis	ICD-10-CM
O24435	Gestational diabetes mellitus in puerperium, controlled by oral hypoglycemic drugs	Diagnosis	ICD-10-CM
O24439	Gestational diabetes mellitus in the puerperium, unspecified control	Diagnosis	ICD-10-CM
0200		2.08.100.0	.02 20 0
024811	Other pre-existing diabetes mellitus in pregnancy, first trimester	Diagnosis	ICD-10-CM
O24812	Other pre-existing diabetes mellitus in pregnancy, second trimester	Diagnosis	ICD-10-CM
O24813	Other pre-existing diabetes mellitus in pregnancy, third trimester	Diagnosis	ICD-10-CM
O24819	Other pre-existing diabetes mellitus in pregnancy, unspecified trimester	Diagnosis	ICD-10-CM
02482	Other pre-existing diabetes mellitus in childbirth	Diagnosis	ICD-10-CM
02483	Other pre-existing diabetes mellitus in the puerperium	Diagnosis	ICD-10-CM
02483	Unspecified diabetes mellitus in pregnancy, childbirth and the puerperium	Diagnosis	ICD-10-CIVI
		_	
02491	Unspecified diabetes mellitus in pregnancy	Diagnosis	ICD-10-CM
024911	Unspecified diabetes mellitus in pregnancy, first trimester	Diagnosis	ICD-10-CM
O24912	Unspecified diabetes mellitus in pregnancy, second trimester	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
O24913	Description Unprecified disheres multiple in programmy third trimester		ICD-10-CM
	Unspecified diabetes mellitus in pregnancy, third trimester	Diagnosis	
024919	Unspecified diabetes mellitus in pregnancy, unspecified trimester	Diagnosis	ICD-10-CM
02492	Unspecified diabetes mellitus in childbirth	Diagnosis	ICD-10-CM
02493	Unspecified diabetes mellitus in the puerperium	Diagnosis	ICD-10-CM
E0861	Diabetes mellitus due to underlying condition with diabetic arthropathy	Diagnosis	ICD-10-CM
E0862	Diabetes mellitus due to underlying condition with skin complications	Diagnosis	ICD-10-CM
E0863	Diabetes mellitus due to underlying condition with oral complications	Diagnosis	ICD-10-CM
E0961	Drug or chemical induced diabetes mellitus with diabetic arthropathy	Diagnosis	ICD-10-CM
E0962	Drug or chemical induced diabetes mellitus with skin complications	Diagnosis	ICD-10-CM
E0963	Drug or chemical induced diabetes mellitus with oral complications	Diagnosis	ICD-10-CM
E10	Type 1 diabetes mellitus	Diagnosis	ICD-10-CM
E101	Type 1 diabetes mellitus with ketoacidosis	Diagnosis	ICD-10-CM
E102	Type 1 diabetes mellitus with kidney complications	Diagnosis	ICD-10-CM
E103	Type 1 diabetes mellitus with ophthalmic complications	Diagnosis	ICD-10-CM
E1031	Type 1 diabetes mellitus with unspecified diabetic retinopathy	Diagnosis	ICD-10-CM
E1032	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E1033	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E1034	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E1035	Type 1 diabetes mellitus with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E10352	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula $\frac{1}{2}$	Diagnosis	ICD-10-CM
E10353	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula	Diagnosis	ICD-10-CM
E10354	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment	Diagnosis	ICD-10-CM
E10355	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E1037	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment	Diagnosis	ICD-10-CM
E104	Type 1 diabetes mellitus with neurological complications	Diagnosis	ICD-10-CM
E105	Type 1 diabetes mellitus with circulatory complications	Diagnosis	ICD-10-CM
E106	Type 1 diabetes mellitus with other specified complications	Diagnosis	ICD-10-CM
E1061	Type 1 diabetes mellitus with diabetic arthropathy	Diagnosis	ICD-10-CM
E1062	Type 1 diabetes mellitus with skin complications	Diagnosis	ICD-10-CM
E1063	Type 1 diabetes mellitus with oral complications	Diagnosis	ICD-10-CM
E1064	Type 1 diabetes mellitus with hypoglycemia	Diagnosis	ICD-10-CM
E11	Type 2 diabetes mellitus	Diagnosis	ICD-10-CM
E110	Type 2 diabetes mellitus with hyperosmolarity	Diagnosis	ICD-10-CM
E111	Type 2 diabetes mellitus with ketoacidosis	Diagnosis	ICD-10-CM
E112	Type 2 diabetes mellitus with kidney complications	Diagnosis	ICD-10-CM
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	E. List of Kanorm Concept Unique Identifier (KACUI), Logical Observation Identifiers No.		
Code	Description	Code Category	Code Type
E113	Type 2 diabetes mellitus with ophthalmic complications	Diagnosis	ICD-10-CM
E1131	Type 2 diabetes mellitus with unspecified diabetic retinopathy	Diagnosis	ICD-10-CM
E1132	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E1133	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E1134	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E1135	Type 2 diabetes mellitus with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E11352	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula	Diagnosis	ICD-10-CM
E11353	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal	Diagnosis	ICD-10-CM
E11354	detachment not involving the macula Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment	Diagnosis	ICD-10-CM
E11355	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E1137	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment	Diagnosis	ICD-10-CM
E114	Type 2 diabetes mellitus with neurological complications	Diagnosis	ICD-10-CM
E115	Type 2 diabetes mellitus with circulatory complications	Diagnosis	ICD-10-CM
E116	Type 2 diabetes mellitus with other specified complications	Diagnosis	ICD-10-CM
E1161	Type 2 diabetes mellitus with diabetic arthropathy	Diagnosis	ICD-10-CM
E1162	Type 2 diabetes mellitus with skin complications	Diagnosis	ICD-10-CM
E1163	Type 2 diabetes mellitus with oral complications	Diagnosis	ICD-10-CM
E1164	Type 2 diabetes mellitus with hypoglycemia	Diagnosis	ICD-10-CM
E13	Other specified diabetes mellitus	Diagnosis	ICD-10-CM
E130	Other specified diabetes mellitus with hyperosmolarity	Diagnosis	ICD-10-CM
E131	Other specified diabetes mellitus with ketoacidosis	Diagnosis	ICD-10-CM
E132	Other specified diabetes mellitus with kidney complications	Diagnosis	ICD-10-CM
E133	Other specified diabetes mellitus with ophthalmic complications	Diagnosis	ICD-10-CM
E1331	Other specified diabetes mellitus with unspecified diabetic retinopathy	Diagnosis	ICD-10-CM
E1332	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E1333	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E1334	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E1335	Other specified diabetes mellitus with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E13352	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula	Diagnosis	ICD-10-CM
E13353	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula	Diagnosis	ICD-10-CM
E13354	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment	Diagnosis	ICD-10-CM
E13355	Other specified diabetes mellitus with stable proliferative diabetic retinopathy	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
E1337	Other specified diabetes mellitus with diabetic macular edema, resolved following	Diagnosis	ICD-10-CM
LIJJ/	treatment	Diagnosis	ICD-TO-CIAL
E134	Other specified diabetes mellitus with neurological complications	Diagnosis	ICD-10-CM
E135	Other specified diabetes mellitus with circulatory complications	Diagnosis	ICD-10-CM
	Other specified diabetes mellitus with other specified complications	_	
E136	Other specified diabetes mellitus with other specified complications	Diagnosis	ICD-10-CM
E1361	Other specified diabetes mellitus with diabetic arthropathy	Diagnosis	ICD-10-CM
E1362	Other specified diabetes mellitus with skin complications	Diagnosis	ICD-10-CM
E1363	Other specified diabetes mellitus with oral complications	Diagnosis	ICD-10-CM
E1364	Other specified diabetes mellitus with hypoglycemia	Diagnosis	ICD-10-CM
024	Diabetes mellitus in pregnancy, childbirth, and the puerperium	Diagnosis	ICD-10-CM
O244	Gestational diabetes mellitus	Diagnosis	ICD-10-CM
O248	Other pre-existing diabetes mellitus in pregnancy, childbirth, and the puerperium	Diagnosis	ICD-10-CM
02491	Other are existing dishetes mellitus in programs.	Diagnasis	ICD 10 CM
O2481	Other pre-existing diabetes mellitus in pregnancy Chronic Liver Disease	Diagnosis	ICD-10-CM
K700	Alcoholic fatty liver	Diagnosis	ICD-10-CM
K7010	Alcoholic hepatitis without ascites	Diagnosis	ICD-10-CM
K7011	Alcoholic hepatitis with ascites	Diagnosis	ICD-10-CM
K702	Alcoholic fibrosis and sclerosis of liver	Diagnosis	ICD-10-CM
K7030	Alcoholic cirrhosis of liver without ascites	Diagnosis	ICD-10-CM
K7031	Alcoholic cirrhosis of liver with ascites	Diagnosis	ICD-10-CM
K7040	Alcoholic hepatic failure without coma	Diagnosis	ICD-10-CM
K7041	Alcoholic hepatic failure with coma	Diagnosis	ICD-10-CM
K7041 K709	Alcoholic liver disease, unspecified	Diagnosis	ICD-10-CM
K703	Toxic liver disease with hepatic necrosis, without coma	Diagnosis	ICD-10-CM
K7110 K7111	Toxic liver disease with hepatic necrosis, with coma	Diagnosis	ICD-10-CM
K7111	Toxic liver disease with riepatic necrosis, with coma	Diagnosis	ICD-10-CM
K713	Toxic liver disease with chronic lobular hepatitis	Diagnosis	ICD-10-CM
K714 K715	Toxic liver disease with chronic active hepatitis	Diagnosis	ICD-10-CM
K715 K7150	Toxic liver disease with chronic active hepatitis Toxic liver disease with chronic active hepatitis without ascites	Diagnosis	ICD-10-CM
K7150 K7151	Toxic liver disease with chronic active hepatitis with ascites	Diagnosis	ICD-10-CM
K7151 K716	Toxic liver disease with emotile active repatitis with ascites Toxic liver disease with hepatitis, not elsewhere classified	Diagnosis	ICD-10-CM
K710 K717	Toxic liver disease with riepatitis, not eisewhere classified Toxic liver disease with fibrosis and cirrhosis of liver	Diagnosis	ICD-10-CM
	Toxic liver disease with librosis and cirriosis of liver	_	
K718		Diagnosis	ICD-10-CM
K719 K721	Toxic liver disease, unspecified Chronic hepatic failure	Diagnosis	ICD-10-CM
	·	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
K730	Chronic persistent hepatitis, not elsewhere classified	Diagnosis	ICD-10-CM
K731	Chronic lobular hepatitis, not elsewhere classified	Diagnosis	ICD-10-CM
K732	Chronic active hepatitis, not elsewhere classified	Diagnosis	ICD-10-CM
K738	Other chronic hepatitis, not elsewhere classified	Diagnosis	ICD-10-CM
K739	Chronic hepatitis, unspecified	Diagnosis	ICD-10-CM
K740	Hepatic fibrosis	Diagnosis	ICD-10-CM
K741	Hepatic sclerosis	Diagnosis	ICD-10-CM
K742	Hepatic fibrosis with hepatic sclerosis	Diagnosis	ICD-10-CM
K743	Primary biliary cirrhosis	Diagnosis	ICD-10-CM
K744	Secondary biliary cirrhosis	Diagnosis	ICD-10-CM
K745	Biliary cirrhosis, unspecified	Diagnosis	ICD-10-CM

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	E. List of KxNorm Concept Unique identifier (KXCOI), Logical Observation identifiers N		
Code	Description	Code Category	Code Type
K7460	Unspecified cirrhosis of liver	Diagnosis	ICD-10-CM
K7469	Other cirrhosis of liver	Diagnosis	ICD-10-CM
K753	Granulomatous hepatitis, not elsewhere classified	Diagnosis	ICD-10-CM
K754	Autoimmune hepatitis	Diagnosis	ICD-10-CM
K758	Other specified inflammatory liver diseases	Diagnosis	ICD-10-CM
K7581	Nonalcoholic steatohepatitis (NASH)	Diagnosis	ICD-10-CM
K7589	Other specified inflammatory liver diseases	Diagnosis	ICD-10-CM
K759	Inflammatory liver disease, unspecified	Diagnosis	ICD-10-CM
K760	Fatty (change of) liver, not elsewhere classified	Diagnosis	ICD-10-CM
K70	Alcoholic liver disease	Diagnosis	ICD-10-CM
K701	Alcoholic hepatitis	Diagnosis	ICD-10-CM
K703	Alcoholic cirrhosis of liver	Diagnosis	ICD-10-CM
K704	Alcoholic hepatic failure	Diagnosis	ICD-10-CM
K71	Toxic liver disease	Diagnosis	ICD-10-CM
K710	Toxic liver disease with cholestasis	Diagnosis	ICD-10-CM
K711	Toxic liver disease with hepatic necrosis	Diagnosis	ICD-10-CM
K729	Hepatic failure, unspecified	Diagnosis	ICD-10-CM
K73	Chronic hepatitis, not elsewhere classified	Diagnosis	ICD-10-CM
K74	Fibrosis and cirrhosis of liver	Diagnosis	ICD-10-CM
K746	Other and unspecified cirrhosis of liver	Diagnosis	ICD-10-CM
	Chronic Kidney Disease		
N183	Chronic kidney disease, stage 3	Diagnosis	ICD-10-CM
N184	Chronic kidney disease, stage 4	Diagnosis	ICD-10-CM
N185	Chronic kidney disease, stage 5	Diagnosis	ICD-10-CM
N186	End stage renal disease	Diagnosis	ICD-10-CM
N189	Chronic kidney disease, unspecified	Diagnosis	ICD-10-CM
N19	Unspecified kidney failure	Diagnosis	ICD-10-CM
I120	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage	Diagnosis	ICD-10-CM
	renal disease		
1129	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney	Diagnosis	ICD-10-CM
	disease, or unspecified chronic kidney disease		
1130	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through	Diagnosis	ICD-10-CM
	stage 4 chronic kidney disease, or unspecified chronic kidney disease	_	
11310	Hypertensive heart and chronic kidney disease without heart failure, with stage 1	Diagnosis	ICD-10-CM
	through stage 4 chronic kidney disease, or unspecified chronic kidney disease	J	
I1311	Hypertensive heart and chronic kidney disease without heart failure, with stage 5	Diagnosis	ICD-10-CM
	chronic kidney disease, or end stage renal disease	.0	
	of other water and and a stage remain and assess		
I132	Hypertensive heart and chronic kidney disease with heart failure and with stage 5	Diagnosis	ICD-10-CM
	chronic kidney disease, or end stage renal disease	2108.10010	.02 20 0
Z9115	Patient's noncompliance with renal dialysis	Diagnosis	ICD-10-CM
E0821	Diabetes mellitus due to underlying condition with diabetic nephropathy	Diagnosis	ICD-10-CM
20021	State Cost mentals and to underlying condition with diabetic nephropatily	2.05110313	ICD TO CIVI
E0822	Diabetes mellitus due to underlying condition with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
20022	Stadetes memers and to anacrying condition with diabetic tillollic nulley disease	2105110313	ICD TO CIVI
E0829	Diabetes mellitus due to underlying condition with other diabetic kidney complication	Diagnosis	ICD-10-CM
LUU23	Diabetes memers and to anacrying condition with other diabetic ridney complication	Diagnosis	ICD-TO-CIVI
E0921	Drug or chemical induced diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
20321	Drug of energical induced diabetes members with diabetic nephropathy	Diagnosis	ICD TO-CIVI

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Code	Description	Code Category	Code Type
E0922	Drug or chemical induced diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E0929	Drug or chemical induced diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
E1021	Type 1 diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E1022	Type 1 diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E1029	Type 1 diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
E1121	Type 2 diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E1122	Type 2 diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E1129	Type 2 diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
E1321	Other specified diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E1322	Other specified diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E1329	Other specified diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
	Rheumatological and Inflammatory Disease		
D860	Sarcoidosis of lung	Diagnosis	ICD-10-CM
D861	Sarcoidosis of lymph nodes	Diagnosis	ICD-10-CM
D862	Sarcoidosis of lung with sarcoidosis of lymph nodes	Diagnosis	ICD-10-CM
D863	Sarcoidosis of skin	Diagnosis	ICD-10-CM
D8681	Sarcoid meningitis	Diagnosis	ICD-10-CM
D8682	Multiple cranial nerve palsies in sarcoidosis	Diagnosis	ICD-10-CM
D8683	Sarcoid iridocyclitis	Diagnosis	ICD-10-CM
D8684	Sarcoid pyelonephritis	Diagnosis	ICD-10-CM
D8685	Sarcoid myocarditis	Diagnosis	ICD-10-CM
D8686	Sarcoid arthropathy	Diagnosis	ICD-10-CM
D8687	Sarcoid myositis	Diagnosis	ICD-10-CM
D8689	Sarcoidosis of other sites	Diagnosis	ICD-10-CM
D869	Sarcoidosis, unspecified	Diagnosis	ICD-10-CM
E850	Non-neuropathic heredofamilial amyloidosis	Diagnosis	ICD-10-CM
E851	Neuropathic heredofamilial amyloidosis	Diagnosis	ICD-10-CM
E852	Heredofamilial amyloidosis, unspecified	Diagnosis	ICD-10-CM
E853	Secondary systemic amyloidosis	Diagnosis	ICD-10-CM
E854	Organ-limited amyloidosis	Diagnosis	ICD-10-CM
E8581	Light chain (AL) amyloidosis	Diagnosis	ICD-10-CM
E8582	Wild-type transthyretin-related (ATTR) amyloidosis	Diagnosis	ICD-10-CM
E8589	Other amyloidosis	Diagnosis	ICD-10-CM
E859	Amyloidosis, unspecified	Diagnosis	ICD-10-CM
G35	Multiple sclerosis	Diagnosis	ICD-10-CM
G360	Neuromyelitis optica [Devic]	Diagnosis	ICD-10-CM
G370	Diffuse sclerosis of central nervous system		ICD-10-CM
G370 G371	Central demyelination of corpus callosum	Diagnosis Diagnosis	
G371 G372	Central pontine myelinolysis	Diagnosis	ICD-10-CM
G373	Acute transverse myelitis in demyelinating disease of central nervous system	Diagnosis	ICD-10-CM ICD-10-CM
G374	Subacute necrotizing myelitis of central nervous system	Diagnosis	ICD-10-CM
G375	Concentric sclerosis [Balo] of central nervous system	Diagnosis	ICD-10-CM
G378	Other specified demyelinating diseases of central nervous system	Diagnosis	ICD-10-CM
G6181	Chronic inflammatory demyelinating polyneuritis	Diagnosis	ICD-10-CM
G6182	Multifocal motor neuropathies (inflammatory)	Diagnosis	ICD-10-CM
G6189	Other inflammatory polyneuropathies	Diagnosis	ICD-10-CM
G619	Inflammatory polyneuropathy, unspecified	Diagnosis	ICD-10-CM
3013	anianimatory polyneuropatity, anopeemed	2106110313	ICD TO CIVI

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Code	Description	Code Category	Code Type
G622	Polyneuropathy due to other toxic agents		ICD-10-CM
G6281	Critical illness polyneuropathy	Diagnosis	
G6281		Diagnosis	ICD-10-CM
	Polyneuropathy in diseases classified elsewhere	Diagnosis	ICD-10-CM
1408	Other acute myocarditis	Diagnosis	ICD-10-CM
1409	Acute myocarditis, unspecified	Diagnosis	ICD-10-CM
141	Myocarditis in diseases classified elsewhere	Diagnosis	ICD-10-CM
J679	Hypersensitivity pneumonitis due to unspecified organic dust	Diagnosis	ICD-10-CM
J8401	Alveolar proteinosis	Diagnosis	ICD-10-CM
J8402	Pulmonary alveolar microlithiasis	Diagnosis	ICD-10-CM
J8409	Other alveolar and parieto-alveolar conditions	Diagnosis	ICD-10-CM
J84111	Idiopathic interstitial pneumonia, not otherwise specified	Diagnosis	ICD-10-CM
J84112	Idiopathic pulmonary fibrosis	Diagnosis	ICD-10-CM
J84113	Idiopathic non-specific interstitial pneumonitis	Diagnosis	ICD-10-CM
J84114	Acute interstitial pneumonitis	Diagnosis	ICD-10-CM
J84115	Respiratory bronchiolitis interstitial lung disease	Diagnosis	ICD-10-CM
J84116	Cryptogenic organizing pneumonia	Diagnosis	ICD-10-CM
J84117	Desquamative interstitial pneumonia	Diagnosis	ICD-10-CM
J842	Lymphoid interstitial pneumonia	Diagnosis	ICD-10-CM
J8481	Lymphangioleiomyomatosis	Diagnosis	ICD-10-CM
J8482	Adult pulmonary Langerhans cell histiocytosis	Diagnosis	ICD-10-CM
J8483	Surfactant mutations of the lung	Diagnosis	ICD-10-CM
J84841	Neuroendocrine cell hyperplasia of infancy	Diagnosis	ICD-10-CM
J84842	Pulmonary interstitial glycogenosis	Diagnosis	ICD-10-CM
J84843	Alveolar capillary dysplasia with vein misalignment	Diagnosis	ICD-10-CM
J84848	Other interstitial lung diseases of childhood	Diagnosis	ICD-10-CM
K5000	Crohn's disease of small intestine without complications	Diagnosis	ICD-10-CM
K50011	Crohn's disease of small intestine with rectal bleeding	Diagnosis	ICD-10-CM
K50011	Crohn's disease of small intestine with intestinal obstruction	Diagnosis	ICD-10-CM
K50012	Crohn's disease of small intestine with fistula	Diagnosis	ICD-10-CM
K50013	Crohn's disease of small intestine with abscess	Diagnosis	ICD-10-CM
K50014 K50018	Crohn's disease of small intestine with abscess Crohn's disease of small intestine with other complication	Diagnosis	ICD-10-CM
K50018	Crohn's disease of small intestine with other complications Crohn's disease of small intestine with unspecified complications		ICD-10-CM
	·	Diagnosis	
K5010	Crohn's disease of large intestine without complications	Diagnosis	ICD-10-CM
K50111	Crohn's disease of large intestine with rectal bleeding	Diagnosis	ICD-10-CM
K50112	Crohn's disease of large intestine with intestinal obstruction	Diagnosis	ICD-10-CM
K50113	Crohn's disease of large intestine with fistula	Diagnosis	ICD-10-CM
K50114	Crohn's disease of large intestine with abscess	Diagnosis	ICD-10-CM
K50118	Crohn's disease of large intestine with other complication	Diagnosis	ICD-10-CM
K50119	Crohn's disease of large intestine with unspecified complications	Diagnosis	ICD-10-CM
K5080	Crohn's disease of both small and large intestine without complications	Diagnosis	ICD-10-CM
K50811	Crohn's disease of both small and large intestine with rectal bleeding	Diagnosis	ICD-10-CM
K50812	Crohn's disease of both small and large intestine with intestinal obstruction	Diagnosis	ICD-10-CM
K50813	Crohn's disease of both small and large intestine with fistula	Diagnosis	ICD-10-CM
K50814	Crohn's disease of both small and large intestine with abscess	Diagnosis	ICD-10-CM
K50818	Crohn's disease of both small and large intestine with other complication	Diagnosis	ICD-10-CM
K50819	Crohn's disease of both small and large intestine with unspecified complications	Diagnosis	ICD-10-CM
K5090	Crohn's disease, unspecified, without complications	Diagnosis	ICD-10-CM

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	E. List of KxNorm Concept Unique Identifier (KXCOI), Logical Observation Identifiers		
Code	Description	Code Category	Code Type
K50911	Crohn's disease, unspecified, with rectal bleeding	Diagnosis	ICD-10-CM
K50912	Crohn's disease, unspecified, with intestinal obstruction	Diagnosis	ICD-10-CM
K50913	Crohn's disease, unspecified, with fistula	Diagnosis	ICD-10-CM
K50914	Crohn's disease, unspecified, with abscess	Diagnosis	ICD-10-CM
K50918	Crohn's disease, unspecified, with other complication	Diagnosis	ICD-10-CM
K50919	Crohn's disease, unspecified, with unspecified complications	Diagnosis	ICD-10-CM
K5100	Ulcerative (chronic) pancolitis without complications	Diagnosis	ICD-10-CM
K51011	Ulcerative (chronic) pancolitis with rectal bleeding	Diagnosis	ICD-10-CM
K51012	Ulcerative (chronic) pancolitis with intestinal obstruction	Diagnosis	ICD-10-CM
K51013	Ulcerative (chronic) pancolitis with fistula	Diagnosis	ICD-10-CM
K51014	Ulcerative (chronic) pancolitis with abscess	Diagnosis	ICD-10-CM
K51018	Ulcerative (chronic) pancolitis with other complication	Diagnosis	ICD-10-CM
K51019	Ulcerative (chronic) pancolitis with unspecified complications	Diagnosis	ICD-10-CM
K5120	Ulcerative (chronic) proctitis without complications	Diagnosis	ICD-10-CM
K51211	Ulcerative (chronic) proctitis with rectal bleeding	Diagnosis	ICD-10-CM
K51212	Ulcerative (chronic) proctitis with intestinal obstruction	Diagnosis	ICD-10-CM
K51213	Ulcerative (chronic) proctitis with fistula	Diagnosis	ICD-10-CM
K51214	Ulcerative (chronic) proctitis with abscess	Diagnosis	ICD-10-CM
K51218	Ulcerative (chronic) proctitis with other complication	Diagnosis	ICD-10-CM
K51219	Ulcerative (chronic) proctitis with unspecified complications	Diagnosis	ICD-10-CM
K5130	Ulcerative (chronic) rectosigmoiditis without complications	Diagnosis	ICD-10-CM
K51311	Ulcerative (chronic) rectosigmoiditis with rectal bleeding	Diagnosis	ICD-10-CM
K51312	Ulcerative (chronic) rectosigmoiditis with intestinal obstruction	Diagnosis	ICD-10-CM
K51313	Ulcerative (chronic) rectosigmoiditis with fistula	Diagnosis	ICD-10-CM
K51314	Ulcerative (chronic) rectosigmoiditis with abscess	Diagnosis	ICD-10-CM
K51314	Ulcerative (chronic) rectosigmoiditis with other complication	Diagnosis	ICD-10-CM
K51319	Ulcerative (chronic) rectosigmoiditis with unspecified complications	Diagnosis	ICD-10-CM
K31313	olcerative (cilionic) rectosigniolatis with unspecified complications	Diagnosis	ICD-10-CIVI
K5140	Inflammatory polyps of colon without complications	Diagnosis	ICD-10-CM
K51411	Inflammatory polyps of colon with rectal bleeding	Diagnosis	ICD-10-CM
K51412	Inflammatory polyps of colon with intestinal obstruction	Diagnosis	ICD-10-CM
K51413	Inflammatory polyps of colon with fistula	Diagnosis	ICD-10-CM
K51414	Inflammatory polyps of colon with abscess	Diagnosis	ICD-10-CM
K51418	Inflammatory polyps of colon with other complication	Diagnosis	ICD-10-CM
K51419	Inflammatory polyps of colon with unspecified complications	Diagnosis	ICD-10-CM
K5150	Left sided colitis without complications	Diagnosis	ICD-10-CM
K51511	Left sided colitis with rectal bleeding	Diagnosis	ICD-10-CM
K51512	Left sided colitis with intestinal obstruction	Diagnosis	ICD-10-CM
K51513	Left sided colitis with fistula	Diagnosis	ICD-10-CM
K51514	Left sided colitis with abscess	Diagnosis	ICD-10-CM
K51518	Left sided colitis with other complication	Diagnosis	ICD-10-CM
K51519	Left sided colitis with unspecified complications	Diagnosis	ICD-10-CM
K51313	Other ulcerative colitis without complications	Diagnosis	ICD-10-CM
K5180	Other ulcerative colitis with rectal bleeding	Diagnosis	ICD-10-CM
K51811 K51812	Other ulcerative colitis with rectal bleeding Other ulcerative colitis with intestinal obstruction	Diagnosis	ICD-10-CW
K51812 K51813	Other ulcerative colitis with fitstula	_	ICD-10-CW
K51813 K51814	Other ulcerative colitis with abscess	Diagnosis	
		Diagnosis	ICD-10-CM
K51818	Other ulcerative colitis with other complication	Diagnosis	ICD-10-CM
K51819	Other ulcerative colitis with unspecified complications	Diagnosis	ICD-10-CM
K5190	Ulcerative colitis, unspecified, without complications	Diagnosis	ICD-10-CM
K51911	Ulcerative colitis, unspecified with rectal bleeding	Diagnosis	ICD-10-CM
K51912	Ulcerative colitis, unspecified with intestinal obstruction	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
K51913	Ulcerative colitis, unspecified with fistula	Diagnosis	ICD-10-CM
	•	_	
K51914	Ulcerative colitis, unspecified with abscess	Diagnosis	ICD-10-CM
K51918	Ulcerative colitis, unspecified with other complication	Diagnosis	ICD-10-CM
K51919	Ulcerative colitis, unspecified with unspecified complications	Diagnosis	ICD-10-CM
K520	Gastroenteritis and colitis due to radiation	Diagnosis	ICD-10-CM
K521	Toxic gastroenteritis and colitis	Diagnosis	ICD-10-CM
K5221	Allergic and dietetic gastroenteritis and colitis ,Food protein-induced enterocolitis	Diagnosis	ICD-10-CM
K5222	syndrome Allergic and dietetic gastroenteritis and colitis, Food protein-induced enteropathy	Diagnosis	ICD-10-CM
K5229	Allergic and dietetic gastroenteritis and colitis, Other allergic and dietetic gastroenteritis and colitis	Diagnosis	ICD-10-CM
K5281	Eosinophilic gastritis or gastroenteritis	Diagnosis	ICD-10-CM
K5282	Eosinophilic colitis	Diagnosis	ICD-10-CM
K5289	Other specified noninfective gastroenteritis and colitis	Diagnosis	ICD-10-CM
K529	Noninfective gastroenteritis and colitis, unspecified	Diagnosis	ICD-10-CM
K55011	Acute (reversible) ischemia of small intestine, Focal (segmental) acute (reversible)	Diagnosis	ICD-10-CM
	ischemia of small intestine	2.0800.0	.02 20 0
K55012	Acute (reversible) ischemia of small intestine, Diffuse acute (reversible) ischemia of small intestine	Diagnosis	ICD-10-CM
K55019	Acute (reversible) ischemia of small intestine, extent unspecified	Diagnosis	ICD-10-CM
K551	Chronic vascular disorders of intestine	Diagnosis	ICD-10-CM
K559	Vascular disorder of intestine, unspecified	Diagnosis	ICD-10-CM
1400	Infective myocarditis	Diagnosis	ICD-10-CM
1401	Isolated myocarditis	Diagnosis	ICD-10-CM
L930	Discoid lupus erythematosus	Diagnosis	ICD-10-CM
L931	Subacute cutaneous lupus erythematosus	Diagnosis	ICD-10-CM
L932	Other local lupus erythematosus	Diagnosis	ICD-10-CM
M02	Postinfective and reactive arthropathies	Diagnosis	ICD-10-CM
M020	Arthropathy following intestinal bypass	Diagnosis	ICD-10-CM
M0200	Arthropathy following intestinal bypass, unspecified site	Diagnosis	ICD-10-CM
M0201	Arthropathy following intestinal bypass, shoulder	Diagnosis	ICD-10-CM
M02011	Arthropathy following intestinal bypass, right shoulder	Diagnosis	ICD-10-CM
M02012	Arthropathy following intestinal bypass, left shoulder	Diagnosis	ICD-10-CM
M02012	Arthropathy following intestinal bypass, unspecified shoulder	Diagnosis	ICD-10-CM
M02013	Arthropathy following intestinal bypass, elbow	Diagnosis	ICD-10-CM
M02021	Arthropathy following intestinal bypass, right elbow	Diagnosis	ICD-10-CM
M02021	Arthropathy following intestinal bypass, light elbow Arthropathy following intestinal bypass, left elbow	Diagnosis	ICD-10-CM
M02029	Arthropathy following intestinal bypass, left elbow Arthropathy following intestinal bypass, unspecified elbow	Diagnosis	ICD-10-CM
M02023	Arthropathy following intestinal bypass, unspecified elbow Arthropathy following intestinal bypass, wrist	Diagnosis	
M0203		•	ICD-10-CM
	Arthropathy following intestinal bypass, right wrist	Diagnosis	ICD-10-CM
M02032	Arthropathy following intestinal bypass, left wrist	Diagnosis	ICD-10-CM
M02039	Arthropathy following intestinal bypass, unspecified wrist	Diagnosis	ICD-10-CM
M0204	Arthropathy following intestinal bypass, hand	Diagnosis	ICD-10-CM
M02041	Arthropathy following intestinal bypass, right hand	Diagnosis	ICD-10-CM
M02042	Arthropathy following intestinal bypass, left hand	Diagnosis	ICD-10-CM
M02049	Arthropathy following intestinal bypass, unspecified hand	Diagnosis	ICD-10-CM
M0205	Arthropathy following intestinal bypass, hip	Diagnosis	ICD-10-CM
M02051	Arthropathy following intestinal bypass, right hip	Diagnosis	ICD-10-CM
M02052	Arthropathy following intestinal bypass, left hip	Diagnosis	ICD-10-CM
M02059	Arthropathy following intestinal bypass, unspecified hip	Diagnosis	ICD-10-CM
M0206	Arthropathy following intestinal bypass, knee	Diagnosis	ICD-10-CM

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	E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Ide		
Code	Description	Code Category	Code Type
M02061	Arthropathy following intestinal bypass, right knee	Diagnosis	ICD-10-CM
M02062	Arthropathy following intestinal bypass, left knee	Diagnosis	ICD-10-CM
M02069	Arthropathy following intestinal bypass, unspecified knee	Diagnosis	ICD-10-CM
M0207	Arthropathy following intestinal bypass, ankle and foot	Diagnosis	ICD-10-CM
M02071	Arthropathy following intestinal bypass, right ankle and foot	Diagnosis	ICD-10-CM
M02072	Arthropathy following intestinal bypass, left ankle and foot	Diagnosis	ICD-10-CM
M02079	Arthropathy following intestinal bypass, unspecified ankle and foot	Diagnosis	ICD-10-CM
M0208	Arthropathy following intestinal bypass, vertebrae	Diagnosis	ICD-10-CM
M0209	Arthropathy following intestinal bypass, multiple sites	Diagnosis	ICD-10-CM
M021	Postdysenteric arthropathy	Diagnosis	ICD-10-CM
M0210	Postdysenteric arthropathy, unspecified site	Diagnosis	ICD-10-CM
M0211	Postdysenteric arthropathy, shoulder	Diagnosis	ICD-10-CM
M02111	Postdysenteric arthropathy, right shoulder	Diagnosis	ICD-10-CM
M02112	Postdysenteric arthropathy, left shoulder	Diagnosis	ICD-10-CM
M02119	Postdysenteric arthropathy, unspecified shoulder	Diagnosis	ICD-10-CM
M0212	Postdysenteric arthropathy, elbow	Diagnosis	ICD-10-CM
M02121	Postdysenteric arthropathy, right elbow	Diagnosis	ICD-10-CM
M02122	Postdysenteric arthropathy, left elbow	Diagnosis	ICD-10-CM
M02129	Postdysenteric arthropathy, unspecified elbow	Diagnosis	ICD-10-CM
M02123	Postdysenteric arthropathy, wrist	Diagnosis	ICD-10-CM
M02131	Postdysenteric arthropathy, wrist	Diagnosis	ICD-10-CM
M02131	Postdysenteric arthropathy, left wrist	Diagnosis	ICD-10-CM
M02132	Postdysenteric arthropathy, unspecified wrist	Diagnosis	ICD-10-CM
M02139	Postdysenteric arthropathy, hand	Diagnosis	ICD-10-CM
M02141		Diagnosis	ICD-10-CM
	Postdysenteric arthropathy, right hand	-	
M02142	Postdysenteric arthropathy, left hand	Diagnosis	ICD-10-CM
M02149	Postdysenteric arthropathy, unspecified hand	Diagnosis	ICD-10-CM
M0215	Postdysenteric arthropathy, hip	Diagnosis	ICD-10-CM
M02151	Postdysenteric arthropathy, right hip	Diagnosis	ICD-10-CM
M02152	Postdysenteric arthropathy, left hip	Diagnosis	ICD-10-CM
M02159	Postdysenteric arthropathy, unspecified hip	Diagnosis	ICD-10-CM
M0216	Postdysenteric arthropathy, knee	Diagnosis	ICD-10-CM
M02161	Postdysenteric arthropathy, right knee	Diagnosis	ICD-10-CM
M02162	Postdysenteric arthropathy, left knee	Diagnosis	ICD-10-CM
M02169	Postdysenteric arthropathy, unspecified knee	Diagnosis	ICD-10-CM
M0217	Postdysenteric arthropathy, ankle and foot	Diagnosis	ICD-10-CM
M02171	Postdysenteric arthropathy, right ankle and foot	Diagnosis	ICD-10-CM
M02172	Postdysenteric arthropathy, left ankle and foot	Diagnosis	ICD-10-CM
M02179	Postdysenteric arthropathy, unspecified ankle and foot	Diagnosis	ICD-10-CM
M0218	Postdysenteric arthropathy, vertebrae	Diagnosis	ICD-10-CM
M0219	Postdysenteric arthropathy, multiple sites	Diagnosis	ICD-10-CM
M022	Postimmunization arthropathy	Diagnosis	ICD-10-CM
M0220	Postimmunization arthropathy, unspecified site	Diagnosis	ICD-10-CM
M0221	Postimmunization arthropathy, shoulder	Diagnosis	ICD-10-CM
M02211	Postimmunization arthropathy, right shoulder	Diagnosis	ICD-10-CM
M02212	Postimmunization arthropathy, left shoulder	Diagnosis	ICD-10-CM
M02219	Postimmunization arthropathy, unspecified shoulder	Diagnosis	ICD-10-CM
M0222	Postimmunization arthropathy, elbow	Diagnosis	ICD-10-CM
M02221	Postimmunization arthropathy, right elbow	Diagnosis	ICD-10-CM
M02222	Postimmunization arthropathy, left elbow	Diagnosis	ICD-10-CM
M02229	Postimmunization arthropathy, unspecified elbow	Diagnosis	ICD-10-CM
M0223	Postimmunization arthropathy, wrist	Diagnosis	ICD-10-CM
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	E. List of KxNorm Concept Unique Identifier (KXCOI), Logical Observati		_
Code	Description	Code Category	Code Type
M02231	Postimmunization arthropathy, right wrist	Diagnosis	ICD-10-CM
M02232	Postimmunization arthropathy, left wrist	Diagnosis	ICD-10-CM
M02239	Postimmunization arthropathy, unspecified wrist	Diagnosis	ICD-10-CM
M0224	Postimmunization arthropathy, hand	Diagnosis	ICD-10-CM
M02241	Postimmunization arthropathy, right hand	Diagnosis	ICD-10-CM
M02242	Postimmunization arthropathy, left hand	Diagnosis	ICD-10-CM
M02249	Postimmunization arthropathy, unspecified hand	Diagnosis	ICD-10-CM
M0225	Postimmunization arthropathy, hip	Diagnosis	ICD-10-CM
M02251	Postimmunization arthropathy, right hip	Diagnosis	ICD-10-CM
M02252	Postimmunization arthropathy, left hip	Diagnosis	ICD-10-CM
M02259	Postimmunization arthropathy, unspecified hip	Diagnosis	ICD-10-CM
M0226	Postimmunization arthropathy, knee	Diagnosis	ICD-10-CM
M02261	Postimmunization arthropathy, right knee	Diagnosis	ICD-10-CM
M02262	Postimmunization arthropathy, left knee	Diagnosis	ICD-10-CM
M02269	Postimmunization arthropathy, unspecified knee	Diagnosis	ICD-10-CM
M0227	Postimmunization arthropathy, ankle and foot	Diagnosis	ICD-10-CM
M02271	Postimmunization arthropathy, right ankle and foot	Diagnosis	ICD-10-CM
M02272	Postimmunization arthropathy, left ankle and foot	Diagnosis	ICD-10-CM
M02279	Postimmunization arthropathy, unspecified ankle and foot	Diagnosis	ICD-10-CM
M0228	Postimmunization arthropathy, vertebrae	Diagnosis	ICD-10-CM
M0229	Postimmunization arthropathy, multiple sites	Diagnosis	ICD-10-CM
M023	Reiter's disease	Diagnosis	ICD-10-CM
M0230	Reiter's disease, unspecified site	Diagnosis	ICD-10-CM
M0231	Reiter's disease, shoulder	Diagnosis	ICD-10-CM
M0231	Reiter's disease, right shoulder	Diagnosis	ICD-10-CM
M02311	Reiter's disease, left shoulder	Diagnosis	ICD-10-CM
M02312	Reiter's disease, unspecified shoulder	Diagnosis	ICD-10-CM
M02319	Reiter's disease, elbow	_	ICD-10-CM
		Diagnosis	
M02321	Reiter's disease, right elbow	Diagnosis	ICD-10-CM
M02322	Reiter's disease, left elbow	Diagnosis	ICD-10-CM
M02329	Reiter's disease, unspecified elbow	Diagnosis	ICD-10-CM
M0233	Reiter's disease, wrist	Diagnosis	ICD-10-CM
M02331	Reiter's disease, right wrist	Diagnosis	ICD-10-CM
M02332	Reiter's disease, left wrist	Diagnosis	ICD-10-CM
M02339	Reiter's disease, unspecified wrist	Diagnosis	ICD-10-CM
M0234	Reiter's disease, hand	Diagnosis	ICD-10-CM
M02341	Reiter's disease, right hand	Diagnosis	ICD-10-CM
M02342	Reiter's disease, left hand	Diagnosis	ICD-10-CM
M02349	Reiter's disease, unspecified hand	Diagnosis	ICD-10-CM
M0235	Reiter's disease, hip	Diagnosis	ICD-10-CM
M02351	Reiter's disease, right hip	Diagnosis	ICD-10-CM
M02352	Reiter's disease, left hip	Diagnosis	ICD-10-CM
M02359	Reiter's disease, unspecified hip	Diagnosis	ICD-10-CM
M0236	Reiter's disease, knee	Diagnosis	ICD-10-CM
M02361	Reiter's disease, right knee	Diagnosis	ICD-10-CM
M02362	Reiter's disease, left knee	Diagnosis	ICD-10-CM
M02369	Reiter's disease, unspecified knee	Diagnosis	ICD-10-CM
M0237	Reiter's disease, ankle and foot	Diagnosis	ICD-10-CM
M02371	Reiter's disease, right ankle and foot	Diagnosis	ICD-10-CM
M02372	Reiter's disease, left ankle and foot	Diagnosis	ICD-10-CM
M02379	Reiter's disease, unspecified ankle and foot	Diagnosis	ICD-10-CM
M0238	Reiter's disease, vertebrae	Diagnosis	ICD-10-CM
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	E. List of KxNorm Concept Unique Identifier (KXCOI), Logical Observation Identifie		_
Code	Description	Code Category	Code Type
M0239	Reiter's disease, multiple sites	Diagnosis	ICD-10-CM
M028	Other reactive arthropathies	Diagnosis	ICD-10-CM
M0280	Other reactive arthropathies, unspecified site	Diagnosis	ICD-10-CM
M0281	Other reactive arthropathies, shoulder	Diagnosis	ICD-10-CM
M02811	Other reactive arthropathies, right shoulder	Diagnosis	ICD-10-CM
M02812	Other reactive arthropathies, left shoulder	Diagnosis	ICD-10-CM
M02819	Other reactive arthropathies, unspecified shoulder	Diagnosis	ICD-10-CM
M0282	Other reactive arthropathies, elbow	Diagnosis	ICD-10-CM
M02821	Other reactive arthropathies, right elbow	Diagnosis	ICD-10-CM
M02822	Other reactive arthropathies, left elbow	Diagnosis	ICD-10-CM
M02829	Other reactive arthropathies, unspecified elbow	Diagnosis	ICD-10-CM
M0283	Other reactive arthropathies, wrist	Diagnosis	ICD-10-CM
M02831	Other reactive arthropathies, right wrist	Diagnosis	ICD-10-CM
M02832	Other reactive arthropathies, left wrist	Diagnosis	ICD-10-CM
M02839	Other reactive arthropathies, unspecified wrist	Diagnosis	ICD-10-CM
M0284	Other reactive arthropathies, hand	Diagnosis	ICD-10-CM
M02841	Other reactive arthropathies, right hand	Diagnosis	ICD-10-CM
M02842	Other reactive arthropathies, left hand	Diagnosis	ICD-10-CM
M02849	Other reactive arthropathies, unspecified hand	Diagnosis	ICD-10-CM
M0285	Other reactive arthropathies, hip	Diagnosis	ICD-10-CM
M02851	Other reactive arthropathies, right hip	Diagnosis	ICD-10-CM
M02852	Other reactive arthropathies, left hip	Diagnosis	ICD-10-CM
M02859	Other reactive arthropathies, left hip Other reactive arthropathies, unspecified hip	Diagnosis	ICD-10-CM
M0286			
	Other reactive arthropathies, knee	Diagnosis	ICD-10-CM
M02861	Other reactive arthropathies, right knee	Diagnosis	ICD-10-CM
M02862	Other reactive arthropathies, left knee	Diagnosis	ICD-10-CM
M02869	Other reactive arthropathies, unspecified knee	Diagnosis	ICD-10-CM
M0287	Other reactive arthropathies, ankle and foot	Diagnosis	ICD-10-CM
M02871	Other reactive arthropathies, right ankle and foot	Diagnosis	ICD-10-CM
M02872	Other reactive arthropathies, left ankle and foot	Diagnosis	ICD-10-CM
M02879	Other reactive arthropathies, unspecified ankle and foot	Diagnosis	ICD-10-CM
M0288	Other reactive arthropathies, vertebrae	Diagnosis	ICD-10-CM
M0289	Other reactive arthropathies, multiple sites	Diagnosis	ICD-10-CM
M029	Reactive arthropathy, unspecified	Diagnosis	ICD-10-CM
M04	Autoinflammatory syndromes	Diagnosis	ICD-10-CM
M041	Periodic fever syndromes	Diagnosis	ICD-10-CM
M042	Cryopyrin-associated periodic syndromes	Diagnosis	ICD-10-CM
M048	Other autoinflammatory syndromes	Diagnosis	ICD-10-CM
M049	Autoinflammatory syndrome, unspecified	Diagnosis	ICD-10-CM
M05	Rheumatoid arthritis with rheumatoid factor	Diagnosis	ICD-10-CM
M050	Felty's syndrome	Diagnosis	ICD-10-CM
M0500	Felty's syndrome, unspecified site	Diagnosis	ICD-10-CM
M0501	Felty's syndrome, shoulder	Diagnosis	ICD-10-CM
M05011	Felty's syndrome, right shoulder	Diagnosis	ICD-10-CM
M05012	Felty's syndrome, left shoulder	Diagnosis	ICD-10-CM
M05019	Felty's syndrome, unspecified shoulder	Diagnosis	ICD-10-CM
M0502	Felty's syndrome, elbow	Diagnosis	ICD-10-CM
M05021	Felty's syndrome, right elbow	Diagnosis	ICD-10-CM
M05022	Felty's syndrome, left elbow	Diagnosis	ICD-10-CM
M05029	Felty's syndrome, unspecified elbow	Diagnosis	ICD-10-CM
M0503	Felty's syndrome, wrist	Diagnosis	ICD-10-CM
M05031	Felty's syndrome, right wrist	Diagnosis	ICD-10-CM
1410202I	. e.e, a apharome, right wrise	Diagnosis	ICD TO CIVI

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	E. List of RXNorm Concept Unique Identifier (RXCUI), Logical Observation Identific		
Code	Description Felty's syndrome, left wrist	Code Category	Code Type
M05032 M05039		Diagnosis	ICD-10-CM
M0504	Felty's syndrome, unspecified wrist Felty's syndrome, hand	Diagnosis Diagnosis	ICD-10-CM ICD-10-CM
M05041	Felty's syndrome, right hand	Diagnosis	ICD-10-CM
M05041	Felty's syndrome, left hand	Diagnosis	ICD-10-CM
M05042	Felty's syndrome, unspecified hand	Diagnosis	ICD-10-CM
M0505	Felty's syndrome, hip	Diagnosis	ICD-10-CM
M05051	Felty's syndrome, right hip	Diagnosis	ICD-10-CM
M05051	Felty's syndrome, light hip	Diagnosis	ICD-10-CM
M05052	Felty's syndrome, unspecified hip	Diagnosis	ICD-10-CM
M0506	Felty's syndrome, knee	Diagnosis	ICD-10-CM
M05061	Felty's syndrome, right knee	Diagnosis	ICD-10-CM
M05062	Felty's syndrome, left knee	Diagnosis	ICD-10-CM
M05069	Felty's syndrome, unspecified knee	Diagnosis	ICD-10-CM
M0507	Felty's syndrome, ankle and foot	Diagnosis	ICD-10-CM
M05071	Felty's syndrome, right ankle and foot	Diagnosis	ICD-10-CM
M05071	Felty's syndrome, left ankle and foot	Diagnosis	ICD-10-CM
M05072	Felty's syndrome, unspecified ankle and foot	Diagnosis	ICD-10-CM
M0509	Felty's syndrome, multiple sites	Diagnosis	ICD-10-CM
M051	Rheumatoid lung disease with rheumatoid arthritis	Diagnosis	ICD-10-CM
M0510	Rheumatoid lung disease with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
1010310	Micumatola lang disease with medinatola artificis of dispetifica site	Diagnosis	ICD-10-CIVI
M0511	Rheumatoid lung disease with rheumatoid arthritis of shoulder	Diagnosis	ICD-10-CM
M05111	Rheumatoid lung disease with rheumatoid arthritis of right shoulder	Diagnosis	ICD-10-CM
M05112	Rheumatoid lung disease with rheumatoid arthritis of left shoulder	Diagnosis	ICD-10-CM
M05119	Rheumatoid lung disease with rheumatoid arthritis of unspecified shoulder	Diagnosis	ICD-10-CM
M0512	Rheumatoid lung disease with rheumatoid arthritis of elbow	Diagnosis	ICD-10-CM
M05121	Rheumatoid lung disease with rheumatoid arthritis of right elbow	Diagnosis	ICD-10-CM
M05122	Rheumatoid lung disease with rheumatoid arthritis of left elbow	Diagnosis	ICD-10-CM
M05129	Rheumatoid lung disease with rheumatoid arthritis of unspecified elbow	Diagnosis	ICD-10-CM
M0513	Rheumatoid lung disease with rheumatoid arthritis of wrist	Diagnosis	ICD-10-CM
M05131	Rheumatoid lung disease with rheumatoid arthritis of right wrist	Diagnosis	ICD-10-CM
M05132	Rheumatoid lung disease with rheumatoid arthritis of left wrist	Diagnosis	ICD-10-CM
M05139	Rheumatoid lung disease with rheumatoid arthritis of unspecified wrist	Diagnosis	ICD-10-CM
M0514	Rheumatoid lung disease with rheumatoid arthritis of hand	Diagnosis	ICD-10 CM
M0514 M05141	Rheumatoid lung disease with rheumatoid arthritis of right hand	Diagnosis	ICD-10-CM ICD-10-CM
M05141		Diagnosis	ICD-10-CM
M05142	Rheumatoid lung disease with rheumatoid arthritis of left hand Rheumatoid lung disease with rheumatoid arthritis of unspecified hand	Diagnosis Diagnosis	ICD-10-CM
10105149	Kileumatoid idiig disease with medinatoid artimus of dispectified hand	Diagnosis	ICD-10-CIVI
M0515	Rheumatoid lung disease with rheumatoid arthritis of hip	Diagnosis	ICD-10-CM
M05151	Rheumatoid lung disease with rheumatoid arthritis of right hip	Diagnosis	ICD-10-CM
M05152	Rheumatoid lung disease with rheumatoid arthritis of left hip	Diagnosis	ICD-10-CM
M05159	Rheumatoid lung disease with rheumatoid arthritis of unspecified hip	Diagnosis	ICD-10-CM
M0516	Rheumatoid lung disease with rheumatoid arthritis of knee	Diagnosis	ICD-10-CM
M05161	Rheumatoid lung disease with rheumatoid arthritis of right knee	Diagnosis	ICD-10-CM
M05162	Rheumatoid lung disease with rheumatoid arthritis of left knee	Diagnosis	ICD-10-CM
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	E. List of KxNorm Concept Unique Identifier (KXCUI), Logical Observation Identifiers		
Code	Description	Code Category	Code Type
M05169	Rheumatoid lung disease with rheumatoid arthritis of unspecified knee	Diagnosis	ICD-10-CM
M0517	Rheumatoid lung disease with rheumatoid arthritis of ankle and foot	Diagnosis	ICD-10-CM
M05171	Rheumatoid lung disease with rheumatoid arthritis of right ankle and foot	Diagnosis	ICD-10-CM
M05172	Rheumatoid lung disease with rheumatoid arthritis of left ankle and foot	Diagnosis	ICD-10-CM
M05179	Rheumatoid lung disease with rheumatoid arthritis of unspecified ankle and foot	Diagnosis	ICD-10-CM
M0519	Rheumatoid lung disease with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM
M052	Rheumatoid vasculitis with rheumatoid arthritis	Diagnosis	ICD-10-CM
M0520	Rheumatoid vasculitis with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
M0521	Rheumatoid vasculitis with rheumatoid arthritis of shoulder	Diagnosis	ICD-10-CM
M05211	Rheumatoid vasculitis with rheumatoid arthritis of right shoulder	Diagnosis	ICD-10-CM
M05211	Rheumatoid vasculitis with rheumatoid arthritis of left shoulder	Diagnosis	ICD-10-CM
M05219	Rheumatoid vasculitis with rheumatoid arthritis of unspecified shoulder	Diagnosis	ICD-10-CM
M0522	Rheumatoid vasculitis with rheumatoid arthritis of elbow	Diagnosis	ICD-10-CM
M05221	Rheumatoid vasculitis with rheumatoid arthritis of right elbow	Diagnosis	ICD-10-CM
M05222	Rheumatoid vasculitis with rheumatoid arthritis of left elbow	Diagnosis	ICD-10-CM
M05229	Rheumatoid vasculitis with rheumatoid arthritis of unspecified elbow	Diagnosis	ICD-10-CM
1003223	incumatora vascantis with incumatora artificis of anspecifica cisow	Diagnosis	ICD 10 CIVI
M0523	Rheumatoid vasculitis with rheumatoid arthritis of wrist	Diagnosis	ICD-10-CM
M05231	Rheumatoid vasculitis with rheumatoid arthritis of right wrist	Diagnosis	ICD-10-CM
M05232	Rheumatoid vasculitis with rheumatoid arthritis of left wrist	Diagnosis	ICD-10-CM
M05239	Rheumatoid vasculitis with rheumatoid arthritis of unspecified wrist	Diagnosis	ICD-10-CM
M0524	Rheumatoid vasculitis with rheumatoid arthritis of hand	Diagnosis	ICD-10-CM
M05241	Rheumatoid vasculitis with rheumatoid arthritis of right hand	Diagnosis	ICD-10-CM
M05242	Rheumatoid vasculitis with rheumatoid arthritis of left hand	Diagnosis	ICD-10-CM
M05249	Rheumatoid vasculitis with rheumatoid arthritis of unspecified hand	Diagnosis	ICD-10-CM
M0525	Rheumatoid vasculitis with rheumatoid arthritis of hip	Diagnosis	ICD-10-CM
M05251	Rheumatoid vasculitis with rheumatoid arthritis of right hip	Diagnosis	ICD-10-CM
M05251	Rheumatoid vasculitis with rheumatoid arthritis of left hip	Diagnosis	ICD-10-CM
	·	Diagnosis	ICD-10-CW
M05259	Rheumatoid vasculitis with rheumatoid arthritis of unspecified hip	•	
M0526	Rheumatoid vasculitis with rheumatoid arthritis of knee	Diagnosis	ICD-10-CM
M05261	Rheumatoid vasculitis with rheumatoid arthritis of right knee	Diagnosis	ICD-10-CM
M05262	Rheumatoid vasculitis with rheumatoid arthritis of left knee	Diagnosis	ICD-10-CM
M05269	Rheumatoid vasculitis with rheumatoid arthritis of unspecified knee	Diagnosis	ICD-10-CM
M0527	Rheumatoid vasculitis with rheumatoid arthritis of ankle and foot	Diagnosis	ICD-10-CM
M05271	Rheumatoid vasculitis with rheumatoid arthritis of right ankle and foot	Diagnosis	ICD-10-CM
10103271	Miedinatola vascultis with medinatola artificis of right affice and foot	Diagnosis	ICD-10-CIVI
M05272	Rheumatoid vasculitis with rheumatoid arthritis of left ankle and foot	Diagnosis	ICD-10-CM
M05279	Rheumatoid vasculitis with rheumatoid arthritis of unspecified ankle and foot	Diagnosis	ICD-10-CM
M0529	Rheumatoid vasculitis with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM
M053	Rheumatoid heart disease with rheumatoid arthritis	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
M0530	Rheumatoid heart disease with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
M0531	Rheumatoid heart disease with rheumatoid arthritis of shoulder	Diagnosis	ICD-10-CM
M05311	Rheumatoid heart disease with rheumatoid arthritis of right shoulder	Diagnosis	ICD-10-CM
10103311	Medifiatora fieart disease with medifiatora artificis of right shoulder	Diagnosis	ICD-10-CIVI
M05312	Rheumatoid heart disease with rheumatoid arthritis of left shoulder	Diagnosis	ICD-10-CM
M05319	Rheumatoid heart disease with rheumatoid arthritis of unspecified shoulder	Diagnosis	ICD-10-CM
M0532	Rheumatoid heart disease with rheumatoid arthritis of elbow	Diagnosis	ICD-10-CM
M05321	Rheumatoid heart disease with rheumatoid arthritis of right elbow	Diagnosis	ICD-10-CM
M05322	Rheumatoid heart disease with rheumatoid arthritis of left elbow	Diagnosis	ICD-10-CM
M05329	Rheumatoid heart disease with rheumatoid arthritis of unspecified elbow	Diagnosis	ICD-10-CM
M0533	Rheumatoid heart disease with rheumatoid arthritis of wrist	Diagnosis	ICD-10-CM
M05331	Rheumatoid heart disease with rheumatoid arthritis of right wrist	Diagnosis	ICD-10-CM
M05332	Rheumatoid heart disease with rheumatoid arthritis of left wrist	Diagnosis	ICD-10-CM
M05339	Rheumatoid heart disease with rheumatoid arthritis of unspecified wrist	Diagnosis	ICD-10-CM
M0534	Rheumatoid heart disease with rheumatoid arthritis of hand	Diagnosis	ICD-10-CM
M05341	Rheumatoid heart disease with rheumatoid arthritis of right hand	Diagnosis	ICD-10-CM
M05342	Rheumatoid heart disease with rheumatoid arthritis of left hand	Diagnosis	ICD-10-CM
M05349	Rheumatoid heart disease with rheumatoid arthritis of unspecified hand	Diagnosis	ICD-10-CM
M0535	Rheumatoid heart disease with rheumatoid arthritis of hip	Diagnosis	ICD-10-CM
M05351	Rheumatoid heart disease with rheumatoid arthritis of right hip	Diagnosis Diagnosis	ICD-10-CM
M05351	Rheumatoid heart disease with rheumatoid arthritis of left hip	Diagnosis	ICD-10-CM
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M05359	Rheumatoid heart disease with rheumatoid arthritis of unspecified hip	Diagnosis	ICD-10-CM
M0536	Rheumatoid heart disease with rheumatoid arthritis of knee	Diagnosis	ICD-10-CM
M05361	Rheumatoid heart disease with rheumatoid arthritis of right knee	Diagnosis	ICD-10-CM
M05362	Rheumatoid heart disease with rheumatoid arthritis of left knee	Diagnosis	ICD-10-CM
M05369	Rheumatoid heart disease with rheumatoid arthritis of unspecified knee	Diagnosis	ICD-10-CM
M0537	Rheumatoid heart disease with rheumatoid arthritis of ankle and foot	Diagnosis	ICD-10-CM
M05371	Rheumatoid heart disease with rheumatoid arthritis of right ankle and foot	Diagnosis	ICD-10-CM
M05372	Rheumatoid heart disease with rheumatoid arthritis of left ankle and foot	Diagnosis	ICD-10-CM
M05379	Rheumatoid heart disease with rheumatoid arthritis of unspecified ankle and foot	Diagnosis	ICD-10-CM
M0539	Rheumatoid heart disease with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM
M054	Phoumatoid myonathy with chaumatoid arthritis	Diagnosis	ICD 10 CM
M0540	Rheumatoid myopathy with rheumatoid arthritis Rheumatoid myopathy with rheumatoid arthritis of unspecified site	Diagnosis Diagnosis	ICD-10-CM ICD-10-CM
M0541	Rheumatoid myopathy with rheumatoid arthritis of shoulder	Diagnosis	ICD-10-CM
M05411	Rheumatoid myopathy with rheumatoid arthritis of right shoulder	Diagnosis	ICD-10-CM
M05412	Rheumatoid myopathy with rheumatoid arthritis of left shoulder	Diagnosis	ICD-10-CM
M05419	Rheumatoid myopathy with rheumatoid arthritis of unspecified shoulder	Diagnosis	ICD-10-CM
M0542	Rheumatoid myopathy with rheumatoid arthritis of elbow	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
M05421	Rheumatoid myopathy with rheumatoid arthritis of right elbow	Diagnosis	ICD-10-CM
M05422	Rheumatoid myopathy with rheumatoid arthritis of left elbow	Diagnosis	ICD-10-CM
M05429	Rheumatoid myopathy with rheumatoid arthritis of unspecified elbow	Diagnosis	ICD-10-CM
M0543	Rheumatoid myopathy with rheumatoid arthritis of wrist	Diagnosis	ICD-10-CM
M05431	Rheumatoid myopathy with rheumatoid arthritis of right wrist	Diagnosis	ICD-10-CM
M05432	Rheumatoid myopathy with rheumatoid arthritis of left wrist	Diagnosis	ICD-10-CM
M05439	Rheumatoid myopathy with rheumatoid arthritis of unspecified wrist	Diagnosis	ICD-10-CM
M0544	Rheumatoid myopathy with rheumatoid arthritis of hand	Diagnosis	ICD-10-CM
M05441	Rheumatoid myopathy with rheumatoid arthritis of right hand	Diagnosis	ICD-10-CM
M05442	Rheumatoid myopathy with rheumatoid arthritis of left hand	Diagnosis	ICD-10-CM
M05449	Rheumatoid myopathy with rheumatoid arthritis of unspecified hand	Diagnosis	ICD-10-CM
M0545	Rheumatoid myopathy with rheumatoid arthritis of hip	Diagnosis	ICD-10-CM
M05451	Rheumatoid myopathy with rheumatoid arthritis of right hip	Diagnosis	ICD-10-CM
M05452	Rheumatoid myopathy with rheumatoid arthritis of left hip	Diagnosis	ICD-10-CM
M05459	Rheumatoid myopathy with rheumatoid arthritis of unspecified hip	Diagnosis	ICD-10-CM
M0546	Rheumatoid myopathy with rheumatoid arthritis of knee	Diagnosis	ICD-10-CM
M05461	Rheumatoid myopathy with rheumatoid arthritis of right knee	Diagnosis	ICD-10-CM
M05462	Rheumatoid myopathy with rheumatoid arthritis of left knee	Diagnosis	ICD-10-CM
M05469	Rheumatoid myopathy with rheumatoid arthritis of unspecified knee	Diagnosis	ICD-10-CM
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M0547	Rheumatoid myopathy with rheumatoid arthritis of ankle and foot	Diagnosis	ICD-10-CM
M05471	Rheumatoid myopathy with rheumatoid arthritis of right ankle and foot	Diagnosis	ICD-10-CM
M05472	Rheumatoid myopathy with rheumatoid arthritis of left ankle and foot	Diagnosis	ICD-10-CM
M05479	Rheumatoid myopathy with rheumatoid arthritis of unspecified ankle and foot	Diagnosis	ICD-10-CM
11105475	The analog my opathy with meanatola artifles of anspectifica and root	Diagnosis	ICD IO CIVI
M0549	Rheumatoid myopathy with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM
M055	Rheumatoid polyneuropathy with rheumatoid arthritis	Diagnosis	ICD-10-CM
M0550	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
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M0551	Rheumatoid polyneuropathy with rheumatoid arthritis of shoulder	Diagnosis	ICD-10-CM
M05511	Rheumatoid polyneuropathy with rheumatoid arthritis of right shoulder	Diagnosis	ICD-10-CM
M05512	Rheumatoid polyneuropathy with rheumatoid arthritis of left shoulder	Diagnosis	ICD-10-CM
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M05519	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified shoulder	Diagnosis	ICD-10-CM
M0552	Rheumatoid polyneuropathy with rheumatoid arthritis of elbow	Diagnosis	ICD-10-CM
M05521	Rheumatoid polyneuropathy with rheumatoid arthritis of right elbow	Diagnosis	ICD-10-CW
10103321	Mileumatora polyneuropatny with medinatora artificis of right errow	Diagnosis	ICD-10-CIVI
M05522	Rheumatoid polyneuropathy with rheumatoid arthritis of left elbow	Diagnosis	ICD-10-CM
M05529	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified elbow	Diagnosis	ICD-10-CM
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M0553	Rheumatoid polyneuropathy with rheumatoid arthritis of wrist	Diagnosis	ICD-10-CM
M05531	Rheumatoid polyneuropathy with rheumatoid arthritis of right wrist	Diagnosis	ICD-10-CM
M05532	Rheumatoid polyneuropathy with rheumatoid arthritis of left wrist	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
M05539	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified wrist	Diagnosis	ICD-10-CM
IVIUSSSS	kneumatoid polyneuropatny with medinatoid artimus of unspecified wrist	Diagnosis	ICD-10-CIVI
M0554	Phaymataid nalynauranathy with rhaymataid arthritic of hand	Diagnosis	ICD 10 CM
	Rheumatoid polyneuropathy with rheumatoid arthritis of hand	Diagnosis	ICD-10-CM
M05541	Rheumatoid polyneuropathy with rheumatoid arthritis of right hand	Diagnosis	ICD-10-CM
N40FF42	Dharrashaid wali war warashar with whar wastaid authoritis of laft hand	Diamania	ICD 10 CM
M05542	Rheumatoid polyneuropathy with rheumatoid arthritis of left hand	Diagnosis	ICD-10-CM
M05549	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified hand	Diagnosis	ICD-10-CM
140555	Discourance of the consequence of the site of the consequence of the c	Dii-	ICD 40 CM
M0555	Rheumatoid polyneuropathy with rheumatoid arthritis of hip	Diagnosis	ICD-10-CM
M05551	Rheumatoid polyneuropathy with rheumatoid arthritis of right hip	Diagnosis	ICD-10-CM
M05552	Rheumatoid polyneuropathy with rheumatoid arthritis of left hip	Diagnosis	ICD-10-CM
M05559	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified hip	Diagnosis	ICD-10-CM
M0556	Rheumatoid polyneuropathy with rheumatoid arthritis of knee	Diagnosis	ICD-10-CM
M05561	Rheumatoid polyneuropathy with rheumatoid arthritis of right knee	Diagnosis	ICD-10-CM
M05562	Rheumatoid polyneuropathy with rheumatoid arthritis of left knee	Diagnosis	ICD-10-CM
M05569	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified knee	Diagnosis	ICD-10-CM
M0557	Rheumatoid polyneuropathy with rheumatoid arthritis of ankle and foot	Diagnosis	ICD-10-CM
M05571	Rheumatoid polyneuropathy with rheumatoid arthritis of right ankle and foot	Diagnosis	ICD-10-CM
M05572	Rheumatoid polyneuropathy with rheumatoid arthritis of left ankle and foot	Diagnosis	ICD-10-CM
M05579	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified ankle and foot	Diagnosis	ICD-10-CM
M0559	Rheumatoid polyneuropathy with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM
M056	Rheumatoid arthritis with involvement of other organs and systems	Diagnosis	ICD-10-CM
M0560	Rheumatoid arthritis of unspecified site with involvement of other organs and	Diagnosis	ICD-10-CM
	systems	J	
M0561	Rheumatoid arthritis of shoulder with involvement of other organs and systems	Diagnosis	ICD-10-CM
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M05611	Rheumatoid arthritis of right shoulder with involvement of other organs and systems	Diagnosis	ICD-10-CM
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M05612	Rheumatoid arthritis of left shoulder with involvement of other organs and systems	Diagnosis	ICD-10-CM
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M05619	Rheumatoid arthritis of unspecified shoulder with involvement of other organs and	Diagnosis	ICD-10-CM
	systems	2.0800.0	.02 20 0
M0562	Rheumatoid arthritis of elbow with involvement of other organs and systems	Diagnosis	ICD-10-CM
1110302	The annatora artificial of clook with involvement of other organis and systems	Diagnosis	ICD 10 CIVI
M05621	Rheumatoid arthritis of right elbow with involvement of other organs and systems	Diagnosis	ICD-10-CM
10103021	Micumatola artificis of right cisow with involvement of other organis and systems	Diagnosis	ICD 10 CIVI
M05622	Rheumatoid arthritis of left elbow with involvement of other organs and systems	Diagnosis	ICD-10-CM
10103022	Micumatola artificis of left cibow with involvement of other organis and systems	Diagnosis	ICD-10-CIVI
M05629	Rheumatoid arthritis of unspecified elbow with involvement of other organs and	Diagnosis	ICD-10-CM
10102023	·	Diagnosis	ICD-TO-CIAI
MOEGO	Systems Photographic arthritis of wrist with involvement of other organs and systems	Diagnosis	ICD 10 CM
M0563	Rheumatoid arthritis of wrist with involvement of other organs and systems	Diagnosis	ICD-10-CM
MODECOA	Phoumatoid arthritic of right wrist with involvement of ather areas and authors	Diagnosis	ICD 10 CN4
M05631	Rheumatoid arthritis of right wrist with involvement of other organs and systems	Diagnosis	ICD-10-CM

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Code	Description		Code Type
M05632	Rheumatoid arthritis of left wrist with involvement of other organs and systems	Code Category Diagnosis	ICD-10-CM
M05639	Rheumatoid arthritis of unspecified wrist with involvement of other organs and	Diagnosis	ICD-10-CM
M0564	systems Rheumatoid arthritis of hand with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05641	Rheumatoid arthritis of right hand with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05642	Rheumatoid arthritis of left hand with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05649	Rheumatoid arthritis of unspecified hand with involvement of other organs and	Diagnosis	ICD-10-CM
M0565	systems Rheumatoid arthritis of hip with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05651	Rheumatoid arthritis of right hip with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05652	Rheumatoid arthritis of left hip with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05659	Rheumatoid arthritis of unspecified hip with involvement of other organs and systems	Diagnosis	ICD-10-CM
M0566	Rheumatoid arthritis of knee with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05661	Rheumatoid arthritis of right knee with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05662	Rheumatoid arthritis of left knee with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05669	Rheumatoid arthritis of unspecified knee with involvement of other organs and	Diagnosis	ICD-10-CM
M0567	systems Rheumatoid arthritis of ankle and foot with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05671	Rheumatoid arthritis of right ankle and foot with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05672	Rheumatoid arthritis of left ankle and foot with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05679	Rheumatoid arthritis of unspecified ankle and foot with involvement of other organs and systems	Diagnosis	ICD-10-CM
M0569	Rheumatoid arthritis of multiple sites with involvement of other organs and systems	Diagnosis	ICD-10-CM
M057	Rheumatoid arthritis with rheumatoid factor without organ or systems involvement	Diagnosis	ICD-10-CM
M0570	Rheumatoid arthritis with rheumatoid factor of unspecified site without organ or systems involvement	Diagnosis	ICD-10-CM
M0571	Rheumatoid arthritis with rheumatoid factor of shoulder without organ or systems involvement	Diagnosis	ICD-10-CM
M05711	Rheumatoid arthritis with rheumatoid factor of right shoulder without organ or systems involvement	Diagnosis	ICD-10-CM
M05712	Rheumatoid arthritis with rheumatoid factor of left shoulder without organ or systems involvement	Diagnosis	ICD-10-CM
M05719	Rheumatoid arthritis with rheumatoid factor of unspecified shoulder without organ or systems involvement	Diagnosis	ICD-10-CM
M0572	Rheumatoid arthritis with rheumatoid factor of elbow without organ or systems involvement	Diagnosis	ICD-10-CM

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	E. List of KxNorm Concept Unique identifier (KXCUI), Logical Observation identifiers N		
Code	Description Photometric probabilities with should be to a first all pour without organ or suctomes	Code Category	Code Type
M05721	Rheumatoid arthritis with rheumatoid factor of right elbow without organ or systems involvement	Diagnosis	ICD-10-CM
M05722	Rheumatoid arthritis with rheumatoid factor of left elbow without organ or systems involvement	Diagnosis	ICD-10-CM
M05729	Rheumatoid arthritis with rheumatoid factor of unspecified elbow without organ or systems involvement	Diagnosis	ICD-10-CM
M0573	Rheumatoid arthritis with rheumatoid factor of wrist without organ or systems	Diagnosis	ICD-10-CM
M05731	involvement Rheumatoid arthritis with rheumatoid factor of right wrist without organ or systems involvement	Diagnosis	ICD-10-CM
M05732	Rheumatoid arthritis with rheumatoid factor of left wrist without organ or systems involvement	Diagnosis	ICD-10-CM
M05739	Rheumatoid arthritis with rheumatoid factor of unspecified wrist without organ or systems involvement	Diagnosis	ICD-10-CM
M0574	Rheumatoid arthritis with rheumatoid factor of hand without organ or systems involvement	Diagnosis	ICD-10-CM
M05741	Rheumatoid arthritis with rheumatoid factor of right hand without organ or systems involvement	Diagnosis	ICD-10-CM
M05742	Rheumatoid arthritis with rheumatoid factor of left hand without organ or systems involvement	Diagnosis	ICD-10-CM
M05749	Rheumatoid arthritis with rheumatoid factor of unspecified hand without organ or	Diagnosis	ICD-10-CM
M0575	systems involvement Rheumatoid arthritis with rheumatoid factor of hip without organ or systems	Diagnosis	ICD-10-CM
M05751	involvement Rheumatoid arthritis with rheumatoid factor of right hip without organ or systems	Diagnosis	ICD-10-CM
M05752	involvement Rheumatoid arthritis with rheumatoid factor of left hip without organ or systems	Diagnosis	ICD-10-CM
M05759	involvement Rheumatoid arthritis with rheumatoid factor of unspecified hip without organ or	Diagnosis	ICD-10-CM
M0576	systems involvement Rheumatoid arthritis with rheumatoid factor of knee without organ or systems	Diagnosis	ICD-10-CM
M05761	involvement Rheumatoid arthritis with rheumatoid factor of right knee without organ or systems	Diagnosis	ICD-10-CM
M05762	involvement Rheumatoid arthritis with rheumatoid factor of left knee without organ or systems	Diagnosis	ICD-10-CM
M05769	involvement Rheumatoid arthritis with rheumatoid factor of unspecified knee without organ or	Diagnosis	ICD-10-CM
M0577	systems involvement Rheumatoid arthritis with rheumatoid factor of ankle and foot without organ or	Diagnosis	ICD-10-CM
M05771	systems involvement Rheumatoid arthritis with rheumatoid factor of right ankle and foot without organ or	Diagnosis	ICD-10-CM
M05772	systems involvement Rheumatoid arthritis with rheumatoid factor of left ankle and foot without organ or	Diagnosis	ICD-10-CM
M05779	systems involvement Rheumatoid arthritis with rheumatoid factor of unspecified ankle and foot without	Diagnosis	ICD-10-CM
M0579	organ or systems involvement Rheumatoid arthritis with rheumatoid factor of multiple sites without organ or	Diagnosis	ICD-10-CM
MOEO	Systems involvement Other rhoumateid arthritis with rhoumateid factor	Diagnosis	ICD 10 CM
M058 M0580	Other rheumatoid arthritis with rheumatoid factor Other rheumatoid arthritis with rheumatoid factor of unspecified site	Diagnosis Diagnosis	ICD-10-CM ICD-10-CM
M0581	Other rheumatoid arthritis with rheumatoid factor of shoulder	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
M05811	Other rheumatoid arthritis with rheumatoid factor of right shoulder	Diagnosis	ICD-10-CM
M05812	Other rheumatoid arthritis with rheumatoid factor of left shoulder	Diagnosis	ICD-10-CM
M05819	Other rheumatoid arthritis with rheumatoid factor of unspecified shoulder	Diagnosis	ICD-10-CM
M0582	Other rheumatoid arthritis with rheumatoid factor of elbow	Diagnosis	ICD-10-CM
M05821	Other rheumatoid arthritis with rheumatoid factor of right elbow	Diagnosis	ICD-10-CM
M05822	Other rheumatoid arthritis with rheumatoid factor of left elbow	Diagnosis	ICD-10-CM
M05829	Other rheumatoid arthritis with rheumatoid factor of unspecified elbow	Diagnosis	ICD-10-CM
M0583	Other rheumatoid arthritis with rheumatoid factor of wrist	Diagnosis	ICD-10-CM
M05831	Other rheumatoid arthritis with rheumatoid factor of right wrist	Diagnosis	ICD-10-CIVI
M05832	Other rheumatoid arthritis with rheumatoid factor of left wrist	Diagnosis	ICD-10-CM
M05839	Other rheumatoid arthritis with rheumatoid factor of unspecified wrist	Diagnosis	ICD-10-CM
11103033	other meaniatora artimes with meaniatora factor of anspective wist	Diagnosis	TCD TO CIVI
M0584	Other rheumatoid arthritis with rheumatoid factor of hand	Diagnosis	ICD-10-CM
M05841	Other rheumatoid arthritis with rheumatoid factor of right hand	Diagnosis	ICD-10-CM
M05842	Other rheumatoid arthritis with rheumatoid factor of left hand	Diagnosis	ICD-10-CM
M05849	Other rheumatoid arthritis with rheumatoid factor of unspecified hand	Diagnosis	ICD-10-CM
NAOFOF	Other should assist a state with should take a fair	Diagnasis	ICD 10 CM
M0585 M05851	Other rheumatoid arthritis with rheumatoid factor of hip Other rheumatoid arthritis with rheumatoid factor of right hip	Diagnosis Diagnosis	ICD-10-CM
M05852	Other rheumatoid arthritis with rheumatoid factor of left hip	Diagnosis	ICD-10-CM ICD-10-CM
M05859	Other rheumatoid arthritis with rheumatoid factor of unspecified hip	Diagnosis	ICD-10-CIVI
IVIUJOJJ	other medinatord artificis with medinatord factor of dispectified hip	Diagnosis	ICD-10-CIVI
M0586	Other rheumatoid arthritis with rheumatoid factor of knee	Diagnosis	ICD-10-CM
M05861	Other rheumatoid arthritis with rheumatoid factor of right knee	Diagnosis	ICD-10-CM
M05862	Other rheumatoid arthritis with rheumatoid factor of left knee	Diagnosis	ICD-10-CM
M05869	Other rheumatoid arthritis with rheumatoid factor of unspecified knee	Diagnosis	ICD-10-CM
M0587	Other rheumatoid arthritis with rheumatoid factor of ankle and foot	Diagnosis	ICD-10-CM
M05871	Other rheumatoid arthritis with rheumatoid factor of right ankle and foot	Diagnosis	ICD-10-CM
M05872	Other rheumatoid arthritis with rheumatoid factor of left ankle and foot	Diagnosis	ICD-10-CM
M05879	Other rheumatoid arthritis with rheumatoid factor of unspecified ankle and foot	Diagnosis	ICD-10-CM
M0589	Other rheumatoid arthritis with rheumatoid factor of multiple sites	Diagnosis	ICD-10-CM
M059	Rheumatoid arthritis with rheumatoid factor, unspecified	Diagnosis	ICD-10-CM
M060	Rheumatoid arthritis without rheumatoid factor	Diagnosis	ICD-10-CM
M0600	Rheumatoid arthritis without rheumatoid factor, unspecified site	Diagnosis	ICD-10-CM
M0601	Rheumatoid arthritis without rheumatoid factor, shoulder	Diagnosis	ICD-10-CM
M06011	Rheumatoid arthritis without rheumatoid factor, right shoulder	Diagnosis	ICD-10-CM
M06012	Rheumatoid arthritis without rheumatoid factor, left shoulder	Diagnosis	ICD-10-CM
M06019	Rheumatoid arthritis without rheumatoid factor, unspecified shoulder	Diagnosis	ICD-10-CM
M0602	Rheumatoid arthritis without rheumatoid factor, elbow	Diagnosis	ICD-10-CM
M06021	Rheumatoid arthritis without rheumatoid factor, right elbow	Diagnosis	ICD-10-CIVI
M06021	Rheumatoid arthritis without rheumatoid factor, left elbow	Diagnosis	ICD-10-CIVI
M06022	Rheumatoid arthritis without rheumatoid factor, unspecified elbow	Diagnosis	ICD-10-CIVI
M0603	Rheumatoid arthritis without rheumatoid factor, wrist	Diagnosis	ICD-10-CIVI
M06031	Rheumatoid arthritis without rheumatoid factor, right wrist	Diagnosis	ICD-10-CIVI
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	E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifie		
Code	Description	Code Category	Code Type
M06032	Rheumatoid arthritis without rheumatoid factor, left wrist	Diagnosis	ICD-10-CM
M06039	Rheumatoid arthritis without rheumatoid factor, unspecified wrist	Diagnosis	ICD-10-CM
M0604	Rheumatoid arthritis without rheumatoid factor, hand	Diagnosis	ICD-10-CM
M06041	Rheumatoid arthritis without rheumatoid factor, right hand	Diagnosis	ICD-10-CM
M06042	Rheumatoid arthritis without rheumatoid factor, left hand	Diagnosis	ICD-10-CM
M06049	Rheumatoid arthritis without rheumatoid factor, unspecified hand	Diagnosis	ICD-10-CM
M0605	Rheumatoid arthritis without rheumatoid factor, hip	Diagnosis	ICD-10-CM
M06051	Rheumatoid arthritis without rheumatoid factor, right hip	Diagnosis	ICD-10-CM
M06052	Rheumatoid arthritis without rheumatoid factor, left hip	Diagnosis	ICD-10-CM
M06059	Rheumatoid arthritis without rheumatoid factor, unspecified hip	Diagnosis	ICD-10-CM
M0606	Rheumatoid arthritis without rheumatoid factor, knee	Diagnosis	ICD-10-CM
M06061	Rheumatoid arthritis without rheumatoid factor, right knee	Diagnosis	ICD-10-CM
M06062	Rheumatoid arthritis without rheumatoid factor, left knee	Diagnosis	ICD-10-CM
M06069	Rheumatoid arthritis without rheumatoid factor, unspecified knee	Diagnosis	ICD-10-CM
M0607	Rheumatoid arthritis without rheumatoid factor, ankle and foot	Diagnosis	ICD-10-CM
M06071	Rheumatoid arthritis without rheumatoid factor, right ankle and foot	Diagnosis	ICD-10-CM
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M06072	Rheumatoid arthritis without rheumatoid factor, left ankle and foot	Diagnosis	ICD-10-CM
M06079	Rheumatoid arthritis without rheumatoid factor, unspecified ankle and foot	Diagnosis	ICD-10-CM
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M0608	Rheumatoid arthritis without rheumatoid factor, vertebrae	Diagnosis	ICD-10-CM
M0609	Rheumatoid arthritis without rheumatoid factor, multiple sites	Diagnosis	ICD-10-CM
M061	Adult-onset Still's disease	Diagnosis	ICD-10-CM
M062	Rheumatoid bursitis	Diagnosis	ICD-10-CM
M0620	Rheumatoid bursitis, unspecified site	Diagnosis	ICD-10-CM
M0621	Rheumatoid bursitis, shoulder	Diagnosis	ICD-10-CM
M06211	Rheumatoid bursitis, right shoulder	Diagnosis	ICD-10-CM
M06212	Rheumatoid bursitis, left shoulder	Diagnosis	ICD-10-CM
M06219	Rheumatoid bursitis, unspecified shoulder	Diagnosis	ICD-10-CM
M0622	Rheumatoid bursitis, elbow	Diagnosis	ICD-10-CM
M06221	Rheumatoid bursitis, right elbow	Diagnosis	ICD-10-CM
M06222	Rheumatoid bursitis, left elbow	Diagnosis	ICD-10-CM
M06229	Rheumatoid bursitis, unspecified elbow	Diagnosis	ICD-10-CIVI
M0623	Rheumatoid bursitis, wrist	Diagnosis	ICD-10-CIVI
M06231	Rheumatoid bursitis, right wrist	Diagnosis	ICD-10-CM
M06231	Rheumatoid bursitis, left wrist	Diagnosis	ICD-10-CW
M06232		•	
	Rheumatoid bursitis, unspecified wrist	Diagnosis	ICD-10-CM
M0624	Rheumatoid bursitis, hand	Diagnosis	ICD-10-CM
M06241	Rheumatoid bursitis, right hand	Diagnosis	ICD-10-CM
M06242	Rheumatoid bursitis, left hand	Diagnosis	ICD-10-CM
M06249	Rheumatoid bursitis, unspecified hand	Diagnosis	ICD-10-CM
M0625	Rheumatoid bursitis, hip	Diagnosis	ICD-10-CM
M06251	Rheumatoid bursitis, right hip	Diagnosis	ICD-10-CM
M06252	Rheumatoid bursitis, left hip	Diagnosis	ICD-10-CM
M06259	Rheumatoid bursitis, unspecified hip	Diagnosis	ICD-10-CM
M0626	Rheumatoid bursitis, knee	Diagnosis	ICD-10-CM
M06261	Rheumatoid bursitis, right knee	Diagnosis	ICD-10-CM
M06262	Rheumatoid bursitis, left knee	Diagnosis	ICD-10-CM
M06269	Rheumatoid bursitis, unspecified knee	Diagnosis	ICD-10-CM
M0627	Rheumatoid bursitis, ankle and foot	Diagnosis	ICD-10-CM
M06271	Rheumatoid bursitis, right ankle and foot	Diagnosis	ICD-10-CM
M06272	Rheumatoid bursitis, left ankle and foot	Diagnosis	ICD-10-CM

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	E. LIST OF KXNORM Concept Unique Identifier (KXCOI), Logical Observation Identi		_
Code	Description	Code Category	Code Type
M06279	Rheumatoid bursitis, unspecified ankle and foot	Diagnosis	ICD-10-CM
M0628	Rheumatoid bursitis, vertebrae	Diagnosis	ICD-10-CM
M0629	Rheumatoid bursitis, multiple sites	Diagnosis	ICD-10-CM
M063	Rheumatoid nodule	Diagnosis	ICD-10-CM
M0630	Rheumatoid nodule, unspecified site	Diagnosis	ICD-10-CM
M0631	Rheumatoid nodule, shoulder	Diagnosis	ICD-10-CM
M06311	Rheumatoid nodule, right shoulder	Diagnosis	ICD-10-CM
M06312	Rheumatoid nodule, left shoulder	Diagnosis	ICD-10-CM
M06319	Rheumatoid nodule, unspecified shoulder	Diagnosis	ICD-10-CM
M0632	Rheumatoid nodule, elbow	Diagnosis	ICD-10-CM
M06321	Rheumatoid nodule, right elbow	Diagnosis	ICD-10-CM
M06322	Rheumatoid nodule, left elbow	Diagnosis	ICD-10-CM
M06329	Rheumatoid nodule, unspecified elbow	Diagnosis	ICD-10-CM
M0633	Rheumatoid nodule, wrist	Diagnosis	ICD-10-CM
M06331	Rheumatoid nodule, right wrist	Diagnosis	ICD-10-CM
M06332	Rheumatoid nodule, left wrist	Diagnosis	ICD-10-CM
M06339	Rheumatoid nodule, unspecified wrist	Diagnosis	ICD-10-CM
M0634	Rheumatoid nodule, hand	Diagnosis	ICD-10-CM
M06341	Rheumatoid nodule, right hand	Diagnosis	ICD-10-CM
M06342	Rheumatoid nodule, left hand	Diagnosis	ICD-10-CM
M06349	Rheumatoid nodule, unspecified hand	Diagnosis	ICD-10-CM
M0635	Rheumatoid nodule, hip	Diagnosis	ICD-10-CM
M06351	Rheumatoid nodule, right hip	Diagnosis	ICD-10-CM
M06351	Rheumatoid nodule, left hip	Diagnosis	ICD-10-CM
M06359	Rheumatoid nodule, unspecified hip	=	ICD-10-CM
M0636		Diagnosis	
	Rheumatoid nodule, knee	Diagnosis	ICD-10-CM
M06361	Rheumatoid nodule, right knee	Diagnosis	ICD-10-CM
M06362	Rheumatoid nodule, left knee	Diagnosis	ICD-10-CM
M06369	Rheumatoid nodule, unspecified knee	Diagnosis	ICD-10-CM
M0637	Rheumatoid nodule, ankle and foot	Diagnosis	ICD-10-CM
M06371	Rheumatoid nodule, right ankle and foot	Diagnosis	ICD-10-CM
M06372	Rheumatoid nodule, left ankle and foot	Diagnosis	ICD-10-CM
M06379	Rheumatoid nodule, unspecified ankle and foot	Diagnosis	ICD-10-CM
M0638	Rheumatoid nodule, vertebrae	Diagnosis	ICD-10-CM
M0639	Rheumatoid nodule, multiple sites	Diagnosis	ICD-10-CM
M064	Inflammatory polyarthropathy	Diagnosis	ICD-10-CM
M068	Other specified rheumatoid arthritis	Diagnosis	ICD-10-CM
M0680	Other specified rheumatoid arthritis, unspecified site	Diagnosis	ICD-10-CM
M0681	Other specified rheumatoid arthritis, shoulder	Diagnosis	ICD-10-CM
M06811	Other specified rheumatoid arthritis, right shoulder	Diagnosis	ICD-10-CM
M06812	Other specified rheumatoid arthritis, left shoulder	Diagnosis	ICD-10-CM
M06819	Other specified rheumatoid arthritis, unspecified shoulder	Diagnosis	ICD-10-CM
M0682	Other specified rheumatoid arthritis, elbow	Diagnosis	ICD-10-CM
M06821	Other specified rheumatoid arthritis, right elbow	Diagnosis	ICD-10-CM
M06822	Other specified rheumatoid arthritis, left elbow	Diagnosis	ICD-10-CM
M06829	Other specified rheumatoid arthritis, unspecified elbow	Diagnosis	ICD-10-CM
M0683	Other specified rheumatoid arthritis, wrist	Diagnosis	ICD-10-CM
M06831	Other specified rheumatoid arthritis, right wrist	Diagnosis	ICD-10-CM
M06832	Other specified rheumatoid arthritis, left wrist	Diagnosis	ICD-10-CM
M06839	Other specified rheumatoid arthritis, unspecified wrist	Diagnosis	ICD-10-CM
M0684	Other specified rheumatoid arthritis, hand	Diagnosis	ICD-10-CM
M06841	Other specified rheumatoid arthritis, right hand	Diagnosis	ICD-10-CM
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	E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Ident		
Code	Description	Code Category	Code Type
M06842	Other specified rheumatoid arthritis, left hand	Diagnosis	ICD-10-CM
M06849	Other specified rheumatoid arthritis, unspecified hand	Diagnosis	ICD-10-CM
M0685	Other specified rheumatoid arthritis, hip	Diagnosis	ICD-10-CM
M06851	Other specified rheumatoid arthritis, right hip	Diagnosis	ICD-10-CM
M06852	Other specified rheumatoid arthritis, left hip	Diagnosis	ICD-10-CM
M06859	Other specified rheumatoid arthritis, unspecified hip	Diagnosis	ICD-10-CM
M0686	Other specified rheumatoid arthritis, knee	Diagnosis	ICD-10-CM
M06861	Other specified rheumatoid arthritis, right knee	Diagnosis	ICD-10-CM
M06862	Other specified rheumatoid arthritis, left knee	Diagnosis	ICD-10-CM
M06869	Other specified rheumatoid arthritis, unspecified knee	Diagnosis	ICD-10-CM
M0687	Other specified rheumatoid arthritis, ankle and foot	Diagnosis	ICD-10-CM
M06871	Other specified rheumatoid arthritis, right ankle and foot	Diagnosis	ICD-10-CM
M06872	Other specified rheumatoid arthritis, left ankle and foot	Diagnosis	ICD-10-CM
M06879	Other specified rheumatoid arthritis, unspecified ankle and foot	Diagnosis	ICD-10-CM
M0688	Other specified rheumatoid arthritis, vertebrae	Diagnosis	ICD-10-CM
M0689	Other specified rheumatoid arthritis, multiple sites	Diagnosis	ICD-10-CM
M069	Rheumatoid arthritis, unspecified	Diagnosis	ICD-10-CM
M083	Juvenile rheumatoid polyarthritis (seronegative)	Diagnosis	ICD-10-CM
M0840	Pauciarticular juvenile rheumatoid arthritis, unspecified site	Diagnosis	ICD-10-CM
M1200	Chronic postrheumatic arthropathy [Jaccoud], unspecified site	Diagnosis	ICD-10-CM
M300	Polyarteritis nodosa	Diagnosis	ICD-10-CM
M301	Polyarteritis modosa Polyarteritis with lung involvement [Churg-Strauss]	Diagnosis	ICD-10-CIVI
M302	Juvenile polyarteritis	Diagnosis	ICD-10-CIVI
M303	Mucocutaneous lymph node syndrome [Kawasaki]	Diagnosis	ICD-10-CM
M308	Other conditions related to polyarteritis nodosa	Diagnosis	ICD-10-CM
M310	Hypersensitivity anglitis	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
M320	Drug-induced systemic lupus erythematosus	Diagnosis	ICD-10-CM
M3210	Systemic lupus erythematosus, organ or system involvement unspecified	Diagnosis	ICD-10-CM
M3211	Endocarditis in systemic lupus erythematosus	Diagnosis	ICD-10-CM
M3212	Pericarditis in systemic lupus erythematosus	Diagnosis	ICD-10-CM
M3213	Lung involvement in systemic lupus erythematosus	Diagnosis	ICD-10-CM
M3214	Glomerular disease in systemic lupus erythematosus	Diagnosis	ICD-10-CM
M3215	Tubulo-interstitial nephropathy in systemic lupus erythematosus	Diagnosis	ICD-10-CM
M3219	Other organ or system involvement in systemic lupus erythematosus	Diagnosis	ICD-10-CM
M328	Other forms of systemic lupus erythematosus	Diagnosis	ICD-10-CM
M329	Systemic lupus erythematosus, unspecified	Diagnosis	ICD-10-CM
M3300	Juvenile dermatopolymyositis, organ involvement unspecified	Diagnosis	ICD-10-CM
M3301	Juvenile dermatopolymyositis with respiratory involvement	Diagnosis	ICD-10-CM
M3302	Juvenile dermatopolymyositis with myopathy	Diagnosis	ICD-10-CM
M3309	Juvenile dermatopolymyositis with other organ involvement	Diagnosis	ICD-10-CM
1413303	Javenne aermatopolymyositis with other organ involvement	Diagnosis	ICD TO-CIVI

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Code	Description	Code Category	
	Description Other dermatanelymyesitic organ involvement unchesified		Code Type
M3310	Other dermatopolymyositis, organ involvement unspecified	Diagnosis	ICD-10-CM
M3311	Other dermatopolymyositis with respiratory involvement	Diagnosis	ICD-10-CM
M3312	Other dermatopolymyositis with myopathy	Diagnosis	ICD-10-CM
M3313	Other dermatomyositis without myopathy	Diagnosis	ICD-10-CM
M3319	Other dermatopolymyositis with other organ involvement	Diagnosis	ICD-10-CM
M3320	Polymyositis, organ involvement unspecified	Diagnosis	ICD-10-CM
M3321	Polymyositis with respiratory involvement	Diagnosis	ICD-10-CM
M3322	Polymyositis with myopathy	Diagnosis	ICD-10-CM
M3329	Polymyositis with other organ involvement	Diagnosis	ICD-10-CM
M3390	Dermatopolymyositis, unspecified, organ involvement unspecified	Diagnosis	ICD-10-CM
M3391	Dermatopolymyositis, unspecified with respiratory involvement	Diagnosis	ICD-10-CM
M3392	Dermatopolymyositis, unspecified with myopathy	Diagnosis	ICD-10-CM
M3393	Dermatopolymyositis, unspecified without myopathy	Diagnosis	ICD-10-CM
M3399	Dermatopolymyositis, unspecified with other organ involvement	Diagnosis	ICD-10-CM
M340	Systemic sclerosis [scleroderma], Progressive systemic sclerosis	Diagnosis	ICD-10-CM
M341	Systemic sclerosis [scleroderma] , CR(E)ST syndrome	Diagnosis	ICD-10-CM
M342	Systemic sclerosis induced by drug and chemical	Diagnosis	ICD-10-CM
M3481	Systemic sclerosis with lung involvement	Diagnosis	ICD-10-CM
M3482	Systemic sclerosis with myopathy	Diagnosis	ICD-10-CM
M3483	Systemic sclerosis with polyneuropathy	Diagnosis	ICD-10-CM
M3489	Other systemic sclerosis	Diagnosis	ICD-10-CM
M349	Systemic sclerosis, 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
M351	Other overlap syndromes	Diagnosis	ICD-10-CM
M352	Behcet's disease	Diagnosis	ICD-10-CM
M353	Polymyalgia rheumatica	Diagnosis	ICD-10-CM
M354	Diffuse (eosinophilic) fasciitis	Diagnosis	ICD-10-CM
M355	Multifocal fibrosclerosis	=	
M356		Diagnosis	ICD-10-CM
	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
M360	Dermato(poly)myositis in neoplastic disease	Diagnosis	ICD-10-CM
M368	Systemic disorders of connective tissue in other diseases classified elsewhere	Diagnosis	ICD-10-CM
M4600	Spinal enthesopathy, site unspecified	Diagnosis	ICD-10-CM
M4601	Spinal enthesopathy, occipito-atlanto-axial region	Diagnosis	ICD-10-CM
M4602	Spinal enthesopathy, cervical region	Diagnosis	ICD-10-CM
M4603	Spinal enthesopathy, cervicothoracic region	Diagnosis	ICD-10-CM
M4604	Spinal enthesopathy, thoracic region	Diagnosis	ICD-10-CM
M4605	Spinal enthesopathy, thoracolumbar region	Diagnosis	ICD-10-CM
M4606	Spinal enthesopathy, lumbar region	Diagnosis	ICD-10-CM
M4607	Spinal enthesopathy, lumbosacral region	Diagnosis	ICD-10-CM
M4608	Spinal enthesopathy, sacral and sacrococcygeal region	Diagnosis	ICD-10-CM
M4609	Spinal enthesopathy, multiple sites in spine	Diagnosis	ICD-10-CM
M461	Sacroiliitis, not elsewhere classified	Diagnosis	ICD-10-CM
	Hyperglycemia	<u> </u>	
E0865	Diabetes mellitus due to underlying condition with hyperglycemia	Diagnosis	ICD-10-CM

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	E. List of KxNorm Concept Onique Identifier (KXCOI), Logical Observation Identifiers N			
Code	Description	Code Category	Code Type	
E0965	Drug or chemical induced diabetes mellitus with hyperglycemia	Diagnosis	ICD-10-CM	
E1065	Type 1 diabetes mellitus with hyperglycemia	Diagnosis	ICD-10-CM	
E1165	Type 2 diabetes mellitus with hyperglycemia	Diagnosis	ICD-10-CM	
E1365	Other specified diabetes mellitus with hyperglycemia	Diagnosis	ICD-10-CM	
R739	Hyperglycemia, unspecified	Diagnosis	ICD-10-CM	
	Ketoacidosis			
E081	Diabetes mellitus due to underlying condition with ketoacidosis	Diagnosis	ICD-10-CM	
E0810	Diabetes mellitus due to underlying condition with ketoacidosis without coma	Diagnosis	ICD-10-CM	
E0811	Diabetes mellitus due to underlying condition with ketoacidosis with coma	Diagnosis	ICD-10-CM	
E091	Drug or chemical induced diabetes mellitus with ketoacidosis	Diagnosis	ICD-10-CM	
E0910	Drug or chemical induced diabetes mellitus with ketoacidosis without coma	Diagnosis	ICD-10-CM	
E0911	Drug or chemical induced diabetes mellitus with ketoacidosis with coma	Diagnosis	ICD-10-CM	
E101	Type 1 diabetes mellitus with ketoacidosis	Diagnosis	ICD-10-CM	
E1010	Type 1 diabetes mellitus with ketoacidosis without coma	Diagnosis	ICD-10-CM	
E1011	Type 1 diabetes mellitus with ketoacidosis with coma	Diagnosis	ICD-10-CM	
E111	Type 2 diabetes mellitus with ketoacidosis	Diagnosis	ICD-10-CM	
E1110	Type 2 diabetes mellitus with ketoacidosis without coma	Diagnosis	ICD-10-CM	
E1111	Type 2 diabetes mellitus with ketoacidosis with coma	Diagnosis	ICD-10-CM	
E131	Other specified diabetes mellitus with ketoacidosis	Diagnosis	ICD-10-CM	
E1310	Other specified diabetes mellitus with ketoacidosis without coma	Diagnosis	ICD-10-CM	
E1311	Other specified diabetes mellitus with ketoacidosis with coma	Diagnosis	ICD-10-CM	
Psychosis (Baseline)				
F06.0	Psychotic disorder with hallucinations due to known physiological condition	Diagnosis	ICD-10-CM	
	Psychotic disorder with hallucinations due to known physiological condition	_		
F06.1	Psychotic disorder with hallucinations due to known physiological condition Catatonic disorder due to known physiological condition	Diagnosis	ICD-10-CM	
	Psychotic disorder with hallucinations due to known physiological condition	_		
F06.1	Psychotic disorder with hallucinations due to known physiological condition Catatonic disorder due to known physiological condition	Diagnosis	ICD-10-CM	
F06.1 F06.2	Psychotic disorder with hallucinations due to known physiological condition Catatonic disorder due to known physiological condition Psychotic disorder with delusions due to known physiological condition	Diagnosis Diagnosis	ICD-10-CM ICD-10-CM	
F06.1 F06.2 F10.15	Psychotic disorder with hallucinations due to known physiological condition Catatonic disorder due to known physiological condition Psychotic disorder with delusions due to known physiological condition Alcohol abuse with alcohol-induced psychotic disorder	Diagnosis Diagnosis Diagnosis	ICD-10-CM ICD-10-CM	
F06.1 F06.2 F10.15 F10.150	Psychotic disorder with hallucinations due to known physiological condition Catatonic disorder due to known physiological condition Psychotic disorder with delusions due to known physiological condition Alcohol abuse with alcohol-induced psychotic disorder Alcohol abuse with alcohol-induced psychotic disorder with delusions	Diagnosis Diagnosis Diagnosis Diagnosis	ICD-10-CM ICD-10-CM ICD-10-CM ICD-10-CM	
F06.1 F06.2 F10.15 F10.150 F10.151 F10.159	Psychotic disorder with hallucinations due to known physiological condition Catatonic disorder due to known physiological condition Psychotic disorder with delusions due to known physiological condition Alcohol abuse with alcohol-induced psychotic disorder Alcohol abuse with alcohol-induced psychotic disorder with delusions Alcohol abuse with alcohol-induced psychotic disorder with hallucinations Alcohol abuse with alcohol-induced psychotic disorder, unspecified	Diagnosis Diagnosis Diagnosis Diagnosis Diagnosis	ICD-10-CM ICD-10-CM ICD-10-CM ICD-10-CM ICD-10-CM	
F06.1 F06.2 F10.15 F10.150	Psychotic disorder with hallucinations due to known physiological condition Catatonic disorder due to known physiological condition Psychotic disorder with delusions due to known physiological condition Alcohol abuse with alcohol-induced psychotic disorder Alcohol abuse with alcohol-induced psychotic disorder with delusions Alcohol abuse with alcohol-induced psychotic disorder with hallucinations	Diagnosis Diagnosis Diagnosis Diagnosis	ICD-10-CM ICD-10-CM ICD-10-CM ICD-10-CM	
F06.1 F06.2 F10.15 F10.150 F10.151 F10.159 F10.25	Psychotic disorder with hallucinations due to known physiological condition Catatonic disorder due to known physiological condition Psychotic disorder with delusions due to known physiological condition Alcohol abuse with alcohol-induced psychotic disorder Alcohol abuse with alcohol-induced psychotic disorder with delusions Alcohol abuse with alcohol-induced psychotic disorder with hallucinations Alcohol abuse with alcohol-induced psychotic disorder, unspecified Alcohol dependence with alcohol-induced psychotic disorder	Diagnosis Diagnosis Diagnosis Diagnosis Diagnosis Diagnosis	ICD-10-CM ICD-10-CM ICD-10-CM ICD-10-CM ICD-10-CM ICD-10-CM	
F06.1 F06.2 F10.15 F10.150 F10.151 F10.159 F10.25 F10.250	Psychotic disorder with hallucinations due to known physiological condition Catatonic disorder due to known physiological condition Psychotic disorder with delusions due to known physiological condition Alcohol abuse with alcohol-induced psychotic disorder Alcohol abuse with alcohol-induced psychotic disorder with delusions Alcohol abuse with alcohol-induced psychotic disorder with hallucinations Alcohol abuse with alcohol-induced psychotic disorder, unspecified Alcohol dependence with alcohol-induced psychotic disorder Alcohol dependence with alcohol-induced psychotic disorder with delusions	Diagnosis Diagnosis Diagnosis Diagnosis Diagnosis Diagnosis Diagnosis Diagnosis	ICD-10-CM ICD-10-CM ICD-10-CM ICD-10-CM ICD-10-CM ICD-10-CM ICD-10-CM	
F06.1 F06.2 F10.15 F10.150 F10.151 F10.159 F10.25 F10.250	Psychotic disorder with hallucinations due to known physiological condition Catatonic disorder due to known physiological condition Psychotic disorder with delusions due to known physiological condition Alcohol abuse with alcohol-induced psychotic disorder Alcohol abuse with alcohol-induced psychotic disorder with delusions Alcohol abuse with alcohol-induced psychotic disorder with hallucinations Alcohol abuse with alcohol-induced psychotic disorder, unspecified Alcohol dependence with alcohol-induced psychotic disorder Alcohol dependence with alcohol-induced psychotic disorder with delusions Alcohol dependence with alcohol-induced psychotic disorder with hallucinations	Diagnosis	ICD-10-CM ICD-10-CM ICD-10-CM ICD-10-CM ICD-10-CM ICD-10-CM ICD-10-CM ICD-10-CM	
F06.1 F06.2 F10.15 F10.150 F10.151 F10.259 F10.250 F10.251 F10.259 F10.95	Psychotic disorder with hallucinations due to known physiological condition Catatonic disorder due to known physiological condition Psychotic disorder with delusions due to known physiological condition Alcohol abuse with alcohol-induced psychotic disorder Alcohol abuse with alcohol-induced psychotic disorder with delusions Alcohol abuse with alcohol-induced psychotic disorder with hallucinations Alcohol abuse with alcohol-induced psychotic disorder, unspecified Alcohol dependence with alcohol-induced psychotic disorder Alcohol dependence with alcohol-induced psychotic disorder with delusions Alcohol dependence with alcohol-induced psychotic disorder with hallucinations Alcohol dependence with alcohol-induced psychotic disorder, unspecified Alcohol use, unspecified with alcohol-induced psychotic disorder	Diagnosis	ICD-10-CM ICD-10-CM ICD-10-CM ICD-10-CM ICD-10-CM ICD-10-CM ICD-10-CM ICD-10-CM ICD-10-CM	
F06.1 F06.2 F10.15 F10.150 F10.151 F10.259 F10.250 F10.251 F10.259 F10.95 F10.950	Psychotic disorder with hallucinations due to known physiological condition Catatonic disorder due to known physiological condition Psychotic disorder with delusions due to known physiological condition Alcohol abuse with alcohol-induced psychotic disorder Alcohol abuse with alcohol-induced psychotic disorder with delusions Alcohol abuse with alcohol-induced psychotic disorder with hallucinations Alcohol abuse with alcohol-induced psychotic disorder, unspecified Alcohol dependence with alcohol-induced psychotic disorder with delusions Alcohol dependence with alcohol-induced psychotic disorder with hallucinations Alcohol dependence with alcohol-induced psychotic disorder, unspecified Alcohol dependence with alcohol-induced psychotic disorder, unspecified Alcohol use, unspecified with alcohol-induced psychotic disorder Alcohol use, unspecified with alcohol-induced psychotic disorder with delusions	Diagnosis	ICD-10-CM ICD-10-CM ICD-10-CM ICD-10-CM ICD-10-CM ICD-10-CM ICD-10-CM ICD-10-CM ICD-10-CM ICD-10-CM	

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	E. List of KxNorm Concept Unique Identifier (KXCOI), Logical Observation Identifiers N		
Code	Description Opinicidal to a social description descrip	Code Category	Code Type
F11.15	Opioid abuse with opioid-induced psychotic disorder	Diagnosis	ICD-10-CM
F11.150	Opioid abuse with opioid-induced psychotic disorder with delusions	Diagnosis	ICD-10-CM
F11.151	Opioid abuse with opioid-induced psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F11.159	Opioid abuse with opioid-induced psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F11.25	Opioid dependence with opioid-induced psychotic disorder	Diagnosis	ICD-10-CM
F11.250	Opioid dependence with opioid-induced psychotic disorder with delusions	Diagnosis	ICD-10-CM
F11.251	Opioid dependence with opioid-induced psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F11.259	Opioid dependence with opioid-induced psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F11.95	Opioid use, unspecified with opioid-induced psychotic disorder	Diagnosis	ICD-10-CM
F11.950	Opioid use, unspecified with opioid-induced psychotic disorder with delusions	Diagnosis	ICD-10-CM
F11.951	Opioid use, unspecified with opioid-induced psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F11.959	Opioid use, unspecified with opioid-induced psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F12.15	Cannabis abuse with psychotic disorder	Diagnosis	ICD-10-CM
F12.150	Cannabis abuse with psychotic disorder with delusions	Diagnosis	ICD-10-CM
F12.151	Cannabis abuse with psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F12.159	Cannabis abuse with psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F12.25	Cannabis dependence with psychotic disorder	Diagnosis	ICD-10-CM
F12.250	Cannabis dependence with psychotic disorder with delusions	Diagnosis	ICD-10-CM
F12.251	Cannabis dependence with psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F12.259	Cannabis dependence with psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F12.95	Cannabis use, unspecified with psychotic disorder	Diagnosis	ICD-10-CM
F12.950	Cannabis use, unspecified with psychotic disorder with delusions	Diagnosis	ICD-10-CM
F12.951	Cannabis use, unspecified with psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F12.959	Cannabis use, unspecified with psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F13.15	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced	Diagnosis	ICD-10-CM
	psychotic disorder	_	
F13.150	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced psychotic disorder with delusions	Diagnosis	ICD-10-CM
F13.151	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F13.159	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F13.25	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychotic disorder	Diagnosis	ICD-10-CM
F13.250	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic- induced psychotic disorder with delusions	Diagnosis	ICD-10-CM
F13.251	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-	Diagnosis	ICD-10-CM
F13.259	induced psychotic disorder with hallucinations Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic- indused psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F13.95	induced psychotic disorder, unspecified Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic- induced psychotic disorder	Diagnosis	ICD-10-CM

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	Description		
Code F13.950	Description Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-	Code Category	Code Type ICD-10-CM
F13.930		Diagnosis	ICD-10-CIVI
F13.951	induced psychotic disorder with delusions Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-	Diagnosis	ICD-10-CM
F13.931		Diagnosis	ICD-10-CIVI
	induced psychotic disorder with hallucinations		
F13.959	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-	Diagnosis	ICD-10-CM
F13.333	induced psychotic disorder, unspecified	Diagnosis	ICD-10-CIVI
F14.15	Cocaine abuse with cocaine-induced psychotic disorder	Diagnosis	ICD-10-CM
F14.150	Cocaine abuse with cocaine-induced psychotic disorder with delusions	Diagnosis	
F14.15U	Cocame abuse with cocame-muuceu psychotic disorder with defusions	Diagnosis	ICD-10-CM
F14.151	Cocaine abuse with cocaine-induced psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
114.131	cocame abuse with cocame-induced psychotic disorder with handlinations	Diagnosis	ICD-10-CIVI
F14.159	Cocaine abuse with cocaine-induced psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F14.139	cocame abuse with cocame-mudced psychotic disorder, unspecimed	Diagnosis	ICD-10-CIVI
F14.25	Cocaine dependence with cocaine-induced psychotic disorder	Diagnosis	ICD-10-CM
F14.250	Cocaine dependence with cocaine-induced psychotic disorder with delusions	Diagnosis	ICD-10-CW
F14.230	cocame dependence with cocame-induced psychotic disorder with defusions	Diagnosis	ICD-10-CIVI
F14.251	Cocaine dependence with cocaine-induced psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F14.251	Cocame dependence with cocame-induced psycholic disorder with nandimations	Diagnosis	ICD-10-CIVI
F14.259	Cocaine dependence with cocaine-induced psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F14.239	cocame dependence with cocame-induced psychotic disorder, unspecimed	Diagnosis	ICD-10-CIVI
F14.95	Cossing use unspecified with sossing indused psychotic disorder	Diagnosis	ICD-10-CM
F14.950	Cocaine use, unspecified with cocaine-induced psychotic disorder	Diagnosis	ICD-10-CIVI
F14.950	Cocaine use, unspecified with cocaine-induced psychotic disorder with delusions	Diagnosis	ICD-10-CIVI
F14.951	Cocaine use, unspecified with cocaine-induced psychotic disorder with hallucinations	Diagnosis	ICD 10 CM
F14.931	cocame use, unspecimed with cocame-induced psychotic disorder with nandemations	Diagnosis	ICD-10-CM
F14.959	Cocaine use, unspecified with cocaine-induced psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F14.959	cocame use, unspecined with cocame-induced psychotic disorder, unspecined	Diagnosis	ICD-10-CIVI
F15.15	Other stimulant abuse with stimulant-induced psychotic disorder	Diagnosis	ICD-10-CM
F15.150	Other stimulant abuse with stimulant-induced psychotic disorder with delusions	Diagnosis	ICD-10-CW
F13.130	Other stillulant abuse with stillulant-induced psychotic disorder with delusions	Diagnosis	ICD-10-CIVI
F15.151	Other stimulant abuse with stimulant-induced psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
113.131	Other still dank abuse with still diant-induced psychotic disorder with handcinations	Diagnosis	ICD-10-CIVI
F15.159	Other stimulant abuse with stimulant-induced psychotic disorder, unspecified	Diagnosis	ICD-10-CM
113.139	other stillulant abuse with stillulant-induced psychotic disorder, dispectived	Diagnosis	ICD-10-CIVI
F15.25	Other stimulant dependence with stimulant-induced psychotic disorder	Diagnosis	ICD-10-CM
113.23	other stillidiant dependence with stillidiant-induced psychotic disorder	Diagnosis	ICD-10-CIVI
F15.250	Other stimulant dependence with stimulant-induced psychotic disorder with	Diagnosis	ICD-10-CM
113.230	delusions	Diagnosis	ICD-10-CIVI
F15.251	Other stimulant dependence with stimulant-induced psychotic disorder with	Diagnosis	ICD-10-CM
113.231	hallucinations	Diagnosis	ICD 10 CIVI
F15.259	Other stimulant dependence with stimulant-induced psychotic disorder, unspecified	Diagnosis	ICD-10-CM
1 13.233	other stimulant dependence with stimulant induced psychotic disorder, dispectined	Diagnosis	ICD 10 CIVI
F15.95	Other stimulant use, unspecified with stimulant-induced psychotic disorder	Diagnosis	ICD-10-CM
113.33	other stimulant use, unspecified with stimulant-induced psychotic disorder	Diagnosis	ICD-10-CIVI
F15.950	Other stimulant use, unspecified with stimulant-induced psychotic disorder with	Diagnosis	ICD-10-CM
. 13.330	delusions	Diagnosis	ICD TO-CIVI
F15.951	Other stimulant use, unspecified with stimulant-induced psychotic disorder with	Diagnosis	ICD-10-CM
1 13.331	hallucinations	Diagnosis	ICD-TO-CIAI
F15.959	Other stimulant use, unspecified with stimulant-induced psychotic disorder,	Diagnosis	ICD-10-CM
1 13.333	unspecified	Diagnosis	ICD-TO-CIVI
F16.15	Hallucinogen abuse with hallucinogen-induced psychotic disorder	Diagnosis	ICD-10-CM
. 10.15		05.100.0	.05 10 0111

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Code	Description	Code Category	Code Type
F16.150	Hallucinogen abuse with hallucinogen-induced psychotic disorder with delusions	Diagnosis	ICD-10-CM
F16.151	Hallucinogen abuse with hallucinogen-induced psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F16.159	Hallucinogen abuse with hallucinogen-induced psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F16.25	Hallucinogen dependence with hallucinogen-induced psychotic disorder	Diagnosis	ICD-10-CM
F16.250	Hallucinogen dependence with hallucinogen-induced psychotic disorder with	Diagnosis	ICD-10-CM
F16.251	delusions Hallucinogen dependence with hallucinogen-induced psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F16.259	Hallucinogen dependence with hallucinogen-induced psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F16.95	Hallucinogen use, unspecified with hallucinogen-induced psychotic disorder	Diagnosis	ICD-10-CM
F16.950	Hallucinogen use, unspecified with hallucinogen-induced psychotic disorder with	Diagnosis	ICD-10-CM
F16.951	delusions Hallucinogen use, unspecified with hallucinogen-induced psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F16.959	Hallucinogen use, unspecified with hallucinogen-induced psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F18.15 F18.150	Inhalant abuse with inhalant-induced psychotic disorder	Diagnosis	ICD-10-CM ICD-10-CM
F18.15U	Inhalant abuse with inhalant-induced psychotic disorder with delusions	Diagnosis	ICD-10-CIVI
F18.151	Inhalant abuse with inhalant-induced psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F18.159	Inhalant abuse with inhalant-induced psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F18.25 F18.250	Inhalant dependence with inhalant-induced psychotic disorder	Diagnosis	ICD-10-CM ICD-10-CM
F10.23U	Inhalant dependence with inhalant-induced psychotic disorder with delusions	Diagnosis	ICD-10-CIVI
F18.251	Inhalant dependence with inhalant-induced psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F18.259	Inhalant dependence with inhalant-induced psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F18.95	Inhalant use, unspecified with inhalant-induced psychotic disorder	Diagnosis	ICD-10-CM
F18.950	Inhalant use, unspecified with inhalant-induced psychotic disorder with delusions	Diagnosis	ICD-10-CM
F18.951	Inhalant use, unspecified with inhalant-induced psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F18.959	Inhalant use, unspecified with inhalant-induced psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F19.15	Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder	Diagnosis	ICD-10-CM
F19.150	Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder with delusions	Diagnosis	ICD-10-CM
F19.151	Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F19.159	Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder, unspecified	Diagnosis	ICD-10-CM

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	Description	Code Category	
Code	Other psychoative substance dependence with psychoative substance induced		Code Type
F19.25	Other psychoactive substance dependence with psychoactive substance-induced	Diagnosis	ICD-10-CM
F10 2F0	psychotic disorder Other psychoative substance dependence with psychoative substance induced	Diagnasis	ICD 10 CM
F19.250	Other psychoactive substance dependence with psychoactive substance-induced	Diagnosis	ICD-10-CM
F19.251	psychotic disorder with delusions Other psychoactive substance dependence with psychoactive substance-induced	Diagnosis	ICD-10-CM
F19.251		Diagnosis	ICD-10-CIVI
F19.259	psychotic disorder with hallucinations Other psychoactive substance dependence with psychoactive substance indused	Diagnasis	ICD 10 CM
F19.239	Other psychoactive substance dependence with psychoactive substance-induced	Diagnosis	ICD-10-CM
F10.0F	psychotic disorder, unspecified Other psychoactive substance use, unspecified with psychoactive substance-induced	Diagnasis	ICD 10 CM
F19.95	• • • • • • • • • • • • • • • • • • • •	Diagnosis	ICD-10-CM
F19.950	psychotic disorder Other psychoactive substance use, unspecified with psychoactive substance-induced	Diagnosis	ICD-10-CM
1 13.330	psychotic disorder with delusions	Diagnosis	ICD-10-CIVI
F19.951	Other psychoactive substance use, unspecified with psychoactive substance-induced	Diagnosis	ICD-10-CM
113.331	psychotic disorder with hallucinations	Diagnosis	ICD-10-CIVI
F19.959	Other psychoactive substance use, unspecified with psychoactive substance-induced	Diagnosis	ICD-10-CM
1 13.333	psychotic disorder, unspecified	Diagnosis	ICD 10 CIVI
F20	Schizophrenia	Diagnosis	ICD-10-CM
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
F20.8	Other 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
F21	Schizotypal disorder	Diagnosis	ICD-10-CM
F22	Delusional disorders	Diagnosis	ICD-10-CM
F23	Brief psychotic disorder	Diagnosis	ICD-10-CM
F24	Shared psychotic disorder	Diagnosis	ICD-10-CM
F25	Schizoaffective disorders	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
F28	Other psychotic disorder not due to a substance or known physiological condition	Diagnosis	ICD-10-CM
F29	Unspecified psychosis not due to a substane or known physiological condition	Diagnosis	ICD-10-CM
F30.2	Manic episode, severe with psychotic symptoms	Diagnosis	ICD-10-CM
F31.2	Bipolar disorder, current episode manic severe with psychotic features	Diagnosis	ICD-10-CM
F31.5	Bipolar disorder, current episode depressed, severe, with psychotic features	Diagnosis	ICD-10-CM
		· ·	
F31.64	Bipolar disorder, current episode mixed, severe, with psychotic features	Diagnosis	ICD-10-CM
F32.3	Major depressive disorder, single episode, severe with psychotic features	Diagnosis	ICD-10-CM
R44.0	Auditory hallucinations	Diagnosis	ICD-10-CM
R44.2	Other hallucinations	Diagnosis	ICD-10-CM
R44.3	Hallucinations, unspecified	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
Couc	Neurological Disease	couc category	couc Type
G20	Parkinson's disease	Diagnosis	ICD-10-CM
G20 G21	Secondary parkinsonism	Diagnosis	ICD-10-CM
G21.1	Other drug-induced secondary parkinsonism	Diagnosis	ICD-10-CM
G21.11	Neuroleptic induced parkinsonism	Diagnosis	ICD-10-CM
G21.11 G21.19	Other drug induced secondary parkinsonism	Diagnosis	ICD-10-CM
G21.13 G21.2	Secondary parkinsonism due to other external agents	Diagnosis	ICD-10-CM
G21.2 G21.3	Postencephalitic parkinsonism	Diagnosis	ICD-10-CM
G21.3 G21.4		_	
G21.4 G21.8	Vascular parkinsonism	Diagnosis	ICD-10-CM
	Other secondary parkinsonism	Diagnosis	ICD-10-CM
G21.9	Secondary parkinsonism, unspecified	Diagnosis	ICD-10-CM
G30	Alzheimer's disease	Diagnosis	ICD-10-CM
G30.0	Alzheimer's disease with early onset	Diagnosis	ICD-10-CM
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
F01	Vascular dementia	Diagnosis	ICD-10-CM
F01.5	Vascular dementia	Diagnosis	ICD-10-CM
F01.50	Vascular dementia without behavioral disturbance	Diagnosis	ICD-10-CM
F01.51	Vascular dementia with behavioral disturbance	Diagnosis	ICD-10-CM
F02	Dementia in other diseases classified elsewhere	Diagnosis	ICD-10-CM
F02.8	Dementia in other diseases classified elsewhere	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	Unspecified dementia	Diagnosis	ICD-10-CM
F03.9	Unspecified dementia	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
F10.27	Alcohol dependence with alcohol-induced persisting dementia	Diagnosis	ICD-10-CM
F10.97	Alcohol use, unspecified with alcohol-induced persisting dementia	Diagnosis	ICD-10-CM
F13.27	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-	Diagnosis	ICD-10-CM
	induced persisting dementia		
F13.97	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-	Diagnosis	ICD-10-CM
F18.17	induced persisting dementia Inhalant abuse with inhalant-induced dementia	Diagnosis	ICD 10 CM
		Diagnosis	ICD-10-CM
F18.27	Inhalant dependence with inhalant-induced dementia	Diagnosis	ICD-10-CM
F18.97	Inhalant use, unspecified with inhalant-induced persisting dementia	Diagnosis	ICD-10-CM
F19.17	Other psychoactive substance abuse with psychoactive substance-induced persisting dementia	Diagnosis	ICD-10-CM
F19.27	Other psychoactive substance dependence with psychoactive substance-induced	Diagnosis	ICD-10-CM
F19.97	persisting dementia Other psychoactive substance use, unspecified with psychoactive substance-induced	Diagnosis	ICD-10-CM
	persisting dementia	_	ICD TO CIVI
G31.0	Frontotemporal dementia	Diagnosis	ICD-10-CM
G31.09	Other frontotemporal dementia	Diagnosis	ICD-10-CM
G31.83	Dementia with Lewy bodies	Diagnosis	ICD-10-CM
G12.21	Amyotrophic lateral sclerosis	Diagnosis	ICD-10-CM
G35	Multiple sclerosis	Diagnosis	ICD-10-CM
G71.0	Muscular dystrophy	Diagnosis	ICD-10-CM

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Code	Description	Code Category	
G71.00	Description Muscular dystrophy, unspecified		Code Type
G71.00 G71.01	Muscular dystrophy, unspecified Duchenne or Becker muscular dystrophy	Diagnosis Diagnosis	ICD-10-CM ICD-10-CM
G71.01 G71.02	Facioscapulohumeral muscular dystrophy	Diagnosis	ICD-10-CM
G71.02 G71.11	Myotonic muscular dystrophy	Diagnosis	ICD-10-CIVI
S06.2	Diffuse traumatic brain injury	Diagnosis	ICD-10-CIVI
S06.2X	Diffuse traumatic brain injury	Diagnosis	ICD-10-CIVI
S06.2X0	Diffuse traumatic brain injury without loss of consciousness	Diagnosis	ICD-10-CIVI
S06.2X0A	Diffuse traumatic brain injury without loss of consciousness, initial encounter	Diagnosis	ICD-10-CIVI
300.2AUA	Diffuse tradifiatic brain injury without loss of consciousness, initial encounter	Diagnosis	ICD-10-CIVI
S06.2X0D	Diffuse traumatic brain injury without loss of consciousness, subsequent encounter	Diagnosis	ICD-10-CM
S06.2X0S	Diffuse traumatic brain injury without loss of consciousness, sequela	Diagnosis	ICD-10-CM
S06.2X1	Diffuse traumatic brain injury with loss of consciousness of 30 minutes or less	Diagnosis	ICD-10-CM
S06.2X1A	Diffuse traumatic brain injury with loss of consciousness of 30 minutes or less, initial encounter	Diagnosis	ICD-10-CM
S06.2X1D	Diffuse traumatic brain injury with loss of consciousness of 30 minutes or less, subsequent encounter	Diagnosis	ICD-10-CM
S06.2X1S	Diffuse traumatic brain injury with loss of consciousness of 30 minutes or less, sequela	Diagnosis	ICD-10-CM
S06.2X2	Diffuse traumatic brain injury with loss of consciousness of 31 minutes to 59 minutes	Diagnosis	ICD-10-CM
S06.2X2A	Diffuse traumatic brain injury with loss of consciousness of 31 minutes to 59 minutes, initial encounter	Diagnosis	ICD-10-CM
S06.2X2D	Diffuse traumatic brain injury with loss of consciousness of 31 minutes to 59 minutes, subsequent encounter	Diagnosis	ICD-10-CM
S06.2X2S	Diffuse traumatic brain injury with loss of consciousness of 31 minutes to 59 minutes, sequela	Diagnosis	ICD-10-CM
S06.2X3	Diffuse traumatic brain injury with loss of consciousness of 1 hour to 5 hours 59 minutes	Diagnosis	ICD-10-CM
S06.2X3A	Diffuse traumatic brain injury with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter	Diagnosis	ICD-10-CM
S06.2X3D	Diffuse traumatic brain injury with loss of consciousness of 1 hour to 5 hours 59 minutes, subsequent encounter	Diagnosis	ICD-10-CM
S06.2X3S	Diffuse traumatic brain injury with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela	Diagnosis	ICD-10-CM
S06.2X4	Diffuse traumatic brain injury with loss of consciousness of 6 hours to 24 hours	Diagnosis	ICD-10-CM
S06.2X4A	Diffuse traumatic brain injury with loss of consciousness of 6 hours to 24 hours, initial encounter	Diagnosis	ICD-10-CM
S06.2X4D	Diffuse traumatic brain injury with loss of consciousness of 6 hours to 24 hours, subsequent encounter	Diagnosis	ICD-10-CM
S06.2X4S	Diffuse traumatic brain injury with loss of consciousness of 6 hours to 24 hours, sequela	Diagnosis	ICD-10-CM
S06.2X5	Diffuse traumatic brain injury with loss of consciousness greater than 24 hours with return to pre-existing conscious levels	Diagnosis	ICD-10-CM
S06.2X5A	Diffuse traumatic brain injury with loss of consciousness greater than 24 hours with return to pre-existing conscious levels, initial encounter	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
S06.2X5D	Diffuse traumatic brain injury with loss of consciousness greater than 24 hours with	Diagnosis	ICD-10-CM
	return to pre-existing conscious levels, subsequent encounter		
S06.2X5S	Diffuse traumatic brain injury with loss of consciousness greater than 24 hours with return to pre-existing conscious levels, sequela	Diagnosis	ICD-10-CM
S06.2X6	Diffuse traumatic brain injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving	Diagnosis	ICD-10-CM
S06.2X6A	Diffuse traumatic brain injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter	Diagnosis	ICD-10-CM
S06.2X6D	Diffuse traumatic brain injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, subsequent encounter	Diagnosis	ICD-10-CM
S06.2X6S	Diffuse traumatic brain injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela	Diagnosis	ICD-10-CM
S06.2X7	Diffuse traumatic brain injury with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness	Diagnosis	ICD-10-CM
S06.2X7A	Diffuse traumatic brain injury with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, initial encounter	Diagnosis	ICD-10-CM
S06.2X7D	Diffuse traumatic brain injury with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, subsequent encounter	Diagnosis	ICD-10-CM
S06.2X7S	Diffuse traumatic brain injury with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, sequela	Diagnosis	ICD-10-CM
S06.2X8	Diffuse traumatic brain injury with loss of consciousness of any duration with death due to other cause prior to regaining consciousness	Diagnosis	ICD-10-CM
S06.2X8A	Diffuse traumatic brain injury with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, initial encounter	Diagnosis	ICD-10-CM
S06.2X8D	Diffuse traumatic brain injury with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, subsequent encounter	Diagnosis	ICD-10-CM
S06.2X8S	Diffuse traumatic brain injury with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, sequela	Diagnosis	ICD-10-CM
S06.2X9	Diffuse traumatic brain injury with loss of consciousness of unspecified duration	Diagnosis	ICD-10-CM
S06.2X9A	Diffuse traumatic brain injury with loss of consciousness of unspecified duration, initial encounter	Diagnosis	ICD-10-CM
S06.2X9D	Diffuse traumatic brain injury with loss of consciousness of unspecified duration, subsequent encounter	Diagnosis	ICD-10-CM
S06.2X9S	Diffuse traumatic brain injury with loss of consciousness of unspecified duration, sequela	Diagnosis	ICD-10-CM
S06.3 S06.30	Focal traumatic brain injury Unspecified focal traumatic brain injury	Diagnosis Diagnosis	ICD-10-CM ICD-10-CM

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Code	Description	Code Category	Code Type
S06.300	Unspecified focal traumatic brain injury without loss of consciousness	Diagnosis	ICD-10-CM
S06.300A	Unspecified focal traumatic brain injury without loss of consciousness, initial encounter	Diagnosis	ICD-10-CM
S06.300D	Unspecified focal traumatic brain injury without loss of consciousness, subsequent encounter	Diagnosis	ICD-10-CM
S06.300S	Unspecified focal traumatic brain injury without loss of consciousness, sequela	Diagnosis	ICD-10-CM
S06.301	Unspecified focal traumatic brain injury with loss of consciousness of 30 minutes or less	Diagnosis	ICD-10-CM
S06.301A	Unspecified focal traumatic brain injury with loss of consciousness of 30 minutes or less, initial encounter	Diagnosis	ICD-10-CM
S06.301D	Unspecified focal traumatic brain injury with loss of consciousness of 30 minutes or	Diagnosis	ICD-10-CM
S06.301S	less, subsequent encounter Unspecified focal traumatic brain injury with loss of consciousness of 30 minutes or	Diagnosis	ICD-10-CM
S06.302	less, sequela Unspecified focal traumatic brain injury with loss of consciousness of 31 minutes to 59	Diagnosis	ICD-10-CM
S06.302A	minutes Unspecified focal traumatic brain injury with loss of consciousness of 31 minutes to 59	Diagnosis	ICD-10-CM
S06.302D	minutes, initial encounter Unspecified focal traumatic brain injury with loss of consciousness of 31 minutes to 59	Diagnosis	ICD-10-CM
S06.302S	minutes, subsequent encounter Unspecified focal traumatic brain injury with loss of consciousness of 31 minutes to 59	Diagnosis	ICD-10-CM
S06.303	minutes, sequela Unspecified focal traumatic brain injury with loss of consciousness of 1 hour to 5	Diagnosis	ICD-10-CM
S06.303A	hours 59 minutes Unspecified focal traumatic brain injury with loss of consciousness of 1 hour to 5	Diagnosis	ICD-10-CM
S06.303D	hours 59 minutes, initial encounter Unspecified focal traumatic brain injury with loss of consciousness of 1 hour to 5 hours 59 minutes, subsequent encounter	Diagnosis	ICD-10-CM
S06.303S	Unspecified focal traumatic brain injury with loss of consciousness of 1 hour to 5	Diagnosis	ICD-10-CM
S06.304	hours 59 minutes, sequela Unspecified focal traumatic brain injury with loss of consciousness of 6 hours to 24	Diagnosis	ICD-10-CM
S06.304A	hours Unspecified focal traumatic brain injury with loss of consciousness of 6 hours to 24	Diagnosis	ICD-10-CM
S06.304D	hours, initial encounter Unspecified focal traumatic brain injury with loss of consciousness of 6 hours to 24	Diagnosis	ICD-10-CM
S06.304S	hours, subsequent encounter Unspecified focal traumatic brain injury with loss of consciousness of 6 hours to 24	Diagnosis	ICD-10-CM
S06.305	hours, sequela Unspecified focal traumatic brain injury with loss of consciousness greater than 24 hours with return to pre-existing conscious level	Diagnosis	ICD-10-CM
S06.305A	Unspecified focal traumatic brain injury with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter	Diagnosis	ICD-10-CM
S06.305D	Unspecified focal traumatic brain injury with loss of consciousness greater than 24 hours with return to pre-existing conscious level, subsequent encounter	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
S06.305S	Unspecified focal traumatic brain injury with loss of consciousness greater than 24	Diagnosis	ICD-10-CM
	hours with return to pre-existing conscious level, sequela	J	
S06.306	Unspecified focal traumatic brain injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving	Diagnosis	ICD-10-CM
S06.306A	Unspecified focal traumatic brain injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial	Diagnosis	ICD-10-CM
S06.306D	encounter Unspecified focal traumatic brain injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving,	Diagnosis	ICD-10-CM
S06.306S	subsequent encounter Unspecified focal traumatic brain injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela	Diagnosis	ICD-10-CM
S06.307	Unspecified focal traumatic brain injury with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness	Diagnosis	ICD-10-CM
S06.307A	Unspecified focal traumatic brain injury with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, initial encounter	Diagnosis	ICD-10-CM
S06.307D	Unspecified focal traumatic brain injury with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, subsequent	Diagnosis	ICD-10-CM
S06.307S	encounter Unspecified focal traumatic brain injury with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, sequela	Diagnosis	ICD-10-CM
S06.308	Unspecified focal traumatic brain injury with loss of consciousness of any duration with death due to other cause prior to regaining consciousness	Diagnosis	ICD-10-CM
S06.308A	Unspecified focal traumatic brain injury with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, initial encounter	Diagnosis	ICD-10-CM
S06.308D	Unspecified focal traumatic brain injury with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, subsequent	Diagnosis	ICD-10-CM
S06.308S	encounter Unspecified focal traumatic brain injury with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, sequela	Diagnosis	ICD-10-CM
S06.309	Unspecified focal traumatic brain injury with loss of consciousness of unspecified duration	Diagnosis	ICD-10-CM
S06.309A	Unspecified focal traumatic brain injury with loss of consciousness of unspecified duration, initial encounter	Diagnosis	ICD-10-CM
S06.309D	Unspecified focal traumatic brain injury with loss of consciousness of unspecified duration, subsequent encounter	Diagnosis	ICD-10-CM
S06.309S	Unspecified focal traumatic brain injury with loss of consciousness of unspecified duration, sequela	Diagnosis	ICD-10-CM
Z13.850	Encounter for screening for traumatic brain injury	Diagnosis	ICD-10-CM
Z87.820	Personal history of traumatic brain injury	Diagnosis	ICD-10-CM
Q85.0	Neurofibromatosis (nonmalignant)	Diagnosis	ICD-10-CM
Q85.00	Neurofibromatosis, unspecified	Diagnosis	ICD-10-CM
Q85.01	Neurofibromatosis, type 1	Diagnosis	ICD-10-CM

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	E. List of KxNorm Concept Unique Identifier (KXCUI), Logical Observation Identifiers in		
Code	Description	Code Category	Code Type
Q85.02	Neurofibromatosis, type 2	Diagnosis	ICD-10-CM
Q85.09	Other neurofibromatosis	Diagnosis	ICD-10-CM
G40	Epilepsy and recurrent seizures	Diagnosis	ICD-10-CM
G40.0	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset	Diagnosis	ICD-10-CM
G40.00	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable	Diagnosis	ICD-10-CM
G40.001	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable, with status epilepticus	Diagnosis	ICD-10-CM
G40.009	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable, without status epilepticus	Diagnosis	ICD-10-CM
G40.01	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable	Diagnosis	ICD-10-CM
G40.011	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, with status epilepticus	Diagnosis	ICD-10-CM
G40.019	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, without status epilepticus	Diagnosis	ICD-10-CM
G40.1	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures	Diagnosis	ICD-10-CM
G40.10	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable	Diagnosis	ICD-10-CM
G40.101	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, with status epilepticus	Diagnosis	ICD-10-CM
G40.109	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, without status epilepticus	Diagnosis	ICD-10-CM
G40.11	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable	Diagnosis	ICD-10-CM
G40.111	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, with status epilepticus	Diagnosis	ICD-10-CM
G40.119	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, without status epilepticus	Diagnosis	ICD-10-CM
G40.2	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures	Diagnosis	ICD-10-CM
G40.20	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable	Diagnosis	ICD-10-CM
G40.201	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, with status epilepticus	Diagnosis	ICD-10-CM
G40.209	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, without status epilepticus	Diagnosis	ICD-10-CM
G40.21	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
G40.211	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes	Diagnosis	ICD-10-CM
G40.211		Diagnosis	ICD-10-CIVI
	with complex partial seizures, intractable, with status epilepticus		
G40.219	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes	Diagnosis	ICD-10-CM
	with complex partial seizures, intractable, without status epilepticus		
G40.3	Generalized idiopathic epilepsy and epileptic syndromes	Diagnosis	ICD-10-CM
G40.30	Generalized idiopathic epilepsy and epileptic syndromes, not intractable	Diagnosis	ICD-10-CM
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G40.301	Generalized idiopathic epilepsy and epileptic syndromes, not intractable, with status	Diagnosis	ICD-10-CM
G40.309	epilepticus Generalized idiopathic epilepsy and epileptic syndromes, not intractable, without	Diagnosis	ICD-10-CM
0.0.000	status epilepticus	2146110313	100 10 0.0.
G40.31	Generalized idiopathic epilepsy and epileptic syndromes, intractable	Diagnosis	ICD-10-CM
G40.311	Generalized idiopathic epilepsy and epileptic syndromes, intractable, with status	Diagnosis	ICD-10-CM
	epilepticus	· ·	
G40.319	Generalized idiopathic epilepsy and epileptic syndromes, intractable, without status	Diagnosis	ICD-10-CM
C40.4	epilepticus	Diagnasia	ICD 10 CM
G40.4	Other generalized epilepsy and epileptic syndromes	Diagnosis	ICD-10-CM
G40.40	Other generalized epilepsy and epileptic syndromes, not intractable	Diagnosis	ICD-10-CM
G40.401	Other generalized epilepsy and epileptic syndromes, not intractable, with status epilepticus	Diagnosis	ICD-10-CM
G40.409	Other generalized epilepsy and epileptic syndromes, not intractable, without status	Diagnosis	ICD-10-CM
	epilepticus	· ·	
G40.41	Other generalized epilepsy and epileptic syndromes, intractable	Diagnosis	ICD-10-CM
G40.411	Other generalized epilepsy and epileptic syndromes, intractable, with status	Diagnosis	ICD-10-CM
G40.419	epilepticus Other generalized epilepsy and epileptic syndromes, intractable, without status	Diagnosis	ICD-10-CM
0.01.20	epilepticus	2146.100.0	.02 20 0
G40.8	Other epilepsy and recurrent seizures	Diagnosis	ICD-10-CM
G40.80	Other epilepsy	Diagnosis	ICD-10-CM
G40.801	Other epilepsy, not intractable, with status epilepticus	Diagnosis	ICD-10-CM
G40.802	Other epilepsy, not intractable, without status epilepticus	Diagnosis	ICD-10-CM
G40.803	Other epilepsy, intractable, with status epilepticus	Diagnosis	ICD-10-CM
G40.804	Other epilepsy, intractable, without status epilepticus	Diagnosis	ICD-10-CM
G40.9	Epilepsy, unspecified	Diagnosis	ICD-10-CM
G40.90	Epilepsy, unspecified, not intractable	Diagnosis	ICD-10-CM
G40.901	Epilepsy, unspecified, not intractable, with status epilepticus	Diagnosis	ICD-10-CM
G40.909	Epilepsy, unspecified, not intractable, without status epilepticus	Diagnosis	ICD-10-CM
G40.91	Epilepsy, unspecified, intractable	Diagnosis	ICD-10-CM
G40.911	Epilepsy, unspecified, intractable, with status epilepticus	Diagnosis	ICD-10-CM
G40.919	Epilepsy, unspecified, intractable, without status epilepticus	Diagnosis	ICD-10-CM
G40.B	Juvenile myoclonic epilepsy [impulsive petit mal]	Diagnosis	ICD-10-CM
G40.B0	Juvenile myoclonic epilepsy, not intractable	Diagnosis	ICD-10-CM
G40.B01	Juvenile myoclonic epilepsy, not intractable, with status epilepticus	Diagnosis	ICD-10-CM
G40.B09	Juvenile myoclonic epilepsy, not intractable, without status epilepticus	Diagnosis	ICD-10-CM
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G40.B1	Juvenile myoclonic epilepsy, intractable	Diagnosis	ICD-10-CM
G40.B11	Juvenile myoclonic epilepsy, intractable, with status epilepticus	Diagnosis	ICD-10-CM
G40.B19	Juvenile myoclonic epilepsy, intractable, without status epilepticus	Diagnosis	ICD-10-CM
Z82.0	Family history of epilepsy and other diseases of the nervous system	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
G61.0	Guillain-Barre syndrome	Diagnosis	ICD-10-CM
G65.0	Sequelae of Guillain-Barre syndrome	Diagnosis	ICD-10-CM
	Hematologic Malignancy		
C81	Hodgkin lymphoma	Diagnosis	ICD-10-CM
C810	Nodular lymphocyte predominant Hodgkin lymphoma	Diagnosis	ICD-10-CM
C8100	Nodular lymphocyte predominant Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C8101	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8102	Nodular lymphocyte predominant Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8103	Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8104	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8105	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8106	Nodular lymphocyte predominant Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8107	Nodular lymphocyte predominant Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C8108	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
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C8109	Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C811	Nodular sclerosis classical Hodgkin lymphoma	Diagnosis	ICD-10-CM
C8110	Nodular sclerosis classical Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C8111	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8112	Nodular sclerosis classical Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8113	Nodular sclerosis classical Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8114	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8115	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8116	Nodular sclerosis classical Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8117	Nodular sclerosis classical Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C8118	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8119	Nodular sclerosis classical Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C812	Mixed cellularity classical Hodgkin lymphoma	Diagnosis	ICD-10-CM
C812 C8120	Mixed cellularity classical Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CIVI
C8120 C8121	Mixed cellularity classical Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CIVI
C0121	white centrality classical floughth lympholia, lymph floues of fleau, face, and fleck	Diagnosis	ICD-TO-CIAL
C8122	Mixed cellularity classical Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8123	Mixed cellularity classical Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM

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	Description		
Code	Description	Code Category	Code Type
C8124	Mixed cellularity classical Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8125	Mixed cellularity classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8126	Mixed cellularity classical Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8127	Mixed cellularity classical Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C8128	Mixed cellularity classical Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8129	Mixed cellularity classical Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C813	Lymphocyte depleted Hodgkin lymphoma	Diagnosis	ICD-10-CM
C8130	Lymphocyte depleted classical Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C8131	Lymphocyte depleted classical Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8132	Lymphocyte depleted classical Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8133	Lymphocyte depleted classical Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8134	Lymphocyte depleted classical Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8135	Lymphocyte depleted classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8136	Lymphocyte depleted classical Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8137	Lymphocyte depleted classical Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C8138	Lymphocyte depleted classical Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	
C0130	Lymphocyte depleted classical nougkin lympholia, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8139	Lymphocyte depleted classical Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C814	Lymphocyte-rich Hodgkin lymphoma	Diagnosis	ICD-10-CM
C8140	Lymphocyte-rich classical Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C8141	Lymphocyte-rich classical Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8142	Lymphocyte-rich classical Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8143	Lymphocyte-rich classical Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8144	Lymphocyte-rich classical Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8145	Lymphocyte-rich classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8146	Lymphocyte-rich classical Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8147	Lymphocyte-rich classical Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C8148	Lymphocyte-rich classical Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8149	Lymphocyte-rich classical Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C817	Other Hodgkin lymphoma	Diagnosis	ICD-10-CM
C8170	Other classical Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
C8171	Other classical Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C01/1	other classical flougkin lympholia, lymph floues of flead, face, and fleck	Diagnosis	ICD-10-CIVI
C8172	Other classical Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8172	Other classical Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8174	Other classical Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C0174	other classical flougkin lymphoma, lymph floues of axilla and upper limb	Diagnosis	ICD-10-CIVI
C8175	Other classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
CO175	other diassear flougkin tympholia, lymph floues of ingular region and lower limb	Diagnosis	ICD 10 CIVI
C8176	Other classical Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8177	Other classical Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C8178	Other classical Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8179	Other classical Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
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C819	Hodgkin lymphoma, unspecified	Diagnosis	ICD-10-CM
C8190	Hodgkin lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM
C8191	Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
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C8192	Hodgkin lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8193	Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8194	Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
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C8195	Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
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C8196	Hodgkin lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8197	Hodgkin lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM
C8198	Hodgkin lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8199	Hodgkin lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82	Follicular lymphoma	Diagnosis	ICD-10-CM
C820	Follicular lymphoma grade I	Diagnosis	ICD-10-CM
C8200	Follicular lymphoma grade I, unspecified site	Diagnosis	ICD-10-CM
C8201	Follicular lymphoma grade I, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8202	Follicular lymphoma grade I, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8203	Follicular lymphoma grade I, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8204	Follicular lymphoma grade I, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8205	Follicular lymphoma grade I, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
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C8206	Follicular lymphoma grade I, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8207	Follicular lymphoma grade I, spleen	Diagnosis	ICD-10-CM
C8208	Follicular lymphoma grade I, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8209	Follicular lymphoma grade I, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C821	Follicular lymphoma grade II	Diagnosis	ICD-10-CM
C8210	Follicular lymphoma grade II, unspecified site	Diagnosis	ICD-10-CM
C8211	Follicular lymphoma grade II, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8212	Follicular lymphoma grade II, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8213	Follicular lymphoma grade II, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8214	Follicular lymphoma grade II, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8215	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
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C8216	Follicular lymphoma grade II, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8217	Follicular lymphoma grade II, spleen	Diagnosis	ICD-10-CM
C8218	Follicular lymphoma grade II, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8219	Follicular lymphoma grade II, extranodal and solid organ sites	Diagnosis	ICD-10-CM

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	Description		
Code	Description Followler type home grade III, unspecified	Code Category	Code Type
C822	Follicular lymphoma grade III, unspecified	Diagnosis	ICD-10-CM
C8220	Follicular lymphoma grade III, unspecified, unspecified site	Diagnosis	ICD-10-CM
C8221	Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8222	Follicular lymphoma grade III, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8223	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8224	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8225	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8226	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8227	Follicular lymphoma grade III, unspecified, spleen	Diagnosis	ICD-10-CM
C8228	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8229	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C823	Follicular lymphoma grade IIIa	Diagnosis	ICD-10-CM
C8230	Follicular lymphoma grade IIIa, unspecified site	Diagnosis	ICD-10-CM
C8231	Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8232	Follicular lymphoma grade IIIa, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8233	Follicular lymphoma grade IIIa, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8234	Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8235	Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8236	Follicular lymphoma grade IIIa, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8237	Follicular lymphoma grade IIIa, spleen	Diagnosis	ICD-10-CM
C8238	Follicular lymphoma grade IIIa, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8239	Follicular lymphoma grade IIIa, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C824	Follicular lymphoma grade IIIb	Diagnosis	ICD-10-CM
C8240	Follicular lymphoma grade IIIb, unspecified site	Diagnosis	ICD-10-CM
C8241	Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8242	Follicular lymphoma grade IIIb, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8243	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8244	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8245	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8246	Follicular lymphoma grade IIIb, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8247	Follicular lymphoma grade IIIb, spleen	Diagnosis	ICD-10-CM
C8248	Follicular lymphoma grade IIIb, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8249	Follicular lymphoma grade IIIb, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C825	Diffuse follicle center lymphoma	Diagnosis	ICD-10-CM
C8250	Diffuse follicle center lymphoma, unspecified site	Diagnosis	ICD-10-CM
C8251	Diffuse follicle center lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8252	Diffuse follicle center lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
C8253	Diffuse follicle center lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
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C8254	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8255	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8256	Diffuse follicle center lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8257	Diffuse follicle center lymphoma, spleen	Diagnosis	ICD-10-CM
C8258	Diffuse follicle center lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8259	Diffuse follicle center lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C826	Cutaneous follicle center lymphoma	Diagnosis	ICD-10-CM
C8260	Cutaneous follicle center lymphoma, unspecified site	Diagnosis	ICD-10-CM
C8261	Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
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C8262	Cutaneous follicle center lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8263	Cutaneous follicle center lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8264	Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8265	Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8266	Cutaneous follicle center lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8267	Cutaneous follicle center lymphoma, spleen	Diagnosis	ICD-10-CM
C8268	Cutaneous follicle center lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8269	Cutaneous follicle center lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
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C828	Other types of follicular lymphoma	Diagnosis	ICD-10-CM
C8280	Other types of follicular lymphoma, unspecified site	Diagnosis	ICD-10-CM
C8281	Other types of follicular lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8282	Other types of follicular lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8283	Other types of follicular lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8284	Other types of follicular lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8285	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8286	Other types of follicular lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8287	Other types of follicular lymphoma, spleen	Diagnosis	ICD-10-CM
C8288	Other types of follicular lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8289	Other types of follicular lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C829	Follicular lymphoma, unspecified	Diagnosis	ICD-10-CM
C8290	Follicular lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM
C8291	Follicular lymphoma, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8292	Follicular lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8293	Follicular lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8294	Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8295	Follicular lymphoma, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8296	Follicular lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8297	Follicular lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM
C8298	Follicular lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
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	E. LIST OF KXNORM Concept Unique Identifier (KXCUI), Logical Observation Identifiers		
Code	Description	Code Category	Code Type
C8299	Follicular lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C83	Non-follicular lymphoma	Diagnosis	ICD-10-CM
C830	Small cell B-cell lymphoma	Diagnosis	ICD-10-CM
C8300	Small cell B-cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
C8301	Small cell B-cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8302	Small cell B-cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8303	Small cell B-cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8304	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8305	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
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C8306	Small cell B-cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8307	Small cell B-cell lymphoma, spleen	Diagnosis	ICD-10-CM
C8308	Small cell B-cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8309	Small cell B-cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C8303	Mantle cell lymphoma	=	ICD-10-CW
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C8310	Mantle cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
C8311	Mantle cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8312	Mantle cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8313	Mantle cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8314	Mantle cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8315	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8316	Mantle cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8317	Mantle cell lymphoma, spleen	Diagnosis	ICD-10-CM
C8318	Mantle cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8319	Mantle cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C833	Diffuse large B-cell lymphoma	Diagnosis	ICD-10-CM
C8330	Diffuse large B-cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
C8331	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8332	Diffuse large B-cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8333	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8334	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
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C8335	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8336	Diffuse large B-cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8337	Diffuse large B-cell lymphoma, spleen	Diagnosis	ICD-10-CM
C8338	Diffuse large B-cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8339	Diffuse large B-cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C835	Lymphoblastic (diffuse) lymphoma	Diagnosis	ICD-10-CM
C8350	Lymphoblastic (diffuse) lymphoma, unspecified site	Diagnosis	ICD-10-CM
C8351	Lymphoblastic (diffuse) lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
		o .	
C8352	Lymphoblastic (diffuse) lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8353	Lymphoblastic (diffuse) lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8354	Lymphoblastic (diffuse) lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
		-	
C8355	Lymphoblastic (diffuse) lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8356	Lymphoblastic (diffuse) lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8357	Lymphoblastic (diffuse) lymphoma, spleen ()	Diagnosis	ICD-10-CM

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	E. LIST OF KXNORM Concept Unique Identifier (KXCUI), Logical Observation Identifiers N		
Code	Description	Code Category	Code Type
C8358	Lymphoblastic (diffuse) lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8359	Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C837	Burkitt lymphoma	Diagnosis	ICD-10-CM
C8370	Burkitt lymphoma, unspecified site	Diagnosis	ICD-10-CM
C8371	Burkitt lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8372	Burkitt lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8373	Burkitt lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8374	Burkitt lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8375	Burkitt lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8376	Burkitt lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8377	Burkitt lymphoma, spleen	Diagnosis	ICD-10-CM
C8378	Burkitt lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8379	Burkitt lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C838	Other non-follicular lymphoma	Diagnosis	ICD-10-CM
C8380	Other non-follicular lymphoma, unspecified site	Diagnosis	ICD-10-CM
C8381	Other non-follicular lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
		_	
C8382	Other non-follicular lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8383	Other non-follicular lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8384	Other non-follicular lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8385	Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8386	Other non-follicular lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8387	Other non-follicular lymphoma, spleen	Diagnosis	ICD-10-CM
C8388	C8388, Other non-follicular lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8389	Other non-follicular lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C839	Non-follicular (diffuse) lymphoma, unspecified	Diagnosis	ICD-10-CIVI
C8390	Non-follicular (diffuse) lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM
C8391	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CIVI
C0391	Non-follicular (ulffuse) fyffipfioffia, ulfspecifieu, fyffipfi ffodes of ffeau, face, affu ffeck	Diagnosis	ICD-10-CIVI
C8392	Non-follicular (diffuse) lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8393	Non-follicular (diffuse) lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8394	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8395	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8396	Non-follicular (diffuse) lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8397	Non-follicular (diffuse) lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM
C8398	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8399	Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84	Mature T/NK-cell lymphomas	Diagnosis	ICD-10-CM
C840	Mycosis fungoides	Diagnosis	ICD-10-CM
C8400	Mycosis fungoides, unspecified site	Diagnosis	ICD-10-CM
C8401	Mycosis fungoides, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
		5	-

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	E. List of KxNorm Concept Unique Identifier (KXCUI), Logical Observation Identifiers N		
Code	Description	Code Category	Code Type
C8402	Mycosis fungoides, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8403	Mycosis fungoides, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8404	Mycosis fungoides, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8405	Mycosis fungoides, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8406	Mycosis fungoides, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8407	Mycosis fungoides, spleen	Diagnosis	ICD-10-CM
C8408	Mycosis fungoides, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8409	Mycosis fungoides, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C841	Sezary disease	Diagnosis	ICD-10-CM
C8410	Sezary disease, unspecified site	Diagnosis	ICD-10-CM
C8411	Sezary disease, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8412	Sezary disease, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8413	Sezary disease, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8414	Sezary disease, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8415	Sezary disease, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8416	Sezary disease, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8417	Sezary disease, spleen	Diagnosis	ICD-10-CM
C8418	Sezary disease, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8419	Sezary disease, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C844	Peripheral T-cell lymphoma, not classified	Diagnosis	ICD-10-CM
C8440	Peripheral T-cell lymphoma, not classified, unspecified site	Diagnosis	ICD-10-CM
C8441	Peripheral T-cell lymphoma, not classified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
CO 111	rempheral rectifying from a, flot classifica, tymph flodes of fleda, face, and fleck	Diagnosis	TOD TO CIVI
C8442	Peripheral T-cell lymphoma, not classified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8443	Peripheral T-cell lymphoma, not classified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8444	Peripheral T-cell lymphoma, not classified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8445	Peripheral T-cell lymphoma, not classified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8446	Peripheral T-cell lymphoma, not classified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8447	Peripheral T-cell lymphoma, not classified, spleen	Diagnosis	ICD-10-CM
C8448	Peripheral T-cell lymphoma, not classified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
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C8449	Peripheral T-cell lymphoma, not classified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C846	Anaplastic large cell lymphoma, ALK-positive	Diagnosis	ICD-10-CM
C8460	Anaplastic large cell lymphoma, ALK-positive, unspecified site	Diagnosis	ICD-10-CM
C8461	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
CO-101	Anaplastic large centymphonia, Ack positive, lymph hodes of head, lace, and neck	Diagnosis	TED TO CIVI
C8462	Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8463	Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8464	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8465	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8466	Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8467	Anaplastic large cell lymphoma, ALK-positive, spleen	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
C8468	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites		ICD-10-CM
C0400	Anapiastic large cerriyinphoma, Alk-positive, lymph hodes of multiple sites	Diagnosis	ICD-10-CIVI
60460	A newlectic loves call hyperborns, ALIV positive, system and a part of selections are selected.	Diamania	ICD 10 CM
C8469	Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites	Diagnosis	ICD-10-CM
60.47	A contestintone cell to work one ALIV a costine	Diamania	ICD 40 CN4
C847	Anaplastic large cell lymphoma, ALK-negative	Diagnosis	ICD-10-CM
C8470	Anaplastic large cell lymphoma, ALK-negative, unspecified site	Diagnosis	ICD-10-CM
C8471	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8472	Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8473	Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
		o .	
C8474	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8475	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and	Diagnosis	ICD-10-CM
	lower limb		
C8476	Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8477	Anaplastic large cell lymphoma, ALK-negative, spleen	Diagnosis	ICD-10-CM
C8478	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8479	Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C849	Mature T/NK-cell lymphomas, unspecified	Diagnosis	ICD-10-CM
C8490	Mature T/NK-cell lymphomas, unspecified, unspecified site	Diagnosis	ICD-10-CM
C8491	Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8492	Mature T/NK-cell lymphomas, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8493	Mature T/NK-cell lymphomas, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8494	Mature T/NK-cell lymphomas, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8495	Mature T/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower	Diagnosis	ICD-10-CM
	limb		
C8496	Mature T/NK-cell lymphomas, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8497	Mature T/NK-cell lymphomas, unspecified, spleen	Diagnosis	ICD-10-CM
C8498	Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C0430	Mature 17th cell lymphomas, unspecifica, lymph flodes of matepie sites	Diagnosis	ICD 10 CIVI
C8499	Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
CO-133	mature 17th cell 17th from as, unspecifica, extranoual and solid organistics	Diagnosis	ICD 10 CIVI
C84A	Cutaneous T-cell lymphoma, unspecified	Diagnosis	ICD-10-CM
C84A0	Cutaneous T-cell lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM
C84A1		=	
C84A1	Cutaneous T-cell lymphoma, unspecified lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
60442	Cotton and Table to the control of t	Dia ana asia	ICD 40 CN4
C84A2	Cutaneous T-cell lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C0.4.4.3	Cutanagua T agli humuhama umanagifiad inter all densiral humuh unda	Diameni-	ICD 10 CM
C84A3	Cutaneous T-cell lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
CO 4 A 4	Cutanagua T agil humuhama unagasifiad humuh madas af agilla and unaga ili d	Diameni-	ICD 10 CM
C84A4	Cutaneous T-cell lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM

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	Description		
Code	Description Cutanague T cell human area unangeified human and a of inquired nation and leaves	Code Category	Code Type
C84A5	Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and lower	Diagnosis	ICD-10-CM
COAAC	limb	Diamania	ICD 10 CM
C84A6	Cutaneous T-cell lymphoma, unspecified, intrapelvic lymph nodes Cutaneous T-cell lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM
C84A7		Diagnosis	ICD-10-CM
C84A8	Cutaneous T-cell lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84A9	Cutaneous T-cell lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84Z	Other mature T/NK-cell lymphomas	Diagnosis	ICD-10-CM
C84Z0	Other mature T/NK-cell lymphomas, unspecified site	Diagnosis	ICD-10-CIVI
C84Z1	Other mature T/NK-cell lymphomas, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C04Z1	other mature 17 Niceen lymphomas, lymph houes of head, face, and fieck	Diagnosis	ICD-10-CIVI
C84Z2	Other mature T/NK-cell lymphomas, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84Z3	Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84Z4	Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84Z5	Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84Z6	Other mature T/NK-cell lymphomas, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84Z7	Other mature T/NK-cell lymphomas, spleen	Diagnosis	ICD-10-CM
C84Z8	Other mature T/NK-cell lymphomas, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84Z9	Other mature T/NK-cell lymphomas, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C85	Other specified and unspecified types of non-Hodgkin lymphoma	Diagnosis	ICD-10-CM
C851	Unspecified B-cell lymphoma	Diagnosis	ICD-10-CM
C8510	Unspecified B-cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
C8511	Unspecified B-cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8512	Unspecified B-cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8513	Unspecified B-cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8514	Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8515	Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8516	Unspecified B-cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8517	Unspecified B-cell lymphoma, spleen	Diagnosis	ICD-10-CM
C8518	Unspecified B-cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8519	Unspecified B-cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C852	Mediastinal (thymic) large B-cell lymphoma	Diagnosis	ICD-10-CM
C8520	Mediastinal (thymic) large B-cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
C8521	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8522	Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
		_	
C8523	Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8524	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8525	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower	Diagnosis	ICD-10-CM
C8526	limb Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
60527	Adadia shinal (thursais) lawa Baall I	Diame.	100 40 004
C8527	Mediastinal (thymic) large B-cell lymphoma, spleen	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
C8528	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8529	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C858	Other specified types of non-Hodgkin lymphoma	Diagnosis	ICD-10-CM
C8580	Other specified types of non-Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C8581	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and	Diagnosis	ICD-10-CM
3335	neck	2.0800.0	.02 20 0
C8582	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8583	Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8584	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8585	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8586	Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8587	Other specified types of non-Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C8588	Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CIVI
C8388	other specified types of flori-flougkin lymphoma, lymph floues of fluitiple sites	Diagnosis	ICD-10-CIVI
C8589	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C859	Non-Hodgkin lymphoma, unspecified	Diagnosis	ICD-10-CM
C8590	Non-Hodgkin lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM
C8591	Non-Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
		_	
C8592	Non-Hodgkin lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8593	Non-Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8594	Non-Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
		_	
C8595	Non-Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8596	Non-Hodgkin lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8597	Non-Hodgkin lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM
C8598	Non-Hodgkin lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8599	Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C86	Other specified types of T/NK-cell lymphoma	Diagnosis	ICD-10-CM
C860	Other specified types of T/NK-cell lymphoma, Extranodal NK/T-cell lymphoma, nasal	Diagnosis	ICD-10-CM
	type		
C861	Other specified types of T/NK-cell lymphoma, Hepatosplenic T-cell lymphoma	Diagnosis	ICD-10-CM
C862	Other specified types of T/NK-cell lymphoma, Enteropathy-type (intestinal) T-cell	Diagnosis	ICD-10-CM
	lymphoma		
C863	Other specified types of T/NK-cell lymphoma, Subcutaneous panniculitis-like T-cell	Diagnosis	ICD-10-CM
	lymphoma		
C864	Other specified types of T/NK-cell lymphoma, Blastic NK-cell lymphoma	Diagnosis	ICD-10-CM
C865	Other specified types of T/NK-cell lymphoma , Angioimmunoblastic T-cell lymphoma	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
C866	Other specified types of T/NK-cell lymphoma ,Primary cutaneous CD30-positive T-cell		ICD-10-CM
C000		Diagnosis	ICD-10-CIVI
C880	proliferations Malignant immunoproliferative diseases and certain other B-cell lymphomas,	Diagnosis	ICD-10-CM
C000		Diagnosis	ICD-10-CIVI
C884	Waldenstrom macroglobulinemia Malignant immunoproliferative diseases and certain other B-cell lymphomas,	Diagnosis	ICD-10-CM
C004		Diagnosis	ICD-10-CIVI
	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue		
C888	[MALT-lymphoma] Malignant immunoproliferative diseases and certain other B-cell lymphomas, Other	Diagnosis	ICD-10-CM
C000	malignant immunoproliferative diseases and certain other B-cen lymphomas, other	Diagnosis	ICD-10-CIVI
C9000	Multiple myeloma, not having achieved remission	Diagnosis	ICD-10-CM
C9000	Multiple myeloma, in relapse	Diagnosis	ICD-10-CM
C9002	Plasma cell leukemia ,not having achieved remission	Diagnosis	ICD-10-CM
C9010	Plasma cell leukemia, in relapse	Diagnosis	ICD-10-CM
C9020	Extramedullary plasmacytoma not having achieved remission	Diagnosis	ICD-10-CM
C9022	Extramedullary plasmacytoma in relapse	Diagnosis	ICD-10-CM
C9030	Solitary plasmacytoma not having achieved remission	Diagnosis	ICD-10-CM
C9032	Solitary plasmacytoma in relapse	Diagnosis	ICD-10-CM
C9100	Acute lymphoblastic leukemia not having achieved remission	Diagnosis	ICD-10-CM
C9100	Acute lymphoblastic leukemia, in relapse	Diagnosis	ICD-10-CM
C9102	Chronic lymphocytic leukemia of B-cell type not having achieved remission	Diagnosis	ICD-10-CM
C9110	chronic lymphocytic leakernia of B-cell type not having achieved remission	Diagnosis	ICD-10-CIVI
C9112	Chronic lymphocytic leukemia of B-cell type in relapse	Diagnosis	ICD-10-CM
C9130	Prolymphocytic leukemia of B-cell type not having achieved remission	Diagnosis	ICD-10-CM
C9132	Prolymphocytic leukemia of B-cell type, in relapse	Diagnosis	ICD-10-CM
C9140	Hairy cell leukemia not having achieved remission	Diagnosis	ICD-10-CM
C9142	Hairy cell leukemia, in relapse	Diagnosis	ICD-10-CM
C9150	Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission	Diagnosis	ICD-10-CM
		_	
C9152	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in relapse	Diagnosis	ICD-10-CM
C9160	Prolymphocytic leukemia of T-cell type not having achieved remission	Diagnosis	ICD-10-CM
C9162	Prolymphocytic leukemia of T-cell type, in relapse	Diagnosis	ICD-10-CM
C9190	Lymphoid leukemia, unspecified not having achieved remission	Diagnosis	ICD-10-CM
C9192	Lymphoid leukemia, unspecified, in relapse	Diagnosis	ICD-10-CM
C91A0	Mature B-cell leukemia Burkitt-type not having achieved remission	Diagnosis	ICD-10-CM
C91A2	Mature B-cell leukemia Burkitt-type, in relapse	Diagnosis	ICD-10-CM
C91Z0	Other lymphoid leukemia not having achieved remission	Diagnosis	ICD-10-CM
C91Z2	Other lymphoid leukemia, in relapse	Diagnosis	ICD-10-CM
C9200	Acute myeloblastic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C9202	Acute myeloblastic leukemia, in relapse	Diagnosis	ICD-10-CM
C9210	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission	Diagnosis	ICD-10-CM
C9212	Chronic myeloid leukemia, BCR/ABL-positive, in relapse	Diagnosis	ICD-10-CM
C9220	Atypical chronic myeloid leukemia, BCR/ABL-negative, not having achieved remission	Diagnosis	ICD-10-CM
C9222	Atypical chronic myeloid leukemia, BCR/ABL-negative, in relapse	Diagnosis	ICD-10-CM
C9230	Myeloid sarcoma, not having achieved remission	Diagnosis	ICD-10-CM
C9232	Myeloid sarcoma, in relapse	Diagnosis	ICD-10-CM
C9240	Acute promyelocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C9242	Acute promyelocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C9250	Acute myelomonocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
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Code	Description	Code Category	Code Type
C9252	Acute myelomonocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C9260	Acute myeloid leukemia with 11q23-abnormality not having achieved remission	Diagnosis	ICD-10-CM
C3200	Acute myelola leakenila with 11425-abhormality not having achieved remission	Diagnosis	ICD-10-CIVI
C9262	Acute myeloid leukemia with 11q23-abnormality in relapse	Diagnosis	ICD-10-CM
C9290	Myeloid leukemia, unspecified, not having achieved remission	Diagnosis	ICD-10-CM
C9292	Myeloid leukemia, unspecified in relapse	Diagnosis	ICD-10-CM
C92A0	Acute myeloid leukemia with multilineage dysplasia, not having achieved remission	Diagnosis	ICD-10-CM
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C92A2	Acute myeloid leukemia with multilineage dysplasia, in relapse	Diagnosis	ICD-10-CM
C92Z0	Other myeloid leukemia, without mention of having achieved remission	Diagnosis	ICD-10-CM
		_	
C92Z2	Other myeloid leukemia, in relapse	Diagnosis	ICD-10-CM
C9300	Acute monoblastic/monocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C9302	Acute monoblastic/monocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C9310	Chronic myelomonocytic leukemia not having achieved remission	Diagnosis	ICD-10-CM
C9312	Chronic myelomonocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C9330	Juvenile myelomonocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C9332	Juvenile myelomonocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C9390	Monocytic leukemia, unspecified, not having achieved remission	Diagnosis	ICD-10-CM
C9392	Monocytic leukemia, unspecified in relapse	Diagnosis	ICD-10-CM
C93Z0	Other monocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C93Z2	Other monocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C9400	Acute erythroid leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C9402	Acute erythroid leukemia, in relapse	Diagnosis	ICD-10-CM
C9420	Acute megakaryoblastic leukemia not having achieved remission	Diagnosis	ICD-10-CM
C9422	cute megakaryoblastic leukemia, in relapse	Diagnosis	ICD-10-CM
C9430	Mast cell leukemia not having achieved remission	Diagnosis	ICD-10-CM
C9432	Mast cell leukemia, in relapse	Diagnosis	ICD-10-CM
C9440	Acute panmyelosis with myelofibrosis not having achieved remission	Diagnosis	ICD-10-CM
C9442	Acute panmyelosis with myelofibrosis, in relapse	Diagnosis	ICD-10-CM
C946	Myelodysplastic disease, not classified	Diagnosis	ICD-10-CM
C9480	Other specified leukemias not having achieved remission	Diagnosis	ICD-10-CM
C9482	Other specified leukemias, in relapse	Diagnosis	ICD-10-CM
C9500	Acute leukemia of unspecified cell type not having achieved remission	Diagnosis	ICD-10-CM
00500		5	105 10 011
C9502	Acute leukemia of unspecified cell type, in relapse	Diagnosis	ICD-10-CM
C9510	Chronic leukemia of unspecified cell type not having achieved remission	Diagnosis	ICD-10-CM
C9512	Chronic leukemia of unspecified cell type, in relapse	Diagnosis	ICD-10-CM
C9590	Leukemia, unspecified not having achieved remission	Diagnosis	ICD-10-CM
C9592	Leukemia, unspecified, in relapse	Diagnosis	ICD-10-CM
C9620	Malignant mast cell neoplasm, unspecified	Diagnosis	ICD-10-CM
C9621	Malignant mast cell neoplasm, Aggressive systemic mastocytosis	Diagnosis	ICD-10-CM
C9622	Malignant mast cell neoplasm, Mast cell sarcoma	Diagnosis	ICD-10-CM
C9629			
C3023	Malignant mast cell neoplasm, Other malignant mast cell neoplasm	Diagnosis	ICD-10-CM
C964	Sarcoma of dendritic cells (accessory cells)	Diagnosis	ICD-10-CM
C9660	Unifocal Langerhans-cell histiocytosis	Diagnosis	ICD-10-CM
C96A	Histiocytic sarcoma	Diagnosis	ICD-10-CM
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Code	E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Notes Description	Code Category	Code Type
C96Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue	Diagnosis	ICD-10-CM
C969	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified	Diagnosis	ICD-10-CM
2909	Manghant neoplasm of lymphola, nematopoletic and related tissue, unspecified	Diagnosis	ICD-10-CIVI
04622	Refractory anemia with excess of blasts 2	Diagnosis	ICD-10-CM
0471	Chronic myeloproliferative disease	Diagnosis	ICD-10-CM
0479	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified	Diagnosis	ICD-10-CM
D47Z1	Post-transplant lymphoproliferative disorder (PTLD)	Diagnosis	ICD-10-CM
D47Z9	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and	Diagnosis	ICD-10-CM
	related tissue	J	
06182	Myelophthisis	Diagnosis	ICD-10-CN
045	Polycythemia vera	Diagnosis	ICD-10-CN
0474	Osteomyelofibrosis	Diagnosis	ICD-10-CN
07581	Myelofibrosis	Diagnosis	ICD-10-CN
37301	Solid Malignancy	Diagnosis	TED TO CIV
200	Malignant neoplasm of lip	Diagnosis	ICD-10-CM
0000	Malignant neoplasm of external upper lip	Diagnosis	ICD-10-CM
0001	Malignant neoplasm of external lower lip	Diagnosis	ICD-10-CM
0002	Malignant neoplasm of external lip, unspecified	Diagnosis	ICD-10-CN
2003	Malignant neoplasm of upper lip, inner aspect	Diagnosis	ICD-10-CN
0004	Malignant neoplasm of lower lip, inner aspect	Diagnosis	ICD-10-CN
0005	Malignant neoplasm of lip, unspecified, inner aspect	Diagnosis	ICD-10-CM
0006	Malignant neoplasm of lip, unspecified	Diagnosis	ICD-10-CN
008	Malignant neoplasm of overlapping sites of lip	Diagnosis	ICD-10-CN
000	Malignant neoplasm of lip, unspecified	Diagnosis	ICD-10-CN
01	Malignant neoplasm of base of tongue	Diagnosis	ICD-10-CN
02	Malignant neoplasm of other and unspecified parts of tongue	Diagnosis	ICD-10-CN
020	Malignant neoplasm of dorsal surface of tongue	Diagnosis	ICD-10-CIV
020	Malignant neoplasm of border of tongue	Diagnosis	ICD-10-CIV
021	Malignant neoplasm of ventral surface of tongue	Diagnosis	ICD-10-CIV
022	Malignant neoplasm of anterior two-thirds of tongue, part unspecified	Diagnosis	ICD-10-CIV
	manghan neophan er antener til ande er tengale, part antepeemed	2.4600.0	.02 20 0
024	Malignant neoplasm of lingual tonsil	Diagnosis	ICD-10-CN
028	Malignant neoplasm of overlapping sites of tongue	Diagnosis	ICD-10-CN
029	Malignant neoplasm of tongue, unspecified	Diagnosis	ICD-10-CN
03	Malignant neoplasm of gum	Diagnosis	ICD-10-CN
030	Malignant neoplasm of upper gum	Diagnosis	ICD-10-CM
031	Malignant neoplasm of lower gum	Diagnosis	ICD-10-CM
039	Malignant neoplasm of gum, unspecified	Diagnosis	ICD-10-CN
04	Malignant neoplasm of floor of mouth	Diagnosis	ICD-10-CN
040	Malignant neoplasm of anterior floor of mouth	Diagnosis	ICD-10-CN
041	Malignant neoplasm of lateral floor of mouth	Diagnosis	ICD-10-CN
048	Malignant neoplasm of overlapping sites of floor of mouth	Diagnosis	ICD-10-CN
049	Malignant neoplasm of floor of mouth, unspecified	Diagnosis	ICD-10-CN
05	Malignant neoplasm of palate	Diagnosis	ICD-10-CM
050	Malignant neoplasm of hard palate	Diagnosis	ICD-10-CN
051	Malignant neoplasm of soft palate	Diagnosis	ICD-10-CN
052	Malignant neoplasm of uvula	Diagnosis	ICD-10-CN
058	Malignant neoplasm of overlapping sites of palate	Diagnosis	ICD-10-CN
		-	ICD-10-CN
2059	Malignant neoplasm of palate, unspecified	Diagnosis	[C])- [U-UV

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	E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers I		
Code	Description Malignant popularm of shock musess	Code Category	Code Type
C060	Malignant neoplasm of cheek mucosa	Diagnosis	ICD-10-CM
C061	Malignant neoplasm of vestibule of mouth	Diagnosis	ICD-10-CM
C062	Malignant neoplasm of retromolar area	Diagnosis	ICD-10-CM
C068	Malignant neoplasm of overlapping sites of other and unspecified parts of mouth	Diagnosis	ICD-10-CM
C0680	Malignant neoplasm of overlapping sites of unspecified parts of mouth	Diagnosis	ICD-10-CM
C0689	Malignant neoplasm of overlapping sites of other parts of mouth	Diagnosis	ICD-10-CM
C069	Malignant neoplasm of mouth, unspecified	Diagnosis	ICD-10-CM
C07	Malignant neoplasm of parotid gland	Diagnosis	ICD-10-CM
C08	Malignant neoplasm of other and unspecified major salivary glands	Diagnosis	ICD-10-CM
C080	Malignant neoplasm of submandibular gland	Diagnosis	ICD-10-CM
C081	Malignant neoplasm of sublingual gland	Diagnosis	ICD-10-CM
C089	Malignant neoplasm of major salivary gland, unspecified	Diagnosis	ICD-10-CM
C09	Malignant neoplasm of tonsil	Diagnosis	ICD-10-CM
C090	Malignant neoplasm of tonsillar fossa	Diagnosis	ICD-10-CM
C091	Malignant neoplasm of tonsillar pillar (anterior) (posterior)	Diagnosis	ICD-10-CM
C098	Malignant neoplasm of overlapping sites of tonsil	Diagnosis	ICD-10-CM
C099	Malignant neoplasm of tonsil, unspecified	Diagnosis	ICD-10-CM
C10	Malignant neoplasm of oropharynx	Diagnosis	ICD-10-CM
C100	Malignant neoplasm of vallecula	Diagnosis	ICD-10-CM
C101	Malignant neoplasm of anterior surface of epiglottis	Diagnosis	ICD-10-CM
C102	Malignant neoplasm of lateral wall of oropharynx	Diagnosis	ICD-10-CM
C103	Malignant neoplasm of posterior wall of oropharynx	Diagnosis	ICD-10-CM
C104	Malignant neoplasm of branchial cleft	Diagnosis	ICD-10-CM
C108	Malignant neoplasm of overlapping sites of oropharynx	Diagnosis	ICD-10-CM
C109	Malignant neoplasm of oropharynx, unspecified	Diagnosis	ICD-10-CM
C11	Malignant neoplasm of nasopharynx	Diagnosis	ICD-10-CM
C110	Malignant neoplasm of superior wall of nasopharynx	Diagnosis	ICD-10-CM
C111	Malignant neoplasm of posterior wall of nasopharynx	Diagnosis	ICD-10-CM
C112	Malignant neoplasm of lateral wall of nasopharynx	Diagnosis	ICD-10-CM
C113	Malignant neoplasm of anterior wall of nasopharynx	Diagnosis	ICD-10-CM
C118	Malignant neoplasm of overlapping sites of nasopharynx	Diagnosis	ICD-10-CM
C119	Malignant neoplasm of nasopharynx, unspecified	Diagnosis	ICD-10-CM
C12	Malignant neoplasm of pyriform sinus	Diagnosis	ICD-10-CM
C13	Malignant neoplasm of hypopharynx	Diagnosis	ICD-10-CM
C130	Malignant neoplasm of postcricoid region	Diagnosis	ICD-10-CM
C131	Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect	Diagnosis	ICD-10-CM
C132	Malignant neoplasm of posterior wall of hypopharynx	Diagnosis	ICD-10-CM
C138	Malignant neoplasm of overlapping sites of hypopharynx	Diagnosis	ICD-10-CM
C139	Malignant neoplasm of hypopharynx, unspecified	Diagnosis	ICD-10-CM
C14	Malignant neoplasm of other and ill-defined sites in the lip, oral cavity and pharynx	Diagnosis	ICD-10-CM
C140	Malignant neoplasm of pharynx, unspecified	Diagnosis	ICD-10-CM
C142	Malignant neoplasm of Waldeyer's ring	Diagnosis	ICD-10-CM
C148	Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx	Diagnosis	ICD-10-CM
C15	Malignant neoplasm of esophagus	Diagnosis	ICD-10-CM
C153	Malignant neoplasm of upper third of esophagus	Diagnosis	ICD-10-CM
C154	Malignant neoplasm of middle third of esophagus	Diagnosis	ICD-10-CM
C155	Malignant neoplasm of lower third of esophagus	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
C158	Malignant neoplasm of overlapping sites of esophagus	Diagnosis	ICD-10-CM
C159	Malignant neoplasm of esophagus, unspecified	Diagnosis	ICD-10-CM
C16	Malignant neoplasm of stomach	Diagnosis	ICD-10-CM
C160	Malignant neoplasm of cardia	Diagnosis	ICD-10-CM
C161	Malignant neoplasm of fundus of stomach	Diagnosis	ICD-10-CM
C162	Malignant neoplasm of body of stomach	Diagnosis	ICD-10-CM
C164	Malignant neoplasm of pylorus	Diagnosis	ICD-10-CM
C165	Malignant neoplasm of lesser curvature of stomach, unspecified	Diagnosis	ICD-10-CM
C166	Malignant neoplasm of greater curvature of stomach, unspecified	Diagnosis	ICD-10-CM
C168	Malignant neoplasm of overlapping sites of stomach	Diagnosis	ICD-10-CM
C169	Malignant neoplasm of stomach, unspecified	Diagnosis	ICD-10-CM
C17	Malignant neoplasm of small intestine	Diagnosis	ICD-10-CM
C170	Malignant neoplasm of duodenum	Diagnosis	ICD-10-CM
C171	Malignant neoplasm of jejunum	Diagnosis	ICD-10-CM
C172	Malignant neoplasm of ileum	Diagnosis	ICD-10-CM
C173	Meckel's diverticulum, malignant	Diagnosis	ICD-10-CM
C178	Malignant neoplasm of overlapping sites of small intestine	Diagnosis	ICD-10-CM
C179	Malignant neoplasm of small intestine, unspecified	Diagnosis	ICD-10-CM
C18	Malignant neoplasm of colon	Diagnosis	ICD-10-CM
C180	Malignant neoplasm of cecum	Diagnosis	ICD-10-CM
C181	Malignant neoplasm of appendix	Diagnosis	ICD-10-CM
C182	Malignant neoplasm of ascending colon	Diagnosis	ICD-10-CM
C183	Malignant neoplasm of hepatic flexure	Diagnosis	ICD-10-CM
C184	Malignant neoplasm of transverse colon	Diagnosis	ICD-10-CM
C185	Malignant neoplasm of splenic flexure	Diagnosis	ICD-10-CM
C186	Malignant neoplasm of descending colon	Diagnosis	ICD-10-CM
C187	Malignant neoplasm of sigmoid colon	Diagnosis	ICD-10-CM
C188	Malignant neoplasm of overlapping sites of colon	Diagnosis	ICD-10-CM
C189	Malignant neoplasm of colon, unspecified	Diagnosis	ICD-10-CM
C19	Malignant neoplasm of rectosigmoid junction	Diagnosis	ICD-10-CM
C20	Malignant neoplasm of rectum	Diagnosis	ICD-10-CM
C21	Malignant neoplasm of anus and anal canal	Diagnosis	ICD-10-CM
C21	Malignant neoplasm of anus, unspecified	Diagnosis	ICD-10-CM
C210 C211	Malignant neoplasm of anal canal	Diagnosis	ICD-10-CM
C211	Malignant neoplasm of overlapping sites of rectum, anus and anal canal	-	
C216	Manghant neoplasm of overlapping sites of rectum, ands and anal canal	Diagnosis	ICD-10-CM
C22	Malignant neoplasm of liver and intrahepatic bile ducts	Diagnosis	ICD-10-CM
C220	Liver cell carcinoma	Diagnosis	ICD-10-CM
C221	Intrahepatic bile duct carcinoma	Diagnosis	ICD-10-CM
C222	Hepatoblastoma	Diagnosis	ICD-10-CM
C223	Angiosarcoma of liver	Diagnosis	ICD-10-CM
C224	Other sarcoma of liver	Diagnosis	ICD-10-CM
C227	Other specified carcinomas of liver	Diagnosis	ICD-10-CM
C228	Malignant neoplasm of liver, primary, unspecified as to type	Diagnosis	ICD-10-CM
C229	Malignant neoplasm of liver, not specified as primary or secondary	Diagnosis	ICD-10-CM
C23	Malignant neoplasm of gallbladder	Diagnosis	ICD-10-CM
C24	Malignant neoplasm of other and unspecified parts of biliary tract	Diagnosis	ICD-10-CM
C240	Malignant neoplasm of extrahepatic bile duct	Diagnosis	ICD-10-CM
C241	Malignant neoplasm of ampulla of Vater	Diagnosis	ICD-10-CM
C248	Malignant neoplasm of overlapping sites of biliary tract	Diagnosis	ICD-10-CM
C249	Malignant neoplasm of biliary tract, unspecified	Diagnosis	ICD-10-CM
C25	Malignant neoplasm of pancreas	Diagnosis	ICD-10-CM
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	E. List of RXNorm Concept Unique Identifier (RXCUI), Logical Observation Identifi		
Code	Description National and a finance of the second of the se	Code Category	Code Type
C250	Malignant neoplasm of head of pancreas	Diagnosis	ICD-10-CM
C251	Malignant neoplasm of body of pancreas	Diagnosis	ICD-10-CM
C252	Malignant neoplasm of tail of pancreas	Diagnosis	ICD-10-CM
C253	Malignant neoplasm of pancreatic duct	Diagnosis	ICD-10-CM
C254 C257	Malignant neoplasm of endocrine pancreas	Diagnosis	ICD-10-CM
	Malignant neoplasm of other parts of pancreas	Diagnosis	ICD-10-CM
C258	Malignant neoplasm of overlapping sites of pancreas	Diagnosis	ICD-10-CM
C259	Malignant neoplasm of pancreas, unspecified	Diagnosis	ICD-10-CM
C26	Malignant neoplasm of other and ill-defined digestive organs	Diagnosis	ICD-10-CM
C260	Malignant neoplasm of intestinal tract, part unspecified	Diagnosis	ICD-10-CM
C261	Malignant neoplasm of spleen	Diagnosis	ICD-10-CM
C269	Malignant neoplasm of ill-defined sites within the digestive system	Diagnosis	ICD-10-CM
C30	Malignant neoplasm of nasal cavity and middle ear	Diagnosis	ICD-10-CM
C300	Malignant neoplasm of nasal cavity	Diagnosis	ICD-10-CM
C301	Malignant neoplasm of middle ear	Diagnosis	ICD-10-CM
C31	Malignant neoplasm of accessory sinuses	Diagnosis	ICD-10-CM
C310	Malignant neoplasm of maxillary sinus	Diagnosis	ICD-10-CM
C311	Malignant neoplasm of ethmoidal sinus	Diagnosis	ICD-10-CM
C312	Malignant neoplasm of frontal sinus	Diagnosis	ICD-10-CM
C313	Malignant neoplasm of sphenoid sinus	Diagnosis	ICD-10-CM
C318	Malignant neoplasm of overlapping sites of accessory sinuses	Diagnosis	ICD-10-CM
C319	Malignant neoplasm of accessory sinus, unspecified	Diagnosis	ICD-10-CM
C32	Malignant neoplasm of larynx	Diagnosis	ICD-10-CM
C320	Malignant neoplasm of glottis	Diagnosis	ICD-10-CM
C321	Malignant neoplasm of supraglottis	Diagnosis	ICD-10-CM
C322	Malignant neoplasm of subglottis	Diagnosis	ICD-10-CM
C323	Malignant neoplasm of laryngeal cartilage	Diagnosis	ICD-10-CM
C328	Malignant neoplasm of overlapping sites of larynx	Diagnosis	ICD-10-CM
C329	Malignant neoplasm of larynx, unspecified	Diagnosis	ICD-10-CM
C33	Malignant neoplasm of trachea	Diagnosis	ICD-10-CM
C34	Malignant neoplasm of bronchus and lung	Diagnosis	ICD-10-CM
C340	Malignant neoplasm of main bronchus	Diagnosis	ICD-10-CM
C3400	Malignant neoplasm of unspecified main bronchus	Diagnosis	ICD-10-CM
C3401	Malignant neoplasm of right main bronchus	Diagnosis	ICD-10-CM
C3402	Malignant neoplasm of left main bronchus	Diagnosis	ICD-10-CM
C3410	Malignant neoplasm of upper lobe, unspecified bronchus or lung	Diagnosis	ICD-10-CM
C3411	Malignant neoplasm of upper lobe, right bronchus or lung	Diagnosis	ICD-10-CM
C3412	Malignant neoplasm of upper lobe, left bronchus or lung	Diagnosis	ICD-10-CM
C342	Malignant neoplasm of middle lobe, bronchus or lung	Diagnosis	ICD-10-CM
C343	Malignant neoplasm of lower lobe, bronchus or lung	Diagnosis	ICD-10-CM
C3430	Malignant neoplasm of lower lobe, unspecified bronchus or lung	Diagnosis	ICD-10-CM
C3431	Malignant neoplasm of lower lobe, right bronchus or lung	Diagnosis	ICD-10-CM
C3432	Malignant neoplasm of lower lobe, left bronchus or lung	Diagnosis	ICD-10-CM
C348	Malignant neoplasm of overlapping sites of bronchus and lung	Diagnosis	ICD-10-CM
C3480	Malignant neoplasm of overlapping sites of unspecified bronchus and lung	Diagnosis	ICD-10-CM
C3481	Malignant neoplasm of overlapping sites of right bronchus and lung	Diagnosis	ICD-10-CM
C3482	Malignant neoplasm of overlapping sites of left bronchus and lung	Diagnosis	ICD-10-CM
C349	Malignant neoplasm of unspecified part of bronchus or lung	Diagnosis	ICD-10-CM
C3490	Malignant neoplasm of unspecified part of unspecified bronchus or lung	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
C3491	Malignant neoplasm of unspecified part of right bronchus or lung	Diagnosis	ICD-10-CM
C3492	Malignant neoplasm of unspecified part of left bronchus or lung	Diagnosis	ICD-10-CIVI
C3432	Malignant neoplasm of thymus	Diagnosis	ICD-10-CIVI
C38	Malignant neoplasm of tryings Malignant neoplasm of heart, mediastinum and pleura	Diagnosis	ICD-10-CM
C380	Malignant neoplasm of heart	Diagnosis	ICD-10-CIVI
C381	Malignant neoplasm of heart Malignant neoplasm of anterior mediastinum	Diagnosis	ICD-10-CIVI
C382	Malignant neoplasm of anterior mediastinum Malignant neoplasm of posterior mediastinum	Diagnosis	ICD-10-CIVI
C382	Malignant neoplasm of mediastinum, part unspecified	Diagnosis	ICD-10-CW
C384	Malignant neoplasm of neurastinum, part unspecified Malignant neoplasm of pleura	Diagnosis	ICD-10-CW
C388	Malignant neoplasm of overlapping sites of heart, mediastinum and pleura	Diagnosis	ICD-10-CIVI
C366	Manghant neoplasm of overlapping sites of neart, mediastinum and pledra	Diagnosis	ICD-10-CIVI
C39	Malignant neoplasm of other and ill-defined sites in the respiratory system and	Diagnosis	ICD-10-CM
633	intrathoracic organs	Diagnosis	ICD 10 CIVI
C390	Malignant neoplasm of upper respiratory tract, part unspecified	Diagnosis	ICD-10-CM
C399	Malignant neoplasm of upper respiratory tract, part unspecified	Diagnosis	ICD-10-CIVI
C40	Malignant neoplasm of lower respiratory tract, part dispectived Malignant neoplasm of bone and articular cartilage of limbs	Diagnosis	ICD-10-CW
C400	Malignant neoplasm of scapula and long bones of upper limb	Diagnosis	ICD-10-CW
C400 C4000		Diagnosis	ICD-10-CIVI
C4000	Malignant neoplasm of scapula and long bones of unspecified upper limb	Diagnosis	ICD-10-CIVI
C4001	Malignant neoplasm of scapula and long bones of right upper limb	Diagnosis	ICD-10-CM
C4002	Malignant neoplasm of scapula and long bones of left upper limb	Diagnosis	ICD-10-CM
C4002	Malignant neoplasm of short bones of upper limb	Diagnosis	ICD-10-CM
C4010	Malignant neoplasm of short bones of unspecified upper limb	Diagnosis	ICD-10-CIVI
C4010	Malignant neoplasm of short bones of right upper limb	Diagnosis	ICD-10-CIVI
C4011	Malignant neoplasm of short bones of left upper limb	Diagnosis	ICD-10-CIVI
C4012	Malignant neoplasm of long bones of lower limb	Diagnosis	ICD-10-CIVI
C4020	Malignant neoplasm of long bones of unspecified lower limb	Diagnosis	ICD-10-CIVI
C4020 C4021	Malignant neoplasm of long bones of right lower limb	Diagnosis	ICD-10-CW
C4021 C4022	Malignant neoplasm of long bones of left lower limb	Diagnosis	ICD-10-CW
C4022 C403	Malignant neoplasm of short bones of lower limb	Diagnosis	ICD-10-CW
C403 C4030	Malignant neoplasm of short bones of unspecified lower limb	-	ICD-10-CIVI
	Malignant neoplasm of short bones of right lower limb	Diagnosis	
C4031	· · ·	Diagnosis	ICD-10-CM
C4032	Malignant neoplasm of short bones of left lower limb	Diagnosis	ICD-10-CM
C41	Malignant neoplasm of bone and articular cartilage of other and unspecified sites	Diagnosis	ICD-10-CM
C410	Malignant neoplasm of bones of skull and face	Diagnosis	ICD-10-CM
C411	Malignant neoplasm of mandible	Diagnosis	ICD-10-CM
C412	Malignant neoplasm of vertebral column	Diagnosis	ICD-10-CM
C413	Malignant neoplasm of ribs, sternum and clavicle	Diagnosis	ICD-10-CM
C414	Malignant neoplasm of pelvic bones, sacrum and coccyx	Diagnosis	ICD-10-CIVI
C414	Malignant neoplasm of overlapping sites of bone and articular cartilage of limb	Diagnosis	ICD-10-CM
C+00	wangilant heoplasm of overlapping sites of bone and articular cartilage of limb	Diagnosis	ICD TO CIVI
C4080	Malignant neoplasm of overlapping sites of bone and articular cartilage of unspecified	Diagnosis	ICD-10-CM
	limb		
C4081	Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb	Diagnosis	ICD-10-CM
C4082	Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb	Diagnosis	ICD-10-CM
C419	Malignant neoplasm of bone and articular cartilage, unspecified	Diagnosis	ICD-10-CM
C409	Malignant neoplasm of unspecified bones and articular cartilage of limb	Diagnosis	ICD-10-CM
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Code	E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers No Description	Code Category	Code Type
C4090	Malignant neoplasm of unspecified bones and articular cartilage of unspecified limb	Diagnosis	ICD-10-CM
C4091	Malignant neoplasm of unspecified bones and articular cartilage of right limb	Diagnosis	ICD-10-CM
C4092	Malignant neoplasm of unspecified bones and articular cartilage of left limb	Diagnosis	ICD-10-CM
C43	Malignant melanoma of skin	Diagnosis	ICD-10-CM
C430	Malignant melanoma of lip	Diagnosis	ICD-10-CM
C431	Malignant melanoma of eyelid, including canthus	Diagnosis	ICD-10-CM
C4310	Malignant melanoma of unspecified eyelid, including canthus	Diagnosis	ICD-10-CM
C43111	Malignant melanoma of right upper eyelid, including canthus	Diagnosis	ICD-10-CM
C43112	Malignant melanoma of right lower eyelid, including canthus	Diagnosis	ICD-10-CM
C43121	Malignant melanoma of left upper eyelid, including canthus	Diagnosis	ICD-10-CM
C43122	Malignant melanoma of right upper eyelid, including canthus	Diagnosis	ICD-10-CM
C432	Malignant melanoma of ear and external auricular canal	Diagnosis	ICD-10-CM
C4320	Malignant melanoma of unspecified ear and external auricular canal	Diagnosis	ICD-10-CM
C4321	Malignant melanoma of right ear and external auricular canal	Diagnosis	ICD-10-CM
C4322	Malignant melanoma of left ear and external auricular canal	Diagnosis	ICD-10-CM
C433	Malignant melanoma of other and unspecified parts of face	Diagnosis	ICD-10-CM
C4330	Malignant melanoma of unspecified part of face	Diagnosis	ICD-10-CM
C4330	Malignant melanoma of nose	Diagnosis	ICD-10-CM
C4331	Malignant melanoma of other parts of face	Diagnosis	ICD-10-CM
C4333	Malignant melanoma of scalp and neck	Diagnosis	ICD-10-CM
C434 C435	Malignant melanoma of trunk	Diagnosis	ICD-10-CM
C4351	Malignant melanoma of anal skin	Diagnosis	ICD-10-CM
C4351	Malignant melanoma of skin of breast	Diagnosis	ICD-10-CM
C4352 C4359	Malignant melanoma of other part of trunk	Diagnosis	ICD-10-CM
C4339	Malignant melanoma of upper limb, including shoulder	Diagnosis	ICD-10-CM
C4360	Malignant melanoma of unspecified upper limb, including shoulder	Diagnosis	ICD-10-CM
C4361	Malignant melanoma of right upper limb, including shoulder	Diagnosis	ICD-10-CM
C4361	Malignant melanoma of left upper limb, including shoulder	Diagnosis	ICD-10-CM
C4302	Malignant melanoma of lower limb, including shoulder	Diagnosis	
C4370	Malignant melanoma of unspecified lower limb, including hip	_	ICD-10-CM
C4370 C4371	Malignant melanoma of right lower limb, including hip	Diagnosis Diagnosis	ICD-10-CM ICD-10-CM
C4371	Malignant melanoma of left lower limb, including hip	Diagnosis	ICD-10-CM
C4372	Malignant melanoma of overlapping sites of skin	Diagnosis	ICD-10-CM
C458	Mesothelioma	Diagnosis	ICD-10-CM
C450	Mesothelioma of pleura	Diagnosis	ICD-10-CM
C450	Mesothelioma of peritoneum	Diagnosis	ICD-10-CM
C451	Mesothelioma of other sites	Diagnosis	ICD-10-CM
C457		=	ICD-10-CM
C459	Mesothelioma, unspecified Kaposi's sarcoma	Diagnosis	ICD-10-CM
C460	Kaposi's sarcoma of skin	Diagnosis Diagnosis	ICD-10-CM
C461	·	_	
C461	Kaposi's sarcoma of soft tissue Kaposi's sarcoma of palate	Diagnosis Diagnosis	ICD-10-CM ICD-10-CM
		_	
C463 C464	Kaposi's sarcoma of lymph nodes Kaposi's sarcoma of gastrointestinal sites	Diagnosis	ICD-10-CM
	Kaposi's sarcoma of gastrointestinal sites	Diagnosis	ICD-10-CM
C465	Kaposi's sarcoma of unpresified lung	Diagnosis	ICD-10-CM
C4650	Kaposi's sarcoma of unspecified lung	Diagnosis	ICD-10-CM
C4651	Kaposi's sarcoma of left lung	Diagnosis	ICD-10-CM
C4652	Kaposi's sarcoma of left lung	Diagnosis	ICD-10-CM

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	E. List of KxNorm Concept Unique Identifier (KXCOI), Logical Observation Identifiers No		•
Code	Description (Control of a the society)	Code Category	Code Type
C467	Kaposi's sarcoma of other sites	Diagnosis	ICD-10-CM
C47	Malignant neoplasm of peripheral nerves and autonomic nervous system	Diagnosis	ICD-10-CM
C470	Malignant neoplasm of peripheral nerves of head, face and neck	Diagnosis	ICD-10-CM
C469	Kaposi's sarcoma, unspecified	Diagnosis	ICD-10-CM
C471	Malignant neoplasm of peripheral nerves of upper limb, including shoulder	Diagnosis	ICD-10-CM
C4710	Malignant neoplasm of peripheral nerves of unspecified upper limb, including shoulder	Diagnosis	ICD-10-CM
C4711	Malignant neoplasm of peripheral nerves of right upper limb, including shoulder	Diagnosis	ICD-10-CM
C4712	Malignant neoplasm of peripheral nerves of left upper limb, including shoulder	Diagnosis	ICD-10-CM
C472	Malignant neoplasm of peripheral nerves of lower limb, including hip	Diagnosis	ICD-10-CM
C4720	Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip	Diagnosis	ICD-10-CM
C4721	Malignant neoplasm of peripheral nerves of right lower limb, including hip	Diagnosis	ICD-10-CM
C4722	Malignant neoplasm of peripheral nerves of left lower limb, including hip	Diagnosis	ICD-10-CM
C473	Malignant neoplasm of peripheral nerves of thorax	Diagnosis	ICD-10-CM
C474	Malignant neoplasm of peripheral nerves of abdomen	Diagnosis	ICD-10-CM
C475	Malignant neoplasm of peripheral nerves of pelvis	Diagnosis	ICD-10-CM
C476	Malignant neoplasm of peripheral nerves of trunk, unspecified	Diagnosis	ICD-10-CM
C479	Malignant neoplasm of peripheral nerves and autonomic nervous system, unspecified	Diagnosis	ICD-10-CM
C478	Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system	Diagnosis	ICD-10-CM
C48	Malignant neoplasm of retroperitoneum and peritoneum	Diagnosis	ICD-10-CM
C480	Malignant neoplasm of retroperitoneum	Diagnosis	ICD-10-CM
C481	Malignant neoplasm of specified parts of peritoneum	Diagnosis	ICD-10-CM
C488	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum	Diagnosis	ICD-10-CM
C482	Malignant neoplasm of peritoneum, unspecified	Diagnosis	ICD-10-CM
C49	Malignant neoplasm of other connective and soft tissue	Diagnosis	ICD-10-CM
C490	Malignant neoplasm of connective and soft tissue of head, face and neck	Diagnosis	ICD-10-CM
C490	ivialignant neoplasm of connective and soft tissue of nead, face and neck	Diagnosis	ICD-10-CIVI
C491	Malignant neoplasm of connective and soft tissue of upper limb, including shoulder	Diagnosis	ICD-10-CM
C4910	Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder	Diagnosis	ICD-10-CM
C4911	Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder	Diagnosis	ICD-10-CM
C4912	Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder	Diagnosis	ICD-10-CM
C492	Malignant neoplasm of connective and soft tissue of lower limb, including hip	Diagnosis	ICD-10-CM
C4920	Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip	Diagnosis	ICD-10-CM
C4921	Malignant neoplasm of connective and soft tissue of right lower limb, including hip	Diagnosis	ICD-10-CM

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Code	E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Description	Code Category	Code Type
C4922	Malignant neoplasm of connective and soft tissue of left lower limb, including hip	Diagnosis	ICD-10-CM
C493	Malignant neoplasm of connective and soft tissue of thorax	Diagnosis	ICD-10-CM
C494	Malignant neoplasm of connective and soft tissue of abdomen	Diagnosis	ICD-10-CM
C495	Malignant neoplasm of connective and soft tissue of pelvis	Diagnosis	ICD-10-CM
C496	Malignant neoplasm of connective and soft tissue of trunk, unspecified	Diagnosis	ICD-10-CM
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C498	Malignant neoplasm of overlapping sites of connective and soft tissue	Diagnosis	ICD-10-CM
C499	Malignant neoplasm of connective and soft tissue, unspecified	Diagnosis	ICD-10-CM
C49A	Gastrointestinal stromal tumor	Diagnosis	ICD-10-CM
C49A0	Gastrointestinal stromal tumor, unspecified site	Diagnosis	ICD-10-CM
C49A1	Gastrointestinal stromal tumor of esophagus	Diagnosis	ICD-10-CM
C49A2	Gastrointestinal stromal tumor of stomach	Diagnosis	ICD-10-CM
C49A3	Gastrointestinal stromal tumor of small intestine	Diagnosis	ICD-10-CM
C49A4	Gastrointestinal stromal tumor of large intestine	Diagnosis	ICD-10-CM
C49A5	Gastrointestinal stromal tumor of rectum	Diagnosis	ICD-10-CM
C49A9	Gastrointestinal stromal tumor of other sites	Diagnosis	ICD-10-CM
C4A	Merkel cell carcinoma	Diagnosis	ICD-10-CM
C4A0	Merkel cell carcinoma of lip	Diagnosis	ICD-10-CM
C4A1	Merkel cell carcinoma of eyelid, including canthus	Diagnosis	ICD-10-CM
C4A10	Merkel cell carcinoma of unspecified eyelid, including canthus	Diagnosis	ICD-10-CM
C4A111	Merkel cell carcinoma of right upper eyelid, including canthus	Diagnosis	ICD-10-CM
C4A112	Merkel cell carcinoma of right lower eyelid, including canthus	Diagnosis	ICD-10-CM
C4A121	Merkel cell carcinoma of left upper eyelid, including canthus	Diagnosis	ICD-10-CM
C4A122	Merkel cell carcinoma of left lower eyelid, including canthus	Diagnosis	ICD-10-CM
C4A2	Merkel cell carcinoma of ear and external auricular canal	Diagnosis	ICD-10-CM
C4A20	Merkel cell carcinoma of unspecified ear and external auricular canal	Diagnosis	ICD-10-CM
C4A21	Merkel cell carcinoma of right ear and external auricular canal	Diagnosis	ICD-10-CM
C4A22	Merkel cell carcinoma of left ear and external auricular canal	Diagnosis	ICD-10-CM
C4A3	Merkel cell carcinoma of other and unspecified parts of face	Diagnosis	ICD-10-CM
C4A30	Merkel cell carcinoma of unspecified part of face	Diagnosis	ICD-10-CM
C4A31	Merkel cell carcinoma of nose	Diagnosis	ICD-10-CM
C4A39	Merkel cell carcinoma of other parts of face	Diagnosis	ICD-10-CM
C4A4	Merkel cell carcinoma of scalp and neck	Diagnosis	ICD-10-CM
C4A5	Merkel cell carcinoma of trunk	Diagnosis	ICD-10-CM
C4A51	Merkel cell carcinoma of anal skin	Diagnosis	ICD-10-CM
C4A52	Merkel cell carcinoma of skin of breast	Diagnosis	ICD-10-CM
C4A59	Merkel cell carcinoma of other part of trunk	Diagnosis	ICD-10-CM
C4A6	Merkel cell carcinoma of upper limb, including shoulder	Diagnosis	ICD-10-CM
C4A60	Merkel cell carcinoma of unspecified upper limb, including shoulder	Diagnosis	ICD-10-CM
C4A00	Werker cell cardiforna of difspecified upper liftib, including shoulder	Diagnosis	ICD-10-CIVI
C4A61	Merkel cell carcinoma of right upper limb, including shoulder	Diagnosis	ICD-10-CM
C4A62	Merkel cell carcinoma of left upper limb, including shoulder	Diagnosis	ICD-10-CM
C4A7	Merkel cell carcinoma of lower limb, including hip	Diagnosis	ICD-10-CM
C4A70	Merkel cell carcinoma of unspecified lower limb, including hip	Diagnosis	ICD-10-CM
C4A71	Merkel cell carcinoma of right lower limb, including hip	Diagnosis	ICD-10-CM
C4A72	Merkel cell carcinoma of left lower limb, including hip	Diagnosis	ICD-10-CM
C4A8	Merkel cell carcinoma of overlapping sites	Diagnosis	ICD-10-CM
C4A9	Merkel cell carcinoma, unspecified	Diagnosis	ICD-10-CM
C50	Malignant neoplasm of breast	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
C500	Malignant neoplasm of nipple and areola	Diagnosis	ICD-10-CM
C5001	Malignant neoplasm of nipple and areola, female	Diagnosis	ICD-10-CM
C5001	Malignant neoplasm of nipple and areola, right female breast	Diagnosis	ICD-10-CM
C50011	Malignant neoplasm of nipple and areola, right female breast	Diagnosis	ICD-10-CM
C50012	Malignant neoplasm of nipple and areola, unspecified female breast	Diagnosis	ICD-10-CM
C30013	ividing frant free plasm of hippie and areola, unspecified female breast	Diagnosis	ICD-10-CIVI
C5002	Malignant neoplasm of nipple and areola, male	Diagnosis	ICD-10-CM
C50021	Malignant neoplasm of nipple and areola, right male breast	Diagnosis	ICD-10-CM
C50022	Malignant neoplasm of nipple and areola, left male breast	Diagnosis	ICD-10-CM
C50029	Malignant neoplasm of nipple and areola, unspecified male breast	Diagnosis	ICD-10-CM
C5011	Malignant neoplasm of central portion of breast, female	Diagnosis	ICD-10-CM
C50111	Malignant neoplasm of central portion of right female breast	Diagnosis	ICD-10-CM
C50112	Malignant neoplasm of central portion of left female breast	Diagnosis	ICD-10-CM
C50119	Malignant neoplasm of central portion of unspecified female breast	Diagnosis	ICD-10-CM
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C5012	Malignant neoplasm of central portion of breast, male	Diagnosis	ICD-10-CM
C50121	Malignant neoplasm of central portion of right male breast	Diagnosis	ICD-10-CM
C50122	Malignant neoplasm of central portion of left male breast	Diagnosis	ICD-10-CM
C50129	Malignant neoplasm of central portion of unspecified male breast	Diagnosis	ICD-10-CM
C502	Malignant neoplasm of upper-inner quadrant of breast	Diagnosis	ICD-10-CM
C5021	Malignant neoplasm of upper-inner quadrant of breast, female	Diagnosis	ICD-10-CM
C50211	Malignant neoplasm of upper-inner quadrant of right female breast	Diagnosis	ICD-10-CM
C50212	Malignant neoplasm of upper-inner quadrant of left female breast	Diagnosis	ICD-10-CM
C50219	Malignant neoplasm of upper-inner quadrant of unspecified female breast	Diagnosis	ICD-10-CM
C5022	Malignant neoplasm of upper-inner quadrant of breast, male	Diagnosis	ICD-10-CM
C50221	Malignant neoplasm of upper-inner quadrant of right male breast	Diagnosis	ICD-10-CM
C50222	Malignant neoplasm of upper-inner quadrant of left male breast	Diagnosis	ICD-10-CM
C50229	Malignant neoplasm of upper-inner quadrant of unspecified male breast	Diagnosis	ICD-10-CM
C503	Malignant neoplasm of lower-inner quadrant of breast	Diagnosis	ICD-10-CM
C5031	Malignant neoplasm of lower-inner quadrant of breast, female	Diagnosis	ICD-10-CM
C50311	Malignant neoplasm of lower-inner quadrant of right female breast	Diagnosis	ICD-10-CM
C50312	Malignant neoplasm of lower-inner quadrant of left female breast	Diagnosis	ICD-10-CM
C50319	Malignant neoplasm of lower-inner quadrant of unspecified female breast	Diagnosis	ICD-10-CM
C5032	Malignant neoplasm of lower-inner quadrant of breast, male	Diagnosis	ICD-10-CM
C50321	Malignant neoplasm of lower-inner quadrant of right male breast	Diagnosis	ICD-10-CM
C50322	Malignant neoplasm of lower-inner quadrant of left male breast	Diagnosis	ICD-10-CM
C50329	Malignant neoplasm of lower-inner quadrant of unspecified male breast	Diagnosis	ICD-10-CM
CEO4	Malignant manufactor of unner outer guadrant of breast	Diagnosis	ICD 10 CM
C504	Malignant neoplasm of upper-outer quadrant of breast	Diagnosis	ICD-10-CM
C5041 C50411	Malignant neoplasm of upper-outer quadrant of breast, female	Diagnosis	ICD-10-CM
C50411 C50412	Malignant neoplasm of upper-outer quadrant of right female breast	Diagnosis	ICD-10-CM
	Malignant neoplasm of upper-outer quadrant of left female breast	Diagnosis	ICD-10-CM
C50419	Malignant neoplasm of upper-outer quadrant of unspecified female breast	Diagnosis	ICD-10-CM
C5042	Malignant neoplasm of upper-outer quadrant of breast, male	Diagnosis	ICD-10-CM
C5042 C50421	Malignant neoplasm of upper-outer quadrant of breast, male	Diagnosis	ICD-10-CM
C50421	Malignant neoplasm of upper-outer quadrant of light male breast	Diagnosis	ICD-10-CM
C50422 C50429	Malignant neoplasm of upper-outer quadrant of iert male breast Malignant neoplasm of upper-outer quadrant of unspecified male breast	Diagnosis	ICD-10-CM
CJU+23	mangiant heopiasin of apper-oater quadrant of unspecified male breast	Diagnosis	ICD-TO-CIVI

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	E. List of KxNorm Concept Unique Identifier (KXCOI), Logical Observation Identifi		
Code	Description	Code Category	Code Type
C505	Malignant neoplasm of lower-outer quadrant of breast	Diagnosis	ICD-10-CM
C5051	Malignant neoplasm of lower-outer quadrant of breast, female	Diagnosis	ICD-10-CM
C50511	Malignant neoplasm of lower-outer quadrant of right female breast	Diagnosis	ICD-10-CM
C50512	Malignant neoplasm of lower-outer quadrant of left female breast	Diagnosis	ICD-10-CM
C50519	Malignant neoplasm of lower-outer quadrant of unspecified female breast	Diagnosis	ICD-10-CM
C5052	Malignant neoplasm of lower-outer quadrant of breast, male	Diagnosis	ICD-10-CM
C50521	Malignant neoplasm of lower-outer quadrant of right male breast	Diagnosis	ICD-10-CM
C50522	Malignant neoplasm of lower-outer quadrant of left male breast	Diagnosis	ICD-10-CM
C50529	Malignant neoplasm of lower-outer quadrant of unspecified male breast	Diagnosis	ICD-10-CM
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C506	Malignant neoplasm of axillary tail of breast	Diagnosis	ICD-10-CM
C5061	Malignant neoplasm of axillary tail of breast, female	Diagnosis	ICD-10-CM
C50611	Malignant neoplasm of axillary tail of right female breast	Diagnosis	ICD-10-CM
C50612	Malignant neoplasm of axillary tail of left female breast	Diagnosis	ICD-10-CM
C50619	Malignant neoplasm of axillary tail of unspecified female breast	Diagnosis	ICD-10-CM
C5062	Malignant neoplasm of axillary tail of breast, male	Diagnosis	ICD-10-CM
C50621	Malignant neoplasm of axillary tail of right male breast	Diagnosis	ICD-10-CM
C50622	Malignant neoplasm of axillary tail of left male breast	Diagnosis	ICD-10-CM
C50629	Malignant neoplasm of axillary tail of unspecified male breast	Diagnosis	ICD-10-CM
C508	Malignant neoplasm of overlapping sites of breast	Diagnosis	ICD-10-CM
C5081	Malignant neoplasm of overlapping sites of breast, female	Diagnosis	ICD-10-CM
C50811	Malignant neoplasm of overlapping sites of right female breast	Diagnosis	ICD-10-CM
C50812	Malignant neoplasm of overlapping sites of left female breast	Diagnosis	ICD-10-CM
C50819	Malignant neoplasm of overlapping sites of unspecified female breast	Diagnosis	ICD-10-CM
C5082	Malignant neoplasm of overlapping sites of breast, male	Diagnosis	ICD-10-CM
C50821	Malignant neoplasm of overlapping sites of right male breast	Diagnosis	ICD-10-CM
C50822	Malignant neoplasm of overlapping sites of left male breast	Diagnosis	ICD-10-CM
C50829	Malignant neoplasm of overlapping sites of unspecified male breast	Diagnosis	ICD-10-CM
C509	Malignant neoplasm of breast of unspecified site	Diagnosis	ICD-10-CM
C5091	Malignant neoplasm of breast of unspecified site, female	Diagnosis	ICD-10-CM
C50911	Malignant neoplasm of unspecified site of right female breast	Diagnosis	ICD-10-CM
C50912	Malignant neoplasm of unspecified site of left female breast	Diagnosis	ICD-10-CM
C50919	Malignant neoplasm of unspecified site of unspecified female breast	Diagnosis	ICD-10-CM
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C5092	Malignant neoplasm of breast of unspecified site, male	Diagnosis	ICD-10-CM
C50921	Malignant neoplasm of unspecified site of right male breast	Diagnosis	ICD-10-CM
C50922	Malignant neoplasm of unspecified site of left male breast	Diagnosis	ICD-10-CM
C50929	Malignant neoplasm of unspecified site of unspecified male breast	Diagnosis	ICD-10-CM
C51	Malignant neoplasm of vulva	Diagnosis	ICD-10-CM
C510	Malignant neoplasm of labium majus	Diagnosis	ICD-10-CM
C511	Malignant neoplasm of labium minus	Diagnosis	ICD-10-CM
C512	Malignant neoplasm of clitoris	Diagnosis	ICD-10-CM
C518	Malignant neoplasm of overlapping sites of vulva	Diagnosis	ICD-10-CM
C519	Malignant neoplasm of vulva, unspecified	Diagnosis	ICD-10-CM
C52	Malignant neoplasm of vagina	Diagnosis	ICD-10-CM
C53	Malignant neoplasm of cervix uteri	Diagnosis	ICD-10-CM
C530	Malignant neoplasm of endocervix	Diagnosis	ICD-10-CM
C531	Malignant neoplasm of exocervix	Diagnosis	ICD-10-CM
C538	Malignant neoplasm of overlapping sites of cervix uteri	Diagnosis	ICD-10-CM
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	Proprietion		
Code	Description	Code Category	Code Type
C539	Malignant neoplasm of cervix uteri, unspecified	Diagnosis	ICD-10-CM
C54	Malignant neoplasm of corpus uteri	Diagnosis	ICD-10-CM
C540	Malignant neoplasm of isthmus uteri	Diagnosis	ICD-10-CM
C541	Malignant neoplasm of endometrium	Diagnosis	ICD-10-CM
C542	Malignant neoplasm of myometrium	Diagnosis	ICD-10-CM
C543	Malignant neoplasm of fundus uteri	Diagnosis	ICD-10-CM
C548	Malignant neoplasm of overlapping sites of corpus uteri	Diagnosis	ICD-10-CM
C549	Malignant neoplasm of corpus uteri, unspecified	Diagnosis	ICD-10-CM
C55	Malignant neoplasm of uterus, part unspecified	Diagnosis	ICD-10-CM
C56	Malignant neoplasm of ovary	Diagnosis	ICD-10-CM
C561	Malignant neoplasm of right ovary	Diagnosis	ICD-10-CM
C562	Malignant neoplasm of left ovary	Diagnosis	ICD-10-CM
C569	Malignant neoplasm of unspecified ovary	Diagnosis	ICD-10-CM
C57	Malignant neoplasm of other and unspecified female genital organs	Diagnosis	ICD-10-CM
C570	Malignant neoplasm of fallopian tube	Diagnosis	ICD-10-CM
C5700	Malignant neoplasm of unspecified fallopian tube	Diagnosis	ICD-10-CM
C5701	Malignant neoplasm of right fallopian tube	Diagnosis	ICD-10-CM
C5702	Malignant neoplasm of left fallopian tube	Diagnosis	ICD-10-CM
C571	Malignant neoplasm of broad ligament	Diagnosis	ICD-10-CM
C5710	Malignant neoplasm of unspecified broad ligament	Diagnosis	ICD-10-CM
C5711	Malignant neoplasm of right broad ligament	Diagnosis	ICD-10-CM
C5712	Malignant neoplasm of left broad ligament	Diagnosis	ICD-10-CM
C572	Malignant neoplasm of round ligament	Diagnosis	ICD-10-CM
C5720	Malignant neoplasm of unspecified round ligament	Diagnosis	ICD-10-CM
C5721	Malignant neoplasm of right round ligament	Diagnosis	ICD-10-CM
C5722	Malignant neoplasm of left round ligament	Diagnosis	ICD-10-CM
C573	Malignant neoplasm of parametrium	Diagnosis	ICD-10-CM
C574	Malignant neoplasm of uterine adnexa, unspecified	Diagnosis	ICD-10-CM
C577	Malignant neoplasm of other specified female genital organs	Diagnosis	ICD-10-CM
C578	Malignant neoplasm of overlapping sites of female genital organs	Diagnosis	ICD-10-CM
C579	Malignant neoplasm of female genital organ, unspecified	Diagnosis	ICD-10-CM
C58	Malignant neoplasm of placenta	Diagnosis	ICD-10-CM
C60	Malignant neoplasm of penis	Diagnosis	ICD-10-CM
C600	Malignant neoplasm of prepuce	Diagnosis	ICD-10-CM
C601	Malignant neoplasm of glans penis	Diagnosis	ICD-10-CM
C602	Malignant neoplasm of body of penis	Diagnosis	ICD-10-CM
C608	Malignant neoplasm of overlapping sites of penis	Diagnosis	ICD-10-CM
C609	Malignant neoplasm of overlapping sites of perils Malignant neoplasm of penis, unspecified	Diagnosis	ICD-10-CM
C61	Malignant neoplasm of prostate	Diagnosis	ICD-10-CM
C62	Malignant neoplasm of testis	Diagnosis	ICD-10-CM
	Malignant neoplasm of undescended testis	=	ICD-10-CM
C620	•	Diagnosis	
C6200	Malignant neoplasm of unspecified undescended testis	Diagnosis	ICD-10-CM
C6201	Malignant neoplasm of undescended right testis	Diagnosis	ICD-10-CM
C6202	Malignant neoplasm of undescended left testis	Diagnosis	ICD-10-CM
C621	Malignant neoplasm of descended testis	Diagnosis	ICD-10-CM
C6210	Malignant neoplasm of unspecified descended testis	Diagnosis	ICD-10-CM
C6211	Malignant neoplasm of descended right testis	Diagnosis	ICD-10-CM
C6212	Malignant neoplasm of descended left testis	Diagnosis	ICD-10-CM
C629	Malignant neoplasm of testis, unspecified whether descended or undescended	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
C6290	Malignant neoplasm of unspecified testis, unspecified whether descended or	Diagnosis	ICD-10-CM
C0290	undescended	Diagnosis	ICD-10-CIVI
C6291	Malignant neoplasm of right testis, unspecified whether descended or undescended	Diagnosis	ICD-10-CM
C0231	Manghant neoplasm of right testis, unspecified whether descended of undescended	Diagnosis	ICD-10-CIVI
C6292	Malignant neoplasm of left testis, unspecified whether descended or undescended	Diagnosis	ICD-10-CM
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C63	Malignant neoplasm of other and unspecified male genital organs	Diagnosis	ICD-10-CM
C630	Malignant neoplasm of epididymis	Diagnosis	ICD-10-CM
C6300	Malignant neoplasm of unspecified epididymis	Diagnosis	ICD-10-CM
C6301	Malignant neoplasm of right epididymis	Diagnosis	ICD-10-CM
C6302	Malignant neoplasm of left epididymis	Diagnosis	ICD-10-CM
C631	Malignant neoplasm of spermatic cord	Diagnosis	ICD-10-CM
C6310	Malignant neoplasm of unspecified spermatic cord	Diagnosis	ICD-10-CM
C6311	Malignant neoplasm of right spermatic cord	Diagnosis	ICD-10-CM
C6312	Malignant neoplasm of left spermatic cord	Diagnosis	ICD-10-CM
C632	Malignant neoplasm of scrotum	Diagnosis	ICD-10-CM
C637	Malignant neoplasm of other specified male genital organs	Diagnosis	ICD-10-CM
C638	Malignant neoplasm of overlapping sites of male genital organs	Diagnosis	ICD-10-CM
C64	Malignant neoplasm of kidney, except renal pelvis	Diagnosis	ICD-10-CM
C641	Malignant neoplasm of right kidney, except renal pelvis	Diagnosis	ICD-10-CM
C642	Malignant neoplasm of left kidney, except renal pelvis	Diagnosis	ICD-10-CM
C649	Malignant neoplasm of unspecified kidney, except renal pelvis	Diagnosis	ICD-10-CM
C65	Malignant neoplasm of renal pelvis	-	ICD-10-CW
		Diagnosis	
C651	Malignant neoplasm of left renal pelvis	Diagnosis	ICD-10-CM
C652	Malignant neoplasm of left renal pelvis	Diagnosis	ICD-10-CM
C659	Malignant neoplasm of unspecified renal pelvis	Diagnosis	ICD-10-CM
C66	Malignant neoplasm of ureter	Diagnosis	ICD-10-CM
C661	Malignant neoplasm of right ureter	Diagnosis	ICD-10-CM
C662	Malignant neoplasm of left ureter	Diagnosis	ICD-10-CM
C669	Malignant neoplasm of unspecified ureter	Diagnosis	ICD-10-CM
C67	Malignant neoplasm of bladder	Diagnosis	ICD-10-CM
C670	Malignant neoplasm of trigone of bladder	Diagnosis	ICD-10-CM
C671	Malignant neoplasm of dome of bladder	Diagnosis	ICD-10-CM
C672	Malignant neoplasm of lateral wall of bladder	Diagnosis	ICD-10-CM
C673	Malignant neoplasm of anterior wall of bladder	Diagnosis	ICD-10-CM
C674	Malignant neoplasm of posterior wall of bladder	Diagnosis	ICD-10-CM
C675	Malignant neoplasm of bladder neck	Diagnosis	ICD-10-CM
C676	Malignant neoplasm of ureteric orifice	Diagnosis	ICD-10-CM
C677	Malignant neoplasm of urachus	Diagnosis	ICD-10-CM
C678	Malignant neoplasm of overlapping sites of bladder	Diagnosis	ICD-10-CM
C679	Malignant neoplasm of bladder, unspecified	Diagnosis	ICD-10-CM
C68	Malignant neoplasm of other and unspecified urinary organs	Diagnosis	ICD-10-CM
C680	Malignant neoplasm of urethra	Diagnosis	ICD-10-CM
C681	Malignant neoplasm of paraurethral glands	Diagnosis	ICD-10-CM
C688	Malignant neoplasm of overlapping sites of urinary organs	Diagnosis	ICD-10-CM
C689	Malignant neoplasm of urinary organ, unspecified	Diagnosis	ICD-10-CM
C69	Malignant neoplasm of eye and adnexa	Diagnosis	ICD-10-CM
C690	Malignant neoplasm of conjunctiva	Diagnosis	ICD-10-CM
C6900	Malignant neoplasm of unspecified conjunctiva	Diagnosis	ICD-10-CIVI
C6901	Malignant neoplasm of right conjunctiva	Diagnosis	ICD-10-CW
C6901	Malignant neoplasm of left conjunctiva	Diagnosis	ICD-10-CW
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C691	Malignant neoplasm of cornea	Diagnosis	ICD-10-CM

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	E. LIST OF KXNOFM Concept Unique Identifier (KXCOT), Logical Observation Identifiers N		
Code	Description	Code Category	Code Type
C6910	Malignant neoplasm of unspecified cornea	Diagnosis	ICD-10-CM
C6911	Malignant neoplasm of right cornea	Diagnosis	ICD-10-CM
C6912	Malignant neoplasm of left cornea	Diagnosis	ICD-10-CM
C692	Malignant neoplasm of retina	Diagnosis	ICD-10-CM
C6920	Malignant neoplasm of unspecified retina	Diagnosis	ICD-10-CM
C6921	Malignant neoplasm of right retina	Diagnosis	ICD-10-CM
C6922	Malignant neoplasm of left retina	Diagnosis	ICD-10-CM
C693	Malignant neoplasm of choroid	Diagnosis	ICD-10-CM
C6930	Malignant neoplasm of unspecified choroid	Diagnosis	ICD-10-CM
C6931	Malignant neoplasm of right choroid	Diagnosis	ICD-10-CM
C6932	Malignant neoplasm of left choroid	Diagnosis	ICD-10-CM
C694	Malignant neoplasm of ciliary body	Diagnosis	ICD-10-CM
C6940	Malignant neoplasm of unspecified ciliary body	Diagnosis	ICD-10-CM
C6941	Malignant neoplasm of right ciliary body	Diagnosis	ICD-10-CM
C6942	Malignant neoplasm of left ciliary body	Diagnosis	ICD-10-CM
C695	Malignant neoplasm of lacrimal gland and duct	Diagnosis	ICD-10-CM
C6950	Malignant neoplasm of unspecified lacrimal gland and duct	Diagnosis	ICD-10-CM
C6951	Malignant neoplasm of right lacrimal gland and duct	Diagnosis	ICD-10-CM
C6952	Malignant neoplasm of left lacrimal gland and duct	Diagnosis	ICD-10-CM
C696	Malignant neoplasm of orbit	Diagnosis	ICD-10-CM
C6960	Malignant neoplasm of unspecified orbit	Diagnosis	ICD-10-CM
C6961	Malignant neoplasm of right orbit	Diagnosis	ICD-10-CM
C6962	Malignant neoplasm of left orbit	Diagnosis	ICD-10-CM
C698	Malignant neoplasm of overlapping sites of eye and adnexa	Diagnosis	ICD-10-CM
C6980	Malignant neoplasm of overlapping sites of unspecified eye and adnexa	Diagnosis	ICD-10-CM
60300	manghant heopiasm of overlapping sites of anspective eye and darrexa	Diagnosis	ICD 10 CIVI
C6981	Malignant neoplasm of overlapping sites of right eye and adnexa	Diagnosis	ICD-10-CM
C6982	Malignant neoplasm of overlapping sites of left eye and adnexa	Diagnosis	ICD-10-CM
C699	Malignant neoplasm of unspecified site of eye	Diagnosis	ICD-10-CM
C6990	Malignant neoplasm of unspecified site of unspecified eye	Diagnosis	ICD-10-CM
C6991	Malignant neoplasm of unspecified site of right eye	Diagnosis	ICD-10-CIVI
C6992	Malignant neoplasm of unspecified site of left eye	Diagnosis	ICD-10-CIVI
C70	Malignant neoplasm of meninges	Diagnosis	ICD-10-CIVI
	Malignant neoplasm of cerebral meninges	=	
C700	· · · · · · · · · · · · · · · · · · ·	Diagnosis	ICD-10-CM
C701	Malignant neoplasm of spinal meninges	Diagnosis	ICD-10-CM
C709	Malignant neoplasm of meninges, unspecified	Diagnosis	ICD-10-CM
C71	Malignant neoplasm of brain	Diagnosis	ICD-10-CM
C710	Malignant neoplasm of cerebrum, except lobes and ventricles	Diagnosis	ICD-10-CM
C711	Malignant neoplasm of frontal lobe	Diagnosis	ICD-10-CM
C712	Malignant neoplasm of temporal lobe	Diagnosis	ICD-10-CM
C713	Malignant neoplasm of parietal lobe	Diagnosis	ICD-10-CM
C714	Malignant neoplasm of occipital lobe	Diagnosis	ICD-10-CM
C715	Malignant neoplasm of cerebral ventricle	Diagnosis	ICD-10-CM
C716	Malignant neoplasm of cerebellum	Diagnosis	ICD-10-CM
C717	Malignant neoplasm of brain stem	Diagnosis	ICD-10-CM
C718	Malignant neoplasm of overlapping sites of brain	Diagnosis	ICD-10-CM
C719	Malignant neoplasm of brain, unspecified	Diagnosis	ICD-10-CM
C72	Malignant neoplasm of spinal cord, cranial nerves and other parts of central nervous	Diagnosis	ICD-10-CM
	system		
C720	Malignant neoplasm of spinal cord	Diagnosis	ICD-10-CM
C721	Malignant neoplasm of cauda equina	Diagnosis	ICD-10-CM
C722	Malignant neoplasm of olfactory nerve	Diagnosis	ICD-10-CM

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	E. List of KxNorm Concept Unique identifier (KXCOI), Logical Observation identi		
Code	Description (Control of the Control	Code Category	Code Type
C7220	Malignant neoplasm of unspecified olfactory nerve	Diagnosis	ICD-10-CM
C7221	Malignant neoplasm of right olfactory nerve	Diagnosis	ICD-10-CM
C7222	Malignant neoplasm of left olfactory nerve	Diagnosis	ICD-10-CM
C723	Malignant neoplasm of optic nerve	Diagnosis	ICD-10-CM
C7230	Malignant neoplasm of unspecified optic nerve	Diagnosis	ICD-10-CM
C7231	Malignant neoplasm of right optic nerve	Diagnosis	ICD-10-CM
C7232	Malignant neoplasm of left optic nerve	Diagnosis	ICD-10-CM
C725	Malignant neoplasm of other and unspecified cranial nerves	Diagnosis	ICD-10-CM
C7250	Malignant neoplasm of unspecified cranial nerve	Diagnosis	ICD-10-CM
C7259	Malignant neoplasm of other cranial nerves	Diagnosis	ICD-10-CM
C729	Malignant neoplasm of central nervous system, unspecified	Diagnosis	ICD-10-CM
C73	Malignant neoplasm of thyroid gland	Diagnosis	ICD-10-CM
C74	Malignant neoplasm of adrenal gland	Diagnosis	ICD-10-CM
C740	Malignant neoplasm of cortex of adrenal gland	Diagnosis	ICD-10-CM
C7400	Malignant neoplasm of cortex of unspecified adrenal gland	Diagnosis	ICD-10-CM
C7401	Malignant neoplasm of cortex of right adrenal gland	Diagnosis	ICD-10-CM
C7402	Malignant neoplasm of cortex of left adrenal gland	Diagnosis	ICD-10-CM
C741	Malignant neoplasm of medulla of adrenal gland	Diagnosis	ICD-10-CM
C7410	Malignant neoplasm of medulla of unspecified adrenal gland	Diagnosis	ICD-10-CM
C7411	Malignant neoplasm of medulla of right adrenal gland	Diagnosis	ICD-10-CM
C7412	Malignant neoplasm of medulla of left adrenal gland	Diagnosis	ICD-10-CM
C743	Malignant neoplasm of pineal gland	Diagnosis	ICD-10-CM
C749	Malignant neoplasm of unspecified part of adrenal gland	Diagnosis	ICD-10-CM
C7490	Malignant neoplasm of unspecified part of unspecified adrenal gland	Diagnosis	ICD-10-CM
C7491	Malignant neoplasm of unspecified part of right adrenal gland	Diagnosis	ICD-10-CM
C7492	Malignant neoplasm of unspecified part of left adrenal gland	Diagnosis	ICD-10-CM
C75	Malignant neoplasm of other endocrine glands and related structures	Diagnosis	ICD-10-CM
C750	Malignant neoplasm of parathyroid gland	Diagnosis	ICD-10-CM
C750	Malignant neoplasm of paratryroid gland Malignant neoplasm of pituitary gland	Diagnosis	ICD-10-CM
C751	Malignant neoplasm of craniopharyngeal duct	Diagnosis	ICD-10-CW
C752	Malignant neoplasm of carotid body	Diagnosis	ICD-10-CW
C755	Malignant neoplasm of carotic body Malignant neoplasm of aortic body and other paraganglia	Diagnosis	ICD-10-CW
C758	Malignant neoplasm with pluriglandular involvement, unspecified	Diagnosis	ICD-10-CW
C758 C759	Malignant neoplasm of endocrine gland, unspecified	Diagnosis	ICD-10-CIVI
C76	Malignant neoplasm of other and ill-defined sites	Diagnosis	ICD-10-CM
C760	Malignant neoplasm of head, face and neck	Diagnosis	ICD-10-CM
C761	Malignant neoplasm of thorax	Diagnosis	ICD-10-CM
C762	Malignant neoplasm of abdomen	Diagnosis	ICD-10-CM
C763	Malignant neoplasm of pelvis	Diagnosis	ICD-10-CM
C764	Malignant neoplasm of upper limb	Diagnosis	ICD-10-CM
C7640	Malignant neoplasm of unspecified upper limb	Diagnosis	ICD-10-CM
C7641	Malignant neoplasm of right upper limb	Diagnosis	ICD-10-CM
C7642	Malignant neoplasm of left upper limb	Diagnosis	ICD-10-CM
C765	Malignant neoplasm of lower limb	Diagnosis	ICD-10-CM
C7650	Malignant neoplasm of unspecified lower limb	Diagnosis	ICD-10-CM
C7651	Malignant neoplasm of right lower limb	Diagnosis	ICD-10-CM
C7652	Malignant neoplasm of left lower limb	Diagnosis	ICD-10-CM
C768	Malignant neoplasm of other specified ill-defined sites	Diagnosis	ICD-10-CM
C77	Secondary and unspecified malignant neoplasm of lymph nodes	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
C770	Secondary and unspecified malignant neoplasm of lymph nodes of head, face and	Diagnosis	ICD-10-CM
0,70	neck	5146110313	100 10 0111
C771	Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes	Diagnosis	ICD-10-CM
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C772	Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
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C773	Secondary and unspecified malignant neoplasm of axilla and upper limb lymph nodes	Diagnosis	ICD-10-CM
C774	Secondary and unspecified malignant neoplasm of inguinal and lower limb lymph	Diagnosis	ICD-10-CM
	nodes		
C775	Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C778	Secondary and unspecified malignant neoplasm of lymph nodes of multiple regions	Diagnosis	ICD-10-CM
C779	Secondary and unspecified malignant neoplasm of lymph node, unspecified	Diagnosis	ICD-10-CM
670	Consider and the set of a set of a set of a set of disease.	Diamondo	ICD 40 CM
C78	Secondary malignant neoplasm of respiratory and digestive organs	Diagnosis	ICD-10-CM
C780	Secondary malignant neoplasm of lung	Diagnosis	ICD-10-CM
C7800	Secondary malignant neoplasm of unspecified lung	Diagnosis	ICD-10-CM
C7801	Secondary malignant neoplasm of right lung	Diagnosis	ICD-10-CM
C7802	Secondary malignant neoplasm of left lung	Diagnosis	ICD-10-CM
C781	Secondary malignant neoplasm of mediastinum	Diagnosis	ICD-10-CM
C782	Secondary malignant neoplasm of pleura	Diagnosis	ICD-10-CM
C783	Secondary malignant neoplasm of other and unspecified respiratory organs	Diagnosis	ICD-10-CM
C7830	Secondary malignant neoplasm of unspecified respiratory organ	Diagnosis	ICD-10-CM
C7839	Secondary malignant neoplasm of other respiratory organs	Diagnosis	ICD-10-CM
C784	Secondary malignant neoplasm of small intestine	Diagnosis	ICD-10-CM
C785	Secondary malignant neoplasm of large intestine and rectum	Diagnosis	ICD-10-CM
C786	Secondary malignant neoplasm of retroperitoneum and peritoneum	Diagnosis	ICD-10-CM
C787	Secondary malignant neoplasm of liver and intrahepatic bile duct	Diagnosis	ICD-10-CM
C788	Secondary malignant neoplasm of other and unspecified digestive organs	Diagnosis	ICD-10-CM
C7880	Secondary malignant neoplasm of unspecified digestive organ	Diagnosis	ICD-10-CM
C7889	Secondary malignant neoplasm of other digestive organs	Diagnosis	ICD-10-CM
C79	Secondary malignant neoplasm of other and unspecified sites	Diagnosis	ICD-10-CM
C790	Secondary malignant neoplasm of kidney and renal pelvis	Diagnosis	ICD-10-CM
C7900	Secondary malignant neoplasm of unspecified kidney and renal pelvis	Diagnosis	ICD-10-CM
C7901	Secondary malignant neoplasm of right kidney and renal pelvis	Diagnosis	ICD-10-CM
C7902	Secondary malignant neoplasm of left kidney and renal pelvis	Diagnosis	ICD-10-CM
C791	Secondary malignant neoplasm of bladder and other and unspecified urinary organs	Diagnosis	ICD-10-CM
C7910	Secondary malignant neoplasm of unspecified urinary organs	Diagnosis	ICD-10-CM
C7911	Secondary malignant neoplasm of bladder	Diagnosis	ICD-10-CM
C7919	Secondary malignant neoplasm of other urinary organs	Diagnosis	ICD-10-CM
C792	Secondary malignant neoplasm of skin	Diagnosis	ICD-10-CM
C793	Secondary malignant neoplasm of brain	Diagnosis	ICD-10-CM
C7931	Secondary malignant neoplasm of brain and cerebral meninges	Diagnosis	ICD-10-CM
C7932	Secondary malignant neoplasm of cerebral meninges	Diagnosis	ICD-10-CM
C794	Secondary malignant neoplasm of other and unspecified parts of nervous system	Diagnosis	ICD-10-CM
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	E. List of KxNorm Concept Unique Identifier (KXCOI), Logical Observation Identi		
Code	Description	Code Category	Code Type
C7940	Secondary malignant neoplasm of unspecified part of nervous system	Diagnosis	ICD-10-CM
C7949	Secondary malignant neoplasm of other parts of nervous system	Diagnosis	ICD-10-CM
C795	Secondary malignant neoplasm of bone and bone marrow	Diagnosis	ICD-10-CM
C7951	Secondary malignant neoplasm of bone	Diagnosis	ICD-10-CM
C7952	Secondary malignant neoplasm of bone marrow	Diagnosis	ICD-10-CM
C796	Secondary malignant neoplasm of ovary	Diagnosis	ICD-10-CM
C7960	Secondary malignant neoplasm of unspecified ovary	Diagnosis	ICD-10-CM
C7961	Secondary malignant neoplasm of right ovary	Diagnosis	ICD-10-CM
C7962	Secondary malignant neoplasm of left ovary	Diagnosis	ICD-10-CM
C797	Secondary malignant neoplasm of adrenal gland	Diagnosis	ICD-10-CM
C7970	Secondary malignant neoplasm of unspecified adrenal gland	Diagnosis	ICD-10-CM
C7971	Secondary malignant neoplasm of right adrenal gland	Diagnosis	ICD-10-CM
C7971	Secondary malignant neoplasm of left adrenal gland	Diagnosis	ICD-10-CM
C7972 C798	Secondary malignant neoplasm of other specified sites	_	ICD-10-CM
	Secondary malignant neoplasm of breast	Diagnosis	
C7981	, •	Diagnosis	ICD-10-CM
C7982	Secondary malignant neoplasm of genital organs	Diagnosis	ICD-10-CM
C7989	Secondary malignant neoplasm of other specified sites	Diagnosis	ICD-10-CM
C799	Secondary malignant neoplasm of unspecified site	Diagnosis	ICD-10-CM
C7A	Malignant neuroendocrine tumors	Diagnosis	ICD-10-CM
C7A0	Malignant carcinoid tumor	Diagnosis	ICD-10-CM
C7A00	Malignant carcinoid tumor of unspecified site	Diagnosis	ICD-10-CM
C7A01	Malignant carcinoid tumors of the small intestine	Diagnosis	ICD-10-CM
C7A010	Malignant carcinoid tumor of the duodenum	Diagnosis	ICD-10-CM
C7A011	Malignant carcinoid tumor of the jejunum	Diagnosis	ICD-10-CM
C7A019	Malignant carcinoid tumor of the small intestine, unspecified portion	Diagnosis	ICD-10-CM
C7A02	Malignant carcinoid tumor of the appendix, large intestine, and rectum	Diagnosis	ICD-10-CM
C7A020	Malignant carcinoid tumor of the appendix	Diagnosis	ICD-10-CM
C7A021	Malignant carcinoid tumor of the cecum	Diagnosis	ICD-10-CM
C7A022	Malignant carcinoid tumor of the ascending colon	Diagnosis	ICD-10-CM
C7A023	Malignant carcinoid tumor of the transverse colon	Diagnosis	ICD-10-CM
C7A024	Malignant carcinoid tumor of the descending colon	Diagnosis	ICD-10-CM
C7A025	Malignant carcinoid tumor of the sigmoid colon	Diagnosis	ICD-10-CM
C7A026	Malignant carcinoid tumor of the rectum	Diagnosis	ICD-10-CM
C7A029	Malignant carcinoid tumor of the large intestine, unspecified portion	Diagnosis	ICD-10-CM
C7A09	Malignant carcinoid tumor of other sites	Diagnosis	ICD-10-CM
C7A090	Malignant carcinoid tumor of the bronchus and lung	Diagnosis	ICD-10-CM
C7A091	Malignant carcinoid tumor of the thymus	Diagnosis	ICD-10-CM
C7A092	Malignant carcinoid tumor of the stomach	Diagnosis	ICD-10-CM
C7A093	Malignant carcinoid tumor of the kidney	Diagnosis	ICD-10-CM
C7A094	Malignant carcinoid tumor of the foregut unspecified	Diagnosis	ICD-10-CM
C7A094	Malignant carcinoid tumor of the midgut unspecified	Diagnosis	ICD-10-CM
C7A095	Malignant carcinoid tumor of the hindgut unspecified	Diagnosis	ICD-10-CW
C7A098		Diagnosis	ICD-10-CM
C7A098 C7A1	Malignant poorly differentiated neuroendocrine tumors		ICD-10-CM
	Malignant carcinoid tumor of the iloum	Diagnosis	
C7A012	Malignant carcinoid tumor of the ileum	Diagnosis	ICD-10-CM
C7A8	Other malignant neuroendocrine tumors	Diagnosis	ICD-10-CM
C7B	Secondary neuroendocrine tumors	Diagnosis	ICD-10-CM
C7B0	Secondary carcinoid tumors	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
C7B00	Secondary carcinoid tumors, unspecified site	Diagnosis	ICD-10-CM
C7B01	Secondary carcinoid tumors of distant lymph nodes	Diagnosis	ICD-10-CM
C7B01	Secondary carcinoid tumors of distant lymph hodes	Diagnosis	ICD-10-CM
C7B02	Secondary carcinoid tumors of liver	Diagnosis	ICD-10-CM
C7B03	Secondary carcinoid tumors of peritoneum	Diagnosis	ICD-10-CM
C7B04 C7B09	Secondary carcinoid tumors of peritorieum	Diagnosis	ICD-10-CW
C7B09 C7B1		Diagnosis	
	Secondary Merkel cell carcinoma	Diagnosis	ICD-10-CM
C7B8 C80	Other secondary neuroendocrine tumors Malignant neoplasm without specification of site	-	ICD-10-CM
C800		Diagnosis	ICD-10-CM
	Disseminated malignant neoplasm, unspecified	Diagnosis	ICD-10-CM
C801	Malignant (primary) neoplasm, unspecified	Diagnosis	ICD-10-CM
C802	Malignant neoplasm associated with transplanted organ	Diagnosis	ICD-10-CM
D370	Neoplasm of uncertain behavior of lip, oral cavity and pharynx	Diagnosis	ICD-10-CM
D3701	Neoplasm of uncertain behavior of lip	Diagnosis	ICD-10-CM
D3702	Neoplasm of uncertain behavior of tongue	Diagnosis	ICD-10-CM
D3703	Neoplasm of uncertain behavior of the major salivary glands	Diagnosis	ICD-10-CM
D37030	Neoplasm of uncertain behavior of the parotid salivary glands	Diagnosis	ICD-10-CM
D37031	Neoplasm of uncertain behavior of the sublingual salivary glands	Diagnosis	ICD-10-CM
D37032	Neoplasm of uncertain behavior of the submandibular salivary glands	Diagnosis	ICD-10-CM
D37039	Neoplasm of uncertain behavior of the major salivary glands, unspecified	Diagnosis	ICD-10-CM
D3704	Neoplasm of uncertain behavior of the minor salivary glands	Diagnosis	ICD-10-CM
D3705	Neoplasm of uncertain behavior of pharynx	Diagnosis	ICD-10-CM
D3709	Neoplasm of uncertain behavior of other specified sites of the oral cavity	Diagnosis	ICD-10-CM
D375	Neoplasm of uncertain behavior of rectum	Diagnosis	ICD-10-CM
D376	Neoplasm of uncertain behavior of liver, gallbladder and bile ducts	Diagnosis	ICD-10-CM
D378	Neoplasm of uncertain behavior of other specified digestive organs	Diagnosis	ICD-10-CM
D379	Neoplasm of uncertain behavior of digestive organ, unspecified	Diagnosis	ICD-10-CM
D38	Neoplasm of uncertain behavior of middle ear and respiratory and intrathoracic	Diagnosis	ICD-10-CM
D200	organs	Di	ICD 40 CN4
D380	Neoplasm of uncertain behavior of larynx	Diagnosis	ICD-10-CM
D381	Neoplasm of uncertain behavior of trachea, bronchus and lung	Diagnosis	ICD-10-CM
D382	Neoplasm of uncertain behavior of pleura	Diagnosis	ICD-10-CM
D383	Neoplasm of uncertain behavior of mediastinum	Diagnosis	ICD-10-CM
D384	Neoplasm of uncertain behavior of thymus	Diagnosis	ICD-10-CM
D385	Neoplasm of uncertain behavior of other respiratory organs	Diagnosis	ICD-10-CM
D386	Neoplasm of uncertain behavior of respiratory organ, unspecified	Diagnosis	ICD-10-CM
D39	Neoplasm of uncertain behavior of female genital organs	Diagnosis	ICD-10-CM
D390	Neoplasm of uncertain behavior of uterus	Diagnosis	ICD-10-CM
D391	Neoplasm of uncertain behavior of ovary	Diagnosis	ICD-10-CM
D3910	Neoplasm of uncertain behavior of unspecified ovary	Diagnosis	ICD-10-CM
D3911	Neoplasm of uncertain behavior of right ovary	Diagnosis	ICD-10-CM
D3912	Neoplasm of uncertain behavior of left ovary	Diagnosis	ICD-10-CM
D392	Neoplasm of uncertain behavior of placenta	Diagnosis	ICD-10-CM
D398	Neoplasm of uncertain behavior of other specified female genital organs	Diagnosis	ICD-10-CM
D399	Neoplasm of uncertain behavior of female genital organ, unspecified	Diagnosis	ICD-10-CM
D40	Neoplasm of uncertain behavior of male genital organs	Diagnosis	ICD-10-CM
D400	Neoplasm of uncertain behavior of prostate	Diagnosis	ICD-10-CM

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	E. List of Kinorm Concept Unique Identifier (KACU), Logical Observation Identifiers N		
Code	Description	Code Category	Code Type
D401	Neoplasm of uncertain behavior of testis	Diagnosis	ICD-10-CM
D4010	Neoplasm of uncertain behavior of unspecified testis	Diagnosis	ICD-10-CM
D4011	Neoplasm of uncertain behavior of right testis	Diagnosis	ICD-10-CM
D4012	Neoplasm of uncertain behavior of left testis	Diagnosis	ICD-10-CM
D410	Neoplasm of uncertain behavior of kidney	Diagnosis	ICD-10-CM
D4101	Neoplasm of uncertain behavior of right kidney	Diagnosis	ICD-10-CM
D4102	Neoplasm of uncertain behavior of left kidney	Diagnosis	ICD-10-CM
D411	Neoplasm of uncertain behavior of renal pelvis	Diagnosis	ICD-10-CM
D4110	Neoplasm of uncertain behavior of unspecified renal pelvis	Diagnosis	ICD-10-CM
D4111	Neoplasm of uncertain behavior of right renal pelvis	Diagnosis	ICD-10-CM
D4112	Neoplasm of uncertain behavior of left renal pelvis	Diagnosis	ICD-10-CM
D412	Neoplasm of uncertain behavior of ureter	Diagnosis	ICD-10-CM
D4121	Neoplasm of uncertain behavior of right ureter	Diagnosis	ICD-10-CM
D4122	Neoplasm of uncertain behavior of left ureter	Diagnosis	ICD-10-CM
D413	Neoplasm of uncertain behavior of urethra	Diagnosis	ICD-10-CM
D414	Neoplasm of uncertain behavior of bladder	Diagnosis	ICD-10-CM
D418	Neoplasm of uncertain behavior of other specified urinary organs	Diagnosis	ICD-10-CM
D42	Neoplasm of uncertain behavior of meninges	Diagnosis	ICD-10-CM
D420	Neoplasm of uncertain behavior of cerebral meninges	Diagnosis	ICD-10-CM
D421	Neoplasm of uncertain behavior of spinal meninges	Diagnosis	ICD-10-CM
D429	Neoplasm of uncertain behavior of meninges, unspecified	Diagnosis	ICD-10-CM
D43	Neoplasm of uncertain behavior of brain and central nervous system	Diagnosis	ICD-10-CM
D43	Neoplasiii of difect taili beliavior of brain and central hervous system	Diagnosis	ICD TO CIVI
D430	Neoplasm of uncertain behavior of brain, supratentorial	Diagnosis	ICD-10-CM
D431	Neoplasm of uncertain behavior of brain, infratentorial	Diagnosis	ICD-10-CM
D44	Neoplasm of uncertain behavior of endocrine glands	Diagnosis	ICD-10-CM
D440	Neoplasm of uncertain behavior of thyroid gland	Diagnosis	ICD-10-CM
D441	Neoplasm of uncertain behavior of adrenal gland	Diagnosis	ICD-10-CM
D4411	Neoplasm of uncertain behavior of right adrenal gland	Diagnosis	ICD-10-CM
D4412	Neoplasm of uncertain behavior of left adrenal gland	Diagnosis	ICD-10-CM
D442	Neoplasm of uncertain behavior of parathyroid gland	Diagnosis	ICD-10-CM
D445	Neoplasm of uncertain behavior of pineal gland	Diagnosis	ICD-10-CM
D449	Neoplasm of uncertain behavior of unspecified endocrine gland	Diagnosis	ICD-10-CM
D48	Neoplasm of uncertain behavior of other and unspecified sites	Diagnosis	ICD-10-CM
D480	Neoplasm of uncertain behavior of bone and articular cartilage	Diagnosis	ICD-10-CM
D481	Neoplasm of uncertain behavior of connective and other soft tissue	Diagnosis	ICD-10-CM
D482	Neoplasm of uncertain behavior of peripheral nerves and autonomic nervous system	Diagnosis	ICD-10-CM
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D483	Neoplasm of uncertain behavior of retroperitoneum	Diagnosis	ICD-10-CM
D484	Neoplasm of uncertain behavior of peritoneum	Diagnosis	ICD-10-CM
D486	Neoplasm of uncertain behavior of breast	Diagnosis	ICD-10-CM
D4861	Neoplasm of uncertain behavior of right breast	Diagnosis	ICD-10-CM
D4862	Neoplasm of uncertain behavior of left breast	Diagnosis	ICD-10-CM
D408	Neoplasm of uncertain behavior of other specified male genital organs	Diagnosis	ICD-10-CM
D409	Neoplasm of uncertain behavior of male genital organ, unspecified	Diagnosis	ICD-10-CM
D4100	Neoplasm of uncertain behavior of unspecified kidney	Diagnosis	ICD-10-CM
D4100 D4120	Neoplasm of uncertain behavior of unspecified ureter	Diagnosis	ICD-10-CIVI
D4120 D419	Neoplasm of uncertain behavior of unspecified urinary organ	Diagnosis	ICD-10-CIVI
D419 D432	Neoplasm of uncertain behavior of brain, unspecified	Diagnosis	ICD-10-CW
D432 D433	Neoplasm of uncertain behavior of cranial nerves	Diagnosis	ICD-10-CIVI
D433 D434	Neoplasm of uncertain behavior of spinal cord	Diagnosis	ICD-10-CIVI
D434	neopiasin of uncertain behavior of spirial coru	nagii0313	ICD-TO-CIAI

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Code	Description	Code Category	Code Type
D438	Neoplasm of uncertain behavior of other specified parts of central nervous system	Diagnosis	ICD-10-CM
D439	Neoplasm of uncertain behavior of central nervous system, unspecified	Diagnosis	ICD-10-CM
D4410	Neoplasm of uncertain behavior of unspecified adrenal gland	Diagnosis	ICD-10-CM
D443	Neoplasm of uncertain behavior of pituitary gland	Diagnosis	ICD-10-CM
D444	Neoplasm of uncertain behavior of craniopharyngeal duct	Diagnosis	ICD-10-CM
D446	Neoplasm of uncertain behavior of carotid body	Diagnosis	ICD-10-CM
D447	Neoplasm of uncertain behavior of aortic body and other paraganglia	Diagnosis	ICD-10-CM
D4701	Histiocytic and mast cell tumors of uncertain behavior, Cutaneous mastocytosis	Diagnosis	ICD-10-CM
D4702	Histiocytic and mast cell tumors of uncertain behavior, Systemic mastocytosis	Diagnosis	ICD-10-CM
D4709	Other mast cell neoplasms of uncertain behavior	Diagnosis	ICD-10-CM
D47Z9	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and	Diagnosis	ICD-10-CM
	related tissue		
D485	Neoplasm of uncertain behavior of skin	Diagnosis	ICD-10-CM
D4860	Neoplasm of uncertain behavior of unspecified breast	Diagnosis	ICD-10-CM
D487	Neoplasm of uncertain behavior of other specified sites	Diagnosis	ICD-10-CM
D489	Neoplasm of uncertain behavior, unspecified	Diagnosis	ICD-10-CM
D49	Neoplasms of unspecified behavior	Diagnosis	ICD-10-CM
D490	Neoplasm of unspecified behavior of digestive system	Diagnosis	ICD-10-CM
D491	Neoplasm of unspecified behavior of respiratory system	Diagnosis	ICD-10-CM
D492	Neoplasm of unspecified behavior of bone, soft tissue, and skin	Diagnosis	ICD-10-CM
D493	Neoplasm of unspecified behavior of breast	Diagnosis	ICD-10-CM
D494	Neoplasm of unspecified behavior of bladder	Diagnosis	ICD-10-CM
D495	Neoplasm of unspecified behavior of other genitourinary organs	Diagnosis	ICD-10-CM
D4951	Neoplasm of unspecified behavior of kidney	Diagnosis	ICD-10-CM
D49511	Neoplasm of unspecified behavior of right kidney	Diagnosis	ICD-10-CM
D49512	Neoplasm of unspecified behavior of left kidney	Diagnosis	ICD-10-CM
D49519	Neoplasm of unspecified behavior of unspecified kidney	Diagnosis	ICD-10-CM
D4959	Neoplasm of unspecified behavior of other genitourinary organ	Diagnosis	ICD-10-CM
D4939	Neoplasm of unspecified behavior of brain	Diagnosis	ICD-10-CIVI
D490 D497	Neoplasm of unspecified behavior of endocrine glands and other parts of nervous	Diagnosis	ICD-10-CM
D437	system	Diagnosis	ICD-10-CIVI
D498	Neoplasm of unspecified behavior of other specified sites	Diagnosis	ICD-10-CM
D4981	Neoplasm of unspecified behavior of retina and choroid	Diagnosis	ICD-10-CM
D4989	Neoplasm of unspecified behavior of other specified sites	Diagnosis	ICD-10-CM
D499	Neoplasm of unspecified behavior of unspecified site	Diagnosis	ICD-10-CM
Q8500	Neurofibromatosis, unspecified	Diagnosis	ICD-10-CM
Q8501	Neurofibromatosis, type 1	Diagnosis	ICD-10-CM
Q8502	Neurofibromatosis, type 2	Diagnosis	ICD-10-CM
Q8503	Schwannomatosis	Diagnosis	ICD-10-CM
Q8509	Other neurofibromatosis	Diagnosis	ICD-10-CM
C002	Malignant neoplasm of external lip, unspecified	Diagnosis	ICD-10-CM
C163	Malignant neoplasm of pyloric antrum	Diagnosis	ICD-10-CM
C212	Malignant neoplasm of cloacogenic zone	Diagnosis	ICD-10-CM
C4311	Malignant melanoma of right eyelid, including canthus	Diagnosis	ICD-10-CM
C4311	Malignant melanoma of left eyelid, including canthus	Diagnosis	ICD-10-CM
C4312 C439		_	
	Malignant melanoma of skin, unspecified	Diagnosis	ICD-10-CM
C452	Mesothelioma of pericardium	Diagnosis	ICD-10-CM

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	E. List of Rxivorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers		
Code	Description	Code Category	Code Type
C4A11	Merkel cell carcinoma of right eyelid, including canthus	Diagnosis	ICD-10-CM
C4A12	Merkel cell carcinoma of left eyelid, including canthus	Diagnosis	ICD-10-CM
C639	Malignant neoplasm of male genital organ, unspecified	Diagnosis	ICD-10-CM
C7240	Malignant neoplasm of unspecified acoustic nerve	Diagnosis	ICD-10-CM
C7241	Malignant neoplasm of right acoustic nerve	Diagnosis	ICD-10-CM
C7242	Malignant neoplasm of left acoustic nerve	Diagnosis	ICD-10-CM
C753	Malignant neoplasm of pineal gland	Diagnosis	ICD-10-CM
	Immunodeficiency		702 20 0777
B20	Human immunodeficiency virus (HIV) disease	Diagnosis	ICD-10-CM
B9735	Human immunodeficiency virus, type 2 (HIV 2) as the cause of diseases classified	Diagnosis	ICD-10-CM
53733	elsewhere	Diagnosis	ICD 10 CIVI
D893	Immune reconstitution syndrome	Diagnosis	ICD-10-CM
R75	•	_	ICD-10-CM
K/3	Inconclusive laboratory evidence of human immunodeficiency virus [HIV]	Diagnosis	ICD-10-CIVI
721	Asymptomatic hyman immunodaficionaly virus (LIIV) infaction status	Diagnosis	ICD 10 CM
Z21	Asymptomatic human immunodeficiency virus (HIV) infection status	Diagnosis	ICD-10-CM
DE703	IIIb CC diagnas with an lawis as a washushis a	Diamonia	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
D700	Congenital agranulocytosis	Diagnosis	ICD-10-CM
D704	Cyclic neutropenia	Diagnosis	ICD-10-CM
D71	Functional disorders of polymorphonuclear neutrophils	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
D803	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	Diagnosis	ICD-10-CM
5000	hyperimmunoglobulinemia		100 10 011
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
	immunodeficiency	· ·	
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
D815 D816	Major histocompatibility complex class I deficiency	Diagnosis	ICD-10-CM
DOTO	major matocompationity complex class ruenciency	טומצווטטוט	ICD-TO-CIAI

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Code	Description	Code Category	Code Type
D817	Major histocompatibility complex class II deficiency	Diagnosis	ICD-10-CM
D8189	Other combined immunodeficiencies	Diagnosis	ICD-10-CM
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	Diagnosis	ICD-10-CM
	numbers and function		
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
D8982	Autoimmune lymphoproliferative syndrome [ALPS]	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
Q8901	Asplenia (congenital)	Diagnosis	ICD-10-CM
Q8909	Congenital malformations of spleen	Diagnosis	ICD-10-CM
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
D510	Vitamin B12 deficiency anemia due to intrinsic factor deficiency	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
		Diagnosis	ICD-10-CM
D61810	Antineopiastic chemotherapy induced bancytobenia	Diagilosis	ICD-TO-CIVI
D61810 D61811	Antineoplastic chemotherapy induced pancytopenia Other drug induced pancytopenia	Diagnosis	ICD-10-CIVI

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	Description		
Code	Description Other prodiction and other hard programs of filtra and drawns.	Code Category	Code Type
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
D693	Immune thrombocytopenic purpura	Diagnosis	ICD-10-CM
D6941	Evans syndrome	Diagnosis	ICD-10-CM
D701	Agranulocytosis secondary to cancer chemotherapy	Diagnosis	ICD-10-CM
D702	Other drug-induced agranulocytosis	Diagnosis	ICD-10-CM
D720	Genetic anomalies of leukocytes	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
D8989	Other specified disorders involving the immune mechanism, not elsewhere classified	Diagnosis	ICD-10-CM
D000	Discussion and the discussion an	Diamania	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
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
E271	Primary adrenocortical insufficiency	Diagnosis	ICD-10-CM
E272	Addisonian crisis	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
G7001 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

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Code	Description	Code Category	Code Type
11311	Hypertensive heart and chronic kidney disease without heart failure, with stage 5	Diagnosis	ICD-10-CM
	chronic kidney disease, or end stage renal disease		
1132	Hypertensive heart and chronic kidney disease with heart failure and with stage 5	Diagnosis	ICD-10-CM
	chronic kidney disease, or end stage renal disease		
1731	Thromboangiitis obliterans [Buerger's disease]	Diagnosis	ICD-10-CM
1776	Arteritis, unspecified	Diagnosis	ICD-10-CM
18500	Esophageal varices without bleeding	Diagnosis	ICD-10-CM
18501	Esophageal varices with bleeding	Diagnosis	ICD-10-CM
18510	Secondary esophageal varices without bleeding	Diagnosis	ICD-10-CM
18511	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
K763	Infarction of liver	Diagnosis	ICD-10-CM
K743	Primary billiary cirrhosis	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
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
L4052	Psoriatic spondylitis	Diagnosis	ICD-10-CM
L4054	Psoriatic juvenile arthropathy	Diagnosis	ICD-10-CM
L4054 L4059	Other psoriatic arthropathy	Diagnosis	ICD-10-CIVI
L4059 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 anglitis	Diagnosis	ICD-10-CM
M311	Thrombotic microangiopathy	Diagnosis	ICD-10-CM

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	Description		
Code	Description Leak at a sidiling a record leave	Code Category	Code Type
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
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
	France reprinted by run of the rectangue of the run of	2108.10010	.02 20 0
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
		J	
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
		- 100.1001	
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

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	Description		
Code	Description	Code Category	Code Type
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
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
	6.0	2.0800.0	.02 20 0
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	Diagnosis	ICD-10-CM
NOSE	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
	, , , , , , , , , , , , , , , , , , ,	.0	
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
N041 N042	Nephrotic syndrome with diffuse membranous glomerulonephritis	_	ICD-10-CW
		Diagnosis	
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
110-77	Trepinions syndrome with diffuse diescentic giomer dionephinus	2102110313	ICD TO CIVI

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Code	Description	Code Category	Code Type
N048	Nephrotic syndrome with other morphologic changes	Diagnosis	ICD-10-CM
N048 N049	Nephrotic syndrome with unspecified morphologic changes	Diagnosis	ICD-10-CM
N050	Unspecified nephritic syndrome with minor glomerular abnormality	Diagnosis	ICD-10-CM
14030	onspecified neprittic syndrome with millor glomerdial abnormality	Diagnosis	ICD-10-CIVI
N051	Unspecified nephritic syndrome with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
		J	
N052	Unspecified nephritic syndrome with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N053	Unspecified nephritic syndrome with diffuse mesangial proliferative	Diagnosis	ICD-10-CM
NOT 4	glomerulonephritis	Diamania	ICD 10 CM
N054	Unspecified nephritic syndrome with diffuse endocapillary proliferative	Diagnosis	ICD-10-CM
N055	glomerulonephritis Unspecified nephritic syndrome with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
11033	onspectified neprifitic syndrome with diffuse mesanglocapillary giomerdioneprifitis	Diagnosis	ICD-10-CIVI
N056	Unspecified nephritic syndrome with dense deposit disease	Diagnosis	ICD-10-CM
N057	Unspecified nephritic syndrome with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
14037	onspecifica neprintic syndrome with unituse descende glomerationeprintis	Diagnosis	TED TO CIVI
N058	Unspecified nephritic syndrome with other morphologic changes	Diagnosis	ICD-10-CM
N059	Unspecified nephritic syndrome with unspecified morphologic changes	Diagnosis	ICD-10-CM
		2.0800.0	.02 20 0
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
		. 0	
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	Diagnosis	ICD-10-CM
	glomerular lesions		
N072	Hereditary nephropathy, not elsewhere classified with diffuse membranous	Diagnosis	ICD-10-CM
	glomerulonephritis		
N073	Hereditary nephropathy, not elsewhere classified with diffuse mesangial proliferative	Diagnosis	ICD-10-CM
	glomerulonephritis		
N074	Hereditary nephropathy, not elsewhere classified with diffuse endocapillary	Diagnosis	ICD-10-CM
	proliferative glomerulonephritis		
N075	Hereditary nephropathy, not elsewhere classified with diffuse mesangiocapillary	Diagnosis	ICD-10-CM
N076	glomerulonephritis	5	100 40 614
N076	Hereditary nephropathy, not elsewhere classified with dense deposit disease	Diagnosis	ICD-10-CM
NO77	Horoditary nonbronathy, not alcombare alcomition with different accounts.	Diagnosis	ICD 10 CM
N077	Hereditary nephropathy, not elsewhere classified with diffuse crescentic	Diagnosis	ICD-10-CM
NO70	glomerulonephritis	Diagnosis	ICD 10 CM
N078	Hereditary nephropathy, not elsewhere classified with other morphologic lesions	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
N079	Hereditary nephropathy, not elsewhere classified with unspecified morphologic	Diagnosis	ICD-10-CM
	lesions	_	
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
		J	
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
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
R9082	White matter disease, unspecified	Diagnosis	ICD-10-CM
T451X1A	Poisoning by antineoplastic and immunosuppressive drugs, accidental (unintentional),	_	ICD-10-CM
	initial encounter	J	
T451X1D	Poisoning by antineoplastic and immunosuppressive drugs, accidental (unintentional),	Diagnosis	ICD-10-CM
	subsequent encounter	J	
T451X1S	Poisoning by antineoplastic and immunosuppressive drugs, accidental (unintentional),	Diagnosis	ICD-10-CM
	sequela	J	
T451X2A	Poisoning by antineoplastic and immunosuppressive drugs, intentional self-harm,	Diagnosis	ICD-10-CM
	initial encounter	J	
T451X2D	Poisoning by antineoplastic and immunosuppressive drugs, intentional self-harm,	Diagnosis	ICD-10-CM
	subsequent encounter	J	
T451X2S	Poisoning by antineoplastic and immunosuppressive drugs, intentional self-harm,	Diagnosis	ICD-10-CM
	sequela	J	
T451X3A	Poisoning by antineoplastic and immunosuppressive drugs, assault, initial encounter	Diagnosis	ICD-10-CM
		J	
T451X3D	Poisoning by antineoplastic and immunosuppressive drugs, assault, subsequent	Diagnosis	ICD-10-CM
	encounter	J	
T451X3S	Poisoning by antineoplastic and immunosuppressive drugs, assault, sequela	Diagnosis	ICD-10-CM
		J	
T451X4A	Poisoning by antineoplastic and immunosuppressive drugs, undetermined, initial	Diagnosis	ICD-10-CM
	encounter	J	
T451X4D	Poisoning by antineoplastic and immunosuppressive drugs, undetermined,	Diagnosis	ICD-10-CM
	subsequent encounter		
T451X4S	Poisoning by antineoplastic and immunosuppressive drugs, undetermined, sequela	Diagnosis	ICD-10-CM
0 _ /		2.0800.0	.02 20 0
T451X5A	Adverse effect of antineoplastic and immunosuppressive drugs, initial encounter	Diagnosis	ICD-10-CM
1 13 171371	That elisa elicated and minimum suppliessive arags, minar elisatine	2106110313	102 20 0141
T451X5D	Adverse effect of antineoplastic and immunosuppressive drugs, subsequent	Diagnosis	ICD-10-CM
1-31/30	encounter	2105110313	CD TO CIVI
T451X5S	Adverse effect of antineoplastic and immunosuppressive drugs, sequela	Diagnosis	ICD-10-CM
147177	naverse effect of affaire opiastic and infinitiosappressive drugs, sequeia	Piagilosis	ICD TO-CIVI
125750	Atherosclerosis of native coronary artery of transplanted heart with unstable angina	Diagnosis	ICD-10-CM
123730	Action of the control	2192110313	CD TO CIVI

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Code	Description	Code Category	Code Type
125751	Atherosclerosis of native coronary artery of transplanted heart with angina pectoris	Diagnosis	ICD-10-CM
123731		Diagnosis	ICD-10-CIVI
125758	with documented spasm Atherosclerosis of native coronary artery of transplanted heart with other forms of	Diagnosis	ICD-10-CM
123736		Diagnosis	ICD-10-CIVI
125750	angina pectoris Athorosologosis of native coronary artery of transplanted beaut with unspecified	Diagnasis	ICD 10 CM
125759	Atherosclerosis of native coronary artery of transplanted heart with unspecified	Diagnosis	ICD-10-CM
125760	angina pectoris	Diamania	ICD 40 CM
125760	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable .	Diagnosis	ICD-10-CM
125764	angina	5	100 40 614
125761	Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina	Diagnosis	ICD-10-CM
125760	pectoris with documented spasm	5	100 40 614
125768	Atherosclerosis of bypass graft of coronary artery of transplanted heart with other	Diagnosis	ICD-10-CM
	forms of angina pectoris		
125769	Atherosclerosis of bypass graft of coronary artery of transplanted heart with	Diagnosis	ICD-10-CM
	unspecified angina pectoris		
125811	Atherosclerosis of native coronary artery of transplanted heart without angina	Diagnosis	ICD-10-CM
	pectoris		
125812	Atherosclerosis of bypass graft of coronary artery of transplanted heart without	Diagnosis	ICD-10-CM
	angina pectoris		
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
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
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Code	Description	Code Category	Code Type
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	Diagnosis	ICD-10-CM
	of the patient, or of later complication, without mention of misadventure at the time	· ·	
	of the procedure		
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
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
Z4824 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
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
Z992	Dependence on renal dialysis	Diagnosis	ICD-10-CM
3490F	History of AIDS-defining condition (HIV)	Procedure	HCPCS
38242	Allogeneic lymphocyte infusions	Procedure	HCPCS
32851	Lung transplant, single; without cardiopulmonary bypass	Procedure	HCPCS
32852	Lung transplant, single; with cardiopulmonary bypass	Procedure	HCPCS
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary	Procedure	HCPCS
32033	bypass	rioccuare	1101 05
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary	Procedure	HCPCS
	bypass		
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy	Procedure	HCPCS
33945	Heart transplant, with or without recipient cardiectomy	Procedure	HCPCS

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Code	Description	Code Category	Code Type
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	Procedure Procedure	HCPCS
30240	Hematopoletic progenitor cen (HFC), anogeneic transplantation per donor	Frocedure	TICFCS
38243	Allogeneic hematopoietic cellular transplant boost	Procedure	HCPCS
44135	Intestinal allotransplantation; from cadaver donor	Procedure	HCPCS
44136	Intestinal allotransplantation; from living donor	Procedure	HCPCS
47135	Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor,	Procedure	HCPCS
4/133		Frocedure	ПСРСЗ
48554	any age Transplantation of pancreatic allograft	Procedure	HCPCS
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	Procedure	HCPCS
30300	Kenai anotransplantation, implantation of graft, without recipient nephrectomy	Frocedure	TICFCS
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	Procedure	HCPCS
F0270	Demoval of transplanted ronal allograft	Dragadura	HCDCC
50370	Removal of transplanted renal allograft	Procedure	HCPCS
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	Procedure	HCPCS
	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		
S2152	Solid organ(s), complete or segmental, single organ or combination of organs;	Procedure	HCPCS
	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		
E1500	Centrifuge, for dialysis	Procedure	HCPCS
E1510	Kidney, dialysate delivery syst. kidney machine, pump recirculating, air removal syst,	Procedure	HCPCS
	flowrate meter, power off, heater and temperature control with alarm, i.v.poles,		
	pressure gauge, concentrate container		
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
	0 - /	-	

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Code	Description	Code Category	Code Type
E1630	Reciprocating peritoneal dialysis system	Procedure	HCPCS
E1632	Wearable artifical kidney	Procedure	HCPCS
E1632 E1634	<i>,</i>	Procedure	HCPCS
	Peritoneal dialysis clamps, each		
E1635	Compact (portable) travel hemodialyzer system	Procedure	HCPCS
E1636	Sorbent cartridges, per case	Procedure	HCPCS
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
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
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,	Procedure	HCPCS
	but less than or equal to 999cc, for peritoneal dialysis		
A4721	Dialysate solution, any concentration of dextrose, fluid volume greater than 999cc but	Procedure	HCPCS
	less than or equal to 1999cc, for peritoneal dialysis		
A4722	Dialysate solution, any concentration of dextrose, fluid volume greater than 1999cc	Procedure	HCPCS
	but less than or equal to 2999cc, for peritoneal dialysis		
A4723	Dialysate solution, any concentration of dextrose, fluid volume greater than 2999cc	Procedure	HCPCS
	but less than or equal to 3999cc, for peritoneal dialysis		
A4724	Dialysate solution, any concentration of dextrose, fluid volume greater than 3999cc	Procedure	HCPCS
	but less than or equal to 4999cc, for peritoneal dialysis		
A4725	Dialysate solution, any concentration of dextrose, fluid volume greater than 4999cc	Procedure	HCPCS
	but less than or equal to 5999cc, for peritoneal dialysis		
A4726	Dialysate solution, any concentration of dextrose, fluid volume greater than 5999cc,	Procedure	HCPCS
	for peritoneal dialysis		
A4728	Dialysate solution, non-dextrose containing, 500 ml	Procedure	HCPCS
A4730	Fistula cannulation set 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 additives, caeri Dialysate concentrate, solution, additive for peritoneal dialysis, per 10 ml	Procedure	HCPCS
A4802	Protamine sulfate, for hemodialysis, per 50 mg	Procedure	HCPCS

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Code	Description	Code Category	Code Type
A4860	Disposable catheter caps	Procedure	HCPCS
A4870	Plumbing and/or electrical work for home dialysis equipment	Procedure	HCPCS
A4870 A4890	Contracts, repair and maintenance, for home dialysis equipment (non-covered)	Procedure	HCPCS
A4030	Contracts, repair and maintenance, for nome dialysis equipment (non-covered)	Flocedule	Heres
A4911	Drain bag/bottle, for dialysis, each	Procedure	HCPCS
A4913	Miscellaneous dialysis supplies, not identified elsewhere, by report	Procedure	HCPCS
A4918	Venous pressure clamps, each	Procedure	HCPCS
30240Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Central Vein, Open	Procedure	ICD-10-PCS
302 1011	Approach	110000010	102 10 1 00
02Y	Heart and Great Vessels, Transplantation	Procedure	ICD-10-PCS
021	Treate and Great Vessels, Transplantation	110000010	102 10 1 03
02YA	Transplantation / Heart	Procedure	ICD-10-PCS
02YA0Z0	Transplantation of Heart, Allogeneic, Open Approach	Procedure	ICD-10-PCS
	7 7 7 11		
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
OBY	Respiratory System, Transplantation	Procedure	ICD-10-PCS
001/6	T	5 1	160 40 066
0BYC	Transplantation / Upper Lung Lobe, Right	Procedure	ICD-10-PCS
000/0070	Transplantation of Bight Hannal and Jaka Allagancia Onen Aggresala	Dua aa duus	ICD 10 DCC
0BYC0Z0	Transplantation of Right Upper Lung Lobe, Allogeneic, Open Approach	Procedure	ICD-10-PCS
OBYCOZ1	Transplantation of Right Upper Lung Lobe, Syngeneic, Open Approach	Procedure	ICD-10-PCS
UBTCUZI	Transplantation of Right Opper Lung Lobe, Syngeneic, Open Approach	Procedure	ICD-10-PC3
0BYC0Z2	Transplantation of Right Upper Lung Lobe, Zooplastic, Open Approach	Procedure	ICD-10-PCS
UBTCUZZ	Transplantation of Right Opper Lung Lobe, Zoopiastic, Open Approach	Procedure	ICD-10-PC3
OBYD	Transplantation / Middle Lung Lobe, Right	Procedure	ICD-10-PCS
0010	Transplantation / Wildule Lung Lobe, MgHt	riocedure	ICD-10-FC3
0BYD0Z0	Transplantation of Right Middle Lung Lobe, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0515020	Transplantation of highe inhadic bang boxe, hinogenetic, open hipproduct	rroccaare	100 10 1 05
0BYD0Z1	Transplantation of Right Middle Lung Lobe, Syngeneic, Open Approach	Procedure	ICD-10-PCS
05.5021	Transplantation of highermatic zurig zooc, syrigeners, open Approach	110000010	105 10 1 00
0BYD0Z2	Transplantation of Right Middle Lung Lobe, Zooplastic, Open Approach	Procedure	ICD-10-PCS
OBYF	Transplantation / Lower Lung Lobe, Right	Procedure	ICD-10-PCS
	₁		
0BYF0Z0	Transplantation of Right Lower Lung Lobe, Allogeneic, Open Approach	Procedure	ICD-10-PCS
	, 0		

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Code	Description	Code Category	Code Type
OBYF0Z1	Transplantation of Right Lower Lung Lobe, Syngeneic, Open Approach	Procedure	ICD-10-PCS
OBYFOZ2	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
ОВҮН	Transplantation / Lung Lingula	Procedure	ICD-10-PCS
0BYH0Z0	Transplantation of Lung Lingula, Allogeneic, Open Approach	Procedure	ICD-10-PCS
OBYHOZ1	Transplantation of Lung Lingula, Syngeneic, Open Approach	Procedure	ICD-10-PCS
0BYH0Z2	Transplantation of Lung Lingula, Zooplastic, Open Approach	Procedure	ICD-10-PCS
OBYJ	Transplantation / Lower Lung Lobe, Left	Procedure	ICD-10-PCS
0BYJ0Z0	Transplantation of Left Lower Lung Lobe, Allogeneic, Open Approach	Procedure	ICD-10-PCS
OBYJOZ1	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
OBYK	Transplantation / Lung, Right	Procedure	ICD-10-PCS
OBYKOZO	Transplantation of Right Lung, Allogeneic, Open Approach	Procedure	ICD-10-PCS
OBYKOZ1	Transplantation of Right Lung, Syngeneic, Open Approach	Procedure	ICD-10-PCS
OBYKOZ2	Transplantation of Right Lung, Zooplastic, Open Approach	Procedure	ICD-10-PCS
0BYL	Transplantation / Lung, Left	Procedure	ICD-10-PCS
OBYLOZO	Transplantation of Left Lung, Allogeneic, Open Approach	Procedure	ICD-10-PCS
OBYLOZ1	Transplantation of Left Lung, Syngeneic, Open Approach	Procedure	ICD-10-PCS
OBYLOZ2	Transplantation of Left Lung, Zooplastic, Open Approach	Procedure	ICD-10-PCS
OBYM	Transplantation / Lungs, Bilateral	Procedure	ICD-10-PCS
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

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Code	Description	Code Category	Code Type
ODY	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
0DY80Z2	Transplantation of Small Intestine, Zooplastic, Open Approach	Procedure	ICD-10-PCS
ODYE	Transplantation / Large Intestine	Procedure	ICD-10-PCS
0DYE0Z0	Transplantation of Large Intestine, Allogeneic, Open Approach	Procedure	ICD-10-PCS
ODYEOZ1	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

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Code	Description	Code Category	Code Type
OTY	Urinary System, Transplantation	Procedure	ICD-10-PCS
0TY0	Transplantation / Kidney, Right	Procedure	ICD-10-PCS
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
BT29	Computerized Tomography (CT Scan) / Kidney Transplant	Procedure	ICD-10-PCS
BT2900Z	Computerized Tomography (CT Scan) of Kidney Transplant using High Osmolar Contrast, Unenhanced and Enhanced	Procedure	ICD-10-PCS
BT290ZZ	Computerized Tomography (CT Scan) of Kidney Transplant using High Osmolar Contrast	Procedure	ICD-10-PCS
BT2910Z	Computerized Tomography (CT Scan) of Kidney Transplant using Low Osmolar Contrast, Unenhanced and Enhanced	Procedure	ICD-10-PCS
BT291ZZ	Computerized Tomography (CT Scan) of Kidney Transplant using Low Osmolar Contrast	Procedure	ICD-10-PCS
BT29Y0Z	Computerized Tomography (CT Scan) of Kidney Transplant using Other Contrast, Unenhanced and Enhanced	Procedure	ICD-10-PCS
BT29YZZ	Computerized Tomography (CT Scan) of Kidney Transplant using Other Contrast	Procedure	ICD-10-PCS
BT29ZZZ	Computerized Tomography (CT Scan) of Kidney Transplant	Procedure	ICD-10-PCS
BT39	Magnetic Resonance Imaging (MRI) / Kidney Transplant	Procedure	ICD-10-PCS
BT39Y0Z	Magnetic Resonance Imaging (MRI) of Kidney Transplant using Other Contrast, Unenhanced and Enhanced	Procedure	ICD-10-PCS
BT39YZZ	Magnetic Resonance Imaging (MRI) of Kidney Transplant using Other Contrast	Procedure	ICD-10-PCS
BT39ZZZ	Magnetic Resonance Imaging (MRI) of Kidney Transplant	Procedure	ICD-10-PCS
BT49	Ultrasonography / Kidney Transplant	Procedure	ICD-10-PCS
BT49ZZZ	Ultrasonography of Kidney Transplant	Procedure	ICD-10-PCS
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

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Code	Description	Code Category	Code Type
30230G3	Transfusion of allogeneic unrelated bone marrow into peripheral vein, open approach		ICD-10-PCS
30230G4	Transfusion of allogeneic unspecified bone marrow into peripheral vein, open	Procedure	ICD-10-PCS
30230X1	approach Transfusion of Nonautologous Cord Blood Stem Cells into Peripheral Vein, Open	Procedure	ICD-10-PCS
30230X2	Approach Transfusion of allogeneic related cord blood stem cells into peripheral vein, open	Procedure	ICD-10-PCS
30230X3	approach Transfusion of allogeneic unrelated cord blood stem cells into peripheral vein, open	Procedure	ICD-10-PCS
30230X4	approach Transfusion of allogeneic unspecified cord blood stem cells into peripheral vein, open approach	Procedure	ICD-10-PCS
30230Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Peripheral Vein, Open	Procedure	ICD-10-PCS
30230Y2	Approach 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,	Procedure	ICD-10-PCS
30233X1	percutaneous approach Transfusion of Nonautologous Cord Blood Stem Cells into Peripheral Vein,	Procedure	ICD-10-PCS
30233X2	Percutaneous Approach Transfusion of allogeneic related cord blood stem cells into peripheral vein,	Procedure	ICD-10-PCS
30233X3	percutaneous approach Transfusion of allogeneic unrelated cord blood stem cells into peripheral vein,	Procedure	ICD-10-PCS
30233X4	percutaneous approach Transfusion of allogeneic unspecified cord blood stem cells into peripheral vein,	Procedure	ICD-10-PCS
30233Y1	percutaneous approach Transfusion of Nonautologous Hematopoietic Stem Cells into Peripheral Vein,	Procedure	ICD-10-PCS
30233Y2	Percutaneous Approach Transfusion of allogeneic related hematopoietic stem cells into peripheral vein,	Procedure	ICD-10-PCS
30233Y3	percutaneous approach Transfusion of allogeneic unrelated hematopoietic stem cells into peripheral vein,	Procedure	ICD-10-PCS
30233Y4	percutaneous approach Transfusion of allogeneic unspecified hematopoietic stem cells into peripheral vein,	Procedure	ICD-10-PCS
30240AZ	percutaneous approach 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

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Code	Description	Code Category	Code Type
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	Procedure	ICD-10-PCS
30240X2	Approach Transfusion of allogeneic related cord blood stem cells into central vein, open	Procedure	ICD-10-PCS
30240X3	approach Transfusion of allogeneic unrelated cord blood stem cells into central vein, open	Procedure	ICD-10-PCS
30240X4	approach Transfusion of allogeneic unspecified cord blood stem cells into central vein, open	Procedure	ICD-10-PCS
30240Y0	approach Transfusion of Autologous Hematopoietic Stem Cells into Central Vein, Open	Procedure	ICD-10-PCS
30240Y2	Approach Transfusion of allogeneic related hematopoietic stem cells into central vein, open	Procedure	ICD-10-PCS
30240Y3	approach Transfusion of allogeneic unrelated hematopoietic stem cells into central vein, open	Procedure	ICD-10-PCS
30240Y4	approach Transfusion of allogeneic unspecified hematopoietic stem cells into central vein, open	Procedure	ICD-10-PCS
30243AZ	approach Transfusion of Embryonic Stem Cells into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30243G1	Transfusion of Nonautologous Bone Marrow into Central Vein, Percutaneous	Procedure	ICD-10-PCS
30243G2	Approach Transfusion of allogeneic related bone marrow into central vein, percutaneous	Procedure	ICD-10-PCS
30243G3	approach Transfusion of allogeneic unrelated bone marrow into central vein, percutaneous	Procedure	ICD-10-PCS
30243G4	approach Transfusion of allogeneic unspecified bone marrow into central vein, percutaneous	Procedure	ICD-10-PCS
30243X1	approach Transfusion of Nonautologous Cord Blood Stem Cells into Central Vein, Percutaneous	Procedure	ICD-10-PCS
30243X2	Approach Transfusion of allogeneic related cord blood stem cells into central vein, percutaneous	Procedure	ICD-10-PCS
30243X3	approach Transfusion of allogeneic unrelated cord blood stem cells into central vein,	Procedure	ICD-10-PCS
30243X4	percutaneous approach Transfusion of allogeneic unspecified cord blood stem cells into central vein,	Procedure	ICD-10-PCS
30243Y1	percutaneous approach Transfusion of Nonautologous Hematopoietic Stem Cells into Central Vein,	Procedure	ICD-10-PCS
30243Y2	Percutaneous Approach Transfusion of allogeneic related hematopoietic stem cells into central vein,	Procedure	ICD-10-PCS
30243Y3	percutaneous approach Transfusion of allogeneic unrelated hematopoietic stem cells into central vein,	Procedure	ICD-10-PCS
30243Y4	percutaneous approach Transfusion of allogeneic unspecified hematopoietic stem cells into central vein,	Procedure	ICD-10-PCS
30250G1	percutaneous approach 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	Procedure	ICD-10-PCS
30250Y1	Approach Transfusion of Nonautologous Hematopoietic Stem Cells into Peripheral Artery, Open Approach	Procedure	ICD-10-PCS

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Code	Description	Code Category	Code Type
30253G1	Transfusion of Nonautologous Bone Marrow into Peripheral Artery, Percutaneous	Procedure	ICD-10-PCS
3023301	Approach	riocedure	ICD-10-I C3
30253X1	Transfusion of Nonautologous Cord Blood Stem Cells into Peripheral Artery,	Procedure	ICD-10-PCS
30233XI	Percutaneous Approach	riocedure	ICD-10-1 C3
30253Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Peripheral Artery,	Procedure	ICD-10-PCS
3023311	Percutaneous Approach	rroccaare	100 101 05
30260G1	Transfusion of Nonautologous Bone Marrow into Central Artery, Open Approach	Procedure	ICD-10-PCS
3020001	Transitusion of Nonautologous bone Marrow into Central Artery, Open Approach	riocedure	10-10-703
30260X1	Transfusion of Nonautologous Cord Blood Stem Cells into Central Artery, Open	Procedure	ICD-10-PCS
30200X1	Approach	riocedure	ICD-10-1 C3
30260Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Central Artery, Open	Procedure	ICD-10-PCS
3020011	Approach	rroccaare	100 10 1 05
30263G1	Transfusion of Nonautologous Bone Marrow into Central Artery, Percutaneous	Procedure	ICD-10-PCS
3020301	Approach	rroccaare	100 10 1 05
30263X1	Transfusion of Nonautologous Cord Blood Stem Cells into Central Artery,	Procedure	ICD-10-PCS
30203/12	Percutaneous Approach		100 10 1 00
30263Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Central Artery,	Procedure	ICD-10-PCS
3020312	Percutaneous Approach		100 10 1 00
5A1D00Z	Performance of Urinary Filtration, Single	Procedure	ICD-10-PCS
07.12002			.02 20 . 00
5A1D60Z	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
3E1M39Z	Irrigation of Peritoneal Cavity using Dialysate, Percutaneous Approach	Procedure	ICD-10-PCS
	Immunosuppressants		
4153F	Combination peginterferon and ribavirin therapy prescribed (HEP-C)	Procedure	HCPCS
90378	Palivizumab	Procedure	HCPCS
J0490	belimumab	Procedure	HCPCS
J9210	emapalumab	Procedure	HCPCS
J3031	fremanezumab	Procedure	HCPCS
J9204	Mogamulizumab	Procedure	HCPCS
J1303	ravulizumab	Procedure	HCPCS
J3111	Romosozumab	Procedure	HCPCS
J2860	siltuximab	Procedure	HCPCS
J0638	canakinumab	Procedure	HCPCS
J9119	cemiplimab	Procedure	HCPCS
J1628	guselkumab	Procedure	HCPCS
J2350	ocrelizumab	Procedure	HCPCS
J9271	pembrolizumab	Procedure	HCPCS
J2323	Natalizumab	Procedure	HCPCS
J2793	rilonacept	Procedure	HCPCS
J3245	tildrakizumab	Procedure	HCPCS
J3380	vedolizumab	Procedure	HCPCS

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Code	Description	Code Category	Code Type
J0129	Injection, abatacept, 10 mg (code may be used for Medicare when drug administere	ed Procedure	HCPCS
	under the direct supervision of a physician, not for use when drug is self-		
	administered)		
J0135	Injection, adalimumab, 20 mg	Procedure	HCPCS
J0480	Injection, basiliximab, 20 mg	Procedure	HCPCS
J0485	Injection, belatacept, 1 mg	Procedure	HCPCS
J0897	Denosumab	Procedure	HCPCS
J1438	Injection, etanercept, 25 mg (code may be used for Medicare when drug	Procedure	HCPCS
	administered under the direct supervision of a physician, not for use when drug is so	elf-	
14505	administered)	D 1	LICEGO
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
J1745	Injection, infliximab, excludes biosimilar, 10 mg	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	Procedure	HCPCS
	administered under the direct supervision of a physician, not for use when drug is so	elf-	
12504	administered)	Due ee duus	HCDCC
J2504	Injection, pegademase bovine, 25 IU	Procedure	HCPCS
J2910	Aurothioglucose	Procedure	HCPCS
J3262	Injection, tocilizumab, 1 mg	Procedure	HCPCS
J3357	Ustekinumab, for subcutaneous injection, 1 mg	Procedure	HCPCS
J3358	Ustekinumab, for intravenous injection, 1 mg	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
J7525	Tacrolimus, parenteral, 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
10246	Intersting intersferon garages 1 h. 2 million units	Due ee duus	HCDCC
J9216	Injection, interferon, gamma 1-b, 3 million units	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
S0145	Injection, pegylated interferon alfa-2a, 180 mcg per ml	Procedure	HCPCS
S0148	Injection, pegylated interferon alfa-2B, 10 mcg	Procedure	HCPCS
J0215	Injection, alefacept, 0.5 mg	Procedure	HCPCS
J0593	Inj., lanadelumab-flyo, 1 mg	Procedure	HCPCS
J0717	Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug	Procedure	HCPCS
	administered under the direct supervision of a physician, not for use when drug is so	elf	
14200	administered)	Dona d	110500
J1300	Injection, eculizumab, 10 mg	Procedure	HCPCS
J7520	Sirolimus, oral, 1 mg	Procedure	HCPCS

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	E. LIST OF KXNOFM Concept Unique Identifier (KXCUI), Logical Observation Identifiers N		
Code	Description	Code Category	Code Type
J7599	Immunosuppressive drug, not otherwise classified	Procedure	HCPCS
Q5121	Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg	Procedure	HCPCS
Q5119	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg	Procedure	HCPCS
Q5118	Injection, bevacizumab-bvzr, biosimilar, (zirabev), 10 mg	Procedure	HCPCS
Q5109	Injection, infliximab-qbtx, biosimilar, (ixifi), 10 mg	Procedure	HCPCS
Q5107	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	Procedure	HCPCS
Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg	Procedure	HCPCS
Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	Procedure	HCPCS
55860	Exposure of prostate, any approach, for insertion of radioactive substance;	Procedure	HCPCS
3333			
55862	Exposure of prostate, any approach, for insertion of radioactive substance; with	Procedure	HCPCS
33002		Troccaure	1101 05
	lymph node biopsy(s) (limited pelvic lymphadenectomy)		
55865	Exposure of prostate any approach for insertion of radioactive substances with	Procedure	HCPCS
33603	Exposure of prostate, any approach, for insertion of radioactive substance; with	Procedure	псесз
	bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator		
	nodes		
55875	Transperineal placement of needles or catheters into prostate for interstitial	Procedure	HCPCS
	radioelement application, with or without cystoscopy		
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)	Procedure	HCPCS
77761	Intracavitary radiation source application; simple	Procedure	HCPCS
77762	Intracavitary radiation source application; intermediate	Procedure	HCPCS
77763	Intracavitary radiation source application; complex	Procedure	HCPCS
77778	Interstitial radiation source application; complex	Procedure	HCPCS
77789	Surface application of low dose rate radionuclide source	Procedure	HCPCS
77799	Unlisted procedure, clinical brachytherapy	Procedure	HCPCS
0394T	High dose rate electronic brachytherapy	Procedure	HCPCS
0395T	High dose rate electronic brachytherapy	Procedure	HCPCS
19296	Insertion of catheter into breast for radiation therapy using imaging guidance	Procedure	HCPCS
19297	Insertion of catheter into breast for radiation therapy concurrent with partial breast	Procedure	HCPCS
20207	removal using imaging guidance		
19298	Insertion of catheters into breast for radiation therapy with or after breast removal	Procedure	HCPCS
13230	using imaging guidance	rroccaare	1101 05
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except	Procedure	HCPCS
33920		riocedule	ПСРСЗ
	prostate) for subsequent interstitial radioelement application		
41010	Incortion of poodlog cotheters or devices into bond and/or pool for radiation delivery	Dropoduro	HCDCS
41019	Insertion of needles, catheters, or devices into head and/or neck for radiation delivery	Procedure	HCPCS
F74FF	to south our of modification the areas, also since the model for an alietic or the areas.	Dunnandiina	HCDCC
57155	Insertion of radiation therapy devices in uterus for radiation therapy	Procedure	HCPCS
57156	Insertion of radiation therapy devices in vagina for radiation therapy	Procedure	HCPCS
58346	Insertion of capsules into uterus for placement of radiation therapy	Procedure	HCPCS
19294	Preparation of tumor cavity and placement of radiation therapy applicator into breast	Procedure	HCPCS
	for radiation therapy concurrent with partial breast removal		
31643	Insertion of catheters for radiation delivery in lung airway using an endoscope	Procedure	HCPCS
20555	Insertion of needles or catheters into muscle and/or tissue for radiation therapy	Procedure	HCPCS
Q3001	Radioelements for brachytherapy, any type, each	Procedure	HCPCS

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Code	Description	Code Category	Code Type
C2644	Brachytherapy source, cesium-131 chloride solution, per millicurie	Procedure	HCPCS
	Brachytherapy source, cesium-131 chloride solution, per milicurie Brachytherapy source, non-stranded, cesium-131, per source		
C2643		Procedure	HCPCS
C2642	Brachytherapy source, stranded, cesium-131, per source	Procedure	HCPCS
C1716	Brachytherapy source, non-stranded, gold-198, per source	Procedure	HCPCS
C2639	Brachytherapy source, non-stranded, iodine-125, per source	Procedure	HCPCS
C2638	Brachytherapy source, stranded, iodine-125, 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
C2699	Brachytherapy source, non-stranded, not otherwise specified, per source	Procedure	HCPCS
C2698	Brachytherapy source, stranded, not otherwise specified, per source	Procedure	HCPCS
C2640	Brachytherapy source, stranded, palladium-103, per source	Procedure	HCPCS
C2634	Brachytherapy source, non-stranded, high activity, iodine-125, greater than 1.01 mci	Procedure	HCPCS
	(nist), per source		
C2635	Brachytherapy source, non-stranded, high activity, palladium-103, greater than 2.2	Procedure	HCPCS
	mci (nist), per source		
C2637	Brachytherapy source, non-stranded, ytterbium-169, per source	Procedure	HCPCS
C2636	Brachytherapy linear source, non-stranded, palladium-103, per 1 mm	Procedure	HCPCS
	/		
C2641	Brachytherapy source, non-stranded, palladium-103, per source	Procedure	HCPCS
C2616	Brachytherapy source, non-stranded, yttrium-90, per source	Procedure	HCPCS
G0458	Low dose rate (ldr) prostate brachytherapy services, composite rate	Procedure	HCPCS
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day	Procedure	HCPCS
,,,,,,			
77402	Radiation treatment delivery,=>1 MeV; simple	Procedure	HCPCS
77407	Radiation treatment delivery, =>1 MeV; intermediate	Procedure	HCPCS
77412	Radiation treatment delivery, =>1 MeV; complex	Procedure	HCPCS
77427	Radiation treatment management, 5 treatments	Procedure	HCPCS
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of		HCPCS
77432	treatment consisting of 1 session)	rroccuare	rici es
77469	Intraoperative radiation treatment management	Procedure	HCPCS
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral		HCPCS
77470	or endocavitary irradiation)	riocedure	rici cs
77499	Unlisted procedure, therapeutic radiology treatment management	Procedure	HCPCS
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of	Procedure	HCPCS
G0002	radiation therapy	riocedule	ПСРСЗ
G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed	Procedure	HCPCS
00003	ports, simple blocks or no blocks: up to 5 mev	riocedule	ПСРСЗ
G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed	Procedure	HCPCS
00004		riocedule	ПСРСЗ
CCOOL	ports, simple blocks or no blocks: 6-10 mev	Dragadura	HCDCC
G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed	Procedure	HCPCS
CCOOC	ports, simple blocks or no blocks: 11-19 mev	Due ee duus	HCDCC
G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed	Procedure	HCPCS
	ports, simple blocks or no blocks: 20 mev or greater		
CC007	Dediction treatment delivery 2 consents to the state of t	Dun on di	HCDCC
G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single	Procedure	HCPCS
0.000	treatment area, use of multiple blocks: up to 5 mev		
G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single	Procedure	HCPCS
	treatment area, use of multiple blocks: 6-10 mev		

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Code	Description	Code Category	Code Type
G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single		HCPCS
00005	treatment area, use of multiple blocks: 11-19 mev		
G6010	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single	Procedure	HCPCS
	treatment area, use of multiple blocks: 20 mev or greater		
	а самина се и на се и на пристинение и в в се и в в се и в		
G6011	Radiation treatment delivery,3 or more separate treatment areas, custom blocking,	Procedure	HCPCS
	tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev	,	
G6012	Radiation treatment delivery,3 or more separate treatment areas, custom blocking,	Procedure	HCPCS
	tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev		
G6013	Radiation treatment delivery,3 or more separate treatment areas, custom blocking,	Procedure	HCPCS
	tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev		
G6014	Radiation treatment delivery,3 or more separate treatment areas, custom blocking,	Procedure	HCPCS
	tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or		
66045	greater	5 1	LICECC
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow	Procedure	HCPCS
	spatially and temporally modulated beams, binary, dynamic mlc, per treatment		
G6017	session Intra-fraction localization and tracking of target or patient motion during delivery of	Procedure	HCPCS
00017	radiation therapy (eg,3d positional tracking, gating, 3d surface tracking), each fraction		TICFCS
	of treatment		
49411	Insertion of devices in abdominal cavity for radiation therapy guidance, accessed	Procedure	HCPCS
43411	through the skin	rroccaare	Tieres
49412	Insertion of devices for radiation therapy guidance in abdominal cavity, open	Procedure	HCPCS
	procedure		
77371	Radiation therapy delivery, stereotactic radiosurgery (SRS) for cranial growths, per	Procedure	HCPCS
	session		
77372	Radiation therapy delivery, stereotactic radiosurgery (SRS) for cranial growths, per	Procedure	HCPCS
	session		
32701	Thoracic targets delineation for stereotactic body radiation therapy	Procedure	HCPCS
77373	Stereotactic body radiation therapy 1 or more lesions using imaging guidance	Procedure	HCPCS
77385	Radiation therapy delivery	Procedure	HCPCS
77386	Radiation therapy delivery	Procedure	HCPCS
77424	Intraoperative single X-ray radiation treatment session	Procedure	HCPCS
77425	Intraoperative electrons radiation treatment single session	Procedure	HCPCS
77423	Radiation treatment delivery, high energy	Procedure	HCPCS
77431	Radiation treatment management, 1 or 2 treatments	Procedure	HCPCS
77435	Stereotactic radiation treatment management of 1 or more lesions using imaging	Procedure	HCPCS
77520	guidance, per treatment course	Drocoduro	HCDCs
77520 77522	Proton treatment delivery, simple Proton treatment delivery, simple with compensation	Procedure Procedure	HCPCS HCPCS
77523	Proton treatment delivery, simple with compensation Proton treatment delivery, intermediate	Procedure	HCPCS
77525	Proton treatment delivery, intermediate Proton treatment delivery, complex	Procedure	HCPCS
96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-	Procedure	HCPCS
30.01	neoplastic		
96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-	Procedure	HCPCS
55.02	neoplastic		
96409	Chemotherapy administration; intravenous, push technique, single or initial	Procedure	HCPCS
	substance/drug		

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Code	Description	Code Category	Code Type
96411	Chemotherapy administration; intravenous, push technique, each additional	Procedure	HCPCS
30411	substance/drug	rioccaare	1161 65
96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or	Procedure	HCPCS
06415	initial substance/drug	Dunnanduna	HCDCC
96415	Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)	Procedure	HCPCS
96416	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump	Procedure	HCPCS
96417	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)	Procedure	HCPCS
96420	Chemotherapy administration, intra-arterial; push technique	Procedure	HCPCS
96422	Chemotherapy administration, intra-arterial; infusion technique, up to 1 hour	Procedure	HCPCS
96423	Chemotherapy administration, intra-arterial; infusion technique, each additional hour (List separately in addition to code for primary procedure)	Procedure	HCPCS
96425	Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or	Procedure	HCPCS
96440	implantable pump Chemotherapy administration into pleural cavity, requiring and including thoracentesis	Procedure	HCPCS
96446	Chemotherapy administration into the peritoneal cavity via indwelling port or catheter	Procedure	HCPCS
96450	Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture	Procedure	HCPCS
96542	Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents	Procedure	HCPCS
96549	Unlisted chemotherapy procedure	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
G0498	Chemotherapy administration, intravenous infusion technique; initiation of infusion in the office/clinic setting using office/clinic pump/supplies, with continuation of the infusion in the community setting (e.g., home, domiciliary, rest home or assisted living) using a portable pump provided by the office/clinic, includes follow up office/clinic visit at the conclusion of the infusion	Procedure	HCPCS
G9835	Trastuzumab administered within 12 months of diagnosis	Procedure	HCPCS
G9837	Trastuzumab not administered within 12 months of diagnosis	Procedure	HCPCS
J0202	Injection, alemtuzumab, 1 mg	Procedure	HCPCS
J0207	Injection, amifostine, 500 mg	Procedure	HCPCS
J0594	Injection, busulfan, 1 mg	Procedure	HCPCS
J0894	Injection, decitabine, 1 mg	Procedure	HCPCS
J7527	Everolimus, oral, 0.25 mg	Procedure	HCPCS
J8510	Busulfan, oral, 2 mg	Procedure	HCPCS
J8520	Capecitabine, oral, 150 mg	Procedure	HCPCS

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	E. List of Rxivorm Concept Unique Identifier (RXCOI), Logical Observation in		
Code	Description	Code Category	Code Type
J8521	Capecitabine, oral, 500 mg	Procedure	HCPCS
J8530	Cyclophosphamide, oral, 25 mg	Procedure	HCPCS
J8560	Etoposide, oral, 50 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
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, bortezonia, 0.1 mg	Procedure	HCPCS
J9042 J9043	Injection, prentuking vedotin, 1 mg	Procedure	HCPCS
J9045		Procedure	HCPCS
	Injection, carboplatin, 50 mg		
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
J9065	Injection, cladribine, per 1 mg	Procedure	HCPCS
J9070	Cyclophosphamide, 100 mg	Procedure	HCPCS
J9098	Injection, cytarabine liposome, 10 mg	Procedure	HCPCS
J9100	Injection, cytarabine, 100 mg	Procedure	HCPCS
J9118	Inj. Calaspargase pegol-mknl	Procedure	HCPCS
J9120	Injection, dactinomycin, 0.5 mg	Procedure	HCPCS
J9130	Dacarbazine, 100 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
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
J9181	Injection, etoposide, 10 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
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	E. List of KxNorm Concept Unique Identifier (KXCUI), Logical Observation Identifiers in		
Code	Description	Code Category	Code Type
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
J9211	Injection, idarubicin HCl, 5 mg	Procedure	HCPCS
J9228	Injection, ipilimumab, 1 mg	Procedure	HCPCS
J9229	Injection, inotuzumab ozogamicin, 0.1 mg	Procedure	HCPCS
J9230	Injection, mechlorethamine HCl, (nitrogen mustard), 10 mg	Procedure	HCPCS
J9245	Injection, melphalan HCl, 50 mg	Procedure	HCPCS
J9250	Methotrexate sodium, 5 mg	Procedure	HCPCS
J9260	Methotrexate sodium, 50 mg	Procedure	HCPCS
J9261	Injection, nelarabine, 50 mg	Procedure	HCPCS
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg	Procedure	HCPCS
J9263	Injection, oxaliplatin, 0.5 mg	Procedure	HCPCS
J9264	Injection, paclitaxel protein-bound particles, 1 mg	Procedure	HCPCS
J9266	Injection, pegaspargase, per single dose vial	Procedure	HCPCS
J9267	Injection, paclitaxel, 1 mg	Procedure	HCPCS
J9268	Injection, pentostatin, 10 mg	Procedure	HCPCS
J9270	Injection, plicamycin, 2.5 mg	Procedure	HCPCS
J9280	Injection, mitomycin, 5 mg	Procedure	HCPCS
J9293	Injection, mitoxantrone HCl, per 5 mg	Procedure	HCPCS
J9301	Injection, obinutuzumab, 10 mg	Procedure	HCPCS
J9301 J9302	Injection, obmotozumab, 10 mg	Procedure	HCPCS
J9302 J9303		Procedure	
	Injection, panitumumab, 10 mg		HCPCS
J9305	Injection, pemetrexed, 10 mg	Procedure	HCPCS
J9306	Injection, perturumab, 1 mg	Procedure	HCPCS
J9307	Injection, pralatrexate, 1 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
J9328	Injection, temozolomide, 1 mg	Procedure	HCPCS
J9330	Injection, temsirolimus, 1 mg	Procedure	HCPCS
J9340	Injection, thiotepa, 15 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
J9390	Injection, vinorelbine tartrate, 10 mg	Procedure	HCPCS
J9999	Not otherwise classified, antineoplastic drugs	Procedure	HCPCS
Q2043	Sipuleucel-T, minimum of 50 million autologous cd54+ cells activated with PAP-GM-	Procedure	HCPCS
•	CSF, including leukapheresis and all other preparatory procedures, per infusion		
Q2049	Injection, doxorubicin hydrochloride, liposomal, imported Lipodox, 10 mg	Procedure	HCPCS
Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 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

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	E. List of KxNorm Concept Unique identifier (KxCOI), Logical Observation identifiers N		
Code	<u>Description</u>	Code Category	Code Type
Q5115	Injection, rituximab-abbs, biosimilar, 10 mg	Procedure	HCPCS
Q5116	Injection, trastuzumab-qyyp, biosimilar, (Trazimera), 10 mg	Procedure	HCPCS
Q5117	Injection, trastuzumab-anns, biosimilar, (Kanjinti), 10 mg	Procedure	HCPCS
S0088	Imatinib, 100 mg	Procedure	HCPCS
S0108	Mercaptopurine, oral, 50 mg	Procedure	HCPCS
S0172	Chlorambucil, oral, 2 mg	Procedure	HCPCS
S0178	Lomustine, oral, 10 mg	Procedure	HCPCS
S0182	Procarbazine HCl, oral, 50 mg	Procedure	HCPCS
J9269	Injection, tagraxofusp-erzs, 10 micrograms	Procedure	HCPCS
S0176	Hydroxyurea, oral, 500 mg	Procedure	HCPCS
3E033WL	Introduction of immunosuppressive into peripheral vein, percutaneous	Procedure	ICD-10-PCS
3E040WL	Introduction of immunosuppressive into central vein, open	Procedure	ICD-10-PCS
3E043WL	Introduction of immunosuppressive into central vein, percutaneous	Procedure	ICD-10-PCS
3E050WL	Introduction of immunosuppressive into peripheral artery, open	Procedure	ICD-10-PCS
3E053WL	Introduction of immunosuppressive into peripheral artery, percutaneous	Procedure	ICD-10-PCS
3E060WL	Introduction of immunosuppressive into central artery, open	Procedure	ICD-10-PCS
3E063WL	Introduction of immunosuppressive into central artery, percutaneous	Procedure	ICD-10-PCS
3E030WL	Introduction of Immunosuppressive into Peripheral Vein, Open	Procedure	ICD-10-PCS
D7169CZ	High Dose Rate (HDR) Brachytherapy of Abdomen Lymphatics using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D71697Z	High Dose Rate (HDR) Brachytherapy of Abdomen Lymphatics using Cesium 137 (Cs-	Procedure	ICD-10-PCS
D71699Z	137) High Dose Rate (HDR) Brachytherapy of Abdomen Lymphatics using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D71698Z	High Dose Rate (HDR) Brachytherapy of Abdomen Lymphatics using Iridium 192 (Ir-	Procedure	ICD-10-PCS
D7169YZ	192) High Dose Rate (HDR) Brachytherapy of Abdomen Lymphatics using Other Isotope	Procedure	ICD-10-PCS
D7169BZ	High Dose Rate (HDR) Brachytherapy of Abdomen Lymphatics 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
DW1397Z	High Dose Rate (HDR) Brachytherapy of Abdomen using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DW1399Z	High Dose Rate (HDR) Brachytherapy of Abdomen using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DW1398Z	High Dose Rate (HDR) Brachytherapy of Abdomen using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DW139YZ	High Dose Rate (HDR) Brachytherapy of Abdomen using Other Isotope	Procedure	ICD-10-PCS
DW139BZ	High Dose Rate (HDR) Brachytherapy of Abdomen 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

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	Description		
Code DG1297Z	Description High Dose Rate (HDR) Brachytherapy of Adrenal Glands using Cesium 137 (Cs-137)	Code Category Procedure	ICD-10-PCS
DG12972	rigit bose kate (ribk) Brachytherapy of Adrenai Gianus using Cesium 157 (Cs-157)	Procedure	ICD-10-PC3
DG1299Z	High Dose Rate (HDR) Brachytherapy of Adrenal Glands using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DG1298Z	High Dose Rate (HDR) Brachytherapy of Adrenal Glands using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DG129YZ	High Dose Rate (HDR) Brachytherapy of Adrenal Glands using Other Isotope	Procedure	ICD-10-PCS
DG129BZ	High Dose Rate (HDR) Brachytherapy of Adrenal Glands 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
D71497Z	High Dose Rate (HDR) Brachytherapy of Axillary Lymphatics using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D71499Z	High Dose Rate (HDR) Brachytherapy of Axillary Lymphatics using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D71498Z	High Dose Rate (HDR) Brachytherapy of Axillary Lymphatics using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D7149YZ	High Dose Rate (HDR) Brachytherapy of Axillary Lymphatics using Other Isotope	Procedure	ICD-10-PCS
D7149BZ	High Dose Rate (HDR) Brachytherapy of Axillary Lymphatics 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
DF1297Z	High Dose Rate (HDR) Brachytherapy of Bile Ducts using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DF1299Z	High Dose Rate (HDR) Brachytherapy of Bile Ducts using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DF1298Z	High Dose Rate (HDR) Brachytherapy of Bile Ducts using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DF129YZ	High Dose Rate (HDR) Brachytherapy of Bile Ducts using Other Isotope	Procedure	ICD-10-PCS
DF129BZ	High Dose Rate (HDR) Brachytherapy of Bile Ducts 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
DT1297Z	High Dose Rate (HDR) Brachytherapy of Bladder using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DT1299Z	High Dose Rate (HDR) Brachytherapy of Bladder using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DT1298Z	High Dose Rate (HDR) Brachytherapy of Bladder using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DT129YZ	High Dose Rate (HDR) Brachytherapy of Bladder using Other Isotope	Procedure	ICD-10-PCS
DT129BZ	High Dose Rate (HDR) Brachytherapy of Bladder 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
D71097Z	High Dose Rate (HDR) Brachytherapy of Bone Marrow using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D71099Z	High Dose Rate (HDR) Brachytherapy of Bone Marrow using Iodine 125 (I-125)	Procedure	ICD-10-PCS

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	Description		
Code D71098Z	Description High Dose Rate (HDR) Brachytherapy of Bone Marrow using Iridium 192 (Ir-192)	Code Category Procedure	Code Type ICD-10-PCS
D7109YZ	High Dose Rate (HDR) Brachytherapy of Bone Marrow using Other Isotope	Procedure	ICD-10-PCS
D7109BZ	High Dose Rate (HDR) Brachytherapy of Bone Marrow 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
D01197Z	High Dose Rate (HDR) Brachytherapy of Brain Stem using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D01199Z	High Dose Rate (HDR) Brachytherapy of Brain Stem using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D01198Z	High Dose Rate (HDR) Brachytherapy of Brain Stem using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D0119YZ	High Dose Rate (HDR) Brachytherapy of Brain Stem using Other Isotope	Procedure	ICD-10-PCS
D0119BZ	High Dose Rate (HDR) Brachytherapy of Brain Stem 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
D01097Z	High Dose Rate (HDR) Brachytherapy of Brain using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D01099Z	High Dose Rate (HDR) Brachytherapy of Brain using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D01098Z	High Dose Rate (HDR) Brachytherapy of Brain using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D0109YZ	High Dose Rate (HDR) Brachytherapy of Brain using Other Isotope	Procedure	ICD-10-PCS
D0109BZ	High Dose Rate (HDR) Brachytherapy of Brain 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
DB1197Z	High Dose Rate (HDR) Brachytherapy of Bronchus using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DB1199Z	High Dose Rate (HDR) Brachytherapy of Bronchus using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DB1198Z	High Dose Rate (HDR) Brachytherapy of Bronchus using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DB119YZ	High Dose Rate (HDR) Brachytherapy of Bronchus using Other Isotope	Procedure	ICD-10-PCS
DB119BZ	High Dose Rate (HDR) Brachytherapy of Bronchus 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
DU1197Z	High Dose Rate (HDR) Brachytherapy of Cervix using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DU1199Z	High Dose Rate (HDR) Brachytherapy of Cervix using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DU1198Z	High Dose Rate (HDR) Brachytherapy of Cervix using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DU119YZ	High Dose Rate (HDR) Brachytherapy of Cervix using Other Isotope	Procedure	ICD-10-PCS

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	Description		
Code DU119BZ	Description High Dose Rate (HDR) Brachytherapy of Cervix using Palladium 103 (Pd-103)	Code Category Procedure	Code Type ICD-10-PCS
DOTTSBE	ringii bose nate (fibit) bracifytherapy of cervix using ranadium 103 (ru-103)	Flocedule	ICD-10-FC3
DW129CZ	High Dose Rate (HDR) Brachytherapy of Chest using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DW1297Z	High Dose Rate (HDR) Brachytherapy of Chest using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DW1299Z	High Dose Rate (HDR) Brachytherapy of Chest using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D VV 12332	riigii Dose kate (fibk) Brachytherapy of Chest using found 125 (1-125)	Flocedule	ICD-10-PC3
DW1298Z	High Dose Rate (HDR) Brachytherapy of Chest using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DW129YZ	High Dose Rate (HDR) Brachytherapy of Chest using Other Isotope	Procedure	ICD-10-PCS
DW129BZ	High Dose Rate (HDR) Brachytherapy of Chest using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DD47067	High Days Bata (UDD) Break the server of Cheat Well coins Californium 252 (Cf. 252)	Don on drawn	ICD 40 DCC
DB179CZ	High Dose Rate (HDR) Brachytherapy of Chest Wall using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DB1797Z	High Dose Rate (HDR) Brachytherapy of Chest Wall using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DB1799Z	High Dose Rate (HDR) Brachytherapy of Chest Wall using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DB1798Z	High Dose Rate (HDR) Brachytherapy of Chest Wall using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DB179YZ	High Dose Rate (HDR) Brachytherapy of Chest Wall using Other Isotope	Procedure	ICD-10-PCS
DB179BZ	High Dose Rate (HDR) Brachytherapy of Chest Wall 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
DD1597Z	High Dose Rate (HDR) Brachytherapy of Colon using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DD1599Z	High Dose Rate (HDR) Brachytherapy of Colon using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DD1598Z	High Dose Rate (HDR) Brachytherapy of Colon using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DD159YZ	High Dose Rate (HDR) Brachytherapy of Colon using Other Isotope	Procedure	ICD-10-PCS
DD159BZ	High Dose Rate (HDR) Brachytherapy of Colon 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
DB1897Z	High Dose Rate (HDR) Brachytherapy of Diaphragm using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DB1899Z	High Dose Rate (HDR) Brachytherapy of Diaphragm using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DB1898Z	High Dose Rate (HDR) Brachytherapy of Diaphragm using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DB189YZ	High Dose Rate (HDR) Brachytherapy of Diaphragm using Other Isotope	Procedure	ICD-10-PCS
DB189BZ	High Dose Rate (HDR) Brachytherapy of Diaphragm 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

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Code	Description		Code Type
DD1297Z	High Dose Rate (HDR) Brachytherapy of Duodenum using Cesium 137 (Cs-137)	Code Category Procedure	ICD-10-PCS
DD1299Z	High Dose Rate (HDR) Brachytherapy of Duodenum using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DD1298Z	High Dose Rate (HDR) Brachytherapy of Duodenum using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DD129YZ	High Dose Rate (HDR) Brachytherapy of Duodenum using Other Isotope	Procedure	ICD-10-PCS
DD129BZ	High Dose Rate (HDR) Brachytherapy of Duodenum 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
D91097Z	High Dose Rate (HDR) Brachytherapy of Ear using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D91099Z	High Dose Rate (HDR) Brachytherapy of Ear using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D91098Z	High Dose Rate (HDR) Brachytherapy of Ear using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D9109YZ	High Dose Rate (HDR) Brachytherapy of Ear using Other Isotope	Procedure	ICD-10-PCS
D9109BZ	High Dose Rate (HDR) Brachytherapy of Ear 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
DD1097Z	High Dose Rate (HDR) Brachytherapy of Esophagus using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DD1099Z	High Dose Rate (HDR) Brachytherapy of Esophagus using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DD1098Z	High Dose Rate (HDR) Brachytherapy of Esophagus using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DD109YZ	High Dose Rate (HDR) Brachytherapy of Esophagus using Other Isotope	Procedure	ICD-10-PCS
DD109BZ	High Dose Rate (HDR) Brachytherapy of Esophagus 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
D81097Z	High Dose Rate (HDR) Brachytherapy of Eye using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D81099Z	High Dose Rate (HDR) Brachytherapy of Eye using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D81098Z	High Dose Rate (HDR) Brachytherapy of Eye using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D8109YZ	High Dose Rate (HDR) Brachytherapy of Eye using Other Isotope	Procedure	ICD-10-PCS
D8109BZ	High Dose Rate (HDR) Brachytherapy of Eye 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
DF1197Z	High Dose Rate (HDR) Brachytherapy of Gallbladder using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DF1199Z	High Dose Rate (HDR) Brachytherapy of Gallbladder using Iodine 125 (I-125)	Procedure	ICD-10-PCS

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	Description		
Code DF1198Z	Description High Dose Rate (HDR) Brachytherapy of Gallbladder using Iridium 192 (Ir-192)	Code Category Procedure	Code Type ICD-10-PCS
DF119YZ	High Dose Rate (HDR) Brachytherapy of Gallbladder using Other Isotope	Procedure	ICD-10-PCS
DF119BZ	High Dose Rate (HDR) Brachytherapy of Gallbladder using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
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D9189CZ	High Dose Rate (HDR) Brachytherapy of Hard Palate using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D91897Z	High Dose Rate (HDR) Brachytherapy of Hard Palate using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D91899Z	High Dose Rate (HDR) Brachytherapy of Hard Palate using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D91898Z	High Dose Rate (HDR) Brachytherapy of Hard Palate using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D9189YZ	High Dose Rate (HDR) Brachytherapy of Hard Palate using Other Isotope	Procedure	ICD-10-PCS
D9189BZ	High Dose Rate (HDR) Brachytherapy of Hard Palate 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
DW1197Z	High Dose Rate (HDR) Brachytherapy of Head and Neck using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DW1199Z	High Dose Rate (HDR) Brachytherapy of Head and Neck using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DW1198Z	High Dose Rate (HDR) Brachytherapy of Head and Neck using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DW119YZ	High Dose Rate (HDR) Brachytherapy of Head and Neck using Other Isotope	Procedure	ICD-10-PCS
DW119BZ	High Dose Rate (HDR) Brachytherapy of Head and Neck 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
D91397Z	High Dose Rate (HDR) Brachytherapy of Hypopharynx using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D91399Z	High Dose Rate (HDR) Brachytherapy of Hypopharynx using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D91398Z	High Dose Rate (HDR) Brachytherapy of Hypopharynx using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D9139YZ	High Dose Rate (HDR) Brachytherapy of Hypopharynx using Other Isotope	Procedure	ICD-10-PCS
D9139BZ	High Dose Rate (HDR) Brachytherapy of Hypopharynx 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
DD1497Z	High Dose Rate (HDR) Brachytherapy of Ileum using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DD1499Z	High Dose Rate (HDR) Brachytherapy of Ileum using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DD1498Z	High Dose Rate (HDR) Brachytherapy of Ileum using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DD149YZ	High Dose Rate (HDR) Brachytherapy of Ileum using Other Isotope	Procedure	ICD-10-PCS

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	Description		
Code	Description	Code Category	Code Type
DD149BZ	High Dose Rate (HDR) Brachytherapy of Ileum 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
D71897Z	High Dose Rate (HDR) Brachytherapy of Inguinal Lymphatics using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D71899Z	High Dose Rate (HDR) Brachytherapy of Inguinal Lymphatics using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D71898Z	High Dose Rate (HDR) Brachytherapy of Inguinal Lymphatics using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D7189YZ	High Dose Rate (HDR) Brachytherapy of Inguinal Lymphatics using Other Isotope	Procedure	ICD-10-PCS
D7189BZ	High Dose Rate (HDR) Brachytherapy of Inguinal Lymphatics 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
DD1397Z	High Dose Rate (HDR) Brachytherapy of Jejunum using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DD1399Z	High Dose Rate (HDR) Brachytherapy of Jejunum using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DD1398Z	High Dose Rate (HDR) Brachytherapy of Jejunum using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DD139YZ	High Dose Rate (HDR) Brachytherapy of Jejunum using Other Isotope	Procedure	ICD-10-PCS
DD139BZ	High Dose Rate (HDR) Brachytherapy of Jejunum 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
DT1097Z	High Dose Rate (HDR) Brachytherapy of Kidney using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DT1099Z	High Dose Rate (HDR) Brachytherapy of Kidney using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DT1098Z	High Dose Rate (HDR) Brachytherapy of Kidney using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DT109YZ	High Dose Rate (HDR) Brachytherapy of Kidney using Other Isotope	Procedure	ICD-10-PCS
DT109BZ	High Dose Rate (HDR) Brachytherapy of Kidney 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
D91B97Z	High Dose Rate (HDR) Brachytherapy of Larynx using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D91B99Z	High Dose Rate (HDR) Brachytherapy of Larynx using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D91B98Z	High Dose Rate (HDR) Brachytherapy of Larynx using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D91B9YZ	High Dose Rate (HDR) Brachytherapy of Larynx using Other Isotope	Procedure	ICD-10-PCS
D91B9BZ	High Dose Rate (HDR) Brachytherapy of Larynx 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

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Code	Description	Code Category	Code Type
DM1097Z	High Dose Rate (HDR) Brachytherapy of Left Breast using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DM1099Z	High Dose Rate (HDR) Brachytherapy of Left Breast using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DM1098Z	High Dose Rate (HDR) Brachytherapy of Left Breast using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DM109YZ	High Dose Rate (HDR) Brachytherapy of Left Breast using Other Isotope	Procedure	ICD-10-PCS
DM109BZ	High Dose Rate (HDR) Brachytherapy of Left Breast using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DF109CZ	High Dose Rate (HDR) Brachytherapy of Liver using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DF1097Z	High Dose Rate (HDR) Brachytherapy of Liver using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DF1099Z	High Dose Rate (HDR) Brachytherapy of Liver using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DF1098Z	High Dose Rate (HDR) Brachytherapy of Liver using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DF109YZ	High Dose Rate (HDR) Brachytherapy of Liver using Other Isotope	Procedure	ICD-10-PCS
DF109BZ	High Dose Rate (HDR) Brachytherapy of Liver 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
DB1297Z	High Dose Rate (HDR) Brachytherapy of Lung using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DB1299Z	High Dose Rate (HDR) Brachytherapy of Lung using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DB1298Z	High Dose Rate (HDR) Brachytherapy of Lung using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DB129YZ	High Dose Rate (HDR) Brachytherapy of Lung using Other Isotope	Procedure	ICD-10-PCS
DB129BZ	High Dose Rate (HDR) Brachytherapy of Lung 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
DB1697Z	High Dose Rate (HDR) Brachytherapy of Mediastinum using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DB1699Z	High Dose Rate (HDR) Brachytherapy of Mediastinum using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DB1698Z	High Dose Rate (HDR) Brachytherapy of Mediastinum using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DB169YZ	High Dose Rate (HDR) Brachytherapy of Mediastinum using Other Isotope	Procedure	ICD-10-PCS
DB169BZ	High Dose Rate (HDR) Brachytherapy of Mediastinum 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
D91497Z	High Dose Rate (HDR) Brachytherapy of Mouth using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D91499Z	High Dose Rate (HDR) Brachytherapy of Mouth using Iodine 125 (I-125)	Procedure	ICD-10-PCS

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	Description		
Code	Description High Dose Pate (HDP) Prachythorany of Mouth using Iridium 102 (Ir 102)	Code Category Procedure	Code Type
D91498Z	High Dose Rate (HDR) Brachytherapy of Mouth using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D9149YZ	High Dose Rate (HDR) Brachytherapy of Mouth using Other Isotope	Procedure	ICD-10-PCS
D9149BZ	High Dose Rate (HDR) Brachytherapy of Mouth 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
D91D97Z	High Dose Rate (HDR) Brachytherapy of Nasopharynx using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D91D99Z	High Dose Rate (HDR) Brachytherapy of Nasopharynx using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D91D98Z	High Dose Rate (HDR) Brachytherapy of Nasopharynx using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D91D9YZ	High Dose Rate (HDR) Brachytherapy of Nasopharynx using Other Isotope	Procedure	ICD-10-PCS
D91D9BZ	High Dose Rate (HDR) Brachytherapy of Nasopharynx 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
D71397Z	High Dose Rate (HDR) Brachytherapy of Neck Lymphatics using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D71399Z	High Dose Rate (HDR) Brachytherapy of Neck Lymphatics using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D71398Z	High Dose Rate (HDR) Brachytherapy of Neck Lymphatics using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D7139YZ	High Dose Rate (HDR) Brachytherapy of Neck Lymphatics using Other Isotope	Procedure	ICD-10-PCS
D7139BZ	High Dose Rate (HDR) Brachytherapy of Neck Lymphatics 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
D91197Z	High Dose Rate (HDR) Brachytherapy of Nose using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D91199Z	High Dose Rate (HDR) Brachytherapy of Nose using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D91198Z	High Dose Rate (HDR) Brachytherapy of Nose using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D9119YZ	High Dose Rate (HDR) Brachytherapy of Nose using Other Isotope	Procedure	ICD-10-PCS
D9119BZ	High Dose Rate (HDR) Brachytherapy of Nose 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
D91F97Z	High Dose Rate (HDR) Brachytherapy of Oropharynx using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D91F99Z	High Dose Rate (HDR) Brachytherapy of Oropharynx using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D91F98Z	High Dose Rate (HDR) Brachytherapy of Oropharynx using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D91F9YZ	High Dose Rate (HDR) Brachytherapy of Oropharynx using Other Isotope	Procedure	ICD-10-PCS

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Code	Description		
D91F9BZ	High Dose Rate (HDR) Brachytherapy of Oropharynx 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
DU1097Z	High Dose Rate (HDR) Brachytherapy of Ovary using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DU1099Z	High Dose Rate (HDR) Brachytherapy of Ovary using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DU1098Z	High Dose Rate (HDR) Brachytherapy of Ovary using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DU109YZ	High Dose Rate (HDR) Brachytherapy of Ovary using Other Isotope	Procedure	ICD-10-PCS
DU109BZ	High Dose Rate (HDR) Brachytherapy of Ovary 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
DF1397Z	High Dose Rate (HDR) Brachytherapy of Pancreas using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DF1399Z	High Dose Rate (HDR) Brachytherapy of Pancreas using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DF1398Z	High Dose Rate (HDR) Brachytherapy of Pancreas using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DF139YZ	High Dose Rate (HDR) Brachytherapy of Pancreas using Other Isotope	Procedure	ICD-10-PCS
DF139BZ	High Dose Rate (HDR) Brachytherapy of Pancreas using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DG149CZ	High Dose Rate (HDR) Brachytherapy of Parathyroid Glands using Californium 252 (Cf-	Procedure	ICD-10-PCS
DG1497Z	252) High Dose Rate (HDR) Brachytherapy of Parathyroid Glands using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DG1499Z	High Dose Rate (HDR) Brachytherapy of Parathyroid Glands using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DG1498Z	High Dose Rate (HDR) Brachytherapy of Parathyroid Glands using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DG149YZ	High Dose Rate (HDR) Brachytherapy of Parathyroid Glands using Other Isotope	Procedure	ICD-10-PCS
DG149BZ	High Dose Rate (HDR) Brachytherapy of Parathyroid Glands using Palladium 103 (Pd-	Procedure	ICD-10-PCS
DW169CZ	103) High Dose Rate (HDR) Brachytherapy of Pelvic Region using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DW1697Z	High Dose Rate (HDR) Brachytherapy of Pelvic Region using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DW1699Z	High Dose Rate (HDR) Brachytherapy of Pelvic Region using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DW1698Z	High Dose Rate (HDR) Brachytherapy of Pelvic Region using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DW169YZ	High Dose Rate (HDR) Brachytherapy of Pelvic Region using Other Isotope	Procedure	ICD-10-PCS
DW169BZ	High Dose Rate (HDR) Brachytherapy of Pelvic Region 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

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	E. List of KxNorm Concept Unique Identifier (KXCOI), Logical Observation Identifiers N		
Code	Description	Code Category	Code Type
D71797Z	High Dose Rate (HDR) Brachytherapy of Pelvis Lymphatics using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D71799Z	High Dose Rate (HDR) Brachytherapy of Pelvis Lymphatics using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D71798Z	High Dose Rate (HDR) Brachytherapy of Pelvis Lymphatics using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D7179YZ	High Dose Rate (HDR) Brachytherapy of Pelvis Lymphatics using Other Isotope	Procedure	ICD-10-PCS
D7179BZ	High Dose Rate (HDR) Brachytherapy of Pelvis Lymphatics 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
D01797Z	High Dose Rate (HDR) Brachytherapy of Peripheral Nerve using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D01799Z	High Dose Rate (HDR) Brachytherapy of Peripheral Nerve using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D01798Z	High Dose Rate (HDR) Brachytherapy of Peripheral Nerve using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D0179YZ	High Dose Rate (HDR) Brachytherapy of Peripheral Nerve using Other Isotope	Procedure	ICD-10-PCS
D0179BZ	High Dose Rate (HDR) Brachytherapy of Peripheral Nerve 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
DG1197Z	High Dose Rate (HDR) Brachytherapy of Pineal Body using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DG1199Z	High Dose Rate (HDR) Brachytherapy of Pineal Body using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DG1198Z	High Dose Rate (HDR) Brachytherapy of Pineal Body using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DG119YZ	High Dose Rate (HDR) Brachytherapy of Pineal Body using Other Isotope	Procedure	ICD-10-PCS
DG119BZ	High Dose Rate (HDR) Brachytherapy of Pineal Body 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
DG1097Z	High Dose Rate (HDR) Brachytherapy of Pituitary Gland using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DG1099Z	High Dose Rate (HDR) Brachytherapy of Pituitary Gland using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DG1098Z	High Dose Rate (HDR) Brachytherapy of Pituitary Gland using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DG109YZ	High Dose Rate (HDR) Brachytherapy of Pituitary Gland using Other Isotope	Procedure	ICD-10-PCS
DG109BZ	High Dose Rate (HDR) Brachytherapy of Pituitary Gland 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
DB1597Z	High Dose Rate (HDR) Brachytherapy of Pleura using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DB1599Z	High Dose Rate (HDR) Brachytherapy of Pleura using Iodine 125 (I-125)	Procedure	ICD-10-PCS

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Code	Description		Code Type
DB1598Z	Description High Dose Rate (HDR) Brachytherapy of Pleura using Iridium 192 (Ir-192)	Code Category Procedure	ICD-10-PCS
DB159YZ	High Dose Rate (HDR) Brachytherapy of Pleura using Other Isotope	Procedure	ICD-10-PCS
DB159BZ	High Dose Rate (HDR) Brachytherapy of Pleura 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
DV1097Z	High Dose Rate (HDR) Brachytherapy of Prostate using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DV1099Z	High Dose Rate (HDR) Brachytherapy of Prostate using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DV1098Z	High Dose Rate (HDR) Brachytherapy of Prostate using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DV109YZ	High Dose Rate (HDR) Brachytherapy of Prostate using Other Isotope	Procedure	ICD-10-PCS
DV109BZ	High Dose Rate (HDR) Brachytherapy of Prostate 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
DD1797Z	High Dose Rate (HDR) Brachytherapy of Rectum using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DD1799Z	High Dose Rate (HDR) Brachytherapy of Rectum using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DD1798Z	High Dose Rate (HDR) Brachytherapy of Rectum using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DD179YZ	High Dose Rate (HDR) Brachytherapy of Rectum using Other Isotope	Procedure	ICD-10-PCS
DD179BZ	High Dose Rate (HDR) Brachytherapy of Rectum 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
DM1197Z	High Dose Rate (HDR) Brachytherapy of Right Breast using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DM1199Z	High Dose Rate (HDR) Brachytherapy of Right Breast using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DM1198Z	High Dose Rate (HDR) Brachytherapy of Right Breast using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DM119YZ	High Dose Rate (HDR) Brachytherapy of Right Breast using Other Isotope	Procedure	ICD-10-PCS
DM119BZ	High Dose Rate (HDR) Brachytherapy of Right Breast 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
D91697Z	High Dose Rate (HDR) Brachytherapy of Salivary Glands using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D91699Z	High Dose Rate (HDR) Brachytherapy of Salivary Glands using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D91698Z	High Dose Rate (HDR) Brachytherapy of Salivary Glands using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D9169YZ	High Dose Rate (HDR) Brachytherapy of Salivary Glands using Other Isotope	Procedure	ICD-10-PCS

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	Description		
Code D9169BZ	Description High Dose Rate (HDR) Brachytherapy of Salivary Glands using Palladium 103 (Pd-103)	Code Category Procedure	ICD-10-PCS
D9179CZ	High Dose Rate (HDR) Brachytherapy of Sinuses using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D91797Z	High Dose Rate (HDR) Brachytherapy of Sinuses using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D91799Z	High Dose Rate (HDR) Brachytherapy of Sinuses using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D91798Z	High Dose Rate (HDR) Brachytherapy of Sinuses using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D9179YZ	High Dose Rate (HDR) Brachytherapy of Sinuses using Other Isotope	Procedure	ICD-10-PCS
D9179BZ	High Dose Rate (HDR) Brachytherapy of Sinuses 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
D91997Z	High Dose Rate (HDR) Brachytherapy of Soft Palate using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D91999Z	High Dose Rate (HDR) Brachytherapy of Soft Palate using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D91998Z	High Dose Rate (HDR) Brachytherapy of Soft Palate using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D9199YZ	High Dose Rate (HDR) Brachytherapy of Soft Palate using Other Isotope	Procedure	ICD-10-PCS
D9199BZ	High Dose Rate (HDR) Brachytherapy of Soft Palate 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
D01697Z	High Dose Rate (HDR) Brachytherapy of Spinal Cord using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D01699Z	High Dose Rate (HDR) Brachytherapy of Spinal Cord using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D01698Z	High Dose Rate (HDR) Brachytherapy of Spinal Cord using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D0169YZ	High Dose Rate (HDR) Brachytherapy of Spinal Cord using Other Isotope	Procedure	ICD-10-PCS
D0169BZ	High Dose Rate (HDR) Brachytherapy of Spinal Cord 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
D71297Z	High Dose Rate (HDR) Brachytherapy of Spleen using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D71299Z	High Dose Rate (HDR) Brachytherapy of Spleen using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D71298Z	High Dose Rate (HDR) Brachytherapy of Spleen using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D7129YZ	High Dose Rate (HDR) Brachytherapy of Spleen using Other Isotope	Procedure	ICD-10-PCS
D7129BZ	High Dose Rate (HDR) Brachytherapy of Spleen 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

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	Description		
Code	Description High Dasa Rata (UDR) Breedy thereasy of Stampach using Cosium 127 (Co. 127)	Code Category	Code Type
DD1197Z	High Dose Rate (HDR) Brachytherapy of Stomach using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DD1199Z	High Dose Rate (HDR) Brachytherapy of Stomach using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DD1198Z	High Dose Rate (HDR) Brachytherapy of Stomach using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DD119YZ	High Dose Rate (HDR) Brachytherapy of Stomach using Other Isotope	Procedure	ICD-10-PCS
DD119BZ	High Dose Rate (HDR) Brachytherapy of Stomach 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
DV1197Z	High Dose Rate (HDR) Brachytherapy of Testis using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DV1199Z	High Dose Rate (HDR) Brachytherapy of Testis using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DV1198Z	High Dose Rate (HDR) Brachytherapy of Testis using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DV119YZ	High Dose Rate (HDR) Brachytherapy of Testis using Other Isotope	Procedure	ICD-10-PCS
DV119BZ	High Dose Rate (HDR) Brachytherapy of Testis 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
D71597Z	High Dose Rate (HDR) Brachytherapy of Thorax Lymphatics using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D71599Z	High Dose Rate (HDR) Brachytherapy of Thorax Lymphatics using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D71598Z	High Dose Rate (HDR) Brachytherapy of Thorax Lymphatics using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D7159YZ	High Dose Rate (HDR) Brachytherapy of Thorax Lymphatics using Other Isotope	Procedure	ICD-10-PCS
D7159BZ	High Dose Rate (HDR) Brachytherapy of Thorax Lymphatics 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
D71197Z	High Dose Rate (HDR) Brachytherapy of Thymus using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D71199Z	High Dose Rate (HDR) Brachytherapy of Thymus using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D71198Z	High Dose Rate (HDR) Brachytherapy of Thymus using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D7119YZ	High Dose Rate (HDR) Brachytherapy of Thymus using Other Isotope	Procedure	ICD-10-PCS
D7119BZ	High Dose Rate (HDR) Brachytherapy of Thymus 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
DG1597Z	High Dose Rate (HDR) Brachytherapy of Thyroid using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DG1599Z	High Dose Rate (HDR) Brachytherapy of Thyroid using Iodine 125 (I-125)	Procedure	ICD-10-PCS

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Code DG1598Z	Description High Dose Rate (HDR) Brachytherapy of Thyroid using Iridium 192 (Ir-192)	Code Category Procedure	ICD-10-PCS
DG13362	riigii bose kate (HbK) brachytherapy or rifyroid using mulum 192 (ii-192)	Frocedure	ICD-10-FC3
DG159YZ	High Dose Rate (HDR) Brachytherapy of Thyroid using Other Isotope	Procedure	ICD-10-PCS
DG159BZ	High Dose Rate (HDR) Brachytherapy of Thyroid 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
D91597Z	High Dose Rate (HDR) Brachytherapy of Tongue using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D91599Z	High Dose Rate (HDR) Brachytherapy of Tongue using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D91598Z	High Dose Rate (HDR) Brachytherapy of Tongue using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D9159YZ	High Dose Rate (HDR) Brachytherapy of Tongue using Other Isotope	Procedure	ICD-10-PCS
D9159BZ	High Dose Rate (HDR) Brachytherapy of Tongue 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
DB1097Z	High Dose Rate (HDR) Brachytherapy of Trachea using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DB1099Z	High Dose Rate (HDR) Brachytherapy of Trachea using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DB1098Z	High Dose Rate (HDR) Brachytherapy of Trachea using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DB109YZ	High Dose Rate (HDR) Brachytherapy of Trachea using Other Isotope	Procedure	ICD-10-PCS
DB109BZ	High Dose Rate (HDR) Brachytherapy of Trachea 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
DT1197Z	High Dose Rate (HDR) Brachytherapy of Ureter using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DT1199Z	High Dose Rate (HDR) Brachytherapy of Ureter using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DT1198Z	High Dose Rate (HDR) Brachytherapy of Ureter using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DT119YZ	High Dose Rate (HDR) Brachytherapy of Ureter using Other Isotope	Procedure	ICD-10-PCS
DT119BZ	High Dose Rate (HDR) Brachytherapy of Ureter 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
DT1397Z	High Dose Rate (HDR) Brachytherapy of Urethra using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DT1399Z	High Dose Rate (HDR) Brachytherapy of Urethra using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DT1398Z	High Dose Rate (HDR) Brachytherapy of Urethra using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DT139YZ	High Dose Rate (HDR) Brachytherapy of Urethra using Other Isotope	Procedure	ICD-10-PCS

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Code	Description		
DT139BZ	High Dose Rate (HDR) Brachytherapy of Urethra using Palladium 103 (Pd-103)	Code Category Procedure	ICD-10-PCS
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DU129CZ	High Dose Rate (HDR) Brachytherapy of Uterus using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DU1297Z	High Dose Rate (HDR) Brachytherapy of Uterus using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D012372	riigii bose kate (ribk) Biachiytherapy of Oterus using Cesium 157 (Cs-157)	riocedure	ICD-10-PC3
DU1299Z	High Dose Rate (HDR) Brachytherapy of Uterus using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DU1298Z	High Dose Rate (HDR) Brachytherapy of Uterus using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DU129YZ	High Dose Rate (HDR) Brachytherapy of Uterus using Other Isotope	Procedure	ICD-10-PCS
DU129BZ	High Dose Rate (HDR) Brachytherapy of Uterus using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
0WHF01Z	Insertion of Radioactive Element into Abdominal Wall, Open Approach	Procedure	ICD-10-PCS
0001111012	instruction of hadioactive Element into Abdominar Wall, Open Approach	rroccaare	100 10 1 05
0WHF31Z	Insertion of Radioactive Element into Abdominal Wall, Percutaneous Approach	Procedure	ICD-10-PCS
0\4/115/417	Insertion of Radioantina Flamont into Abdominal Wall Parautanagus Endoscopia	Drogoduro	ICD 10 DCS
0WHF41Z	Insertion of Radioactive Element into Abdominal Wall, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0HHVX1Z	Insertion of Radioactive Element into Bilateral 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	Procedure	ICD-10-PCS
OHHVOIZ	Endoscopic	rrocedure	ICD-10-1 C3
0UHC01Z	Insertion of Radioactive Element into Cervix, Open Approach	Procedure	ICD-10-PCS
011116247		5 1	ICD 40 DCC
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	Procedure	ICD-10-PCS
00001	Endoscopic		.02 20 . 00
0WH801Z	Insertion of Radioactive Element into Chest Wall, Open Approach	Procedure	ICD-10-PCS
∩\ \ /⊔0217	Insertion of Radioactive Element into Chest Wall, Percutaneous Approach	Procedure	ICD-10-PCS
000110312	insertion of Radioactive Lientent into chest wall, Percutaneous Approach	riocedure	ICD-10-PC3
0WH841Z	Insertion of Radioactive Element into Chest Wall, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
UWH101Z	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	Procedure	ICD-10-PCS
	Approach		

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Code	Description		
	Description	Code Category	Code Type
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
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
0WHN01Z	Insertion of Radioactive Element into Female Perineum, Open Approach	Procedure	ICD-10-PCS
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
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
0WHR81Z	Insertion of Radioactive Element into Genitourinary Tract, Via Natural or Artificial Opening Endoscopic	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
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

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	E. List of KxNorm Concept Unique Identifier (KXCOI), Logical Observation Identifiers N		
Code	Description	Code Category	Code Type
0FHB01Z	Insertion of Radioactive Element into Hepatobiliary Duct, Open Approach	Procedure	ICD-10-PCS
OFHB31Z	Insertion of Radioactive Element into Hepatobiliary Duct, Percutaneous Approach	Procedure	ICD-10-PCS
OFHB41Z	Insertion of Radioactive Element into Hepatobiliary Duct, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
OFHB71Z	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
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
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
0HHUX1Z	Insertion of Radioactive Element into Left 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
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
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
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
0YHN01Z	Insertion of Radioactive Element into Left Foot, Open Approach	Procedure	ICD-10-PCS

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Code	Description		
OYHN31Z	Insertion of Radioactive Element into Left Foot, Percutaneous Approach	Code Category Procedure	ICD-10-PCS
0YHN41Z	Insertion of Radioactive Element into Left Foot, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
	Insertion of Radioactive Element into Left Hand, Open Approach	Procedure	
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
0XHK41Z	Insertion of Radioactive Element into Left Hand, 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	Procedure	ICD-10-PCS
0YHG01Z	Approach 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	Procedure	ICD-10-PCS
0XHF01Z	Approach 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	Procedure	ICD-10-PCS
0YHB01Z	Approach 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
OYHB41Z	Insertion of Radioactive Element into Left Lower Extremity, Percutaneous Endoscopic	Procedure	ICD-10-PCS
0YHJ01Z	Approach 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
OBHL01Z	Insertion of Radioactive Element into Left Lung, Open Approach	Procedure	ICD-10-PCS
OBHL31Z	Insertion of Radioactive Element into Left Lung, Percutaneous Approach	Procedure	ICD-10-PCS
OBHL41Z	Insertion of Radioactive Element into Left Lung, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
OBHL71Z	Insertion of Radioactive Element into Left Lung, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
OBHL81Z	Insertion of Radioactive Element into Left Lung, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0HHXX1Z	Endoscopic Insertion of Radioactive Element into Left Nipple, External Approach	Procedure	ICD-10-PCS

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	Description		
Code 0HHX01Z	Description Insertion of Radioactive Element into Left Nipple, Open Approach	Code Category Procedure	Code Type ICD-10-PCS
OTITINOIL	institution of Radioactive Element into Left Hippie, Open Approach	rioccaare	100 10 1 05
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	Procedure	ICD-10-PCS
0WHB01Z	Endoscopic 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	Procedure	ICD-10-PCS
0XH301Z	Approach 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	Procedure	ICD-10-PCS
0XH901Z	Approach 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	Procedure	ICD-10-PCS
0XH701Z	Approach 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	Procedure	ICD-10-PCS
0YHD01Z	Approach 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	Procedure	ICD-10-PCS
0XHH01Z	Approach 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	Procedure	ICD-10-PCS
0WHL01Z	Approach 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
0JHW01Z	Insertion of Radioactive Element into Lower Extremity Subcutaneous Tissue and Fascia, Open Approach	Procedure	ICD-10-PCS

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Code	Description	Code Category	Code Type
0JHW31Z	Insertion of Radioactive Element into Lower Extremity Subcutaneous Tissue and	Procedure	ICD-10-PCS
	Fascia, Percutaneous Approach		
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
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
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
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
0WH301Z	Insertion of Radioactive Element into Oral Cavity and Throat, Open Approach	Procedure	ICD-10-PCS
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
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	Procedure	ICD-10-PCS
0FHD81Z	Opening Insertion of Radioactive Element into Pancreatic Duct, Via Natural or Artificial	Procedure	ICD-10-PCS
0WHJ01Z	Opening Endoscopic 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	Procedure	ICD-10-PCS
0WHD01Z	Approach 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

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Code	Description		Code Type
	Insertion of Radioactive Element into Pericardial Cavity, Percutaneous Endoscopic	Code Category Procedure	ICD-10-PCS
UWND41Z	Approach	Procedure	ICD-10-PC3
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	Procedure	ICD-10-PCS
0VH001Z	Approach 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	Procedure	ICD-10-PCS
ODHP01Z	Endoscopic 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
ODHP41Z	Insertion of Radioactive Element into Rectum, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
ODHP71Z	Insertion of Radioactive Element into Rectum, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
ODHP81Z	Insertion of Radioactive Element into Rectum, 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
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
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
0XH401Z	Insertion of Radioactive Element into Right Axilla, Open Approach	Procedure	ICD-10-PCS

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Code	Description	Code Category	Code Type
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
0HHTX1Z	Insertion of Radioactive Element into Right Breast, External Approach	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
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
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
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
0YHM01Z	Insertion of Radioactive Element into Right Foot, Open Approach	Procedure	ICD-10-PCS
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
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
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	Procedure	ICD-10-PCS
0YHF01Z	Approach Insertion of Radioactive Element into Right Knee Region, Open Approach	Procedure	ICD-10-PCS

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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	Procedure	ICD-10-PCS
0XHD01Z	Approach Insertion of Radioactive Element into Right Lower Arm, Open Approach	Procedure	ICD-10-PCS
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
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
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
OBHK01Z	Insertion of Radioactive Element into Right Lung, Open Approach	Procedure	ICD-10-PCS
OBHK31Z	Insertion of Radioactive Element into Right Lung, Percutaneous Approach	Procedure	ICD-10-PCS
OBHK41Z	Insertion of Radioactive Element into Right Lung, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
OBHK71Z	Insertion of Radioactive Element into Right Lung, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
OBHK81Z	Insertion of Radioactive Element into Right Lung, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0HHWX1Z	Insertion of Radioactive Element into Right Nipple, 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
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
0WH941Z	Insertion of Radioactive Element into Right Pleural Cavity, Percutaneous Endoscopic Approach	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

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Code	Description	Code Category	Code Type
0XH241Z	Insertion of Radioactive Element into Right Shoulder Region, Percutaneous	Procedure	ICD-10-PCS
0X112412	Endoscopic Approach	riocedure	1CD-10-1 C3
0XH801Z	Insertion of Radioactive Element into Right Upper Arm, Open Approach	Procedure	ICD-10-PCS
0/11/0012	moenton of hadrodotte Element into hight opper 71mly open Approach	rioccaare	102 20 1 00
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	Procedure	ICD-10-PCS
	Approach		
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	Procedure	ICD-10-PCS
	Endoscopic Approach		
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	Procedure	ICD-10-PCS
0.41.0047	Approach		100 10 000
0XHG01Z	Insertion of Radioactive Element into Right Wrist Region, Open Approach	Procedure	ICD-10-PCS
07/1/02/17	Inscribing of Dadiocative Flagrant into Dight Whist Dasion, Days the page 4	Dunganduung	ICD 10 DCC
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	Procedure	ICD-10-PCS
0/110412	Approach	riocedure	ICD-10-FC3
0CH7X1Z	Insertion of Radioactive Element into Tongue, External Approach	Procedure	ICD-10-PCS
OCITALE	institution of Radioactive Element into Tongae, External Approach	rioccuare	100 10 1 05
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
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	Procedure	ICD-10-PCS
	Endoscopic Approach		
0BH071Z	Insertion of Radioactive Element into Tracheobronchial Tree, Via Natural or Artificial	Procedure	ICD-10-PCS
	Opening		
0BH081Z	Insertion of Radioactive Element into Tracheobronchial Tree, Via Natural or Artificial	Procedure	ICD-10-PCS
01117047	Opening Endoscopic		100 10 000
0JHT01Z	Insertion of Radioactive Element into Trunk Subcutaneous Tissue and Fascia, Open	Procedure	ICD-10-PCS
OILIT217	Approach	Drocoduro	ICD 10 DCC
OJHT31Z	Insertion of Radioactive Element into Trunk Subcutaneous Tissue and Fascia,	Procedure	ICD-10-PCS
0WHK01Z	Percutaneous Approach Insertion of Radioactive Element into Upper Back, Open Approach	Procedure	ICD 10 DCS
OMUMOTE	meetion of hadioactive Liement into Opper back, Open Approact	riocedure	ICD-10-PCS
U/V/HK312	Insertion of Radioactive Element into Upper Back, Percutaneous Approach	Procedure	ICD-10-PCS
OWINGIL	moeration of hadioactive Element into Opper back, i creatalicous Approach	. roccaure	10103
0WHK41Z	Insertion of Radioactive Element into Upper Back, Percutaneous Endoscopic	Procedure	ICD-10-PCS
-	Approach		
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Code	Description	Code Category	Code Type
OJHV01Z	Insertion of Radioactive Element into Upper Extremity Subcutaneous Tissue and	Procedure Procedure	ICD-10-PCS
OJIIVOIZ	Fascia, Open Approach	riocedure	ICD-10-I C3
0JHV31Z	Insertion of Radioactive Element into Upper Extremity Subcutaneous Tissue and	Procedure	ICD-10-PCS
0WH401Z	Fascia, Percutaneous Approach 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
0UHGX1Z	Insertion of Radioactive Element into Vagina, External Approach	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
3E0J304	Introduction of Liquid Brachytherapy Radioisotope 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
3E0J804	Introduction of Liquid Brachytherapy Radioisotope into Biliary and Pancreatic Tract, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0Q304	Introduction of Liquid Brachytherapy Radioisotope 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
3E0BX04	Introduction of Liquid Brachytherapy Radioisotope into Ear, External Approach	Procedure	ICD-10-PCS
3E0B304	Introduction of Liquid Brachytherapy Radioisotope 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
3E0S304	Introduction of Liquid Brachytherapy Radioisotope into Epidural Space, Percutaneous Approach	Procedure	ICD-10-PCS
3E0CX04	Introduction of Liquid Brachytherapy Radioisotope into Eye, External Approach	Procedure	ICD-10-PCS
3E0C304	Introduction of Liquid Brachytherapy Radioisotope 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
3E0P304	Introduction of Liquid Brachytherapy Radioisotope 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
3E0P804	Introduction of Liquid Brachytherapy Radioisotope into Female Reproductive, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS

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Code	Description	Code Category	Code Type
3E0K304	Introduction of Liquid Brachytherapy Radioisotope into Genitourinary Tract,	Procedure	ICD-10-PCS
02000.	Percutaneous Approach		.02 20 . 00
3E0K704	Introduction of Liquid Brachytherapy Radioisotope into Genitourinary Tract, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0K804	Introduction of Liquid Brachytherapy Radioisotope into Genitourinary Tract, Via	Procedure	ICD-10-PCS
3E0U304	Natural or Artificial Opening Endoscopic Introduction of Liquid Brachytherapy Radioisotope into Joints, Percutaneous	Procedure	ICD-10-PCS
3E0H304	Approach Introduction of Liquid Brachytherapy Radioisotope into Lower GI, Percutaneous	Procedure	ICD-10-PCS
3E0H704	Approach Introduction of Liquid Brachytherapy Radioisotope into Lower GI, Via Natural or	Procedure	ICD-10-PCS
3E0H804	Artificial Opening Introduction of Liquid Brachytherapy Radioisotope into Lower GI, Via Natural or	Procedure	ICD-10-PCS
3E0N304	Artificial Opening Endoscopic Introduction of Liquid Brachytherapy Radioisotope into Male Reproductive,	Procedure	ICD-10-PCS
3E0N704	Percutaneous Approach Introduction of Liquid Brachytherapy Radioisotope into Male Reproductive, Via	Procedure	ICD-10-PCS
3E0N804	Natural or Artificial Opening Introduction of Liquid Brachytherapy Radioisotope into Male Reproductive, Via	Procedure	ICD-10-PCS
3E0DX04	Natural or Artificial Opening Endoscopic Introduction of Liquid Brachytherapy Radioisotope into Mouth and Pharynx, External	Procedure	ICD-10-PCS
3E0D304	Approach Introduction of Liquid Brachytherapy Radioisotope into Mouth and Pharynx,	Procedure	ICD-10-PCS
3E0D704	Percutaneous Approach Introduction of Liquid Brachytherapy Radioisotope into Mouth and Pharynx, Via	Procedure	ICD-10-PCS
3200704	Natural or Artificial Opening	rioceddie	ICD-10-FC3
3E0Y304	Introduction of Liquid Brachytherapy Radioisotope into Pericardial Cavity, Percutaneous Approach	Procedure	ICD-10-PCS
3E0Y704	Introduction of Liquid Brachytherapy Radioisotope into Pericardial 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
3E0M704	Introduction of Liquid Brachytherapy Radioisotope into Peritoneal Cavity, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0L304	Introduction of Liquid Brachytherapy Radioisotope 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
3E0E304	Introduction of Liquid Brachytherapy Radioisotope 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
3E0E804	Introduction of Liquid Brachytherapy Radioisotope into Products of Conception, Via	Procedure	ICD-10-PCS
3E0F304	Natural or Artificial Opening Endoscopic Introduction of Liquid Brachytherapy Radioisotope into Respiratory Tract,	Procedure	ICD-10-PCS
3E0F704	Percutaneous Approach Introduction of Liquid Brachytherapy Radioisotope into Respiratory Tract, Via Natural	Procedure	ICD-10-PCS
3E0F804	or Artificial Opening Introduction of Liquid Brachytherapy Radioisotope into Respiratory Tract, Via Natural	Procedure	ICD-10-PCS
3E0R304	or Artificial Opening Endoscopic Introduction of Liquid Brachytherapy Radioisotope into Spinal Canal, Percutaneous Approach	Procedure	ICD-10-PCS

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	Description		
Code	Description	Code Category	Code Type
3E0G304	Introduction of Liquid Brachytherapy Radioisotope into Upper GI, Percutaneous	Procedure	ICD-10-PCS
3E0G704	Approach Introduction of Liquid Brachytherapy Radioisotope into Upper GI, Via Natural or	Procedure	ICD-10-PCS
3E0G804	Artificial Opening Introduction of Liquid Brachytherapy Radioisotope into Upper GI, Via Natural or	Procedure	ICD-10-PCS
D716BCZ	Artificial Opening Endoscopic Low Dose Rate (LDR) Brachytherapy of Abdomen Lymphatics using Californium 252	Procedure	ICD-10-PCS
D716B7Z	(Cf-252) Low Dose Rate (LDR) Brachytherapy of Abdomen Lymphatics using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D716B9Z	Low Dose Rate (LDR) Brachytherapy of Abdomen Lymphatics using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D716B8Z	Low Dose Rate (LDR) Brachytherapy of Abdomen Lymphatics using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D716BYZ	Low Dose Rate (LDR) Brachytherapy of Abdomen Lymphatics using Other Isotope	Procedure	ICD-10-PCS
D716BBZ	Low Dose Rate (LDR) Brachytherapy of Abdomen Lymphatics 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
DW13B7Z	Low Dose Rate (LDR) Brachytherapy of Abdomen using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DW13B9Z	Low Dose Rate (LDR) Brachytherapy of Abdomen using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DW13B8Z	Low Dose Rate (LDR) Brachytherapy of Abdomen using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DW13BYZ	Low Dose Rate (LDR) Brachytherapy of Abdomen using Other Isotope	Procedure	ICD-10-PCS
DW13BBZ	Low Dose Rate (LDR) Brachytherapy of Abdomen 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
DG12B7Z	Low Dose Rate (LDR) Brachytherapy of Adrenal Glands using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DG12B9Z	Low Dose Rate (LDR) Brachytherapy of Adrenal Glands using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DG12B8Z	Low Dose Rate (LDR) Brachytherapy of Adrenal Glands using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DG12BYZ	Low Dose Rate (LDR) Brachytherapy of Adrenal Glands using Other Isotope	Procedure	ICD-10-PCS
DG12BBZ	Low Dose Rate (LDR) Brachytherapy of Adrenal Glands using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D714BCZ	Low Dose Rate (LDR) Brachytherapy of Axillary Lymphatics using Californium 252 (Cf-	Procedure	ICD-10-PCS
D714B7Z	252) Low Dose Rate (LDR) Brachytherapy of Axillary Lymphatics using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D714B9Z	Low Dose Rate (LDR) Brachytherapy of Axillary Lymphatics using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D714B8Z	Low Dose Rate (LDR) Brachytherapy of Axillary Lymphatics using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D714BYZ	Low Dose Rate (LDR) Brachytherapy of Axillary Lymphatics using Other Isotope	Procedure	ICD-10-PCS

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Code	Description	Code Category	Code Type
D714BBZ	Low Dose Rate (LDR) Brachytherapy of Axillary Lymphatics using Palladium 103 (Pd-	Procedure	ICD-10-PCS
	103)		
DF12BCZ	Low Dose Rate (LDR) Brachytherapy of Bile Ducts using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DF12B7Z	Low Dose Rate (LDR) Brachytherapy of Bile Ducts using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D1 12D72	2011 2002 Hate (2211) Bradily the lapt of the Bades asing design 2017	riocedare	100 10 1 00
DF12B9Z	Low Dose Rate (LDR) Brachytherapy of Bile Ducts using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DF12B8Z	Low Dose Rate (LDR) Brachytherapy of Bile Ducts using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DF12BYZ	Low Dose Rate (LDR) Brachytherapy of Bile Ducts using Other Isotope	Procedure	ICD-10-PCS
D1 12D12	2011 2002 Hate (2211) Bradily the lapty of the Bades asing other isotope	riocedare	100 10 1 00
DF12BBZ	Low Dose Rate (LDR) Brachytherapy of Bile Ducts 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
DT12B7Z	Low Dose Rate (LDR) Brachytherapy of Bladder using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D112072	Low Dose Nate (LDN) Brachytherapy of Bladder asing econum 157 (es 157)	Troccadic	100 10 1 05
DT12B9Z	Low Dose Rate (LDR) Brachytherapy of Bladder using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DT4 2D07			10D 40 D00
DT12B8Z	Low Dose Rate (LDR) Brachytherapy of Bladder using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DT12BYZ	Low Dose Rate (LDR) Brachytherapy of Bladder using Other Isotope	Procedure	ICD-10-PCS
	, , , , , , , , , , , , , , , , , , , ,		
DT12BBZ	Low Dose Rate (LDR) Brachytherapy of Bladder using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D710DC7	Low Dose Date (LDD) Prochythoropy of Done Marroy using Californium 252 (Cf 252)	Dragadura	ICD 10 DCS
D710BCZ	Low Dose Rate (LDR) Brachytherapy of Bone Marrow using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D710B7Z	Low Dose Rate (LDR) Brachytherapy of Bone Marrow using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D710B9Z	Low Dose Rate (LDR) Brachytherapy of Bone Marrow using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D710B8Z	Low Dose Rate (LDR) Brachytherapy of Bone Marrow using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D710002	Low bose rate (LDR) Brachytherapy of bone Marrow using muldin 132 (n-132)	Trocedure	100-10-1 05
D710BYZ	Low Dose Rate (LDR) Brachytherapy of Bone Marrow using Other Isotope	Procedure	ICD-10-PCS
D710BBZ	Low Dose Rate (LDR) Brachytherapy of Bone Marrow 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
DOTTBEL	20W 2002 Nate (ESN) Brachytherapy of Brain Stein asing Camorina 202 (Cr 202)	Troccadic	100 10 1 05
D011B7Z	Low Dose Rate (LDR) Brachytherapy of Brain Stem using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D044B07			16D 40 D66
D011B9Z	Low Dose Rate (LDR) Brachytherapy of Brain Stem using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D011B8Z	Low Dose Rate (LDR) Brachytherapy of Brain Stem using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D011BYZ	Low Dose Rate (LDR) Brachytherapy of Brain Stem using Other Isotope	Procedure	ICD-10-PCS
D011DD7	Low Doco Pate (LDP) Prochythoropy of Prain Stom using Palledium 103 (pd. 103)	Drocodura	ICD 10 DCC
D011BBZ	Low Dose Rate (LDR) Brachytherapy of Brain Stem 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

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	Description		
Code D010B7Z	Low Dose Rate (LDR) Brachytherapy of Brain using Cesium 137 (Cs-137)	Code Category Procedure	Code Type ICD-10-PCS
D010B9Z	Low Dose Rate (LDR) Brachytherapy of Brain using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D010B8Z	Low Dose Rate (LDR) Brachytherapy of Brain using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D010BYZ	Low Dose Rate (LDR) Brachytherapy of Brain using Other Isotope	Procedure	ICD-10-PCS
D010BBZ	Low Dose Rate (LDR) Brachytherapy of Brain 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
DB11B7Z	Low Dose Rate (LDR) Brachytherapy of Bronchus using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DB11B9Z	Low Dose Rate (LDR) Brachytherapy of Bronchus using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DB11B8Z	Low Dose Rate (LDR) Brachytherapy of Bronchus using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DB11BYZ	Low Dose Rate (LDR) Brachytherapy of Bronchus using Other Isotope	Procedure	ICD-10-PCS
DB11BBZ	Low Dose Rate (LDR) Brachytherapy of Bronchus 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
DU11B7Z	Low Dose Rate (LDR) Brachytherapy of Cervix using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DU11B9Z	Low Dose Rate (LDR) Brachytherapy of Cervix using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DU11B8Z	Low Dose Rate (LDR) Brachytherapy of Cervix using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DU11BYZ	Low Dose Rate (LDR) Brachytherapy of Cervix using Other Isotope	Procedure	ICD-10-PCS
DU11BBZ	Low Dose Rate (LDR) Brachytherapy of Cervix 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
DW12B7Z	Low Dose Rate (LDR) Brachytherapy of Chest using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DW12B9Z	Low Dose Rate (LDR) Brachytherapy of Chest using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DW12B8Z	Low Dose Rate (LDR) Brachytherapy of Chest using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DW12BYZ	Low Dose Rate (LDR) Brachytherapy of Chest using Other Isotope	Procedure	ICD-10-PCS
	Low Dose Rate (LDR) Brachytherapy of Chest 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
DB17B7Z	Low Dose Rate (LDR) Brachytherapy of Chest Wall using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DB17B9Z	Low Dose Rate (LDR) Brachytherapy of Chest Wall using Iodine 125 (I-125)	Procedure	ICD-10-PCS

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	Description		
Code DB17B8Z	Description Low Dose Rate (LDR) Brachytherapy of Chest Wall using Iridium 192 (Ir-192)	Code Category Procedure	Code Type ICD-10-PCS
DB17BYZ	Low Dose Rate (LDR) Brachytherapy of Chest Wall using Other Isotope	Procedure	ICD-10-PCS
DB17BBZ	Low Dose Rate (LDR) Brachytherapy of Chest Wall 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
DD15B7Z	Low Dose Rate (LDR) Brachytherapy of Colon using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DD15B9Z	Low Dose Rate (LDR) Brachytherapy of Colon using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DD15B8Z	Low Dose Rate (LDR) Brachytherapy of Colon using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DD15BYZ	Low Dose Rate (LDR) Brachytherapy of Colon using Other Isotope	Procedure	ICD-10-PCS
DD15BBZ	Low Dose Rate (LDR) Brachytherapy of Colon 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
DB18B7Z	Low Dose Rate (LDR) Brachytherapy of Diaphragm using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DB18B9Z	Low Dose Rate (LDR) Brachytherapy of Diaphragm using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DB18B8Z	Low Dose Rate (LDR) Brachytherapy of Diaphragm using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DB18BYZ	Low Dose Rate (LDR) Brachytherapy of Diaphragm using Other Isotope	Procedure	ICD-10-PCS
DB18BBZ	Low Dose Rate (LDR) Brachytherapy of Diaphragm 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
DD12B7Z	Low Dose Rate (LDR) Brachytherapy of Duodenum using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DD12B9Z	Low Dose Rate (LDR) Brachytherapy of Duodenum using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DD12B8Z	Low Dose Rate (LDR) Brachytherapy of Duodenum using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DD12BYZ	Low Dose Rate (LDR) Brachytherapy of Duodenum using Other Isotope	Procedure	ICD-10-PCS
DD12BBZ	Low Dose Rate (LDR) Brachytherapy of Duodenum 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
D910B7Z	Low Dose Rate (LDR) Brachytherapy of Ear using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D910B9Z	Low Dose Rate (LDR) Brachytherapy of Ear using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D910B8Z	Low Dose Rate (LDR) Brachytherapy of Ear using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D910BYZ	Low Dose Rate (LDR) Brachytherapy of Ear using Other Isotope	Procedure	ICD-10-PCS

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Code	Description	Code Category	Code Type
D910BBZ	Low Dose Rate (LDR) Brachytherapy of Ear using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DD10BCZ	Low Dose Rate (LDR) Brachytherapy of Esophagus using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DD10B7Z	Low Dose Rate (LDR) Brachytherapy of Esophagus using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DD10B9Z	Low Dose Rate (LDR) Brachytherapy of Esophagus using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DD10B8Z	Low Dose Rate (LDR) Brachytherapy of Esophagus using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DD10BYZ	Low Dose Rate (LDR) Brachytherapy of Esophagus using Other Isotope	Procedure	ICD-10-PCS
DD10BBZ	Low Dose Rate (LDR) Brachytherapy of Esophagus 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
D810B7Z	Low Dose Rate (LDR) Brachytherapy of Eye using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D810B9Z	Low Dose Rate (LDR) Brachytherapy of Eye using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D810B8Z	Low Dose Rate (LDR) Brachytherapy of Eye using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D810BYZ	Low Dose Rate (LDR) Brachytherapy of Eye using Other Isotope	Procedure	ICD-10-PCS
D810BBZ	Low Dose Rate (LDR) Brachytherapy of Eye 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
DF11B7Z	Low Dose Rate (LDR) Brachytherapy of Gallbladder using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DF11B9Z	Low Dose Rate (LDR) Brachytherapy of Gallbladder using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DF11B8Z	Low Dose Rate (LDR) Brachytherapy of Gallbladder using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DF11BYZ	Low Dose Rate (LDR) Brachytherapy of Gallbladder using Other Isotope	Procedure	ICD-10-PCS
DF11BBZ	Low Dose Rate (LDR) Brachytherapy of Gallbladder 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
D918B7Z	Low Dose Rate (LDR) Brachytherapy of Hard Palate using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D918B9Z	Low Dose Rate (LDR) Brachytherapy of Hard Palate using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D918B8Z	Low Dose Rate (LDR) Brachytherapy of Hard Palate using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D918BYZ	Low Dose Rate (LDR) Brachytherapy of Hard Palate using Other Isotope	Procedure	ICD-10-PCS
D918BBZ	Low Dose Rate (LDR) Brachytherapy of Hard Palate 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

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	Description		
Code	Description (122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 122 / 2 1	Code Category	Code Type
DW11B7Z	Low Dose Rate (LDR) Brachytherapy of Head and Neck using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DW11B9Z	Low Dose Rate (LDR) Brachytherapy of Head and Neck using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DW11B8Z	Low Dose Rate (LDR) Brachytherapy of Head and Neck using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DW11BYZ	Low Dose Rate (LDR) Brachytherapy of Head and Neck using Other Isotope	Procedure	ICD-10-PCS
DW11BBZ	Low Dose Rate (LDR) Brachytherapy of Head and Neck 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
D913B7Z	Low Dose Rate (LDR) Brachytherapy of Hypopharynx using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D913B9Z	Low Dose Rate (LDR) Brachytherapy of Hypopharynx using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D913B8Z	Low Dose Rate (LDR) Brachytherapy of Hypopharynx using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D913BYZ	Low Dose Rate (LDR) Brachytherapy of Hypopharynx using Other Isotope	Procedure	ICD-10-PCS
D913BBZ	Low Dose Rate (LDR) Brachytherapy of Hypopharynx using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DD14BCZ	Low Dose Rate (LDR) Brachytherapy of Ileum using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DD14B7Z	Low Dose Rate (LDR) Brachytherapy of Ileum using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DD14B9Z	Low Dose Rate (LDR) Brachytherapy of Ileum using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DD14B8Z	Low Dose Rate (LDR) Brachytherapy of Ileum using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DD14BYZ	Low Dose Rate (LDR) Brachytherapy of Ileum using Other Isotope	Procedure	ICD-10-PCS
DD14BBZ	Low Dose Rate (LDR) Brachytherapy of Ileum 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
D718B7Z	Low Dose Rate (LDR) Brachytherapy of Inguinal Lymphatics using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D718B9Z	Low Dose Rate (LDR) Brachytherapy of Inguinal Lymphatics using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D718B8Z	Low Dose Rate (LDR) Brachytherapy of Inguinal Lymphatics using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D718BYZ	Low Dose Rate (LDR) Brachytherapy of Inguinal Lymphatics using Other Isotope	Procedure	ICD-10-PCS
D718BBZ	Low Dose Rate (LDR) Brachytherapy of Inguinal Lymphatics 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
DD13B7Z	Low Dose Rate (LDR) Brachytherapy of Jejunum using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DD13B9Z	Low Dose Rate (LDR) Brachytherapy of Jejunum using Iodine 125 (I-125)	Procedure	ICD-10-PCS

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Code	Description	Code Category	Code Type
DD13B8Z	Low Dose Rate (LDR) Brachytherapy of Jejunum using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DD13BYZ	Low Dose Rate (LDR) Brachytherapy of Jejunum using Other Isotope	Procedure	ICD-10-PCS
DD13BBZ	Low Dose Rate (LDR) Brachytherapy of Jejunum 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
DT10B7Z	Low Dose Rate (LDR) Brachytherapy of Kidney using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DT10B9Z	Low Dose Rate (LDR) Brachytherapy of Kidney using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DT10B8Z	Low Dose Rate (LDR) Brachytherapy of Kidney using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DT10BYZ	Low Dose Rate (LDR) Brachytherapy of Kidney using Other Isotope	Procedure	ICD-10-PCS
DT10BBZ	Low Dose Rate (LDR) Brachytherapy of Kidney 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
D91BB7Z	Low Dose Rate (LDR) Brachytherapy of Larynx using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D91BB9Z	Low Dose Rate (LDR) Brachytherapy of Larynx using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D91BB8Z	Low Dose Rate (LDR) Brachytherapy of Larynx using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D91BBYZ	Low Dose Rate (LDR) Brachytherapy of Larynx using Other Isotope	Procedure	ICD-10-PCS
D91BBBZ	Low Dose Rate (LDR) Brachytherapy of Larynx 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
DM10B7Z	Low Dose Rate (LDR) Brachytherapy of Left Breast using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DM10B9Z	Low Dose Rate (LDR) Brachytherapy of Left Breast using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DM10B8Z	Low Dose Rate (LDR) Brachytherapy of Left Breast using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DM10BYZ	Low Dose Rate (LDR) Brachytherapy of Left Breast using Other Isotope	Procedure	ICD-10-PCS
DM10BBZ	Low Dose Rate (LDR) Brachytherapy of Left Breast 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
DF10B7Z	Low Dose Rate (LDR) Brachytherapy of Liver using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DF10B9Z	Low Dose Rate (LDR) Brachytherapy of Liver using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DF10B8Z	Low Dose Rate (LDR) Brachytherapy of Liver using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DF10BYZ	Low Dose Rate (LDR) Brachytherapy of Liver using Other Isotope	Procedure	ICD-10-PCS

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	Description		
Code DF10BBZ	Description Low Dose Rate (LDR) Brachytherapy of Liver using Palladium 103 (Pd-103)	Code Category Procedure	ICD-10-PCS
DLIODDZ	Low Dose Rate (LDK) Brachytherapy of Liver using Palladium 103 (Pu-103)	Procedure	ICD-10-PC3
DB12BCZ	Low Dose Rate (LDR) Brachytherapy of Lung using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DB12B7Z	Low Dose Rate (LDR) Brachytherapy of Lung using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DB12B9Z	Low Dose Rate (LDR) Brachytherapy of Lung using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DB12B8Z	Low Dose Rate (LDR) Brachytherapy of Lung using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DB12BYZ	Low Dose Rate (LDR) Brachytherapy of Lung using Other Isotope	Procedure	ICD-10-PCS
DB12BBZ	Low Dose Rate (LDR) Brachytherapy of Lung 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
DB16B7Z	Low Dose Rate (LDR) Brachytherapy of Mediastinum using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DB16B9Z	Low Dose Rate (LDR) Brachytherapy of Mediastinum using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DB16B8Z	Low Dose Rate (LDR) Brachytherapy of Mediastinum using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DB16BYZ	Low Dose Rate (LDR) Brachytherapy of Mediastinum using Other Isotope	Procedure	ICD-10-PCS
DB16BBZ	Low Dose Rate (LDR) Brachytherapy of Mediastinum 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
D914B7Z	Low Dose Rate (LDR) Brachytherapy of Mouth using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D914B9Z	Low Dose Rate (LDR) Brachytherapy of Mouth using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D914B8Z	Low Dose Rate (LDR) Brachytherapy of Mouth using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D914BYZ	Low Dose Rate (LDR) Brachytherapy of Mouth using Other Isotope	Procedure	ICD-10-PCS
D914BBZ	Low Dose Rate (LDR) Brachytherapy of Mouth 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
D91DB7Z	Low Dose Rate (LDR) Brachytherapy of Nasopharynx using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D91DB9Z	Low Dose Rate (LDR) Brachytherapy of Nasopharynx using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D91DB8Z	Low Dose Rate (LDR) Brachytherapy of Nasopharynx using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D91DBYZ	Low Dose Rate (LDR) Brachytherapy of Nasopharynx using Other Isotope	Procedure	ICD-10-PCS
D91DBBZ	Low Dose Rate (LDR) Brachytherapy of Nasopharynx 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

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Code	Description		Code Type
D713B7Z	Low Dose Rate (LDR) Brachytherapy of Neck Lymphatics using Cesium 137 (Cs-137)	Code Category Procedure	ICD-10-PCS
D713B9Z	Low Dose Rate (LDR) Brachytherapy of Neck Lymphatics using lodine 125 (I-125)	Procedure	ICD-10-PCS
D713B8Z	Low Dose Rate (LDR) Brachytherapy of Neck Lymphatics using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D713BYZ	Low Dose Rate (LDR) Brachytherapy of Neck Lymphatics using Other Isotope	Procedure	ICD-10-PCS
D713BBZ	Low Dose Rate (LDR) Brachytherapy of Neck Lymphatics 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
D911B7Z	Low Dose Rate (LDR) Brachytherapy of Nose using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D911B9Z	Low Dose Rate (LDR) Brachytherapy of Nose using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D911B8Z	Low Dose Rate (LDR) Brachytherapy of Nose using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D911BYZ	Low Dose Rate (LDR) Brachytherapy of Nose using Other Isotope	Procedure	ICD-10-PCS
D911BBZ	Low Dose Rate (LDR) Brachytherapy of Nose 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
D91FB7Z	Low Dose Rate (LDR) Brachytherapy of Oropharynx using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D91FB9Z	Low Dose Rate (LDR) Brachytherapy of Oropharynx using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D91FB8Z	Low Dose Rate (LDR) Brachytherapy of Oropharynx using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D91FBYZ	Low Dose Rate (LDR) Brachytherapy of Oropharynx using Other Isotope	Procedure	ICD-10-PCS
D91FBBZ	Low Dose Rate (LDR) Brachytherapy of Oropharynx using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DU10BCZ	Low Dose Rate (LDR) Brachytherapy of Ovary using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DU10B7Z	Low Dose Rate (LDR) Brachytherapy of Ovary using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DU10B9Z	Low Dose Rate (LDR) Brachytherapy of Ovary using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DU10B8Z	Low Dose Rate (LDR) Brachytherapy of Ovary using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DU10BYZ	Low Dose Rate (LDR) Brachytherapy of Ovary using Other Isotope	Procedure	ICD-10-PCS
DU10BBZ	Low Dose Rate (LDR) Brachytherapy of Ovary 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
DF13B7Z	Low Dose Rate (LDR) Brachytherapy of Pancreas using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DF13B9Z	Low Dose Rate (LDR) Brachytherapy of Pancreas using Iodine 125 (I-125)	Procedure	ICD-10-PCS

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Code	Description	Code Category	Code Type
DF13B8Z	Low Dose Rate (LDR) Brachytherapy of Pancreas using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DF13BYZ	Low Dose Rate (LDR) Brachytherapy of Pancreas using Other Isotope	Procedure	ICD-10-PCS
DF13BBZ	Low Dose Rate (LDR) Brachytherapy of Pancreas using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D1 13002	20W 2000 Nate (LDN) Braciny therapy of Familia asing Familian 100 (Fa 100)	Trocedure	100 10 1 05
DG14BCZ	Low Dose Rate (LDR) Brachytherapy of Parathyroid Glands using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DG14B7Z	Low Dose Rate (LDR) Brachytherapy of Parathyroid Glands using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DG14B9Z	Low Dose Rate (LDR) Brachytherapy of Parathyroid Glands using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DG14B8Z	Low Dose Rate (LDR) Brachytherapy of Parathyroid Glands using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DG14BYZ	Low Dose Rate (LDR) Brachytherapy of Parathyroid Glands using Other Isotope	Procedure	ICD-10-PCS
DG14BBZ	Low Dose Rate (LDR) Brachytherapy of Parathyroid Glands using Palladium 103 (Pd-	Procedure	ICD-10-PCS
DW16BCZ	103) Low Dose Rate (LDR) Brachytherapy of Pelvic Region using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DW16B7Z	Low Dose Rate (LDR) Brachytherapy of Pelvic Region using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DW16B9Z	Low Dose Rate (LDR) Brachytherapy of Pelvic Region using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DW16B8Z	Low Dose Rate (LDR) Brachytherapy of Pelvic Region using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DW16BYZ	Low Dose Rate (LDR) Brachytherapy of Pelvic Region using Other Isotope	Procedure	ICD-10-PCS
DW16BBZ	Low Dose Rate (LDR) Brachytherapy of Pelvic Region using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D717BCZ	Low Dose Rate (LDR) Brachytherapy of Pelvis Lymphatics using Californium 252 (Cf-	Procedure	ICD-10-PCS
D717B7Z	252) Low Dose Rate (LDR) Brachytherapy of Pelvis Lymphatics using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D717B9Z	Low Dose Rate (LDR) Brachytherapy of Pelvis Lymphatics using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D717B8Z	Low Dose Rate (LDR) Brachytherapy of Pelvis Lymphatics using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D717BYZ	Low Dose Rate (LDR) Brachytherapy of Pelvis Lymphatics using Other Isotope	Procedure	ICD-10-PCS
D717BBZ	Low Dose Rate (LDR) Brachytherapy of Pelvis Lymphatics using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D017BCZ	Low Dose Rate (LDR) Brachytherapy of Peripheral Nerve using Californium 252 (Cf-	Procedure	ICD-10-PCS
D017B7Z	252) Low Dose Rate (LDR) Brachytherapy of Peripheral Nerve using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D017B9Z	Low Dose Rate (LDR) Brachytherapy of Peripheral Nerve using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D017B8Z	Low Dose Rate (LDR) Brachytherapy of Peripheral Nerve using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D017BYZ	Low Dose Rate (LDR) Brachytherapy of Peripheral Nerve using Other Isotope	Procedure	ICD-10-PCS

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	Description		
Code D017BBZ	Description Low Dose Rate (LDR) Brachytherapy of Peripheral Nerve using Palladium 103 (Pd-103)	Code Category Procedure	ICD-10-PCS
DG11BCZ	Low Dose Rate (LDR) Brachytherapy of Pineal Body using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DG11B7Z	Low Dose Rate (LDR) Brachytherapy of Pineal Body using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DG11B9Z	Low Dose Rate (LDR) Brachytherapy of Pineal Body using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DG11B8Z	Low Dose Rate (LDR) Brachytherapy of Pineal Body using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DG11BYZ	Low Dose Rate (LDR) Brachytherapy of Pineal Body using Other Isotope	Procedure	ICD-10-PCS
DG11BBZ	Low Dose Rate (LDR) Brachytherapy of Pineal Body using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DG10BCZ	Low Dose Rate (LDR) Brachytherapy of Pituitary Gland using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DG10B7Z	Low Dose Rate (LDR) Brachytherapy of Pituitary Gland using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DG10B9Z	Low Dose Rate (LDR) Brachytherapy of Pituitary Gland using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DG10B8Z	Low Dose Rate (LDR) Brachytherapy of Pituitary Gland using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DG10BYZ	Low Dose Rate (LDR) Brachytherapy of Pituitary Gland using Other Isotope	Procedure	ICD-10-PCS
DG10BBZ	Low Dose Rate (LDR) Brachytherapy of Pituitary Gland 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
DB15B7Z	Low Dose Rate (LDR) Brachytherapy of Pleura using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DB15B9Z	Low Dose Rate (LDR) Brachytherapy of Pleura using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DB15B8Z	Low Dose Rate (LDR) Brachytherapy of Pleura using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DB15BYZ	Low Dose Rate (LDR) Brachytherapy of Pleura using Other Isotope	Procedure	ICD-10-PCS
DB15BBZ	Low Dose Rate (LDR) Brachytherapy of Pleura 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
DV10B7Z	Low Dose Rate (LDR) Brachytherapy of Prostate using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DV10B9Z	Low Dose Rate (LDR) Brachytherapy of Prostate using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DV10B8Z	Low Dose Rate (LDR) Brachytherapy of Prostate using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DV10BYZ	Low Dose Rate (LDR) Brachytherapy of Prostate using Other Isotope	Procedure	ICD-10-PCS
DV10BBZ	Low Dose Rate (LDR) Brachytherapy of Prostate 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

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	Description		
Code DD17B7Z	Description Low Dose Rate (LDR) Brachytherapy of Rectum using Cesium 137 (Cs-137)	Code Category Procedure	ICD-10-PCS
001/0/2			
DD17B9Z	Low Dose Rate (LDR) Brachytherapy of Rectum using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DD17B8Z	Low Dose Rate (LDR) Brachytherapy of Rectum using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DD17BYZ	Low Dose Rate (LDR) Brachytherapy of Rectum using Other Isotope	Procedure	ICD-10-PCS
DD17BBZ	Low Dose Rate (LDR) Brachytherapy of Rectum using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DM11BCZ	Low Dose Rate (LDR) Brachytherapy of Right Breast using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DM11B7Z	Low Dose Rate (LDR) Brachytherapy of Right Breast using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DM11B9Z	Low Dose Rate (LDR) Brachytherapy of Right Breast using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DM11B8Z	Low Dose Rate (LDR) Brachytherapy of Right Breast using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DM11BYZ	Low Dose Rate (LDR) Brachytherapy of Right Breast using Other Isotope	Procedure	ICD-10-PCS
DM11BBZ	Low Dose Rate (LDR) Brachytherapy of Right Breast 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
D916B7Z	Low Dose Rate (LDR) Brachytherapy of Salivary Glands using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D916B9Z	Low Dose Rate (LDR) Brachytherapy of Salivary Glands using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D916B8Z	Low Dose Rate (LDR) Brachytherapy of Salivary Glands using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D916BYZ	Low Dose Rate (LDR) Brachytherapy of Salivary Glands using Other Isotope	Procedure	ICD-10-PCS
D916BBZ	Low Dose Rate (LDR) Brachytherapy of Salivary Glands 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
D917B7Z	Low Dose Rate (LDR) Brachytherapy of Sinuses using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D917B9Z	Low Dose Rate (LDR) Brachytherapy of Sinuses using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D917B8Z	Low Dose Rate (LDR) Brachytherapy of Sinuses using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D917BYZ	Low Dose Rate (LDR) Brachytherapy of Sinuses using Other Isotope	Procedure	ICD-10-PCS
D917BBZ	Low Dose Rate (LDR) Brachytherapy of Sinuses 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
D919B7Z	Low Dose Rate (LDR) Brachytherapy of Soft Palate using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D919B9Z	Low Dose Rate (LDR) Brachytherapy of Soft Palate using Iodine 125 (I-125)	Procedure	ICD-10-PCS

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Code	Description	Code Category	Code Type
D919B8Z	Low Dose Rate (LDR) Brachytherapy of Soft Palate using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D919BYZ	Low Dose Rate (LDR) Brachytherapy of Soft Palate using Other Isotope	Procedure	ICD-10-PCS
D919BBZ	Low Dose Rate (LDR) Brachytherapy of Soft Palate 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
D016B7Z	Low Dose Rate (LDR) Brachytherapy of Spinal Cord using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D016B9Z	Low Dose Rate (LDR) Brachytherapy of Spinal Cord using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D016B8Z	Low Dose Rate (LDR) Brachytherapy of Spinal Cord using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D016BYZ	Low Dose Rate (LDR) Brachytherapy of Spinal Cord using Other Isotope	Procedure	ICD-10-PCS
D016BBZ	Low Dose Rate (LDR) Brachytherapy of Spinal Cord 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
D712B7Z	Low Dose Rate (LDR) Brachytherapy of Spleen using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D712B9Z	Low Dose Rate (LDR) Brachytherapy of Spleen using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D712B8Z	Low Dose Rate (LDR) Brachytherapy of Spleen using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D712BYZ	Low Dose Rate (LDR) Brachytherapy of Spleen using Other Isotope	Procedure	ICD-10-PCS
D712BBZ	Low Dose Rate (LDR) Brachytherapy of Spleen 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
DD11B7Z	Low Dose Rate (LDR) Brachytherapy of Stomach using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DD11B9Z	Low Dose Rate (LDR) Brachytherapy of Stomach using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DD11B8Z	Low Dose Rate (LDR) Brachytherapy of Stomach using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DD11BYZ	Low Dose Rate (LDR) Brachytherapy of Stomach using Other Isotope	Procedure	ICD-10-PCS
DD11BBZ	Low Dose Rate (LDR) Brachytherapy of Stomach 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
DV11B7Z	Low Dose Rate (LDR) Brachytherapy of Testis using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DV11B9Z	Low Dose Rate (LDR) Brachytherapy of Testis using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DV11B8Z	Low Dose Rate (LDR) Brachytherapy of Testis using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DV11BYZ	Low Dose Rate (LDR) Brachytherapy of Testis using Other Isotope	Procedure	ICD-10-PCS

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Code	Description	Code Category	Code Type
DV11BBZ	Low Dose Rate (LDR) Brachytherapy of Testis using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D715BCZ	Low Dose Rate (LDR) Brachytherapy of Thorax Lymphatics using Californium 252 (Cf-	Procedure	ICD-10-PCS
D715B7Z	252) Low Dose Rate (LDR) Brachytherapy of Thorax Lymphatics using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D715B9Z	Low Dose Rate (LDR) Brachytherapy of Thorax Lymphatics using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D715B8Z	Low Dose Rate (LDR) Brachytherapy of Thorax Lymphatics using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D715BYZ	Low Dose Rate (LDR) Brachytherapy of Thorax Lymphatics using Other Isotope	Procedure	ICD-10-PCS
D715BBZ	Low Dose Rate (LDR) Brachytherapy of Thorax Lymphatics 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
D711B7Z	Low Dose Rate (LDR) Brachytherapy of Thymus using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D711B9Z	Low Dose Rate (LDR) Brachytherapy of Thymus using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D711B8Z	Low Dose Rate (LDR) Brachytherapy of Thymus using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D711BYZ	Low Dose Rate (LDR) Brachytherapy of Thymus using Other Isotope	Procedure	ICD-10-PCS
D711BBZ	Low Dose Rate (LDR) Brachytherapy of Thymus using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DG15BCZ	Low Dose Rate (LDR) Brachytherapy of Thyroid using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DG15B7Z	Low Dose Rate (LDR) Brachytherapy of Thyroid using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DG15B9Z	Low Dose Rate (LDR) Brachytherapy of Thyroid using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DG15B8Z	Low Dose Rate (LDR) Brachytherapy of Thyroid using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DG15BYZ	Low Dose Rate (LDR) Brachytherapy of Thyroid using Other Isotope	Procedure	ICD-10-PCS
DG15BBZ	Low Dose Rate (LDR) Brachytherapy of Thyroid 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
D915B7Z	Low Dose Rate (LDR) Brachytherapy of Tongue using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D915B9Z	Low Dose Rate (LDR) Brachytherapy of Tongue using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D915B8Z	Low Dose Rate (LDR) Brachytherapy of Tongue using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D915BYZ	Low Dose Rate (LDR) Brachytherapy of Tongue using Other Isotope	Procedure	ICD-10-PCS
D915BBZ	Low Dose Rate (LDR) Brachytherapy of Tongue 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

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	Description		
Code DB10B7Z	Description Low Dose Rate (LDR) Brachytherapy of Trachea using Cesium 137 (Cs-137)	Code Category Procedure	ICD-10-PCS
DB10B9Z	Low Dose Rate (LDR) Brachytherapy of Trachea using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DB10B8Z	Low Dose Rate (LDR) Brachytherapy of Trachea using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DB10BYZ	Low Dose Rate (LDR) Brachytherapy of Trachea using Other Isotope	Procedure	ICD-10-PCS
DB10BBZ	Low Dose Rate (LDR) Brachytherapy of Trachea 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
DT11B7Z	Low Dose Rate (LDR) Brachytherapy of Ureter using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DT11B9Z	Low Dose Rate (LDR) Brachytherapy of Ureter using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DT11B8Z	Low Dose Rate (LDR) Brachytherapy of Ureter using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DT11BYZ	Low Dose Rate (LDR) Brachytherapy of Ureter using Other Isotope	Procedure	ICD-10-PCS
DT11BBZ	Low Dose Rate (LDR) Brachytherapy of Ureter 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
DT13B7Z	Low Dose Rate (LDR) Brachytherapy of Urethra using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DT13B9Z	Low Dose Rate (LDR) Brachytherapy of Urethra using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DT13B8Z	Low Dose Rate (LDR) Brachytherapy of Urethra using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DT13BYZ	Low Dose Rate (LDR) Brachytherapy of Urethra using Other Isotope	Procedure	ICD-10-PCS
DT13BBZ	Low Dose Rate (LDR) Brachytherapy of Urethra 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
DU12B7Z	Low Dose Rate (LDR) Brachytherapy of Uterus using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DU12B9Z	Low Dose Rate (LDR) Brachytherapy of Uterus using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DU12B8Z	Low Dose Rate (LDR) Brachytherapy of Uterus using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DU12BYZ	Low Dose Rate (LDR) Brachytherapy of Uterus using Other Isotope	Procedure	ICD-10-PCS
DU12BBZ	Low Dose Rate (LDR) Brachytherapy of Uterus using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DWY3FZZ	Plaque Radiation of Abdomen	Procedure	ICD-10-PCS
D7Y6FZZ	Plaque Radiation of Abdomen Lymphatics	Procedure	ICD-10-PCS
DGY2FZZ	Plaque Radiation of Adrenal Glands	Procedure	ICD-10-PCS

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	Description		
Code DDY8FZZ	Plaque Radiation of Anus	Code Category Procedure	Code Type ICD-10-PCS
DDTOFZZ	Flaque Natifation of Arius	Flocedule	ICD-10-PC3
D7Y4FZZ	Plaque Radiation of Axillary Lymphatics	Procedure	ICD-10-PCS
DFY2FZZ	Plaque Radiation of Bile Ducts	Procedure	ICD-10-PCS
DTY2FZZ	Plaque Radiation of Bladder	Procedure	ICD-10-PCS
D7Y0FZZ	Plaque Radiation of Bone Marrow	Procedure	ICD-10-PCS
D0Y0FZZ	Plaque Radiation of Brain	Procedure	ICD-10-PCS
D0Y1FZZ	Plaque Radiation of Brain Stem	Procedure	ICD-10-PCS
DBY1FZZ	Plaque Radiation of Bronchus	Procedure	ICD-10-PCS
DUY1FZZ	Plaque Radiation of Cervix	Procedure	ICD-10-PCS
DWY2FZZ	Plaque Radiation of Chest	Procedure	ICD-10-PCS
DBY7FZZ	Plaque Radiation of Chest Wall	Procedure	ICD-10-PCS
DDY5FZZ	Plaque Radiation of Colon	Procedure	ICD-10-PCS
DBY8FZZ	Plaque Radiation of Diaphragm	Procedure	ICD-10-PCS
DDY2FZZ	Plaque Radiation of Duodenum	Procedure	ICD-10-PCS
D9Y0FZZ	Plaque Radiation of Ear	Procedure	ICD-10-PCS
DDY0FZZ	Plaque Radiation of Esophagus	Procedure	ICD-10-PCS
D8Y0FZZ	Plaque Radiation of Eye	Procedure	ICD-10-PCS
DPY9FZZ	Plaque Radiation of Femur	Procedure	ICD-10-PCS
DFY1FZZ	Plaque Radiation of Gallbladder	Procedure	ICD-10-PCS
D9Y8FZZ	Plaque Radiation of Hard Palate	Procedure	ICD-10-PCS
DWY1FZZ	Plaque Radiation of Head and Neck	Procedure	ICD-10-PCS
DWY4FZZ	Plaque Radiation of Hemibody	Procedure	ICD-10-PCS
DPY6FZZ	Plaque Radiation of Humerus	Procedure	ICD-10-PCS
DDY4FZZ	Plaque Radiation of Ileum	Procedure	ICD-10-PCS
D7Y8FZZ	Plaque Radiation of Inguinal Lymphatics	Procedure	ICD-10-PCS
DDY3FZZ	Plaque Radiation of Jejunum	Procedure	ICD-10-PCS

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	Description		
Code DTY0FZZ	Description Plaque Radiation of Kidney	Code Category Procedure	ICD-10-PCS
D9YBFZZ	Plaque Radiation of Larynx	Procedure	ICD-10-PCS
DMY0FZZ	Plaque Radiation of Left Breast	Procedure	ICD-10-PCS
DFY0FZZ	Plaque Radiation of Liver	Procedure	ICD-10-PCS
DBY2FZZ	Plaque Radiation of Lung	Procedure	ICD-10-PCS
DPY3FZZ	Plaque Radiation of Mandible	Procedure	ICD-10-PCS
DPY2FZZ	Plaque Radiation of Maxilla	Procedure	ICD-10-PCS
DBY6FZZ	Plaque Radiation of Mediastinum	Procedure	ICD-10-PCS
D9Y4FZZ	Plaque Radiation of Mouth	Procedure	ICD-10-PCS
D9YDFZZ	Plaque Radiation of Nasopharynx	Procedure	ICD-10-PCS
D7Y3FZZ	Plaque Radiation of Neck Lymphatics	Procedure	ICD-10-PCS
D9Y1FZZ	Plaque Radiation of Nose	Procedure	ICD-10-PCS
DPYCFZZ	Plaque Radiation of Other Bone	Procedure	ICD-10-PCS
DUY0FZZ	Plaque Radiation of Ovary	Procedure	ICD-10-PCS
DFY3FZZ	Plaque Radiation of Pancreas	Procedure	ICD-10-PCS
DGY4FZZ	Plaque Radiation of Parathyroid Glands	Procedure	ICD-10-PCS
DPY8FZZ	Plaque Radiation of Pelvic Bones	Procedure	ICD-10-PCS
DWY6FZZ	Plaque Radiation of Pelvic Region	Procedure	ICD-10-PCS
D7Y7FZZ	Plaque Radiation of Pelvis Lymphatics	Procedure	ICD-10-PCS
D0Y7FZZ	Plaque Radiation of Peripheral Nerve	Procedure	ICD-10-PCS
D9YCFZZ	Plaque Radiation of Pharynx	Procedure	ICD-10-PCS
DGY1FZZ	Plaque Radiation of Pineal Body	Procedure	ICD-10-PCS
DGY0FZZ	Plaque Radiation of Pituitary Gland	Procedure	ICD-10-PCS
DBY5FZZ	Plaque Radiation of Pleura	Procedure	ICD-10-PCS
DVY0FZZ	Plaque Radiation of Prostate	Procedure	ICD-10-PCS
DPY7FZZ	Plaque Radiation of Radius/Ulna	Procedure	ICD-10-PCS

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Code	Description		
DDY7FZZ	Plaque Radiation of Rectum	Code Category Procedure	ICD-10-PCS
DPY5FZZ	Plaque Radiation of Rib(s)	Procedure	ICD-10-PCS
DMY1FZZ	Plaque Radiation of Right Breast	Procedure	ICD-10-PCS
D9Y6FZZ	Plaque Radiation of Salivary Glands	Procedure	ICD-10-PCS
D9Y7FZZ	Plaque Radiation of Sinuses	Procedure	ICD-10-PCS
DPY0FZZ	Plaque Radiation of Skull	Procedure	ICD-10-PCS
D9Y9FZZ	Plaque Radiation of Soft Palate	Procedure	ICD-10-PCS
D0Y6FZZ	Plaque Radiation of Spinal Cord	Procedure	ICD-10-PCS
D7Y2FZZ	Plaque Radiation of Spleen	Procedure	ICD-10-PCS
DPY4FZZ	Plaque Radiation of Sternum	Procedure	ICD-10-PCS
DDY1FZZ	Plaque Radiation of Stomach	Procedure	ICD-10-PCS
DVY1FZZ	Plaque Radiation of Testis	Procedure	ICD-10-PCS
D7Y5FZZ	Plaque Radiation of Thorax Lymphatics	Procedure	ICD-10-PCS
D7Y1FZZ	Plaque Radiation of Thymus	Procedure	ICD-10-PCS
DGY5FZZ	Plaque Radiation of Thyroid	Procedure	ICD-10-PCS
DPYBFZZ	Plaque Radiation of Tibia/Fibula	Procedure	ICD-10-PCS
D9Y5FZZ	Plaque Radiation of Tongue	Procedure	ICD-10-PCS
DBY0FZZ	Plaque Radiation of Trachea	Procedure	ICD-10-PCS
DTY1FZZ	Plaque Radiation of Ureter	Procedure	ICD-10-PCS
DTY3FZZ	Plaque Radiation of Urethra	Procedure	ICD-10-PCS
DUY2FZZ	Plaque Radiation of Uterus	Procedure	ICD-10-PCS
DWY5FZZ	Plaque Radiation of Whole Body	Procedure	ICD-10-PCS
3E0Q004	Introduction of Liquid Brachytherapy Radioisotope into Cranial Cavity and Brain, Open	Procedure	ICD-10-PCS
D7063ZZ	Approach 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

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Code	Description		Code Type
D7060ZZ	Description Beam Radiation of Abdomen Lymphatics using Photons <1 MeV	Code Category Procedure	ICD-10-PCS
DW033ZZ	Beam Radiation of Abdomen using Electrons	Procedure	ICD-10-PCS
DW034ZZ	Beam Radiation of Abdomen using Heavy Particles (Protons, lons)	Procedure	ICD-10-PCS
DW035ZZ	Beam Radiation of Abdomen using Neutrons	Procedure	ICD-10-PCS
DW030ZZ	Beam Radiation of Abdomen using Photons <1 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
DG020ZZ	Beam Radiation of Adrenal Glands using Photons <1 MeV	Procedure	ICD-10-PCS
D7043ZZ	Beam Radiation of Axillary Lymphatics using Electrons	Procedure	ICD-10-PCS
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
D7040ZZ	Beam Radiation of Axillary Lymphatics using Photons <1 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
DF020ZZ	Beam Radiation of Bile Ducts using Photons <1 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
DT020ZZ	Beam Radiation of Bladder using Photons <1 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
D7000ZZ	Beam Radiation of Bone Marrow using Photons <1 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

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	Description		
Code D0015ZZ	Description Beam Radiation of Brain Stem using Neutrons	Code Category Procedure	ICD-10-PCS
D0010ZZ	Beam Radiation of Brain Stem using Photons <1 MeV	Procedure	ICD-10-PCS
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
D0000ZZ	Beam Radiation of Brain using Photons <1 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
DB010ZZ	Beam Radiation of Bronchus using Photons <1 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
DU010ZZ	Beam Radiation of Cervix using Photons <1 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
DW020ZZ	Beam Radiation of Chest using Photons <1 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, lons)	Procedure	ICD-10-PCS
DB075ZZ	Beam Radiation of Chest Wall using Neutrons	Procedure	ICD-10-PCS
DB070ZZ	Beam Radiation of Chest Wall using Photons <1 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
DD050ZZ	Beam Radiation of Colon using Photons <1 MeV	Procedure	ICD-10-PCS

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	Description		
Code DB083ZZ	Description Beam Radiation of Diaphragm using Electrons	Code Category Procedure	Code Type ICD-10-PCS
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
DB080ZZ	Beam Radiation of Diaphragm using Photons <1 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
DD020ZZ	Beam Radiation of Duodenum 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
D9000ZZ	Beam Radiation of Ear using Photons <1 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, lons)	Procedure	ICD-10-PCS
DD005ZZ	Beam Radiation of Esophagus using Neutrons	Procedure	ICD-10-PCS
DD000ZZ	Beam Radiation of Esophagus 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
D8000ZZ	Beam Radiation of Eye using Photons <1 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, lons)	Procedure	ICD-10-PCS
DP095ZZ	Beam Radiation of Femur using Neutrons	Procedure	ICD-10-PCS
DP090ZZ	Beam Radiation of Femur using Photons <1 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

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	Description		
Code DF015ZZ	Description Beam Radiation of Gallbladder using Neutrons	Code Category Procedure	ICD-10-PCS
DFUISZZ	beatti Kadiation of Galibiadder dsing Neutrons	Procedure	ICD-10-PC3
DF010ZZ	Beam Radiation of Gallbladder using Photons <1 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
D9080ZZ	Beam Radiation of Hard Palate using Photons <1 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
DW010ZZ	Beam Radiation of Head and Neck using Photons <1 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
DW040ZZ	Beam Radiation of Hemibody using Photons <1 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
DP060ZZ	Beam Radiation of Humerus using Photons <1 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
D9030ZZ	Beam Radiation of Hypopharynx using Photons <1 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
DD040ZZ	Beam Radiation of Ileum using Photons <1 MeV	Procedure	ICD-10-PCS

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Code	Description	Code Category	Code Type
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
D7080ZZ	Beam Radiation of Inguinal Lymphatics using Photons <1 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
DD030ZZ	Beam Radiation of Jejunum using Photons <1 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
DT000ZZ	Beam Radiation of Kidney using Photons <1 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
D90B0ZZ	Beam Radiation of Larynx using Photons <1 MeV	Procedure	ICD-10-PCS
DM003ZZ	Beam Radiation of Left Breast using Electrons	Procedure	ICD-10-PCS
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
DM000ZZ	Beam Radiation of Left Breast using Photons <1 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
DF000ZZ	Beam Radiation of Liver using Photons <1 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

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	Description		
Code DB025ZZ	Description Beam Radiation of Lung using Neutrons	Code Category Procedure	Code Type ICD-10-PCS
DB020ZZ	Beam Radiation of Lung using Photons <1 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
DP030ZZ	Beam Radiation of Mandible using Photons <1 MeV	Procedure	ICD-10-PCS
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
DP020ZZ	Beam Radiation of Maxilla using Photons <1 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
DB060ZZ	Beam Radiation of Mediastinum using Photons <1 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
D9040ZZ	Beam Radiation of Mouth using Photons <1 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
D90D0ZZ	Beam Radiation of Nasopharynx using Photons <1 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, lons)	Procedure	ICD-10-PCS
D7035ZZ	Beam Radiation of Neck Lymphatics using Neutrons	Procedure	ICD-10-PCS
D7030ZZ	Beam Radiation of Neck Lymphatics using Photons <1 MeV	Procedure	ICD-10-PCS

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	Passwintian		
Code D9013ZZ	Description Beam Radiation of Nose using Electrons	Code Category Procedure	ICD-10-PCS
D901322	beam Nation of Nose using Electrons	riocedure	10-10-10-1
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
D9010ZZ	Beam Radiation of Nose using Photons <1 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, lons)	Procedure	ICD-10-PCS
D90F5ZZ	Beam Radiation of Oropharynx using Neutrons	Procedure	ICD-10-PCS
D90F0ZZ	Beam Radiation of Oropharynx using Photons <1 MeV	Procedure	ICD-10-PCS
DP0C3ZZ	Beam Radiation of Other Bone using Electrons	Procedure	ICD-10-PCS
DP0C4ZZ	Beam Radiation of Other Bone using Heavy Particles (Protons, lons)	Procedure	ICD-10-PCS
DP0C5ZZ	Beam Radiation of Other Bone using Neutrons	Procedure	ICD-10-PCS
DP0C0ZZ	Beam Radiation of Other Bone using Photons <1 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
DU000ZZ	Beam Radiation of Ovary using Photons <1 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, lons)	Procedure	ICD-10-PCS
DF035ZZ	Beam Radiation of Pancreas using Neutrons	Procedure	ICD-10-PCS
DF030ZZ	Beam Radiation of Pancreas using Photons <1 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
DG040ZZ	Beam Radiation of Parathyroid Glands using Photons <1 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

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Code	Description	Code Category	Code Type
DP080ZZ	Beam Radiation of Pelvic Bones using Photons <1 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
DW060ZZ	Beam Radiation of Pelvic Region using Photons <1 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
D7070ZZ	Beam Radiation of Pelvis Lymphatics 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, lons)	Procedure	ICD-10-PCS
D0075ZZ	Beam Radiation of Peripheral Nerve using Neutrons	Procedure	ICD-10-PCS
D0070ZZ	Beam Radiation of Peripheral Nerve using Photons <1 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
DG010ZZ	Beam Radiation of Pineal Body using Photons <1 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
DG000ZZ	Beam Radiation of Pituitary Gland using Photons <1 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
DB050ZZ	Beam Radiation of Pleura using Photons <1 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

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	Description		
Code DV000ZZ	Description Beam Radiation of Prostate using Photons <1 MeV	Code Category Procedure	Code Type 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
DP070ZZ	Beam Radiation of Radius/Ulna using Photons <1 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
DD070ZZ	Beam Radiation of Rectum using Photons <1 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
DP050ZZ	Beam Radiation of Rib(s) using Photons <1 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
DM010ZZ	Beam Radiation of Right Breast using Photons <1 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
D9060ZZ	Beam Radiation of Salivary Glands using Photons <1 MeV	Procedure	ICD-10-PCS
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
D9070ZZ	Beam Radiation of Sinuses using Photons <1 MeV	Procedure	ICD-10-PCS
DP003ZZ	Beam Radiation of Skull using Electrons	Procedure	ICD-10-PCS

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Code	Description		
DP004ZZ	Description Beam Radiation of Skull using Heavy Particles (Protons, Ions)	Code Category Procedure	ICD-10-PCS
DP005ZZ	Beam Radiation of Skull using Neutrons	Procedure	ICD-10-PCS
DP000ZZ	Beam Radiation of Skull using Photons <1 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
D9095ZZ	Beam Radiation of Soft Palate using Neutrons	Procedure	ICD-10-PCS
D9090ZZ	Beam Radiation of Soft Palate using Photons <1 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
D0065ZZ	Beam Radiation of Spinal Cord using Neutrons	Procedure	ICD-10-PCS
D0060ZZ	Beam Radiation of Spinal Cord using Photons <1 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, lons)	Procedure	ICD-10-PCS
D7025ZZ	Beam Radiation of Spleen using Neutrons	Procedure	ICD-10-PCS
D7020ZZ	Beam Radiation of Spleen using Photons <1 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
DP045ZZ	Beam Radiation of Sternum using Neutrons	Procedure	ICD-10-PCS
DP040ZZ	Beam Radiation of Sternum using Photons <1 MeV	Procedure	ICD-10-PCS
DD013ZZ	Beam Radiation of Stomach using Electrons	Procedure	ICD-10-PCS
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
DD010ZZ	Beam Radiation of Stomach using Photons <1 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

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Code	E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifi Description	Code Category	Code Type
DV010ZZ	Beam Radiation of Testis using Photons <1 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
D7050ZZ	Beam Radiation of Thorax Lymphatics using Photons <1 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
D7010ZZ	Beam Radiation of Thymus using Photons <1 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
DG050ZZ	Beam Radiation of Thyroid using Photons <1 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
DP0B0ZZ	Beam Radiation of Tibia/Fibula using Photons <1 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
D9050ZZ	Beam Radiation of Tongue using Photons <1 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
DB000ZZ	Beam Radiation of Trachea using Photons <1 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

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Code	Description		
DT015ZZ	Beam Radiation of Ureter using Neutrons	Code Category Procedure	ICD-10-PCS
DT010ZZ	Beam Radiation of Ureter using Photons <1 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
DT030ZZ	Beam Radiation of Urethra using Photons <1 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
DU020ZZ	Beam Radiation of Uterus using Photons <1 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
DW050ZZ	Beam Radiation of Whole Body using Photons <1 MeV	Procedure	ICD-10-PCS
DWY37ZZ	Contact Radiation of Abdomen	Procedure	ICD-10-PCS
DGY27ZZ	Contact Radiation of Adrenal Glands	Procedure	ICD-10-PCS
DFY27ZZ	Contact Radiation of Bile Ducts	Procedure	ICD-10-PCS
DTY27ZZ	Contact Radiation of Bladder	Procedure	ICD-10-PCS
D0Y07ZZ	Contact Radiation of Brain	Procedure	ICD-10-PCS
D0Y17ZZ	Contact Radiation of Brain Stem	Procedure	ICD-10-PCS
DBY17ZZ	Contact Radiation of Bronchus	Procedure	ICD-10-PCS
DUY17ZZ	Contact Radiation of Cervix	Procedure	ICD-10-PCS
DWY27ZZ	Contact Radiation of Chest	Procedure	ICD-10-PCS
DBY77ZZ	Contact Radiation of Chest Wall	Procedure	ICD-10-PCS
DDY57ZZ	Contact Radiation of Colon	Procedure	ICD-10-PCS
DBY87ZZ	Contact Radiation of Diaphragm	Procedure	ICD-10-PCS

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Code	Description	Code Category	Code Type
DDY27ZZ	Contact Radiation of Duodenum	Procedure	ICD-10-PCS
D9Y07ZZ	Contact Radiation of Ear	Procedure	ICD-10-PCS
DDY07ZZ	Contact Radiation of Esophagus	Procedure	ICD-10-PCS
D8Y07ZZ	Contact Radiation of Eye	Procedure	ICD-10-PCS
DPY97ZZ	Contact Radiation of Femur	Procedure	ICD-10-PCS
DFY17ZZ	Contact Radiation of Gallbladder	Procedure	ICD-10-PCS
D9Y87ZZ	Contact Radiation of Hard Palate	Procedure	ICD-10-PCS
DWY17ZZ	Contact Radiation of Head and Neck	Procedure	ICD-10-PCS
DWY47ZZ	Contact Radiation of Hemibody	Procedure	ICD-10-PCS
DPY67ZZ	Contact Radiation of Humerus	Procedure	ICD-10-PCS
D9Y37ZZ	Contact Radiation of Hypopharynx	Procedure	ICD-10-PCS
DDY47ZZ	Contact Radiation of Ileum	Procedure	ICD-10-PCS
DDY37ZZ	Contact Radiation of Jejunum	Procedure	ICD-10-PCS
DTY07ZZ	Contact Radiation of Kidney	Procedure	ICD-10-PCS
D9YB7ZZ	Contact Radiation of Larynx	Procedure	ICD-10-PCS
DMY07ZZ	Contact Radiation of Left Breast	Procedure	ICD-10-PCS
DFY07ZZ	Contact Radiation of Liver	Procedure	ICD-10-PCS
DBY27ZZ	Contact Radiation of Lung	Procedure	ICD-10-PCS
DPY37ZZ	Contact Radiation of Mandible	Procedure	ICD-10-PCS
DPY27ZZ	Contact Radiation of Maxilla	Procedure	ICD-10-PCS
DBY67ZZ	Contact Radiation of Mediastinum	Procedure	ICD-10-PCS
D9Y47ZZ	Contact Radiation of Mouth	Procedure	ICD-10-PCS
D9YD7ZZ	Contact Radiation of Nasopharynx	Procedure	ICD-10-PCS
D9Y17ZZ	Contact Radiation of Nose	Procedure	ICD-10-PCS
D9YF7ZZ	Contact Radiation of Oropharynx	Procedure	ICD-10-PCS
DPYC7ZZ	Contact Radiation of Other Bone	Procedure	ICD-10-PCS

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	Description		
Code DUY07ZZ	Description Contact Radiation of Ovary	Code Category Procedure	ICD-10-PCS
D010722	Contact Radiation of Ovary	riocedure	ICD-10-PC3
DFY37ZZ	Contact Radiation of Pancreas	Procedure	ICD-10-PCS
DGY47ZZ	Contact Radiation of Parathyroid Glands	Procedure	ICD-10-PCS
DPY87ZZ	Contact Radiation of Pelvic Bones	Procedure	ICD-10-PCS
DWY67ZZ	Contact Radiation of Pelvic Region	Procedure	ICD-10-PCS
D0Y77ZZ	Contact Radiation of Peripheral Nerve	Procedure	ICD-10-PCS
DGY17ZZ	Contact Radiation of Pineal Body	Procedure	ICD-10-PCS
DGY07ZZ	Contact Radiation of Pituitary Gland	Procedure	ICD-10-PCS
DBY57ZZ	Contact Radiation of Pleura	Procedure	ICD-10-PCS
DVY07ZZ	Contact Radiation of Prostate	Procedure	ICD-10-PCS
DPY77ZZ	Contact Radiation of Radius/Ulna	Procedure	ICD-10-PCS
DDY77ZZ	Contact Radiation of Rectum	Procedure	ICD-10-PCS
DPY57ZZ	Contact Radiation of Rib(s)	Procedure	ICD-10-PCS
DMY17ZZ	Contact Radiation of Right Breast	Procedure	ICD-10-PCS
D9Y67ZZ	Contact Radiation of Salivary Glands	Procedure	ICD-10-PCS
D9Y77ZZ	Contact Radiation of Sinuses	Procedure	ICD-10-PCS
DPY07ZZ	Contact Radiation of Skull	Procedure	ICD-10-PCS
D9Y97ZZ	Contact Radiation of Soft Palate	Procedure	ICD-10-PCS
D0Y67ZZ	Contact Radiation of Spinal Cord	Procedure	ICD-10-PCS
DPY47ZZ	Contact Radiation of Sternum	Procedure	ICD-10-PCS
DDY17ZZ	Contact Radiation of Stomach	Procedure	ICD-10-PCS
DVY17ZZ	Contact Radiation of Testis	Procedure	ICD-10-PCS
DGY57ZZ	Contact Radiation of Thyroid	Procedure	ICD-10-PCS
DPYB7ZZ	Contact Radiation of Tibia/Fibula	Procedure	ICD-10-PCS
D9Y57ZZ	Contact Radiation of Tongue	Procedure	ICD-10-PCS
DBY07ZZ	Contact Radiation of Trachea	Procedure	ICD-10-PCS

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Code	Description		
DTY17ZZ	Description Contact Radiation of Ureter	Code Category Procedure	Code Type ICD-10-PCS
DTY37ZZ	Contact Radiation of Urethra	Procedure	ICD-10-PCS
DUY27ZZ	Contact Radiation of Uterus	Procedure	ICD-10-PCS
DWY57ZZ	Contact Radiation of Whole Body	Procedure	ICD-10-PCS
DDY8CZZ	Intraoperative Radiation Therapy (IORT) of Anus	Procedure	ICD-10-PCS
DFY2CZZ	Intraoperative Radiation Therapy (IORT) of Bile Ducts	Procedure	ICD-10-PCS
DTY2CZZ	Intraoperative Radiation Therapy (IORT) of Bladder	Procedure	ICD-10-PCS
DUY1CZZ	Intraoperative Radiation Therapy (IORT) of Cervix	Procedure	ICD-10-PCS
DDY5CZZ	Intraoperative Radiation Therapy (IORT) of Colon	Procedure	ICD-10-PCS
DDY2CZZ	Intraoperative Radiation Therapy (IORT) of Duodenum	Procedure	ICD-10-PCS
DFY1CZZ	Intraoperative Radiation Therapy (IORT) of Gallbladder	Procedure	ICD-10-PCS
DDY4CZZ	Intraoperative Radiation Therapy (IORT) of Ileum	Procedure	ICD-10-PCS
DDY3CZZ	Intraoperative Radiation Therapy (IORT) of Jejunum	Procedure	ICD-10-PCS
DTY0CZZ	Intraoperative Radiation Therapy (IORT) of Kidney	Procedure	ICD-10-PCS
D9YBCZZ	Intraoperative Radiation Therapy (IORT) of Larynx	Procedure	ICD-10-PCS
DFY0CZZ	Intraoperative Radiation Therapy (IORT) of Liver	Procedure	ICD-10-PCS
D9Y4CZZ	Intraoperative Radiation Therapy (IORT) of Mouth	Procedure	ICD-10-PCS
D9YDCZZ	Intraoperative Radiation Therapy (IORT) of Nasopharynx	Procedure	ICD-10-PCS
DUY0CZZ	Intraoperative Radiation Therapy (IORT) of Ovary	Procedure	ICD-10-PCS
DFY3CZZ	Intraoperative Radiation Therapy (IORT) of Pancreas	Procedure	ICD-10-PCS
D9YCCZZ	Intraoperative Radiation Therapy (IORT) of Pharynx	Procedure	ICD-10-PCS
DVY0CZZ	Intraoperative Radiation Therapy (IORT) of Prostate	Procedure	ICD-10-PCS
DDY7CZZ	Intraoperative Radiation Therapy (IORT) of Rectum	Procedure	ICD-10-PCS
DDY1CZZ	Intraoperative Radiation Therapy (IORT) of Stomach	Procedure	ICD-10-PCS
DTY1CZZ	Intraoperative Radiation Therapy (IORT) of Ureter	Procedure	ICD-10-PCS
DTY3CZZ	Intraoperative Radiation Therapy (IORT) of Urethra	Procedure	ICD-10-PCS

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	Description		
Code DUY2CZZ	Description Intraoperative Radiation Therapy (IORT) of Uterus	Code Category Procedure	ICD-10-PCS
D0006ZZ	Beam Radiation of Brain using Neutron Capture	Procedure	ICD-10-PCS
D0016ZZ	Beam Radiation of Brain Stem using Neutron Capture	Procedure	ICD-10-PCS
D0066ZZ	Beam Radiation of Spinal Cord using Neutron Capture	Procedure	ICD-10-PCS
D7006ZZ	Beam Radiation of Bone Marrow using Neutron Capture	Procedure	ICD-10-PCS
D7016ZZ	Beam Radiation of Thymus using Neutron Capture	Procedure	ICD-10-PCS
D7026ZZ	Beam Radiation of Spleen using Neutron Capture	Procedure	ICD-10-PCS
D7036ZZ	Beam Radiation of Neck Lymphatics using Neutron Capture	Procedure	ICD-10-PCS
D7046ZZ	Beam Radiation of Axillary Lymphatics using Neutron Capture	Procedure	ICD-10-PCS
D7056ZZ	Beam Radiation of Thorax Lymphatics using Neutron Capture	Procedure	ICD-10-PCS
D7066ZZ	Beam Radiation of Abdomen Lymphatics using Neutron Capture	Procedure	ICD-10-PCS
D7076ZZ	Beam Radiation of Pelvis Lymphatics using Neutron Capture	Procedure	ICD-10-PCS
D7086ZZ	Beam Radiation of Inguinal Lymphatics using Neutron Capture	Procedure	ICD-10-PCS
D9016ZZ	Beam Radiation of Nose using Neutron Capture	Procedure	ICD-10-PCS
D9036ZZ	Beam Radiation of Hypopharynx using Neutron Capture	Procedure	ICD-10-PCS
D9046ZZ	Beam Radiation of Mouth using Neutron Capture	Procedure	ICD-10-PCS
D9056ZZ	Beam Radiation of Tongue using Neutron Capture	Procedure	ICD-10-PCS
D9066ZZ	Beam Radiation of Salivary Glands using Neutron Capture	Procedure	ICD-10-PCS
D9076ZZ	Beam Radiation of Sinuses using Neutron Capture	Procedure	ICD-10-PCS
D9086ZZ	Beam Radiation of Hard Palate using Neutron Capture	Procedure	ICD-10-PCS
D9096ZZ	Beam Radiation of Soft Palate using Neutron Capture	Procedure	ICD-10-PCS
D90B6ZZ	Beam Radiation of Larynx using Neutron Capture	Procedure	ICD-10-PCS
D90D6ZZ	Beam Radiation of Nasopharynx using Neutron Capture	Procedure	ICD-10-PCS
D90F6ZZ	Beam Radiation of Oropharynx using Neutron Capture	Procedure	ICD-10-PCS
DB006ZZ	Beam Radiation of Trachea using Neutron Capture	Procedure	ICD-10-PCS
DB016ZZ	Beam Radiation of Bronchus using Neutron Capture	Procedure	ICD-10-PCS

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	Description		
Code DB026ZZ	Description Beam Radiation of Lung using Neutron Capture	Code Category Procedure	ICD-10-PCS
DB056ZZ	Beam Radiation of Pleura using Neutron Capture	Procedure	ICD-10-PCS
DB066ZZ	Beam Radiation of Mediastinum using Neutron Capture	Procedure	ICD-10-PCS
DB076ZZ	Beam Radiation of Chest Wall using Neutron Capture	Procedure	ICD-10-PCS
DB086ZZ	Beam Radiation of Diaphragm using Neutron Capture	Procedure	ICD-10-PCS
DD006ZZ	Beam Radiation of Esophagus using Neutron Capture	Procedure	ICD-10-PCS
DD016ZZ	Beam Radiation of Stomach using Neutron Capture	Procedure	ICD-10-PCS
DD026ZZ	Beam Radiation of Duodenum using Neutron Capture	Procedure	ICD-10-PCS
DD036ZZ	Beam Radiation of Jejunum using Neutron Capture	Procedure	ICD-10-PCS
DD046ZZ	Beam Radiation of Ileum using Neutron Capture	Procedure	ICD-10-PCS
DD056ZZ	Beam Radiation of Colon using Neutron Capture	Procedure	ICD-10-PCS
DD076ZZ	Beam Radiation of Rectum using Neutron Capture	Procedure	ICD-10-PCS
DF006ZZ	Beam Radiation of Liver using Neutron Capture	Procedure	ICD-10-PCS
DF016ZZ	Beam Radiation of Gallbladder using Neutron Capture	Procedure	ICD-10-PCS
DF026ZZ	Beam Radiation of Bile Ducts using Neutron Capture	Procedure	ICD-10-PCS
DF036ZZ	Beam Radiation of Pancreas using Neutron Capture	Procedure	ICD-10-PCS
DG006ZZ	Beam Radiation of Pituitary Gland using Neutron Capture	Procedure	ICD-10-PCS
DG016ZZ	Beam Radiation of Pineal Body using Neutron Capture	Procedure	ICD-10-PCS
DG026ZZ	Beam Radiation of Adrenal Glands using Neutron Capture	Procedure	ICD-10-PCS
DG046ZZ	Beam Radiation of Parathyroid Glands using Neutron Capture	Procedure	ICD-10-PCS
DG056ZZ	Beam Radiation of Thyroid using Neutron Capture	Procedure	ICD-10-PCS
DM006ZZ	Beam Radiation of Left Breast using Neutron Capture	Procedure	ICD-10-PCS
DM016ZZ	Beam Radiation of Right Breast using Neutron Capture	Procedure	ICD-10-PCS
DP006ZZ	Beam Radiation of Skull using Neutron Capture	Procedure	ICD-10-PCS
DP026ZZ	Beam Radiation of Maxilla using Neutron Capture	Procedure	ICD-10-PCS
DP036ZZ	Beam Radiation of Mandible using Neutron Capture	Procedure	ICD-10-PCS

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	Description		
Code DP046ZZ	Description Beam Radiation of Sternum using Neutron Capture	Code Category Procedure	ICD-10-PCS
DP056ZZ	Beam Radiation of Rib(s) using Neutron Capture	Procedure	ICD-10-PCS
DP066ZZ	Beam Radiation of Humerus using Neutron Capture	Procedure	ICD-10-PCS
DP076ZZ	Beam Radiation of Radius/Ulna using Neutron Capture	Procedure	ICD-10-PCS
DP086ZZ	Beam Radiation of Pelvic Bones using Neutron Capture	Procedure	ICD-10-PCS
DP096ZZ	Beam Radiation of Femur using Neutron Capture	Procedure	ICD-10-PCS
DP0B6ZZ	Beam Radiation of Tibia/Fibula using Neutron Capture	Procedure	ICD-10-PCS
DP0C6ZZ	Beam Radiation of Other Bone using Neutron Capture	Procedure	ICD-10-PCS
DT006ZZ	Beam Radiation of Kidney using Neutron Capture	Procedure	ICD-10-PCS
DT016ZZ	Beam Radiation of Ureter using Neutron Capture	Procedure	ICD-10-PCS
DT026ZZ	Beam Radiation of Bladder using Neutron Capture	Procedure	ICD-10-PCS
DT036ZZ	Beam Radiation of Urethra using Neutron Capture	Procedure	ICD-10-PCS
DU006ZZ	Beam Radiation of Ovary using Neutron Capture	Procedure	ICD-10-PCS
DU016ZZ	Beam Radiation of Cervix using Neutron Capture	Procedure	ICD-10-PCS
DU026ZZ	Beam Radiation of Uterus using Neutron Capture	Procedure	ICD-10-PCS
DV006ZZ	Beam Radiation of Prostate using Neutron Capture	Procedure	ICD-10-PCS
DV016ZZ	Beam Radiation of Testis using Neutron Capture	Procedure	ICD-10-PCS
DW016ZZ	Beam Radiation of Head and Neck using Neutron Capture	Procedure	ICD-10-PCS
DW026ZZ	Beam Radiation of Chest using Neutron Capture	Procedure	ICD-10-PCS
DW036ZZ	Beam Radiation of Abdomen using Neutron Capture	Procedure	ICD-10-PCS
DW046ZZ	Beam Radiation of Hemibody using Neutron Capture	Procedure	ICD-10-PCS
DW056ZZ	Beam Radiation of Whole Body using Neutron Capture	Procedure	ICD-10-PCS
DW066ZZ	Beam Radiation of Pelvic Region using Neutron Capture	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
D0011ZZ	Beam Radiation of Brain Stem using Photons 1 - 10 MeV	Procedure	ICD-10-PCS

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	Description		
Code D0012ZZ	Description Beam Radiation of Brain Stem using Photons >10 MeV	Code Category Procedure	Code Type 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
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
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
D7021ZZ	Beam Radiation of Spleen using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D7022ZZ	Beam Radiation of Spleen using Photons >10 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
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
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
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
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
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
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
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
D9041ZZ	Beam Radiation of Mouth using Photons 1 - 10 MeV	Procedure	ICD-10-PCS

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	Description		
Code D9042ZZ	Description Beam Radiation of Mouth using Photons >10 MeV	Code Category Procedure	Code Type ICD-10-PCS
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
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
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
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
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
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
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
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
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
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
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
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
DB061ZZ	Beam Radiation of Mediastinum using Photons 1 - 10 MeV	Procedure	ICD-10-PCS

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	Description		
Code DB062ZZ	Description Beam Radiation of Mediastinum using Photons >10 MeV	Code Category Procedure	Code Type 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
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
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
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
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
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
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
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
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
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
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
DF021ZZ	Beam Radiation of Bile Ducts using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DF022ZZ	Beam Radiation of Bile Ducts using Photons >10 MeV	Procedure	ICD-10-PCS
DF031ZZ	Beam Radiation of Pancreas using Photons 1 - 10 MeV	Procedure	ICD-10-PCS

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	Description		
Code DF032ZZ	Description Beam Radiation of Pancreas using Photons >10 MeV	Code Category Procedure	Code Type 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
DG011ZZ	Beam Radiation of Pineal Body using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DG012ZZ	Beam Radiation of Pineal Body using Photons >10 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
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
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
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
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
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
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
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
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
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
DP061ZZ	Beam Radiation of Humerus using Photons 1 - 10 MeV	Procedure	ICD-10-PCS

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	Description		
Code DP062ZZ	Description Beam Radiation of Humerus using Photons >10 MeV	Code Category Procedure	Code Type 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
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
DP091ZZ	Beam Radiation of Femur using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DP092ZZ	Beam Radiation of Femur using Photons >10 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
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
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
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
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
DT031ZZ	Beam Radiation of Urethra using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DT032ZZ	Beam Radiation of Urethra using Photons >10 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
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
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
DV001ZZ	Beam Radiation of Prostate using Photons 1 - 10 MeV	Procedure	ICD-10-PCS

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	Description		
Code	Description Peace Rediction of Proceedings Phateurs 10 May	Code Category	Code Type
DV002ZZ	Beam Radiation of Prostate using Photons >10 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
DW011ZZ	Beam Radiation of Head and Neck using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DW012ZZ	Beam Radiation of Head and Neck using Photons >10 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
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
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
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
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
D0076ZZ	Beam Radiation of Peripheral Nerve using Neutron Capture	Procedure	ICD-10-PCS
XW03351	Introduction of Blinatumomab Antineoplastic Immunotherapy into Peripheral Vein, Percutaneous Approach, New Technology Group 1	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
XW033B3	Introduction of Cytarabine and Daunorubicin Liposome Antineoplastic into Peripheral 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
XW033C3	Introduction of Engineered Autologous Chimeric Antigen Receptor T-cell Immunotherapy into Peripheral Vein, Percutaneous Approach, New Technology	Procedure	ICD-10-PCS
3E03005	Group 3 Introduction of Other Antineoplastic into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
3E03305	Introduction of Other Antineoplastic into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS

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Code	Description	Code Category	Code Type
3E04005	Introduction of Other Antineoplastic into Central Vein, Open Approach	Procedure	ICD-10-PCS
3E04305	Introduction of Other Antineoplastic into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
3E05305	Introduction of Other Antineoplastic into Peripheral Artery, Percutaneous Approach	Procedure	ICD-10-PCS
3E06005	Introduction of Other Antineoplastic into Central Artery, Open Approach	Procedure	ICD-10-PCS
3E06305	Introduction of Other Antineoplastic into Central Artery, Percutaneous Approach	Procedure	ICD-10-PCS
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
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
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
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
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
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
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
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
3E0430M	Introduction of monoclonal antibody into central vein, percutaneous approach	Procedure	ICD-10-PCS

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Code	Description	Code Category	Code Type
3E0430P	Introduction of clofarabine into central vein, percutaneous approach	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
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
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
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
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
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
3E0630M	Introduction of monoclonal antibody into central artery, percutaneous approach	Procedure	ICD-10-PCS
3E0630P	Introduction of clofarabine into central artery, percutaneous approach	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

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Code	Description	Code Category	Code Type
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
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
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
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
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
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
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	Procedure	ICD-10-PCS
3E0D705	approach Introduction of other antineoplastic into mouth and pharynx, via natural or artificial	Procedure	ICD-10-PCS
3E0D70M	opening Introduction of monoclonal antibody into mouth and pharynx, via natural or artificial	Procedure	ICD-10-PCS
3E0DX05	opening 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
3E0E305	Introduction of other antineoplastic into products of conception, percutaneous	Procedure	ICD-10-PCS
3E0E30M	approach Introduction of monoclonal antibody into products of conception, percutaneous	Procedure	ICD-10-PCS
3E0E705	approach Introduction of other antineoplastic into products of conception, via natural or	Procedure	ICD-10-PCS
3E0E70M	artificial opening Introduction of monoclonal antibody into products of conception, via natural or	Procedure	ICD-10-PCS
3E0E805	artificial opening Introduction of other antineoplastic into products of conception, via natural or	Procedure	ICD-10-PCS
3E0E80M	artificial opening endoscopic Introduction of monoclonal antibody into products of conception, via natural or	Procedure	ICD-10-PCS
3E0F305	artificial opening endoscopic Introduction of other antineoplastic into respiratory tract, percutaneous approach	Procedure	ICD-10-PCS
3E0F30M	Introduction of monoclonal antibody into respiratory tract, percutaneous approach	Procedure	ICD-10-PCS

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Code	Description	Code Category	Code Type
3E0F705	Introduction of other antineoplastic into respiratory tract, via natural or artificial	Procedure	ICD-10-PCS
3L01703	opening	Trocedure	ICD-10-I C3
3E0F70M	Introduction of monoclonal antibody into respiratory tract, via natural or artificial	Procedure	ICD-10-PCS
3E0F805	opening Introduction of other antineoplastic into respiratory tract, via natural or artificial	Procedure	ICD-10-PCS
3E0F80M	opening endoscopic Introduction of monoclonal antibody into respiratory tract, via natural or artificial	Procedure	ICD-10-PCS
3E0G305	opening endoscopic 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
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
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
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
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
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
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
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
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
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
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

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Code	Description	Code Category	Code Type
3E0K805	Introduction of other antineoplastic into genitourinary tract, via natural or artificial	Procedure	ICD-10-PCS
SEOROOS	opening endoscopic	Troccaure	100 10 1 05
3E0K80M	Introduction of monoclonal antibody into genitourinary tract, via natural or artificial opening endoscopic	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
3E0L705	Introduction of other antineoplastic into pleural cavity, via natural or artificial opening	Procedure	ICD-10-PCS
3E0L70M	Introduction of monoclonal antibody into pleural cavity, via natural or artificial opening	Procedure	ICD-10-PCS
3E0M305	Introduction of other antineoplastic into peritoneal cavity, percutaneous approach	Procedure	ICD-10-PCS
3E0M30M	Introduction of monoclonal antibody into peritoneal cavity, percutaneous approach	Procedure	ICD-10-PCS
3E0M705	Introduction of other antineoplastic into peritoneal cavity, via natural or artificial opening	Procedure	ICD-10-PCS
3E0M70M	Introduction of monoclonal antibody into peritoneal cavity, via natural or artificial opening	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
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
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
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
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
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
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
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

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Code	Description	Code Category	Code Type
3E0Q705	Introduction of other antineoplastic into cranial cavity and brain, via natural or		ICD-10-PCS
3EUQ7U3	•	Procedure	ICD-10-PC3
25007014	artificial opening	Dragadura	ICD 10 DCC
3E0Q70M	Introduction of monoclonal antibody into cranial cavity and brain, via natural or	Procedure	ICD-10-PCS
2505202	artificial opening	Dun andrum	ICD 40 DCC
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
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
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
	,, р, р, р		
3E0U305	Introduction of other antineoplastic into joints, percutaneous approach	Procedure	ICD-10-PCS
0_0000	The same of the same and the same same same same same same same sam		.02 20 . 00
3E0U30M	Introduction of monoclonal antibody into joints, percutaneous approach	Procedure	ICD-10-PCS
320030101	introduction of monocional antibody into joints, percutaneous approach	rrocedure	ICD-10-I C3
3E0V305	Introduction of other antineoplastic into bones, percutaneous approach	Procedure	ICD-10-PCS
3607303	introduction of other antineoplastic into bones, percutaneous approach	riocedule	ICD-10-PC3
250/2014	Introduction of managinal antihody into honos, naroutaneous approach	Dragadura	ICD 10 DCC
3E0V30M	Introduction of monoclonal antibody into bones, percutaneous approach	Procedure	ICD-10-PCS
25014205		5 1	100 40 000
3E0W305	Introduction of other antineoplastic into lymphatics, percutaneous approach	Procedure	ICD-10-PCS
250112011			100 10 000
3E0M30M	Introduction of monoclonal antibody into lymphatics, percutaneous approach	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
3E0Y705	Introduction of other antineoplastic into pericardial cavity, via natural or artificial	Procedure	ICD-10-PCS
	opening		
3E0Y70M	Introduction of monoclonal antibody into pericardial cavity, via natural or artificial	Procedure	ICD-10-PCS
	opening		
XW033Q5	Introduction of Tagraxofusp-erzs Antineoplastic into Peripheral Vein, Percutaneous	Procedure	ICD-10-PCS
	Approach, New Technology Group 5		
XW033S5	Introduction of lobenguane I-131 Antineoplastic into Peripheral Vein, Percutaneous	Procedure	ICD-10-PCS
XVV03333	Approach, New Technology Group 5	rroccaare	100 10 1 05
XW043S5	Introduction of Iobenguane I-131 Antineoplastic into Central Vein, Percutaneous	Procedure	ICD-10-PCS
XVV04333	Approach, New Technology Group 5	rroccaare	100 10 1 05
VW0420E		Procedure	ICD 10 DCS
XW043Q5		Trocedule	ICD-10-PCS
VALODVILE	Approach, New Technology Group 5	Dun an duu	ICD 10 DCC
XW0DXL5	Introduction of Erdafitinib Antineoplastic into Mouth and Pharynx, External	Procedure	ICD-10-PCS
V// 4/05\/5=	Approach, New Technology Group 5	5 1	100 40 000
XW0DXR5	Introduction of Venetoclax Antineoplastic into Mouth and Pharynx, External	Procedure	ICD-10-PCS
	Approach, New Technology Group 5		

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Code	Description	Code Category	Code Type
	Introduction of Ruxolitinib into Mouth and Pharynx, External Approach, New	Procedure	ICD-10-PCS
AWODATS	Technology Group 5	riocedure	1CD-10-1 C3
XW0DXV5		Procedure	ICD-10-PCS
AWODAVS	Approach, New Technology Group 5	Troccaure	100 10 1 05
Z510	Encounter for antineoplastic radiation therapy	Diagnosis	ICD-10-CM
D61810	Antineoplastic chemotherapy induced pancytopenia	Diagnosis	ICD-10-CM
D6481	Anemia due to antineoplastic chemotherapy	Diagnosis	ICD-10-CM
D701	Agranulocytosis secondary to cancer chemotherapy	Diagnosis	ICD-10-CM
T80810	Extravasation of vesicant antineoplastic chemotherapy	Diagnosis	ICD-10-CM
T80810A	Extravasation of vesicant antineoplastic chemotherapy, initial encounter	Diagnosis	ICD-10-CM
		, and the second	
T80810D	Extravasation of vesicant antineoplastic chemotherapy, subsequent encounter	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
616011	ORENCIA	Prescribing,	RXCUI
		Medication	
607377	ABATACEPT	Prescribing,	RXCUI
		Medication	
614391	ABATACEPT	Prescribing,	RXCUI
		Medication	
1145932	1 ML ABATACEPT 125 MG/ML PREFILLED SYRINGE [ORENCIA]	Prescribing,	RXCUI
		Medication	
1359480	ABATACEPT 125 MG/ML PREFILLED SYRINGE [ORENCIA]	Prescribing,	RXCUI
4700000	4.44.45.47.6557.465.446/44.44.75.44.55765.5655464.1	Medication	B./ G. II
1799230	1 ML ABATACEPT 125 MG/ML AUTO-INJECTOR [ORENCIA]	Prescribing,	RXCUI
4700222	ADATA CERT 425 MC /ML AUTO INJECTOR [ODENICIA]	Medication	DVCIII
1799232	ABATACEPT 125 MG/ML AUTO-INJECTOR [ORENCIA]	Prescribing,	RXCUI
1025255	0.4 ML ABATACEPT 125 MG/ML PREFILLED SYRINGE [ORENCIA]	Medication	DVCIII
1925255	U.4 MIL ABATACEPT 125 MIG/MIL PREFILLED SYRINGE [ORENCIA]	Prescribing,	RXCUI
1925257	0.7 ML ABATACEPT 125 MG/ML PREFILLED SYRINGE [ORENCIA]	Medication Prescribing,	RXCUI
1923237	U.7 INL ABATACEFT 123 ING/INL PREFILEED STRINGE [ORLINGIA]	Medication	KACUI
616018	ABATACEPT 250 MG INJECTION [ORENCIA]	Prescribing,	RXCUI
010010	ABATACEFT 230 MIG INSECTION [ONLINCIA]	Medication	KACOI
616207	ABATACEPT 10 MG/ML INJECTABLE SOLUTION [ORENCIA]	Prescribing,	RXCUI
010207	ADATACET 10 MIG/ME INSECTABLE SOCIOTION [ORENGIA]	Medication	iocoi
1145930	ABATACEPT 125 MG/ML [ORENCIA]	Prescribing,	RXCUI
11 15550	ABAMACE 1223 May ME [ONE NOW]	Medication	10.001
1659774	ABATACEPT 250 MG [ORENCIA]	Prescribing,	RXCUI
		Medication	
616016	ABATACEPT 25 MG/ML [ORENCIA]	Prescribing,	RXCUI
		Medication	
616206	ABATACEPT 10 MG/ML [ORENCIA]	Prescribing,	RXCUI
		Medication	
1145931	ABATACEPT PREFILLED SYRINGE [ORENCIA]	Prescribing,	RXCUI
		Medication	
1659775	ABATACEPT INJECTION [ORENCIA]	Prescribing,	RXCUI
		Medication	
1799229	ABATACEPT AUTO-INJECTOR [ORENCIA]	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
616017	ABATACEPT INJECTABLE SOLUTION [ORENCIA]	Prescribing,	RXCUI
010017	ADATACET I INSECTABLE SOCIOTION [ONENCIA]	Medication	плеот
1183963	ORENCIA INJECTABLE PRODUCT	Prescribing,	RXCUI
1103303	ONE NEW TRADECT NO DOCT	Medication	плеот
1145929	1 ML ABATACEPT 125 MG/ML PREFILLED SYRINGE	Prescribing,	RXCUI
		Medication	
1360514	ABATACEPT 125 MG/ML PREFILLED SYRINGE	Prescribing,	RXCUI
		Medication	
1799228	1 ML ABATACEPT 125 MG/ML AUTO-INJECTOR	Prescribing,	RXCUI
		Medication	
1799231	ABATACEPT 125 MG/ML AUTO-INJECTOR	Prescribing,	RXCUI
		Medication	
1925254	0.4 ML ABATACEPT 125 MG/ML PREFILLED SYRINGE	Prescribing,	RXCUI
		Medication	
1925256	0.7 ML ABATACEPT 125 MG/ML PREFILLED SYRINGE	Prescribing,	RXCUI
		Medication	
607381	ABATACEPT 10 MG/ML INJECTABLE SOLUTION	Prescribing,	RXCUI
		Medication	
616015	ABATACEPT 250 MG INJECTION	Prescribing,	RXCUI
4445027	ADATA CERT 425 MC/M	Medication	DVCI II
1145927	ABATACEPT 125 MG/ML	Prescribing,	RXCUI
1650771	ADATACEDT 2EO MC	Medication	DVCIII
1659771	ABATACEPT 250 MG	Prescribing,	RXCUI
607379	ABATACEPT 10 MG/ML	Medication Prescribing,	RXCUI
00/3/3	ABATACEFT 10 MIG/MIL	Medication	KACOI
616014	ABATACEPT 25 MG/ML	Prescribing,	RXCUI
010014	ADATACEFT 25 MIG/ME	Medication	IXCOI
1145928	ABATACEPT PREFILLED SYRINGE	Prescribing,	RXCUI
11 10520	NB/M/GETT MEMEED SHAMOL	Medication	10,001
1659772	ABATACEPT INJECTION	Prescribing,	RXCUI
		Medication	
1799227	ABATACEPT AUTO-INJECTOR	Prescribing,	RXCUI
		Medication	
607380	ABATACEPT INJECTABLE SOLUTION	Prescribing,	RXCUI
		Medication	
1163066	ABATACEPT INJECTABLE PRODUCT	Prescribing,	RXCUI
		Medication	
353484	HUMIRA	Prescribing,	RXCUI
		Medication	
1594352	{6 (0.8 ML ADALIMUMAB 50 MG/ML PREFILLED SYRINGE [HUMIRA]) } PACK [HUMIRA	_	RXCUI
	PEDIATRIC CROHN'S DISEASE STARTER PACKAGE (6 COUNT)]	Medication	
		Administration	
1594358	{3 (0.8 ML ADALIMUMAB 50 MG/ML PREFILLED SYRINGE [HUMIRA]) } PACK [HUMIRA	_	RXCUI
	PEDIATRIC CROHN'S DISEASE STARTER PACKAGE (3 COUNT)]	Medication	
1001270	(A /O O NAL A DALIMALIMA A DEO NAC /NAL ALITO INJECTOR (LILIMAIDA)) } DACK (LILIMAIDA	Administration	DVCIII
1801278	{4 (0.8 ML ADALIMUMAB 50 MG/ML AUTO-INJECTOR [HUMIRA]) } PACK [HUMIRA	Prescribing,	RXCUI
1855527	PEN - PSORIASIS STARTER PACK] {1 (0.4 ML ADALIMUMAB 100 MG/ML PREFILLED SYRINGE [HUMIRA]) / 1 (0.8 ML	Medication Prescribing,	RXCUI
1033327	ADALIMUMAB 100 MG/ML PREFILLED SYRINGE [HUMIRA]) } PACK [HUMIRA	Medication	NACUI
	· · · · · · · · · · · · · · · · · · ·	Administration	
	PEDIATRIC CROHN'S DISEASE STARTER PACKAGE (2 COUNT)]	Administration	

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Code	Description	Code Category	Code Type
1872984	{6 (0.4 ML ADALIMUMAB 100 MG/ML AUTO-INJECTOR [HUMIRA]) } PACK [HUMIRA	Prescribing,	RXCUI
10/2304	PEN 40 MG/0.4 ML STARTER PACK - CROHN'S DISEASE]	Medication	KACUI
1872986	{4 (0.4 ML ADALIMUMAB 100 MG/ML AUTO-INJECTOR [HUMIRA]) } PACK [HUMIRA	Prescribing,	RXCUI
10/2900		Medication	KACUI
1072007	PEN 40 MG/0.4 ML STARTER PACK - PSORIASIS] {3 (0.8 ML ADALIMUMAB 100 MG/ML PREFILLED SYRINGE [HUMIRA]) } PACK	Prescribing,	DVCIII
1873087	· · · · · · · · · · · · · · · · · · ·	•	RXCUI
	[HUMIRA PREFILLED SYRINGE 80 MG/0.8 ML STARTER PACK - PEDIATRIC CROHN'S	Medication	
4024245	DISEASE]	Administration	BVCI II
1921245	{3 (0.8 ML ADALIMUMAB 100 MG/ML AUTO-INJECTOR [HUMIRA]) } PACK [HUMIRA	Prescribing,	RXCUI
	PEN 80 MG/0.8 ML - STARTER PACKAGE FOR CROHN'S DISEASE, ULCERATIVE COLITIS	Medication	
1021160	OR HIDRADENITIS SUPPURATIVAI	Administration	BVCI II
1921468	{2 (0.4 ML ADALIMUMAB 100 MG/ML AUTO-INJECTOR [HUMIRA]) / 1 (0.8 ML	Prescribing,	RXCUI
	ADALIMUMAB 100 MG/ML AUTO-INJECTOR [HUMIRA]) } PACK [HUMIRA PEN 80	Medication	
	MG/0.8 ML AND 40 MG/0.4 ML - PSORIASIS/UVEITIS STARTER PACKAGE]	Administration	
825170	{6 (0.8 ML ADALIMUMAB 50 MG/ML AUTO-INJECTOR [HUMIRA]) } PACK [HUMIRA	Prescribing,	RXCUI
	PEN - CROHN'S DISEASE STARTER PACK]	Medication	
1594357	{3 (0.8 ML ADALIMUMAB 50 MG/ML PREFILLED SYRINGE) } PACK	Prescribing,	RXCUI
		Medication	
1656703	{6 (0.8 ML ADALIMUMAB 50 MG/ML AUTO-INJECTOR) } PACK	Prescribing,	RXCUI
		Medication	
1801277	{4 (0.8 ML ADALIMUMAB 50 MG/ML AUTO-INJECTOR) } PACK	Prescribing,	RXCUI
	((())))	Medication	
1855526	{1 (0.4 ML ADALIMUMAB 100 MG/ML PREFILLED SYRINGE) / 1 (0.8 ML ADALIMUMAB	Prescribing,	RXCUI
	100 MG/ML PREFILLED SYRINGE) } PACK	Medication	
1872983	{6 (0.4 ML ADALIMUMAB 100 MG/ML AUTO-INJECTOR) } PACK	Prescribing,	RXCUI
	(6 (6	Medication	
1872985	{4 (0.4 ML ADALIMUMAB 100 MG/ML AUTO-INJECTOR) } PACK	Prescribing,	RXCUI
	((())))	Medication	
1873086	{3 (0.8 ML ADALIMUMAB 100 MG/ML PREFILLED SYRINGE) } PACK	Prescribing,	RXCUI
	(6 (6.6	Medication	
1921244	{3 (0.8 ML ADALIMUMAB 100 MG/ML AUTO-INJECTOR) } PACK	Prescribing,	RXCUI
	(6 (6 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Medication	
1921467	{2 (0.4 ML ADALIMUMAB 100 MG/ML AUTO-INJECTOR) / 1 (0.8 ML ADALIMUMAB 100		RXCUI
	MG/ML AUTO-INJECTOR) } PACK	Medication	
825169	{6 (0.8 ML ADALIMUMAB 50 MG/ML PREFILLED SYRINGE) } PACK	Prescribing,	RXCUI
	(6 (6.6	Medication	
327361	ADALIMUMAB	Prescribing,	RXCUI
02/002		Medication	
2103477	ADALIMUMAB-ADBM	Prescribing,	RXCUI
		Medication	
2103479	ADALIMUMAB-ATTO	Prescribing,	RXCUI
		Medication	
1359755	ADALIMUMAB 50 MG/ML PREFILLED SYRINGE [HUMIRA]	Prescribing,	RXCUI
	•	Medication	
1551888	0.2 ML ADALIMUMAB 50 MG/ML PREFILLED SYRINGE [HUMIRA]	Prescribing,	RXCUI
		Medication	
1655728	0.8 ML ADALIMUMAB 50 MG/ML AUTO-INJECTOR [HUMIRA]	Prescribing,	RXCUI
	,	Medication	
1655730	ADALIMUMAB 50 MG/ML AUTO-INJECTOR [HUMIRA]	Prescribing,	RXCUI
	•	Medication	-
1658078	ADALIMUMAB 50 MG/ML INJECTION [HUMIRA]	Prescribing,	RXCUI
	•	Medication	

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Code	Description	Code Category	Code Type
1726846	0.4 ML ADALIMUMAB 100 MG/ML PREFILLED SYRINGE [HUMIRA]	Prescribing,	RXCUI
1720040	0.4 INL ADALINOWAD 100 MG/ME PREFILLED STRINGE [HOWIRA]	Medication	KACOI
1726848	ADALIMUMAB 100 MG/ML PREFILLED SYRINGE [HUMIRA]	Prescribing,	RXCUI
1720040	ADALINOWAB 100 MG/ME FRENEELD STRINGE [NOWIRA]	Medication	KACOI
1855524	0.8 ML ADALIMUMAB 100 MG/ML PREFILLED SYRINGE [HUMIRA]	Prescribing,	RXCUI
1033324	0.0 WE ADALIWOWAD 100 MO/WE I KEITELED STRINGE [HOWINA]	Medication	10,001
1872980	0.4 ML ADALIMUMAB 100 MG/ML AUTO-INJECTOR [HUMIRA]	Prescribing,	RXCUI
1072300	0.4 ME ADALIMONIAD 100 MOJNIE AOTO INSECTOR [HOMINA]	Medication	10,001
1872982	ADALIMUMAB 100 MG/ML AUTO-INJECTOR [HUMIRA]	Prescribing,	RXCUI
10,1301	NB/IEIMOM/IB 100 MG/ME/IO/O MG20/OK [NOIMIN]	Medication	10.001
1921010	0.1 ML ADALIMUMAB 100 MG/ML PREFILLED SYRINGE [HUMIRA]	Prescribing,	RXCUI
		Medication	
1921017	0.2 ML ADALIMUMAB 100 MG/ML PREFILLED SYRINGE [HUMIRA]	Prescribing,	RXCUI
	,	Medication	
1921240	0.8 ML ADALIMUMAB 100 MG/ML AUTO-INJECTOR [HUMIRA]	Prescribing,	RXCUI
		Medication	
1921242	ADALIMUMAB 100 MG/ML PEN INJECTOR [HUMIRA]	Prescribing,	RXCUI
		Medication	
1921466	0.4 ML ADALIMUMAB 100 MG/ML PEN INJECTOR [HUMIRA]	Prescribing,	RXCUI
		Medication	
352334	0.8 ML ADALIMUMAB 50 MG/ML INJECTION [HUMIRA]	Prescribing,	RXCUI
		Medication	
727705	0.8 ML ADALIMUMAB 50 MG/ML PREFILLED SYRINGE [HUMIRA]	Prescribing,	RXCUI
		Medication	
763565	0.4 ML ADALIMUMAB 50 MG/ML PREFILLED SYRINGE [HUMIRA]	Prescribing,	RXCUI
		Medication	
1726845	ADALIMUMAB 100 MG/ML [HUMIRA]	Prescribing,	RXCUI
		Medication	
576023	ADALIMUMAB 50 MG/ML [HUMIRA]	Prescribing,	RXCUI
4655505	15.11.11.11.11.15.11.15.11.15.11.11.11.1	Medication	B.V.G. III
1655727	ADALIMUMAB AUTO-INJECTOR [HUMIRA]	Prescribing,	RXCUI
4656600	ADALIANI MAD INJECTION (IIII MAIDA)	Medication	DVCIII
1656698	ADALIMUMAB INJECTION [HUMIRA]	Prescribing,	RXCUI
1021220	ADALIMILMAD DEN INJECTOD [JJJJMJDA]	Medication	DVCIII
1921239	ADALIMUMAB PEN INJECTOR [HUMIRA]	Prescribing,	RXCUI
363562	ADALIMUMAB INJECTABLE SOLUTION [HUMIRA]	Medication Prescribing,	RXCUI
303302	ADALIMOWAB INJECTABLE SOLUTION [HOWIRA]	Medication	KACOI
727704	ADALIMUMAB PREFILLED SYRINGE [HUMIRA]	Prescribing,	RXCUI
727704	ADALIMOMAB FRETILLED STRINGE [HOMINA]	Medication	KACOI
1171992	HUMIRA INJECTABLE PRODUCT	Prescribing,	RXCUI
11/1332	HOWING WILL I NOBOCI	Medication	10,001
1360097	ADALIMUMAB 50 MG/ML PREFILLED SYRINGE	Prescribing,	RXCUI
		Medication	
1551887	0.2 ML ADALIMUMAB 50 MG/ML PREFILLED SYRINGE	Prescribing,	RXCUI
		Medication	
1655726	0.8 ML ADALIMUMAB 50 MG/ML AUTO-INJECTOR	Prescribing,	RXCUI
	·	Medication	
1655729	ADALIMUMAB 50 MG/ML AUTO-INJECTOR	Prescribing,	RXCUI
		Medication	
1658077	ADALIMUMAB 50 MG/ML INJECTION	Prescribing,	RXCUI
		Medication	

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Code	Description		
1726844	Description 0.4 ML ADALIMUMAB 100 MG/ML PREFILLED SYRINGE	Code Category Prescribing,	Code Type RXCUI
1/20044	O.7 IVIL ADALIIVIOIVIAD 100 IVIO/IVIL FREFILLED STRINGE	Medication	NACUI
1726847	ADALIMUMAB 100 MG/ML PREFILLED SYRINGE	Prescribing,	RXCUI
1/2004/	ADALIIVIONIAB 100 MIG/MIL PREFILLED STRINGE	Medication	KACOI
1855523	0.8 ML ADALIMUMAB 100 MG/ML PREFILLED SYRINGE	Prescribing,	RXCUI
1033323	0.8 IVIL ADALIIVIOIVIAD 100 IVIO/IVIL FILLI ILLED STRINGL	Medication	IXCOI
1872979	0.4 ML ADALIMUMAB 100 MG/ML AUTO-INJECTOR	Prescribing,	RXCUI
10/23/3	0.4 IVIL ADALINIONIAD 100 IVIG/IVIL AOTO-INJECTOR	Medication	KACUI
1872981	ADALIMUMAB 100 MG/ML AUTO-INJECTOR	Prescribing,	RXCUI
10/2501	ADALINIONIAB 100 MG/ME AOTO-INJECTOR	Medication	KACUI
1921009	0.1 ML ADALIMUMAB 100 MG/ML PREFILLED SYRINGE	Prescribing,	RXCUI
1321003	0.1 ME ADALIMONAD 100 MIG/MET NEI IEEED STAINGE	Medication	IXCOI
1921016	0.2 ML ADALIMUMAB 100 MG/ML PREFILLED SYRINGE	Prescribing,	RXCUI
1921010	0.2 IVIL ADALIIVIOIVIAD 100 IVIO/IVIL FILLI ILLED STRINGL	Medication	IXCOI
1921238	0.8 ML ADALIMUMAB 100 MG/ML AUTO-INJECTOR	Prescribing,	RXCUI
1521250	0.0 ME ADALIMONIAD 100 MOJME AOTO INSECTOR	Medication	TIXCOT
1921241	ADALIMUMAB 100 MG/ML PEN INJECTOR	Prescribing,	RXCUI
1521241	ADALINIONIAD 100 MIG/MET EN INSECTOR	Medication	TIXCOT
1921465	0.4 ML ADALIMUMAB 100 MG/ML PEN INJECTOR	Prescribing,	RXCUI
1321403	0.4 ME ADALIMONIAD 100 MIG/MET EN INSECTOR	Medication	10,001
351290	0.8 ML ADALIMUMAB 50 MG/ML INJECTION	Prescribing,	RXCUI
331230	O.O. INE NOVEMONIA SO ING/ WE INSECTION	Medication	10,001
727703	0.8 ML ADALIMUMAB 50 MG/ML PREFILLED SYRINGE	Prescribing,	RXCUI
727703	0.0 ME ADALIMONIAD 30 MIG/MET REFELED STRINGE	Medication	10,001
763564	0.4 ML ADALIMUMAB 50 MG/ML PREFILLED SYRINGE	Prescribing,	RXCUI
703304	0.4 ME NONEIMONING 30 MIG/MET REFIELD STRINGE	Medication	10,001
1726843	ADALIMUMAB 100 MG/ML	Prescribing,	RXCUI
17200-13	NONEIMOUND 100 MO, ME	Medication	10,001
358817	ADALIMUMAB 50 MG/ML	Prescribing,	RXCUI
330017	Nonelinioning 30 maj me	Medication	10,001
1655725	ADALIMUMAB AUTO-INJECTOR	Prescribing,	RXCUI
2000720		Medication	
1656695	ADALIMUMAB INJECTION	Prescribing,	RXCUI
		Medication	
1921237	ADALIMUMAB PEN INJECTOR	Prescribing,	RXCUI
		Medication	
378758	ADALIMUMAB INJECTABLE SOLUTION	Prescribing,	RXCUI
		Medication	
727702	ADALIMUMAB PREFILLED SYRINGE	Prescribing,	RXCUI
		Medication	
1163691	ADALIMUMAB INJECTABLE PRODUCT	Prescribing,	RXCUI
		Medication	
1594659	LEMTRADA	Prescribing,	RXCUI
		Medication	
284679	CAMPATH	Prescribing,	RXCUI
		Medication	
117055	ALEMTUZUMAB	Prescribing,	RXCUI
		Medication	
1594663	1.2 ML ALEMTUZUMAB 10 MG/ML INJECTION [LEMTRADA]	Prescribing,	RXCUI
		Medication	
1656635	ALEMTUZUMAB 30 MG/ML INJECTION [CAMPATH]	Prescribing,	RXCUI
		Medication	

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	E. List of KXNorm Concept Unique Identifier (KXCUI), Logica		
Code	Description	Code Category	Code Type
1656640	ALEMTUZUMAB 10 MG/ML INJECTION [LEMTRADA]	Prescribing,	RXCUI
		Medication	
351967	ALEMTUZUMAB 10 MG/ML INJECTABLE SOLUTION [CAMP.	ATH] Prescribing,	RXCUI
		Medication	
543438	ALEMTUZUMAB 30 MG/ML INJECTABLE SOLUTION [CAMP.	ATH] Prescribing,	RXCUI
		Medication	
828267	1 ML ALEMTUZUMAB 30 MG/ML INJECTION [CAMPATH]	Prescribing,	RXCUI
		Medication	
1594660	ALEMTUZUMAB 10 MG/ML [LEMTRADA]	Prescribing,	RXCUI
		Medication	
1656631	ALEMTUZUMAB 30 MG/ML [CAMPATH]	Prescribing,	RXCUI
		Medication	
543437	ALEMTUZUMAB 30 MG/ML [CAMPATH]	Prescribing,	RXCUI
		Medication	
575719	ALEMTUZUMAB 10 MG/ML [CAMPATH]	Prescribing,	RXCUI
		Medication	
828266	ALEMTUZUMAB 0.3 MG/ML [CAMPATH]	Prescribing,	RXCUI
		Medication	
1594661	ALEMTUZUMAB INJECTABLE SOLUTION [LEMTRADA]	Prescribing,	RXCUI
		Medication	
1656632	ALEMTUZUMAB INJECTION [CAMPATH]	Prescribing,	RXCUI
		Medication	
1656637	ALEMTUZUMAB INJECTION [LEMTRADA]	Prescribing,	RXCUI
		Medication	
362780	ALEMTUZUMAB INJECTABLE SOLUTION [CAMPATH]	Prescribing,	RXCUI
		Medication	
1172298	CAMPATH INJECTABLE PRODUCT	Prescribing,	RXCUI
		Medication	
1594662	LEMTRADA INJECTABLE PRODUCT	Prescribing,	RXCUI
		Medication	
1594658	1.2 ML ALEMTUZUMAB 10 MG/ML INJECTION	Prescribing,	RXCUI
		Medication	
1656634	ALEMTUZUMAB 30 MG/ML INJECTION	Prescribing,	RXCUI
		Medication	
1656639	ALEMTUZUMAB 10 MG/ML INJECTION	Prescribing,	RXCUI
		Medication	
284064	ALEMTUZUMAB 10 MG/ML INJECTABLE SOLUTION	Prescribing,	RXCUI
	·	Medication	
485516	ALEMTUZUMAB 30 MG/ML INJECTABLE SOLUTION	Prescribing,	RXCUI
	·	Medication	
828265	1 ML ALEMTUZUMAB 30 MG/ML INJECTION	Prescribing,	RXCUI
		Medication	
1594657	ALEMTUZUMAB 10 MG/ML	Prescribing,	RXCUI
		Medication	
1656628	ALEMTUZUMAB 30 MG/ML	Prescribing,	RXCUI
		Medication	
343434	ALEMTUZUMAB 10 MG/ML	Prescribing,	RXCUI
	·	Medication	
485515	ALEMTUZUMAB 30 MG/ML	Prescribing,	RXCUI
-	•	Medication	-
828264	ALEMTUZUMAB 0.3 MG/ML	Prescribing,	RXCUI
	•	Medication	

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1656629 ALEMTUZUMAB INJECTION Prescribing, RXCUI 378757 ALEMTUZUMAB INJECTABLE SOLUTION Prescribing, RXCUI 1164265 ALEMTUZUMAB INJECTABLE PRODUCT PRESCRIBING 1112977 NULOJIX PRESCRIBING 1112977 NULOJIX PRESCRIBING 1112978 BELATACEPT PRESCRIBING, RXCUI 1112979 BELATACEPT PRESCRIBING, RXCUI 1112979 BELATACEPT SD MG INJECTION (NULOJIX) PRESCRIBING, RXCUI 1112979 BELATACEPT SD MG INJECTION (NULOJIX) PRESCRIBING, RXCUI 1112979 BELATACEPT SD MG INJECTION (NULOJIX) PRESCRIBING, RXCUI 1112979 BELATACEPT LINJECTABLE SOLUTION (NULOJIX) PRESCRIBING, RXCUI 1112979 BELATACEPT INJECTABLE SOLUTION (NULOJIX) PRESCRIBING, RXCUI 1112979 BELATACEPT INJECTABLE SOLUTION (NULOJIX) PRESCRIBING, RXCUI 1112970 BELATACEPT LINJECTABLE SOLUTION (NULOJIX) PRESCRIBING, RXCUI 1112976 BELATACEPT LINJECTABLE SOLUTION (NULOJIX) PRESCRIBING, RXCUI 1112977 BELATACEPT LINJECTABLE SOLUTION PRESCRIBING, RXCUI 1112978 BELATACEPT LINJECTABLE PRODUCT PRESCRIBING, RXCUI 1112979 BELATACEPT LINJECTABLE PRODUCT PRESCRIBING, RXCUI 1112979 BELATACEPT LINJECTABLE PRODUCT PRESCRIBING, RXCUI 1112979 BELATACEPT LINJECTABLE SOLUTION PRESCRIBING, RXCUI 1112971 BELATACEPT LINJECTABLE SOLUTION PRESCRIBING, RXCUI 1112975 BELATACEPT LINJECTABLE SOLUTION PRESCRIBING, RXCUI 1102974 BELATACEPT LINJECTABLE SOLUTION PRESCRIBING, RXCUI 1102974 BELATACEPT INJECTABLE SOLUTION PRESCRIBING, RXCUI 1102974 BELATACEPT LINJECTABLE SOLUTION PRESCRIBING, RXCUI 1102974 BELATACEPT LINJECTABLE SOLUTION (BENLYSTA) PRESCRIBING, RXCUI 11029441 BELIMUMAB 80 MG/ML INJECTABLE SOLUTION (BENLYSTA) PRESCRIBING, RXCUI 11029441 BELIMUMAB 80 MG/ML INJECTABLE SOLUTION (BENLYSTA) PRESCRIBING, RXCUI 11029441 BELIMUMAB 80 MG/ML AUTO-INJECTOR (BENLYSTA) PRESCRIBING, RXCUI 11029441 BELIMUMAB 200 MG/ML AUTO-INJECTOR (BENLYSTA) PRESCRIBING, RXCUI 11029441 MEDILIMUMAB 200 MG/ML AUTO-INJ	Code	Description	Code Category	Code Type
Medication Prescribing, RXCUI		•		
378757 ALEMTUZUMAB INJECTABLE SOLUTION Prescribing, Medication Medication Medication Medication Prescribing, Medication Prescribing, Medication Medication Prescribing, Medication Medication Prescribing, Medication Prescribing, Medication Medication Prescribing, Medication Medication Medication Prescribing, Medication Prescribing, RXCUI Medication Medication Medication Medication Prescribing, RXCUI Medication Medication Medication Medication Prescribing, RXCUI Medication Medication Prescribing, RXCUI Medication Medication Medication Medication Prescribing, RXCUI Medication Prescribing, RXCUI Medication Medicatio	1030023	ALEINI GEGINAL INSECTION	-	плест
Medication Prescribing, RXCUI	378757	ALEMTUZUMAR INJECTARI E SOLUTION		RXCIII
1112977 NULOJIX PRESIDENCE 1112978 BELATACEPT SD MG INJECTION [NULOJIX] PRESIDENCE 1112979 BELATACEPT INJECTABLE SOLUTION [NULOJIX] PRESIDENCE 1112979 BELATACEPT INJECTION [NULOJIX] PRESIDENCE 1112970 NULOJIX INJECTABLE PRODUCT PRESIDENCE 1112970 BELATACEPT SD MG INJECTION PRESIDENCE 1112971 BELATACEPT SD MG INJECTION PRESIDENCE 1112971 BELATACEPT SD MG INJECTION PRESIDENCE 1112972 BELATACEPT SD MG INJECTION PRESIDENCE 1112973 BELATACEPT SD MG INJECTION PRESIDENCE 1112975 BELATACEPT SD MG MC PRESIDENCE 1112975 BELATACEPT SD MG MC PRESIDENCE 1112975 BELATACEPT INJECTABLE SOLUTION PRESIDENCE 1112975 BELATACEPT INJECTABLE SOLUTION PRESIDENCE 1112975 BELATACEPT INJECTABLE SOLUTION PRESIDENCE 1112976 BELATACEPT INJECTABLE SOLUTION PRESIDENCE 1112977 BELATACEPT INJECTABLE SOLUTION PRESIDENCE 1112977 BELATACEPT INJECTABLE SOLUTION PRESIDENCE 1112978 BELATACEPT INJECTABLE SOLUTION BENLYSTA] PRESIDENCE 1112978 BELATACEPT INJECTABLE SOLUTION [BENLYSTA] PRESIDENCE 1112978 BELIMUMAB SO MG/ML INJECTABLE SOLUTION [BENLYSTA] PRESIDENCE 1112979 BELIMUMAB SO MG/ML AUTO-INJECTOR [BENLYSTA] PRESIDENCE 1112979 PRESIDENCE 1112979 PRESIDENCE 1112979 BELIMUMAB SO MG/ML AUTO-INJECTOR [BENLYSTA] PRESIDENCE 1112979 PRESIDE	370737	ALEINI GEGINAL INGEGINALE SOCOTION	_	плест
Medication Prescribing, RXCUI	1164265	ALEMTUZUMAB INJECTABLE PRODUCT		RXCUI
1112977 NULOJIX Prescribing, Medication Medication Medication Prescribing, Medication Medication Medication Medication Medication Prescribing,			-	
Medication Prescribing, RXCU	1112977	NULOJIX		RXCUI
BELATACEPT Prescribing, Medication Med			=	
Medication Prescribing, RXCUI Medication Prescribing, RXCUI Medication Prescribing, Medication Prescribing, Medication Prescribing, Medication	1112973	BELATACEPT		RXCUI
Medication Prescribing, RXCUI			•	
BELATACEPT 25 MG/ML [NULOJIX] Prescribing, Medication Prescribing, Prescribing, Prescribing, Medication Prescribing, Prescribin	1112980	BELATACEPT 250 MG INJECTION [NULOJIX]	Prescribing,	RXCUI
BELATACEPT 250 MG (NULOJIX) BELATACEPT 250 MG (NULOJIX) 1112979 BELATACEPT INJECTABLE SOLUTION (NULOJIX) 1804974 BELATACEPT INJECTABLE SOLUTION (NULOJIX) 1178807 NULOJIX INJECTABLE PRODUCT 1178807 NULOJIX INJECTABLE PRODUCT 1112976 BELATACEPT 250 MG INJECTION 1112976 BELATACEPT 250 MG INJECTION 1112977 BELATACEPT 250 MG INJECTION 1112974 BELATACEPT 250 MG INJECTION 1112975 BELATACEPT 250 MG 1112976 BELATACEPT 250 MG 1112977 BELATACEPT 250 MG 1112978 BELATACEPT 10JECTABLE SOLUTION 1112975 BELATACEPT INJECTABLE SOLUTION 1112975 BELATACEPT INJECTABLE SOLUTION 1112976 BELATACEPT INJECTABLE SOLUTION 1112977 BELATACEPT INJECTABLE SOLUTION 1112978 BELATACEPT INJECTABLE PRODUCT 1112979 BELATACEPT INJECTABLE PRODUCT 1112979 BELATACEPT INJECTABLE SOLUTION BELATACEPT INJECTABLE SOLUTION BELATACEPT INJECTABLE SOLUTIO			Medication	
BELATACEPT 1250 MG [NULOJIX] Prescribing, Medication Prescribing, Pres	1112978	BELATACEPT 25 MG/ML [NULOJIX]	Prescribing,	RXCUI
BELATACEPT INJECTABLE SOLUTION [NULOJIX] 1112979 BELATACEPT INJECTION [NULOJIX] 1178807 NULOJIX INJECTABLE PRODUCT 1112976 BELATACEPT ZSO MG INJECTION 1112977 BELATACEPT ZSO MG INJECTION 1112978 BELATACEPT ZSO MG INJECTION 1112979 BELATACEPT ZSO MG INJECTION 1112979 BELATACEPT ZSO MG INJECTION 1112970 BELATACEPT ZSO MG 1112971 BELATACEPT ZSO MG 1112975 BELATACEPT ZSO MG 1112975 BELATACEPT INJECTABLE SOLUTION 1112975 BELATACEPT INJECTABLE SOLUTION 1112976 BELATACEPT INJECTABLE SOLUTION 1112977 BELATACEPT INJECTABLE SOLUTION 1112978 BELATACEPT INJECTABLE PRODUCT 1112979 BELATACEPT INJECTABLE SOLUTION [BENLYSTA] 1112979 Prescribing, RXCUI 1112979 BELIMUMAB 80 MG/ML INJECTABLE SOLUTION [BENLYSTA] 1112979 PRESCRIBING, RXCUI 1112979 BELIMUMAB 120 MG INJECTION [BENLYSTA] 1112979 PRESCRIBING, RXCUI 1112979 BELIMUMAB 200 MG/ML AUTO-INJECTOR [BENLYSTA] 1112979 PRESCRIBING, RXCUI 1112979 BELIMUMAB 200 MG/ML AUTO-INJECTOR [BENLYSTA] 1112979 PRESCRIBING, RXCUI 1112979 BELIMUMAB 200 MG/ML AUTO-INJECTOR [BENLYSTA] 1112979 PRESCRIBING, RXCUI 1112979 PRESCRIBING, RXCUI 1112979 PRESCRIBING, RXCUI 1112979 BELIMUMAB 200 MG/ML AUTO-INJECTOR [BENLYSTA] 1112979 PRESCRIBING, RXCUI 111297999 BELIMUMAB 200 MG/ML PREFILLED SYRINGE [BENLYSTA] 1112979 PRESCRIBING, RXCUI 111297999 BELIMUMAB 200 MG/ML PREFILLED SYRINGE [BENLYSTA] 1112979 PRESCRIBING, RXCUI			Medication	
BELATACEPT INJECTION [NULOJIX] Prescribing, Medication Prescribing, Medication Medication Prescribing, RXCUI Medication Prescribing, PR	1804973	BELATACEPT 250 MG [NULOJIX]	Prescribing,	RXCUI
Medication Prescribing, RXCUI Medi			Medication	
BELATACEPT INJECTION [NULOJIX] Prescribing, RXCUI 1178807 NULOJIX INJECTABLE PRODUCT PRESCRIBING, RXCUI 1112976 BELATACEPT 250 MG INJECTION PRESCRIBING, RXCUI 1112974 BELATACEPT 250 MG INJECTION PRESCRIBING, RXCUI 1112975 BELATACEPT 250 MG PRESCRIBING, RXCUI 1804970 BELATACEPT 250 MG PRESCRIBING, RXCUI 1804971 BELATACEPT INJECTABLE SOLUTION PRESCRIBING, RXCUI 1804971 BELATACEPT INJECTABLE SOLUTION PRESCRIBING, RXCUI 1804971 BELATACEPT INJECTABLE PRODUCT PRESCRIBING, RXCUI 1092441 BENLYSTA PRESCRIBING PRESCRIBING, RXCUI 1092442 BELIMUMAB 80 MG/ML INJECTABLE SOLUTION [BENLYSTA] PRESCRIBING, RXCUI 1092444 BELIMUMAB 80 MG/ML INJECTABLE SOLUTION [BENLYSTA] PRESCRIBING, RXCUI 1656402 BELIMUMAB 120 MG INJECTION [BENLYSTA] PRESCRIBING, RXCUI 1939301 BELIMUMAB 200 MG/ML AUTO-INJECTOR [BENLYSTA] PRESCRIBING, RXCUI	1112979	BELATACEPT INJECTABLE SOLUTION [NULOJIX]	Prescribing,	RXCUI
NULOJIX INJECTABLE PRODUCT Prescribing, RXCUI Medication Prescribing, RXCUI			Medication	
NULOJIX INJECTABLE PRODUCT 1112976 BELATACEPT 250 MG INJECTION 1112974 BELATACEPT 250 MG INJECTION 1112975 BELATACEPT 250 MG INJECTION 1804970 BELATACEPT 250 MG 1112975 BELATACEPT INJECTABLE SOLUTION 1112975 BELATACEPT INJECTABLE PRODUCT 1112976 BELATACEPT INJECTABLE PRODUCT 1112977 BELATACEPT INJECTABLE PRODUCT 1112978 BELATACEPT INJECTABLE PRODUCT 112979 BELATACEPT INJECTABLE PRODUCT 1155316 BELATACEPT INJECTABLE PRODUCT 1155316 BELATACEPT INJECTABLE PRODUCT 1155316 BELATACEPT INJECTABLE PRODUCT 1155316 BELATACEPT INJECTABLE PRODUCT 1155317 BELIMUMAB BE	1804974	BELATACEPT INJECTION [NULOJIX]	Prescribing,	RXCUI
Medication Prescribing, RXCUI Medication Medication Prescribing, RXCUI Medication			Medication	
1112976 BELATACEPT 250 MG INJECTION Prescribing, Medication Pr	1178807	NULOJIX INJECTABLE PRODUCT	-	RXCUI
Medication Prescribing, RXCUI				
1112974 BELATACEPT 25 MG/ML Medication 1804970 BELATACEPT 250 MG Prescribing, Medication 1112975 BELATACEPT INJECTABLE SOLUTION Prescribing, Medication 1804971 BELATACEPT INJECTION Prescribing, Medication 1155316 BELATACEPT INJECTABLE PRODUCT Prescribing, RXCUI 1092441 BENLYSTA Prescribing, RXCUI 1092442 BELIMUMAB 80 MG/ML INJECTABLE SOLUTION [BENLYSTA] Prescribing, RXCUI 1656398 BELIMUMAB 120 MG INJECTION [BENLYSTA] Prescribing, RXCUI 1656402 BELIMUMAB 400 MG INJECTION [BENLYSTA] Prescribing, RXCUI 1939399 1 ML BELIMUMAB 200 MG/ML AUTO-INJECTOR [BENLYSTA] Prescribing, RXCUI 1939301 BELIMUMAB 200 MG/ML AUTO-INJECTOR [BENLYSTA] Prescribing, RXCUI 1939300 BELIMUMAB 200 MG/ML PREFILLED SYRINGE [BENLYSTA] Prescribing, RXCUI 1939300 BELIMUMAB 200 MG/ML PREFILLED SYRINGE [BENLYSTA] Prescribing, RXCUI 1939300 BELIMUMAB 200 MG/ML PREFILLED SYRINGE [BENLYSTA] Prescribing, RXCUI 1939300 BELIMUMAB 200 MG/ML PREFILLED SYRINGE [BENLYSTA] Prescribing, RXCUI 1939300 Prescribing, RXCUI	1112976	BELATACEPT 250 MG INJECTION	-	RXCUI
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Medication 1939350 BELIMUMAB 200 MG/ML PREFILLED SYRINGE [BENLYSTA] Prescribing, RXCUI				
1939350 BELIMUMAB 200 MG/ML PREFILLED SYRINGE [BENLYSTA] Prescribing, RXCUI	1939348	1 ML BELIMUMAB 200 MG/ML PREFILLED SYRINGE [BENLYSTA]	Prescribing,	RXCUI
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Medication	1939350	BELIMUMAB 200 MG/ML PREFILLED SYRINGE [BENLYSTA]	_	RXCUI
			Medication	

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Code	Description	Code Category	Code Type
1092442	Description BELIMUMAB 80 MG/ML [BENLYSTA]	Prescribing,	RXCUI
1032442	BELINIONIAB 80 MIG/ME [BENETSTA]	Medication	KACOI
1656396	BELIMUMAB 120 MG [BENLYSTA]	Prescribing,	RXCUI
1030330	BELINIONIAB 120 MIO [BENETSTA]	Medication	IXCOI
1656401	BELIMUMAB 400 MG [BENLYSTA]	Prescribing,	RXCUI
1030401	BELINIONIAD 400 MIO [BENETSTA]	Medication	плеот
1939297	BELIMUMAB 200 MG/ML [BENLYSTA]	Prescribing,	RXCUI
1333237	DELIMONIAD 200 MIG/ME [DENETSTA]	Medication	плеот
1092443	BELIMUMAB INJECTABLE SOLUTION [BENLYSTA]	Prescribing,	RXCUI
1032443	BELINIONING INSECTIONS (BENEFORM)	Medication	TO COT
1656397	BELIMUMAB INJECTION [BENLYSTA]	Prescribing,	RXCUI
		Medication	
1939298	BELIMUMAB AUTO-INJECTOR [BENLYSTA]	Prescribing,	RXCUI
	,	Medication	
1939347	BELIMUMAB PREFILLED SYRINGE [BENLYSTA]	Prescribing,	RXCUI
		Medication	
1171464	BENLYSTA INJECTABLE PRODUCT	Prescribing,	RXCUI
		Medication	
1092440	BELIMUMAB 80 MG/ML INJECTABLE SOLUTION	Prescribing,	RXCUI
		Medication	
1656395	BELIMUMAB 120 MG INJECTION	Prescribing,	RXCUI
		Medication	
1656400	BELIMUMAB 400 MG INJECTION	Prescribing,	RXCUI
		Medication	
1939296	1 ML BELIMUMAB 200 MG/ML AUTO-INJECTOR	Prescribing,	RXCUI
		Medication	
1939300	BELIMUMAB 200 MG/ML AUTO-INJECTOR	Prescribing,	RXCUI
		Medication	
1939346	1 ML BELIMUMAB 200 MG/ML PREFILLED SYRINGE	Prescribing,	RXCUI
1000010		Medication	B./ G. II
1939349	BELIMUMAB 200 MG/ML PREFILLED SYRINGE	Prescribing,	RXCUI
4002420	DELINALINAAD CO MAC (MIL	Medication	DVCI II
1092438	BELIMUMAB 80 MG/ML	Prescribing,	RXCUI
1656202	DELINALIMAD 420 MC	Medication	DVCIII
1656393	BELIMUMAB 120 MG	Prescribing,	RXCUI
1656399	BELIMUMAB 400 MG	Medication Prescribing,	RXCUI
1030399	BELINIONIAB 400 MG	Medication	KACUI
1939294	BELIMUMAB 200 MG/ML	Prescribing,	RXCUI
1333234	BELINIONIAB 200 MIG/INIE	Medication	KACUI
1092439	BELIMUMAB INJECTABLE SOLUTION	Prescribing,	RXCUI
1032433	BELINIONIAD INSECTABLE SOCIOTION	Medication	плеот
1656394	BELIMUMAB INJECTION	Prescribing,	RXCUI
1030334	BELINIONIA INSECTION	Medication	TO COT
1939295	BELIMUMAB AUTO-INJECTOR	Prescribing,	RXCUI
		Medication	
1939345	BELIMUMAB PREFILLED SYRINGE	Prescribing,	RXCUI
	-	Medication	
1159402	BELIMUMAB INJECTABLE PRODUCT	Prescribing,	RXCUI
-		Medication	-
853495	ILARIS	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
853491	CANAKINUMAB	Prescribing,	RXCUI
000-401		Medication	11/1001
1864326	1 ML CANAKINUMAB 150 MG/ML INJECTION [ILARIS]	Prescribing,	RXCUI
	,	Medication	
1864328	CANAKINUMAB 150 MG/ML INJECTION [ILARIS]	Prescribing,	RXCUI
		Medication	
853498	CANAKINUMAB 180 MG INJECTION [ILARIS]	Prescribing,	RXCUI
		Medication	
1655974	CANAKINUMAB 180 MG [ILARIS]	Prescribing,	RXCUI
		Medication	
1864325	CANAKINUMAB 150 MG/ML [ILARIS]	Prescribing,	RXCUI
052406	CANALIAN INAAD 450 A4C /A4L [II ADIC]	Medication	DVCIII
853496	CANAKINUMAB 150 MG/ML [ILARIS]	Prescribing,	RXCUI
1655975	CANAKINUMAB INJECTION [ILARIS]	Medication Prescribing,	RXCUI
1033373	CANAMINOWAB INJECTION [ILAMS]	Medication	KACOI
853497	CANAKINUMAB INJECTABLE SOLUTION [ILARIS]	Prescribing,	RXCUI
033437	CHANNEL HOLE SOLOTION [ID HIS]	Medication	10.001
1167137	ILARIS INJECTABLE PRODUCT	Prescribing,	RXCUI
		Medication	
1864324	1 ML CANAKINUMAB 150 MG/ML INJECTION	Prescribing,	RXCUI
		Medication	
1864327	CANAKINUMAB 150 MG/ML INJECTION	Prescribing,	RXCUI
		Medication	
853494	CANAKINUMAB 180 MG INJECTION	Prescribing,	RXCUI
		Medication	
1655971	CANAKINUMAB 180 MG	Prescribing,	RXCUI
4064222	CANALIAN IN AAD AEO AAC /AAI	Medication	DVCI II
1864323	CANAKINUMAB 150 MG/ML	Prescribing,	RXCUI
853492	CANAKINUMAB 150 MG/ML	Medication Prescribing,	RXCUI
033432	CANAKINOIVIAB 130 IVIG/IVIL	Medication	KACOI
1655972	CANAKINUMAB INJECTION	Prescribing,	RXCUI
1033372	C. III INITETIME INSECTION	Medication	10.001
853493	CANAKINUMAB INJECTABLE SOLUTION	Prescribing,	RXCUI
		Medication	
1156606	CANAKINUMAB INJECTABLE PRODUCT	Prescribing,	RXCUI
		Medication	
795082	CIMZIA	Prescribing,	RXCUI
		Medication	
709271	CERTOLIZUMAB PEGOL	Prescribing,	RXCUI
		Medication	
1359935	CERTOLIZUMAB PEGOL 200 MG/ML PREFILLED SYRINGE [CIMZIA]	Prescribing,	RXCUI
705005	CERTOLIZIANAAR RECOLI 200 MAC INJECTIONI [CINAZIA]	Medication	DVCIII
795085	CERTOLIZUMAB PEGOL 200 MG INJECTION [CIMZIA]	Prescribing,	RXCUI
849599	1 ML CERTOLIZUMAB PEGOL 200 MG/ML PREFILLED SYRINGE [CIMZIA]	Medication Prescribing,	RXCUI
ひサフンブブ	I WIL CLATOLIZOWAD FLOOL 200 WIG/WIL FALFILLED STAINGE [CIVIZIA]	Medication	NACUI
1653730	CERTOLIZUMAB PEGOL 200 MG [CIMZIA]	Prescribing,	RXCUI
1033730	SERVICE ESTATE OF ESTATE (CINEDIA)	Medication	10,001
795083	CERTOLIZUMAB PEGOL 200 MG/ML [CIMZIA]	Prescribing,	RXCUI
	, <u></u>	Medication	

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Code	Description	Code Category	Code Type
1653731	CERTOLIZUMAB PEGOL INJECTION [CIMZIA]	Prescribing,	RXCUI
1033731	CENTOLIZOMIAB I EGGE INSECTION [CIMIZIA]	Medication	IXCOI
795084	CERTOLIZUMAB PEGOL INJECTABLE SOLUTION [CIMZIA]	Prescribing,	RXCUI
755004	CENTOLIZOMIAB I EGOL INSECTABLE SOLOTION [CIMIZIA]	Medication	IXCOI
849598	CERTOLIZUMAB PEGOL PREFILLED SYRINGE [CIMZIA]	Prescribing,	RXCUI
043330	CENTOLIZOWNO I EGGET NET IEEED STAINGE [CIMEIN]	Medication	10,001
1170885	CIMZIA INJECTABLE PRODUCT	Prescribing,	RXCUI
1170005	CHV2D CHV2CTABLE TROBUCT	Medication	10,001
1360081	CERTOLIZUMAB PEGOL 200 MG/ML PREFILLED SYRINGE	Prescribing,	RXCUI
1500001	CENTOLIZOM/18 / EGGE 230 MG/ME / NE/TELES STRINGE	Medication	10.001
795081	CERTOLIZUMAB PEGOL 200 MG INJECTION	Prescribing,	RXCUI
		Medication	
849597	1 ML CERTOLIZUMAB PEGOL 200 MG/ML PREFILLED SYRINGE	Prescribing,	RXCUI
		Medication	
1653727	CERTOLIZUMAB PEGOL 200 MG	Prescribing,	RXCUI
		Medication	
795079	CERTOLIZUMAB PEGOL 200 MG/ML	Prescribing,	RXCUI
	·	Medication	
1653728	CERTOLIZUMAB PEGOL INJECTION	Prescribing,	RXCUI
		Medication	
795080	CERTOLIZUMAB PEGOL INJECTABLE SOLUTION	Prescribing,	RXCUI
		Medication	
849596	CERTOLIZUMAB PEGOL PREFILLED SYRINGE	Prescribing,	RXCUI
		Medication	
1161226	CERTOLIZUMAB PEGOL INJECTABLE PRODUCT	Prescribing,	RXCUI
		Medication	
202994	LEUKERAN	Prescribing,	RXCUI
		Medication	
2346	CHLORAMBUCIL	Prescribing,	RXCUI
		Medication	
105553	CHLORAMBUCIL 2 MG ORAL TABLET [LEUKERAN]	Prescribing,	RXCUI
		Medication	
105554	CHLORAMBUCIL 5 MG ORAL TABLET [LEUKERAN]	Prescribing,	RXCUI
		Medication	
564080	CHLORAMBUCIL 2 MG [LEUKERAN]	Prescribing,	RXCUI
564004		Medication	B./ G. II
564081	CHLORAMBUCIL 5 MG [LEUKERAN]	Prescribing,	RXCUI
260240	CHI ODAMBUCH ODAL TADI ET [LEUWEDAN]	Medication	DVCIII
368349	CHLORAMBUCIL ORAL TABLET [LEUKERAN]	Prescribing,	RXCUI
1166066	LEUVEDAN ODAL DDODUCT	Medication	DVCIII
1166066	LEUKERAN ORAL PRODUCT	Prescribing,	RXCUI
1166067	LEUKERAN PILL	Medication Prescribing,	DVCIII
1166067	LEUNERAN PILL	Medication	RXCUI
197462	CHLORAMBUCIL 2 MG ORAL TABLET	Prescribing,	RXCUI
197402	CHEONAIMBOCIL 2 INIG ONAL TABLET	Medication	KACUI
199311	CHLORAMBUCIL 5 MG ORAL TABLET	Prescribing,	RXCUI
173311	CHECKNINDOCIE S IVIO OKAL TABLET	Medication	NACOI
249898	CHLORAMBUCIL 10 MG ORAL TABLET	Prescribing,	RXCUI
Z 4 3030	CHEONAINIDUCE TO INIO ONAL TABLET	Medication	NACUI
411288	CHLORAMBUCIL 2 MG ORAL CAPSULE	Prescribing,	RXCUI
711200	GILEST WINDOWS Z IN O OTHE GAI SOLE	Medication	IVCOI
		IVICUICALIUII	

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Code	Description	Code Category	Code Type
315626	CHLORAMBUCIL 2 MG	Prescribing,	RXCUI
313020	CHEONAIMBOCIL 2 INIO	Medication	KACOI
331665	CHLORAMBUCIL 5 MG	Prescribing,	RXCUI
331003	CHECKAMBOCIE 5 MIG	Medication	KACOI
332752	CHLORAMBUCIL 10 MG	Prescribing,	RXCUI
332732	CHECKAMBOCK IN MIC	Medication	10,001
371375	CHLORAMBUCIL ORAL TABLET	Prescribing,	RXCUI
371373	CHECKAMBOCIE ORAE PADLET	Medication	10,001
438413	CHLORAMBUCIL ORAL CAPSULE	Prescribing,	RXCUI
430413	CHECKAWDOCIE ORAE GAI SOLE	Medication	iocoi
1153038	CHLORAMBUCIL ORAL PRODUCT	Prescribing,	RXCUI
		Medication	
1153039	CHLORAMBUCIL PILL	Prescribing,	RXCUI
1133003	CHESTO WINDS SIZE FIELD	Medication	10.001
680973	SOLIRIS	Prescribing,	RXCUI
		Medication	
591781	ECULIZUMAB	Prescribing,	RXCUI
		Medication	
1655952	ECULIZUMAB 10 MG/ML INJECTION [SOLIRIS]	Prescribing,	RXCUI
	,	Medication	
700387	30 ML ECULIZUMAB 10 MG/ML INJECTION [SOLIRIS]	Prescribing,	RXCUI
	, ,	Medication	
700385	ECULIZUMAB 10 MG/ML [SOLIRIS]	Prescribing,	RXCUI
		Medication	
1655949	ECULIZUMAB INJECTION [SOLIRIS]	Prescribing,	RXCUI
		Medication	
700386	ECULIZUMAB INJECTABLE SOLUTION [SOLIRIS]	Prescribing,	RXCUI
		Medication	
1184826	SOLIRIS INJECTABLE PRODUCT	Prescribing,	RXCUI
		Medication	
1655951	ECULIZUMAB 10 MG/ML INJECTION	Prescribing,	RXCUI
		Medication	
700384	30 ML ECULIZUMAB 10 MG/ML INJECTION	Prescribing,	RXCUI
		Medication	
700382	ECULIZUMAB 10 MG/ML	Prescribing,	RXCUI
		Medication	
1655947	ECULIZUMAB INJECTION	Prescribing,	RXCUI
		Medication	
700383	ECULIZUMAB INJECTABLE SOLUTION	Prescribing,	RXCUI
		Medication	
1161281	ECULIZUMAB INJECTABLE PRODUCT	Prescribing,	RXCUI
		Medication	
216891	ENBREL	Prescribing,	RXCUI
		Medication	
214555	ETANERCEPT	Prescribing,	RXCUI
		Medication	
2103480	ETANERCEPT-SZZS	Prescribing,	RXCUI
		Medication	
1360430	ETANERCEPT 50 MG/ML PREFILLED SYRINGE [ENBREL]	Prescribing,	RXCUI
		Medication	
1653225	1 ML ETANERCEPT 50 MG/ML AUTO-INJECTOR [ENBREL]	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
1653227	ETANERCEPT 50 MG/ML AUTO-INJECTOR [ENBREL]	Prescribing,	RXCUI
1033227	ETANENCEPT 30 MIG/MIL AOTO-INJECTOR [ENDREL]	Medication	KACUI
2182340	1 ML ETANERCEPT 50 MG/ML CARTRIDGE [ENBREL]	Prescribing,	RXCUI
2182340	I WE ETANERCEFT 30 MO/INE CARTRIDGE [ENDREE]	Medication	KACOI
2182342	ETANERCEPT 50 MG/ML CARTRIDGE [ENBREL]	Prescribing,	RXCUI
2102542	ETANERCET 1 30 MOJ ME CARTINDGE [ENDICE]	Medication	10,001
261105	ETANERCEPT 25 MG/ML INJECTABLE SOLUTION [ENBREL]	Prescribing,	RXCUI
201103	ETANEROET 1 25 MOJ ME INSECTABLE SOCIOTION [ENDICE]	Medication	10,001
582673	ETANERCEPT 50 MG/ML INJECTABLE SOLUTION [ENBREL]	Prescribing,	RXCUI
302073		Medication	10.001
802652	1 ML ETANERCEPT 50 MG/ML PREFILLED SYRINGE [ENBREL]	Prescribing,	RXCUI
	,	Medication	
802654	1 ML ETANERCEPT 50 MG/ML PREFILLED SYRINGE [ENBREL]	Prescribing,	RXCUI
	,	Medication	
809159	0.5 ML ETANERCEPT 50 MG/ML PREFILLED SYRINGE [ENBREL]	Prescribing,	RXCUI
		Medication	
574352	ETANERCEPT 25 MG/ML [ENBREL]	Prescribing,	RXCUI
		Medication	
582672	ETANERCEPT 50 MG/ML [ENBREL]	Prescribing,	RXCUI
		Medication	
1653224	ETANERCEPT AUTO-INJECTOR [ENBREL]	Prescribing,	RXCUI
		Medication	
2182339	ETANERCEPT CARTRIDGE [ENBREL]	Prescribing,	RXCUI
		Medication	
363197	ETANERCEPT INJECTABLE SOLUTION [ENBREL]	Prescribing,	RXCUI
		Medication	
802651	ETANERCEPT PREFILLED SYRINGE [ENBREL]	Prescribing,	RXCUI
		Medication	
1175957	ENBREL INJECTABLE PRODUCT	Prescribing,	RXCUI
		Medication	
1359949	ETANERCEPT 50 MG/ML PREFILLED SYRINGE	Prescribing,	RXCUI
4652222	A MALETANIED CERT EO MACAMA ALITO INJECTOR	Medication	DVCIII
1653223	1 ML ETANERCEPT 50 MG/ML AUTO-INJECTOR	Prescribing,	RXCUI
1652226	STANISHOSENT SO MAC / MAL ALITO INJECTOR	Medication	DVCIII
1653226	ETANERCEPT 50 MG/ML AUTO-INJECTOR	Prescribing,	RXCUI
2182338	1 ML ETANERCEPT 50 MG/ML CARTRIDGE	Medication Prescribing,	RXCUI
2102330	I WIL ETAINERCEPT 30 WIG/WIL CARTRIDGE	Medication	KACUI
2182341	ETANERCEPT 50 MG/ML CARTRIDGE	Prescribing,	RXCUI
2102341	ETANENCEPT 30 INIG/INIE CANTRIDGE	Medication	KACUI
253014	ETANERCEPT 25 MG/ML INJECTABLE SOLUTION	Prescribing,	RXCUI
255014	ETANERCEL 1 23 MOJ ME INSECTABLE 30 LOTTON	Medication	10,001
582671	ETANERCEPT 50 MG/ML INJECTABLE SOLUTION	Prescribing,	RXCUI
302071	EMMERCEL 1 30 May ME INSECTABLE 30 LOTTON	Medication	10.001
727757	1 ML ETANERCEPT 50 MG/ML PREFILLED SYRINGE	Prescribing,	RXCUI
	- · · · - · · · · · · · · · · · · · · ·	Medication	
727904	0.51 ML ETANERCEPT 20 MG/ML PREFILLED SYRINGE	Prescribing,	RXCUI
	,	Medication	
802653	1 ML ETANERCEPT 50 MG/ML PREFILLED SYRINGE	Prescribing,	RXCUI
	·	Medication	-
809158	0.5 ML ETANERCEPT 50 MG/ML PREFILLED SYRINGE	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
342977	ETANERCEPT 25 MG/ML	Prescribing,	RXCUI
344311	LIMITER I ZJ IVIO/IVIL	Medication	NACOI
582670	ETANERCEPT 50 MG/ML	Prescribing,	RXCUI
362070	ETANLACEPT 30 INIG/INIL	Medication	KACUI
727903	ETANERCEPT 20 MG/ML	Prescribing,	RXCUI
727303	ETANLINGER 1 20 MIG/INIL	Medication	IXCOI
1653222	ETANERCEPT AUTO-INJECTOR	Prescribing,	RXCUI
1033222	ETANGENCE T ACTO-INJECTOR	Medication	IXCOI
2182337	ETANERCEPT CARTRIDGE	Prescribing,	RXCUI
2102007	Entre Control of the	Medication	101001
385098	ETANERCEPT INJECTABLE SOLUTION	Prescribing,	RXCUI
		Medication	
727756	ETANERCEPT PREFILLED SYRINGE	Prescribing,	RXCUI
		Medication	
1156809	ETANERCEPT INJECTABLE PRODUCT	Prescribing,	RXCUI
		Medication	
848161	SIMPONI	Prescribing,	RXCUI
		Medication	
819300	GOLIMUMAB	Prescribing,	RXCUI
		Medication	
1360436	GOLIMUMAB 100 MG/ML PREFILLED SYRINGE [SIMPONI]	Prescribing,	RXCUI
		Medication	
1431647	4 ML GOLIMUMAB 12.5 MG/ML INJECTION [SIMPONI]	Prescribing,	RXCUI
		Medication	
1482814	1 ML GOLIMUMAB 100 MG/ML PREFILLED SYRINGE [SIMPONI]	Prescribing,	RXCUI
		Medication	
1653144	0.5 ML GOLIMUMAB 100 MG/ML AUTO-INJECTOR [SIMPONI]	Prescribing,	RXCUI
		Medication	
1653146	GOLIMUMAB 100 MG/ML AUTO-INJECTOR [SIMPONI]	Prescribing,	RXCUI
		Medication	
1653166	1 ML GOLIMUMAB 100 MG/ML AUTO-INJECTOR [SIMPONI]	Prescribing,	RXCUI
4652574	COUNTY AND 42 F AAC (AM INVESTIGATION (CINADON))	Medication	BYCH!
1653574	GOLIMUMAB 12.5 MG/ML INJECTION [SIMPONI]	Prescribing,	RXCUI
040164	O F MAL COLUMNIANA D 100 MAC /MAL DDEFILLED CVDINICE [CIMADONII]	Medication	DVCIII
848164	0.5 ML GOLIMUMAB 100 MG/ML PREFILLED SYRINGE [SIMPONI]	Prescribing,	RXCUI
1421644	COLINALINAAD 12 F MC/MI [CIMPONI]	Medication	DVCIII
1431644	GOLIMUMAB 12.5 MG/ML [SIMPONI]	Prescribing,	RXCUI
848162	GOLIMUMAB 100 MG/ML [SIMPONI]	Medication Prescribing,	RXCUI
040102	GOLINIONIAB 100 MG/ML [SIMPONI]	Medication	KACUI
1431645	GOLIMUMAB INJECTABLE SOLUTION [SIMPONI ARIA]	Prescribing,	RXCUI
1431043	GOEINIONIAD INSECTABLE SOLOTION (SIIVII ONI ANIA)	Medication	плеот
1653143	GOLIMUMAB AUTO-INJECTOR [SIMPONI]	Prescribing,	RXCUI
1033143	GOEINIONNE NOTO INGECTOR (SINII ONI)	Medication	10,001
1653571	GOLIMUMAB INJECTION [SIMPONI]	Prescribing,	RXCUI
		Medication	
848163	GOLIMUMAB PREFILLED SYRINGE [SIMPONI]	Prescribing,	RXCUI
		Medication	
1182643	SIMPONI INJECTABLE PRODUCT	Prescribing,	RXCUI
		Medication	-
1359486	GOLIMUMAB 100 MG/ML PREFILLED SYRINGE	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
1431642	4 ML GOLIMUMAB 12.5 MG/ML INJECTION	Prescribing,	RXCUI
1431042	4 IVIE GOLINIOIVIAB 12.5 IVIG/IVIE INJECTION	Medication	KACOI
1482813	1 ML GOLIMUMAB 100 MG/ML PREFILLED SYRINGE	Prescribing,	RXCUI
1402013	1 WE GOLINIOWAD 100 WIGHNE FRENELLED STRINGE	Medication	KACOI
1653142	0.5 ML GOLIMUMAB 100 MG/ML AUTO-INJECTOR	Prescribing,	RXCUI
1033142	0.5 INE GOLIMONIAD 100 INIG/INIE AOTO-INDECTOR	Medication	IXCOI
1653145	GOLIMUMAB 100 MG/ML AUTO-INJECTOR	Prescribing,	RXCUI
1033143	GOLINIONIAD 100 MG/ME AOTO INSECTOR	Medication	IXCOI
1653165	1 ML GOLIMUMAB 100 MG/ML AUTO-INJECTOR	Prescribing,	RXCUI
1033103	TIME GOLIMONN B 100 Maj ME71010 INSECTOR	Medication	10,001
1653573	GOLIMUMAB 12.5 MG/ML INJECTION	Prescribing,	RXCUI
		Medication	
848160	0.5 ML GOLIMUMAB 100 MG/ML PREFILLED SYRINGE	Prescribing,	RXCUI
		Medication	
1431639	GOLIMUMAB 12.5 MG/ML	Prescribing,	RXCUI
	·	Medication	
848158	GOLIMUMAB 100 MG/ML	Prescribing,	RXCUI
		Medication	
1431641	GOLIMUMAB INJECTABLE SOLUTION	Prescribing,	RXCUI
		Medication	
1653141	GOLIMUMAB AUTO-INJECTOR	Prescribing,	RXCUI
		Medication	
1653569	GOLIMUMAB INJECTION	Prescribing,	RXCUI
		Medication	
848159	GOLIMUMAB PREFILLED SYRINGE	Prescribing,	RXCUI
		Medication	
1157808	GOLIMUMAB INJECTABLE PRODUCT	Prescribing,	RXCUI
		Medication	
1790542	INFLECTRA	Prescribing,	RXCUI
		Medication	
1927286	RENFLEXIS	Prescribing,	RXCUI
		Medication	
219610	REMICADE	Prescribing,	RXCUI
		Medication	
2266526	AVSOLA	Prescribing,	RXCUI
101001	11517/1145	Medication	5.4.61.11
191831	INFLIXIMAB	Prescribing,	RXCUI
4700530	INFLIVANAD DVVD	Medication	DVCIII
1790539	INFLIXIMAB-DYYB	Prescribing,	RXCUI
1027202	INCLIVIMAD ADDA	Medication	DVCIII
1927283	INFLIXIMAB-ABDA	Prescribing,	RXCUI
2102476	INFLIXIMAB-QBTX	Medication Prescribing,	RXCUI
2103476	INFLIATIVIAD-QDIA	•	KACUI
2266523	INFLIXIMAB-AXXQ	Medication Prescribing,	RXCUI
2200323	INFLIAIIVIAD-AAAQ	Medication	KACOI
1790546	INFLIXIMAB-DYYB 100 MG INJECTION [INFLECTRA]	Prescribing,	RXCUI
1130340	IN FIVENCE AT TO INC INSECTION [IN FECTIVA]	Medication	NACOI
1927290	INFLIXIMAB-ABDA 100 MG INJECTION [RENFLEXIS]	Prescribing,	RXCUI
1721230	IN ENTINE ADDA TOO MICHOEVER [INCINI ELVIO]	Medication	NACOI
213361	INFLIXIMAB 100 MG INJECTION [REMICADE]	Prescribing,	RXCUI
	I 200 IIIO IIIIIO III [REIIIIO IDE]	Medication	
		Wicalcation	

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Code	Description		
2266530	Description INFLIXIMAB-AXXQ 100 MG INJECTION [AVSOLA]	Code Category Prescribing,	Code Type RXCUI
2200330	INFLIXIMAD-AXXQ 100 MIG INJECTION [AVSOLA]	Medication	KACUI
1655943	INFLIXIMAB 100 MG [REMICADE]	Prescribing,	RXCUI
1033343	INI LIXIMAD 100 MG [KEMICADE]	Medication	KACOI
1790543	INFLIXIMAB-DYYB 100 MG [INFLECTRA]	Prescribing,	RXCUI
1730343	IN EXIMAD DITO 100 MG [IN EECHA]	Medication	10,001
1927287	INFLIXIMAB-ABDA 100 MG [RENFLEXIS]	Prescribing,	RXCUI
1327207	THE EXHAUSE NOON TOO ING [RETALEEXIO]	Medication	10.001
2266527	INFLIXIMAB-AXXQ 100 MG [AVSOLA]	Prescribing,	RXCUI
		Medication	
573255	INFLIXIMAB 10 MG/ML [REMICADE]	Prescribing,	RXCUI
		Medication	
1655944	INFLIXIMAB INJECTION [REMICADE]	Prescribing,	RXCUI
		Medication	
1790544	INFLIXIMAB INJECTION [INFLECTRA]	Prescribing,	RXCUI
		Medication	
1927288	INFLIXIMAB INJECTION [RENFLEXIS]	Prescribing,	RXCUI
		Medication	
2266528	INFLIXIMAB INJECTION [AVSOLA]	Prescribing,	RXCUI
		Medication	
363437	INFLIXIMAB INJECTABLE SOLUTION [REMICADE]	Prescribing,	RXCUI
		Medication	
1180726	REMICADE INJECTABLE PRODUCT	Prescribing,	RXCUI
4700545	INFLECTOR INJECTABLE PRODUCT	Medication	DVCIII
1790545	INFLECTRA INJECTABLE PRODUCT	Prescribing,	RXCUI
1927289	RENFLEXIS INJECTABLE PRODUCT	Medication Prescribing,	RXCUI
1927289	REINFLEXIS INJECTABLE PRODUCT	<u> </u>	KACUI
2266529	AVSOLA INJECTABLE PRODUCT	Medication Prescribing,	RXCUI
2200323	AVSOLA INJECTABLE FRODUCT	Medication	KACOI
1790541	INFLIXIMAB-DYYB 100 MG INJECTION	Prescribing,	RXCUI
1,303.1	THE EMILIA DE LES THE MELETION	Medication	10.001
1927285	INFLIXIMAB-ABDA 100 MG INJECTION	Prescribing,	RXCUI
		Medication	
2266525	INFLIXIMAB-AXXQ 100 MG INJECTION	Prescribing,	RXCUI
		Medication	
310994	INFLIXIMAB 100 MG INJECTION	Prescribing,	RXCUI
		Medication	
1655940	INFLIXIMAB 100 MG	Prescribing,	RXCUI
		Medication	
1790540	INFLIXIMAB-DYYB 100 MG	Prescribing,	RXCUI
		Medication	
1927284	INFLIXIMAB-ABDA 100 MG	Prescribing,	RXCUI
225554	11/5/19/11/12 11/19/19/19	Medication	D./ G. II
2266524	INFLIXIMAB-AXXQ 100 MG	Prescribing,	RXCUI
250602	INITIONIA A DIA O NACIANI	Medication	DVCIII
358693	INFLIXIMAB 10 MG/ML	Prescribing,	RXCUI
1655044	INICITYIMAD INTECTION	Medication	DVCIII
1655941	INFLIXIMAB INJECTION	Prescribing,	RXCUI
376873	INFLIXIMAB INJECTABLE SOLUTION	Medication Prescribing,	RXCUI
370073	IN LIMINAD INSECTABLE SOLUTION	Medication	IXCOI
		ivicultation	

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Code	Description	Code Category	Code Type
1160692	INFLIXIMAB INJECTABLE PRODUCT	Prescribing,	RXCUI
1100092	INFLIXIVIAB INJECTABLE PRODUCT	Medication	KACUI
215393	ARAVA	Prescribing,	RXCUI
213393	ANAVA	Medication	IXCOI
27169	LEFLUNOMIDE	Prescribing,	RXCUI
27103	LEFEONOMIDE	Medication	MACOI
213377	LEFLUNOMIDE 10 MG ORAL TABLET [ARAVA]	Prescribing,	RXCUI
213377	LEI LONG MIDE TO MIC ONAL TABLET [ANAVA]	Medication	MACOI
213379	LEFLUNOMIDE 20 MG ORAL TABLET [ARAVA]	Prescribing,	RXCUI
213373	ELI LONGWIDE 20 MG GIVLE INDELT [NIVVI]	Medication	MACOT
213380	LEFLUNOMIDE 100 MG ORAL TABLET [ARAVA]	Prescribing,	RXCUI
		Medication	
573271	LEFLUNOMIDE 10 MG [ARAVA]	Prescribing,	RXCUI
		Medication	
573273	LEFLUNOMIDE 20 MG [ARAVA]	Prescribing,	RXCUI
		Medication	
573274	LEFLUNOMIDE 100 MG [ARAVA]	Prescribing,	RXCUI
		Medication	
368264	LEFLUNOMIDE ORAL TABLET [ARAVA]	Prescribing,	RXCUI
		Medication	
1170095	ARAVA ORAL PRODUCT	Prescribing,	RXCUI
		Medication	
1170096	ARAVA PILL	Prescribing,	RXCUI
		Medication	
205284	LEFLUNOMIDE 10 MG ORAL TABLET	Prescribing,	RXCUI
		Medication	
205285	LEFLUNOMIDE 20 MG ORAL TABLET	Prescribing,	RXCUI
		Medication	
205286	LEFLUNOMIDE 100 MG ORAL TABLET	Prescribing,	RXCUI
		Medication	
316133	LEFLUNOMIDE 10 MG	Prescribing,	RXCUI
		Medication	
316134	LEFLUNOMIDE 20 MG	Prescribing,	RXCUI
		Medication	
317399	LEFLUNOMIDE 100 MG	Prescribing,	RXCUI
	LESUMANUES ORAL TARIET	Medication	B./.C/. II
372570	LEFLUNOMIDE ORAL TABLET	Prescribing,	RXCUI
4462566	LESTUMONIDE ODAL PRODUCT	Medication	BVCI II
1162566	LEFLUNOMIDE ORAL PRODUCT	Prescribing,	RXCUI
1162567	LECTINOMIDE DILL	Medication	DVCIII
1162567	LEFLUNOMIDE PILL	Prescribing,	RXCUI
1876381	OCDEVILIS	Medication Prescribing,	RXCUI
10/0501	OCREVUS	•	KACUI
1876366	OCRELIZUMAB	Medication Prescribing,	RXCUI
10/0300	OCNELIZOWIAB	Medication	KACUI
1876385	10 ML OCRELIZUMAB 30 MG/ML INJECTION [OCREVUS]	Prescribing,	RXCUI
10/0303	TO WIL OCKELIZOWAD SO WIGHINE HATCHION [OCKEVOS]	Medication	NACOI
1876387	OCRELIZUMAB 30 MG/ML INJECTION [OCREVUS]	Prescribing,	RXCUI
10,030,	CONTENTS OF MICHIEL HIS COLON [CONTENCS]	Medication	IIACOI
1876382	OCRELIZUMAB 30 MG/ML [OCREVUS]	Prescribing,	RXCUI
10,0002	3	Medication	
		Wicalcation	

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Code	Description	Code Category	Code Type
1876383	OCRELIZUMAB INJECTION [OCREVUS]	Prescribing,	RXCUI
10/0303	OCKELIZOWAB INJECTION [OCKEVOS]	Medication	KACOI
1876384	OCREVUS INJECTABLE PRODUCT	Prescribing,	RXCUI
10/0304	OCKEVOS INJECTABLE FRODOCI	Medication	IXCOI
1876380	10 ML OCRELIZUMAB 30 MG/ML INJECTION	Prescribing,	RXCUI
1070300	TO ME OCKEDIZOMAD 30 MIG/ME INSECTION	Medication	TIXCOT
1876386	OCRELIZUMAB 30 MG/ML INJECTION	Prescribing,	RXCUI
1070300	OCHELIZOWAD 30 WIG/WE WIGETION	Medication	TIXCOT
1876377	OCRELIZUMAB 30 MG/ML	Prescribing,	RXCUI
10,00,,	OCHELIZONINO OO MOJIME	Medication	11/1001
1876379	OCRELIZUMAB INJECTION	Prescribing,	RXCUI
		Medication	
1876378	OCRELIZUMAB INJECTABLE PRODUCT	Prescribing,	RXCUI
		Medication	
876301	ARZERRA	Prescribing,	RXCUI
		Medication	
712566	OFATUMUMAB	Prescribing,	RXCUI
		Medication	
1658044	50 ML OFATUMUMAB 20 MG/ML INJECTION [ARZERRA]	Prescribing,	RXCUI
		Medication	
1658046	OFATUMUMAB 20 MG/ML INJECTION [ARZERRA]	Prescribing,	RXCUI
		Medication	
1658048	5 ML OFATUMUMAB 20 MG/ML INJECTION [ARZERRA]	Prescribing,	RXCUI
		Medication	
876304	OFATUMUMAB 10 MG/ML INJECTABLE SOLUTION [ARZERRA]	Prescribing,	RXCUI
		Medication	
877012	OFATUMUMAB 20 MG/ML INJECTABLE SOLUTION [ARZERRA]	Prescribing,	RXCUI
		Medication	
876302	OFATUMUMAB 10 MG/ML [ARZERRA]	Prescribing,	RXCUI
077044		Medication	B.V.O. II
877011	OFATUMUMAB 20 MG/ML [ARZERRA]	Prescribing,	RXCUI
4650043	OFATHIAN IN AAD INJECTION [ADZEDDA]	Medication	DVCIII
1658043	OFATUMUMAB INJECTION [ARZERRA]	Prescribing,	RXCUI
076202	OFATURALINAAD INJECTADUS COLUTION [ADZEDDA]	Medication	DVCIII
876303	OFATUMUMAB INJECTABLE SOLUTION [ARZERRA]	Prescribing,	RXCUI
1171445	ARZERRA INJECTABLE PRODUCT	Medication Prescribing,	RXCUI
11/1443	ARZERNA INJECTABLE PRODUCT	Medication	KACOI
1658042	50 ML OFATUMUMAB 20 MG/ML INJECTION	Prescribing,	RXCUI
1030042	30 WE OF A TOWNOWARD 20 WIG/WE HIS ECTION	Medication	IXCOI
1658045	OFATUMUMAB 20 MG/ML INJECTION	Prescribing,	RXCUI
1030013	on the months are may man made not	Medication	11/1001
1658047	5 ML OFATUMUMAB 20 MG/ML INJECTION	Prescribing,	RXCUI
		Medication	
876300	OFATUMUMAB 10 MG/ML INJECTABLE SOLUTION	Prescribing,	RXCUI
-	·	Medication	-
877010	OFATUMUMAB 20 MG/ML INJECTABLE SOLUTION	Prescribing,	RXCUI
		Medication	
876298	OFATUMUMAB 10 MG/ML	Prescribing,	RXCUI
		Medication	
877009	OFATUMUMAB 20 MG/ML	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
1658041	OFATUMUMAB INJECTION	Prescribing,	RXCUI
1030041	OF ATOMOMIAB INSECTION	Medication	IXCOI
876299	OFATUMUMAB INJECTABLE SOLUTION	Prescribing,	RXCUI
670233	OF ATOMOMIAB INJECTABLE SOCIOTION	Medication	IXCOI
1159554	OFATUMUMAB INJECTABLE PRODUCT	Prescribing,	RXCUI
113333	OTATOMONIAB INCENTABLE FRODUCT	Medication	10,001
763454	ARCALYST	Prescribing,	RXCUI
703434	MONETOT	Medication	10.001
763450	RILONACEPT	Prescribing,	RXCUI
		Medication	
763457	RILONACEPT 220 MG INJECTION [ARCALYST]	Prescribing,	RXCUI
		Medication	
1724261	RILONACEPT 220 MG [ARCALYST]	Prescribing,	RXCUI
		Medication	
763455	RILONACEPT 80 MG/ML [ARCALYST]	Prescribing,	RXCUI
		Medication	
1724262	RILONACEPT INJECTION [ARCALYST]	Prescribing,	RXCUI
		Medication	
763456	RILONACEPT INJECTABLE SOLUTION [ARCALYST]	Prescribing,	RXCUI
		Medication	
1170102	ARCALYST INJECTABLE PRODUCT	Prescribing,	RXCUI
		Medication	
763453	RILONACEPT 220 MG INJECTION	Prescribing,	RXCUI
		Medication	
1724258	RILONACEPT 220 MG	Prescribing,	RXCUI
		Medication	
763451	RILONACEPT 80 MG/ML	Prescribing,	RXCUI
4724250	DU ONA CERT INVECTION	Medication	DVCIII
1724259	RILONACEPT INJECTION	Prescribing,	RXCUI
763452	DIL ON A CERT INJECTARI E COLLITION	Medication	DVCIII
703432	RILONACEPT INJECTABLE SOLUTION	Prescribing,	RXCUI
1157438	RILONACEPT INJECTABLE PRODUCT	Medication Prescribing,	RXCUI
1137430	RILONACEFT INJECTABLE PRODUCT	Medication	KACUI
1927886	RITUXAN HYCELA	Prescribing,	RXCUI
1327000	MIONANTICLEA	Medication	10,001
2105827	TRUXIMA	Prescribing,	RXCUI
2103027		Medication	10.001
226754	RITUXAN	Prescribing,	RXCUI
		Medication	
2273513	RUXIENCE	Prescribing,	RXCUI
		Medication	
121191	RITUXIMAB	Prescribing,	RXCUI
		Medication	
1927884	HYALURONIDASE / RITUXIMAB	Prescribing,	RXCUI
		Medication	
2105824	RITUXIMAB-ABBS	Prescribing,	RXCUI
		Medication	
2273510	RITUXIMAB-PVVR	Prescribing,	RXCUI
		Medication	
1657864	10 ML RITUXIMAB 10 MG/ML INJECTION [RITUXAN]	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
1657866	RITUXIMAB 10 MG/ML INJECTION [RITUXAN]	Prescribing,	RXCUI
1037600	MITOMINIAD TO MICHINE HISECTION [MITOMAN]	Medication	IXCOI
1657868	50 ML RITUXIMAB 10 MG/ML INJECTION [RITUXAN]	Prescribing,	RXCUI
1037000	30 WE KITOMWAD 10 WIG/WE HISECTION [KITOMAN]	Medication	IXCOI
1927890	11.7 ML HYALURONIDASE, HUMAN RECOMBINANT 2000 UNT/ML / RITUXIMAB 120	Prescribing,	RXCUI
1327030	MG/ML INJECTION [RITUXAN HYCELA]	Medication	10,001
1927892	HYALURONIDASE, HUMAN RECOMBINANT 2000 UNT/ML / RITUXIMAB 120 MG/ML	Prescribing,	RXCUI
1327032	INJECTION [RITUXAN HYCELA]	Medication	10,001
1927894	13.4 ML HYALURONIDASE, HUMAN RECOMBINANT 2000 UNT/ML / RITUXIMAB 120	Prescribing,	RXCUI
1327034	MG/ML INJECTION [RITUXAN HYCELA]	Medication	10.001
2105831	10 ML RITUXIMAB-ABBS 10 MG/ML INJECTION [TRUXIMA]	Prescribing,	RXCUI
		Medication	
2105833	RITUXIMAB-ABBS 10 MG/ML INJECTION [TRUXIMA]	Prescribing,	RXCUI
2103000	The same of the same of the same of the same of	Medication	10.001
2105835	50 ML RITUXIMAB-ABBS 10 MG/ML INJECTION [TRUXIMA]	Prescribing,	RXCUI
		Medication	
213126	RITUXIMAB 10 MG/ML INJECTABLE SOLUTION [RITUXAN]	Prescribing,	RXCUI
	, , , , , , , , , , , , , ,	Medication	
2273517	10 ML RITUXIMAB-PVVR 10 MG/ML INJECTION [RUXIENCE]	Prescribing,	RXCUI
		Medication	
2273519	RITUXIMAB-PVVR 10 MG/ML INJECTION [RUXIENCE]	Prescribing,	RXCUI
	, , , , , , , , , , , , , , , , , , , ,	Medication	
2273521	50 ML RITUXIMAB-PVVR 10 MG/ML INJECTION [RUXIENCE]	Prescribing,	RXCUI
		Medication	
1927887	HYALURONIDASE, HUMAN RECOMBINANT 2000 UNT/ML / RITUXIMAB 120 MG/ML	Prescribing,	RXCUI
	[RITUXAN HYCELA]	Medication	
2105828	RITUXIMAB-ABBS 10 MG/ML [TRUXIMA]	Prescribing,	RXCUI
		Medication	
2273514	RITUXIMAB-PVVR 10 MG/ML [RUXIENCE]	Prescribing,	RXCUI
	, . ,	Medication	
573051	RITUXIMAB 10 MG/ML [RITUXAN]	Prescribing,	RXCUI
	, . ,	Medication	
1657863	RITUXIMAB INJECTION [RITUXAN]	Prescribing,	RXCUI
		Medication	
1927888	HYALURONIDASE / RITUXIMAB INJECTION [RITUXAN HYCELA]	Prescribing,	RXCUI
	•	Medication	
2105829	RITUXIMAB INJECTION [TRUXIMA]	Prescribing,	RXCUI
		Medication	
2273515	RITUXIMAB INJECTION [RUXIENCE]	Prescribing,	RXCUI
		Medication	
362907	RITUXIMAB INJECTABLE SOLUTION [RITUXAN]	Prescribing,	RXCUI
		Medication	
1185345	RITUXAN INJECTABLE PRODUCT	Prescribing,	RXCUI
		Medication	
1927889	RITUXAN HYCELA INJECTABLE PRODUCT	Prescribing,	RXCUI
		Medication	
2105830	TRUXIMA INJECTABLE PRODUCT	Prescribing,	RXCUI
		Medication	
2273516	RUXIENCE INJECTABLE PRODUCT	Prescribing,	RXCUI
		Medication	
1657862	10 ML RITUXIMAB 10 MG/ML INJECTION	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
1657865	RITUXIMAB 10 MG/ML INJECTION	Prescribing,	RXCUI
1037603	MITOMINIAD TO MIGHING CITION	Medication	IXCOI
1657867	50 ML RITUXIMAB 10 MG/ML INJECTION	Prescribing,	RXCUI
1037607	30 WE KITOKIWAD 10 WIG/WE WISCHOW	Medication	IXCOI
1927885	11.7 ML HYALURONIDASE, HUMAN RECOMBINANT 2000 UNT/ML / RITUXIMAB 120	Prescribing,	RXCUI
1327663	MG/ML INJECTION	Medication	IXCOI
1927891	HYALURONIDASE, HUMAN RECOMBINANT 2000 UNT/ML / RITUXIMAB 120 MG/ML	Prescribing,	RXCUI
1527051	INJECTION	Medication	IIICOI
1927893	13.4 ML HYALURONIDASE, HUMAN RECOMBINANT 2000 UNT/ML / RITUXIMAB 120	Prescribing,	RXCUI
1527055	MG/ML INJECTION	Medication	TOTO
2105826	10 ML RITUXIMAB-ABBS 10 MG/ML INJECTION	Prescribing,	RXCUI
		Medication	
2105832	RITUXIMAB-ABBS 10 MG/ML INJECTION	Prescribing,	RXCUI
		Medication	
2105834	50 ML RITUXIMAB-ABBS 10 MG/ML INJECTION	Prescribing,	RXCUI
		Medication	
2273512	10 ML RITUXIMAB-PVVR 10 MG/ML INJECTION	Prescribing,	RXCUI
	, and the second se	Medication	
2273518	RITUXIMAB-PVVR 10 MG/ML INJECTION	Prescribing,	RXCUI
		Medication	
2273520	50 ML RITUXIMAB-PVVR 10 MG/ML INJECTION	Prescribing,	RXCUI
	, and the second se	Medication	
242435	RITUXIMAB 10 MG/ML INJECTABLE SOLUTION	Prescribing,	RXCUI
	'	Medication	
1927881	RITUXIMAB 120 MG/ML	Prescribing,	RXCUI
		Medication	
2105825	RITUXIMAB-ABBS 10 MG/ML	Prescribing,	RXCUI
		Medication	
2273511	RITUXIMAB-PVVR 10 MG/ML	Prescribing,	RXCUI
		Medication	
316648	RITUXIMAB 10 MG/ML	Prescribing,	RXCUI
		Medication	
1657861	RITUXIMAB INJECTION	Prescribing,	RXCUI
		Medication	
1927883	HYALURONIDASE / RITUXIMAB INJECTION	Prescribing,	RXCUI
		Medication	
377259	RITUXIMAB INJECTABLE SOLUTION	Prescribing,	RXCUI
		Medication	
1157967	RITUXIMAB INJECTABLE PRODUCT	Prescribing,	RXCUI
		Medication	
1927882	HYALURONIDASE / RITUXIMAB INJECTABLE PRODUCT	Prescribing,	RXCUI
		Medication	
1599793	COSENTYX	Prescribing,	RXCUI
		Medication	
1599788	SECUKINUMAB	Prescribing,	RXCUI
		Medication	
1599797	1 ML SECUKINUMAB 150 MG/ML PREFILLED SYRINGE [COSENTYX]	Prescribing,	RXCUI
		Medication	
1599799	SECUKINUMAB 150 MG/ML PREFILLED SYRINGE [COSENTYX]	Prescribing,	RXCUI
		Medication	
1653243	1 ML SECUKINUMAB 150 MG/ML AUTO-INJECTOR [COSENTYX]	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
1653245	SECUKINUMAB 150 MG/ML AUTO-INJECTOR [COSENTYX]	Prescribing,	RXCUI
1033243	SECONINGIVIAB 130 INIG/IVIE AOTO-INJECTON [COSENTIN]	Medication	KACOI
1599794	SECUKINUMAB 150 MG/ML [COSENTYX]	Prescribing,	RXCUI
1333734	SECONINGINAD 130 MIG/ME [COSENTIA]	Medication	IXCOI
1599795	SECUKINUMAB PREFILLED SYRINGE [COSENTYX]	Prescribing,	RXCUI
1333733	SECONINGIAD FREFIELD STRINGE [COSENTIA]	Medication	плеот
1653242	SECUKINUMAB AUTO-INJECTOR [COSENTYX]	Prescribing,	RXCUI
1033242	SECONINGIAL ACTO INSECTOR [COSENTIA]	Medication	плеот
1599796	COSENTYX INJECTABLE PRODUCT	Prescribing,	RXCUI
1333730	COSENTIA INCECTABLE FRODUCT	Medication	плеот
1599792	1 ML SECUKINUMAB 150 MG/ML PREFILLED SYRINGE	Prescribing,	RXCUI
		Medication	
1599798	SECUKINUMAB 150 MG/ML PREFILLED SYRINGE	Prescribing,	RXCUI
	,	Medication	
1653241	1 ML SECUKINUMAB 150 MG/ML AUTO-INJECTOR	Prescribing,	RXCUI
		Medication	
1653244	SECUKINUMAB 150 MG/ML AUTO-INJECTOR	Prescribing,	RXCUI
		Medication	
1599789	SECUKINUMAB 150 MG/ML	Prescribing,	RXCUI
		Medication	
1599791	SECUKINUMAB PREFILLED SYRINGE	Prescribing,	RXCUI
		Medication	
1653240	SECUKINUMAB AUTO-INJECTOR	Prescribing,	RXCUI
		Medication	
1599790	SECUKINUMAB INJECTABLE PRODUCT	Prescribing,	RXCUI
		Medication	
895761	ACTEMRA	Prescribing,	RXCUI
		Medication	
612865	TOCILIZUMAB	Prescribing,	RXCUI
		Medication	
1441530	0.9 ML TOCILIZUMAB 180 MG/ML PREFILLED SYRINGE [ACTEMRA]	Prescribing,	RXCUI
		Medication	
1441532	TOCILIZUMAB 180 MG/ML PREFILLED SYRINGE [ACTEMRA]	Prescribing,	RXCUI
4657076	A NAL TO CHITLIAND 20 NAC /NALINIFOTION [A CTENADA]	Medication	DVCI II
1657976	4 ML TOCILIZUMAB 20 MG/ML INJECTION [ACTEMRA]	Prescribing,	RXCUI
4657070	TOCH IZUNAAD 20 AAC /AAU INUECTION [A CTENADA]	Medication	DVCIII
1657978	TOCILIZUMAB 20 MG/ML INJECTION [ACTEMRA]	Prescribing,	RXCUI
1657000	10 MIL TOCH IZUMAR 20 MC /ML INHECTION [ACTEMBA]	Medication	DVCIII
1657980	10 ML TOCILIZUMAB 20 MG/ML INJECTION [ACTEMRA]	Prescribing, Medication	RXCUI
1657982	20 ML TOCILIZUMAB 20 MG/ML INJECTION [ACTEMRA]	Prescribing,	RXCUI
103/362	20 ME FOCILIZOWAB 20 MIG/ME INJECTION [ACTEMINA]	Medication	KACOI
2106075	0.9 ML TOCILIZUMAB 180 MG/ML AUTO-INJECTOR [ACTEMRA]	Prescribing,	RXCUI
2100073	0.5 INE TOCILIZONIAB 180 MIG/INE ACTO INSECTOR [ACTEMINA]	Medication	IXCOI
2106077	TOCILIZUMAB 180 MG/ML AUTO-INJECTOR [ACTEMRA]	Prescribing,	RXCUI
	. CO.L. Com Decree (Portional)	Medication	11,001
895764	TOCILIZUMAB 20 MG/ML INJECTABLE SOLUTION [ACTEMRA]	Prescribing,	RXCUI
333737		Medication	7.7.001
1441528	TOCILIZUMAB 180 MG/ML [ACTEMRA]	Prescribing,	RXCUI
		Medication	
895762	TOCILIZUMAB 20 MG/ML [ACTEMRA]	Prescribing,	RXCUI
	• •	Medication	-
			

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Code	Description	Code Category	Code Type
1441529	TOCILIZUMAB PREFILLED SYRINGE [ACTEMRA]	Prescribing,	RXCUI
1441323	TOCILIZONIAD I NEITIELED STRINGE [ACTEMIRA]	Medication	IXCOI
1657975	TOCILIZUMAB INJECTION [ACTEMRA]	Prescribing,	RXCUI
1037373	TOCILIZONIND INSECTION (ACTEMINA)	Medication	10.001
2106074	TOCILIZUMAB AUTO-INJECTOR [ACTEMRA]	Prescribing,	RXCUI
	,	Medication	
895763	TOCILIZUMAB INJECTABLE SOLUTION [ACTEMRA]	Prescribing,	RXCUI
	,	Medication	
1169167	ACTEMRA INJECTABLE PRODUCT	Prescribing,	RXCUI
		Medication	
1441527	0.9 ML TOCILIZUMAB 180 MG/ML PREFILLED SYRINGE	Prescribing,	RXCUI
		Medication	
1441531	TOCILIZUMAB 180 MG/ML PREFILLED SYRINGE	Prescribing,	RXCUI
		Medication	
1657974	4 ML TOCILIZUMAB 20 MG/ML INJECTION	Prescribing,	RXCUI
		Medication	
1657977	TOCILIZUMAB 20 MG/ML INJECTION	Prescribing,	RXCUI
	<u>.</u>	Medication	
1657979	10 ML TOCILIZUMAB 20 MG/ML INJECTION	Prescribing,	RXCUI
4657004	20.44 70.04 714 44 20.44 (44 44 44 74 74 74 74 74 74 74 74 74 74 7	Medication	B.V.G. III
1657981	20 ML TOCILIZUMAB 20 MG/ML INJECTION	Prescribing,	RXCUI
2100072	O O MAL TOCHLIZHMAND 400 MAC /MAL ALITO INHECTOR	Medication	DVCIII
2106073	0.9 ML TOCILIZUMAB 180 MG/ML AUTO-INJECTOR	Prescribing,	RXCUI
2106076	TOCILIZUMAB 180 MG/ML AUTO-INJECTOR	Medication Prescribing,	RXCUI
2100070	TOCILIZONIAB 180 MIG/INIL AUTO-INJECTOR	Medication	KACOI
895760	TOCILIZUMAB 20 MG/ML INJECTABLE SOLUTION	Prescribing,	RXCUI
033700	TOCILIZONIAD 20 MIG/ME INSECTABLE SOCIOTION	Medication	10,001
1441525	TOCILIZUMAB 180 MG/ML	Prescribing,	RXCUI
		Medication	
895758	TOCILIZUMAB 20 MG/ML	Prescribing,	RXCUI
		Medication	
1441526	TOCILIZUMAB PREFILLED SYRINGE	Prescribing,	RXCUI
		Medication	
1657973	TOCILIZUMAB INJECTION	Prescribing,	RXCUI
		Medication	
2106072	TOCILIZUMAB AUTO-INJECTOR	Prescribing,	RXCUI
		Medication	
895759	TOCILIZUMAB INJECTABLE SOLUTION	Prescribing,	RXCUI
		Medication	
1162729	TOCILIZUMAB INJECTABLE PRODUCT	Prescribing,	RXCUI
4257542	VELIANZ	Medication	DVCIII
1357542	XELJANZ	Prescribing,	RXCUI
1357536	TOFACITINIB	Medication Prescribing,	RXCUI
1337330	TOFACITIVID	Medication	KACOI
1358492	TOFACITINIB CITRATE	Prescribing,	RXCUI
1330432	TOTACHIND CHIMIE	Medication	IXCOI
1357547	TOFACITINIB 5 MG ORAL TABLET [XELJANZ]	Prescribing,	RXCUI
100,04,		Medication	10.001
1741049	24 HR TOFACITINIB 11 MG EXTENDED RELEASE ORAL TABLET [XELJANZ]	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
1741051	TOFACITINIB 11 MG EXTENDED RELEASE ORAL TABLET [XELJANZ]	Prescribing,	RXCUI
1741031	TOPACITINIB 11 MIG EXTENDED RELEASE ORAL TABLET [ALLIANZ]	Medication	KACUI
2048568	TOFACITINIB 10 MG ORAL TABLET [XELJANZ]	Prescribing,	RXCUI
2040300	TOTACITIVID TO WIG ONAL TABLET [ALBAN2]	Medication	IXCOI
2273115	24 HR TOFACITINIB 22 MG EXTENDED RELEASE ORAL TABLET [XELJANZ]	Prescribing,	RXCUI
22/3113	24 THE TOTACHTHOLD EXTENDED NEEDSE ONAL TABLET [ALBAN2]	Medication	IXCOI
2273117	TOFACITINIB 22 MG EXTENDED RELEASE ORAL TABLET [XELJANZ]	Prescribing,	RXCUI
22/311/	TOTACITIND 22 ING EXTENDED RELEASE ORAL TABLET [ALBAN2]	Medication	плеот
1357543	TOFACITINIB 5 MG [XELJANZ]	Prescribing,	RXCUI
1007010	TOTAL TIME STATE [ALEXAND]	Medication	
1741047	TOFACITINIB 11 MG [XELJANZ]	Prescribing,	RXCUI
-		Medication	
2048567	TOFACITINIB 10 MG [XELJANZ]	Prescribing,	RXCUI
		Medication	
2273114	TOFACITINIB 22 MG [XELJANZ]	Prescribing,	RXCUI
		Medication	
1357544	TOFACITINIB ORAL TABLET [XELJANZ]	Prescribing,	RXCUI
		Medication	
1741048	TOFACITINIB EXTENDED RELEASE ORAL TABLET [XELJANZ]	Prescribing,	RXCUI
		Medication	
1357545	XELJANZ ORAL PRODUCT	Prescribing,	RXCUI
		Medication	
1357546	XELJANZ PILL	Prescribing,	RXCUI
		Medication	
1357541	TOFACITINIB 5 MG ORAL TABLET	Prescribing,	RXCUI
		Medication	
1741046	24 HR TOFACITINIB 11 MG EXTENDED RELEASE ORAL TABLET	Prescribing,	RXCUI
		Medication	
1741050	TOFACITINIB 11 MG EXTENDED RELEASE ORAL TABLET	Prescribing,	RXCUI
2242566	TOTA (ITINUD 40 440 00 M TARLET	Medication	B./ (G) !!
2048566	TOFACITINIB 10 MG ORAL TABLET	Prescribing,	RXCUI
2272442	24 UP TOTA CITINUP 22 AAC EVITENDED DELEACE ODAL TARLET	Medication	BVCI II
2273113	24 HR TOFACITINIB 22 MG EXTENDED RELEASE ORAL TABLET	Prescribing,	RXCUI
2272446	TOPACITINID 22 MC EVTENDED DELFACE ODAL TADLET	Medication	DVCIII
2273116	TOFACITINIB 22 MG EXTENDED RELEASE ORAL TABLET	Prescribing,	RXCUI
1357537	TOFACITINIB 5 MG	Medication Prescribing,	RXCUI
155/55/	TOPACITINIB 5 MIG	Medication	KACUI
1741044	TOFACITINIB 11 MG	Prescribing,	RXCUI
1/41044	TOPACITINIB 11 MIG	Medication	KACUI
2048565	TOFACITINIB 10 MG	Prescribing,	RXCUI
2040303	TOTACITIVID 10 MG	Medication	плеот
2273112	TOFACITINIB 22 MG	Prescribing,	RXCUI
22/3112	TOTACHINID 22 INC	Medication	TOTO
1357540	TOFACITINIB ORAL TABLET	Prescribing,	RXCUI
		Medication	
1741045	TOFACITINIB EXTENDED RELEASE ORAL TABLET	Prescribing,	RXCUI
		Medication	
1357538	TOFACITINIB ORAL PRODUCT	Prescribing,	RXCUI
		Medication	-
1357539	TOFACITINIB PILL	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
151397	AZAMUNE	Prescribing,	RXCUI
131337	ALA WOOTE	Medication	10.001
151888	IMMUNOPRIN	Prescribing,	RXCUI
131000	THE STATE OF THE S	Medication	10.001
152156	OPRISINE	Prescribing,	RXCUI
		Medication	
202559	IMURAN	Prescribing,	RXCUI
		Medication	
360562	BERKAPRINE	Prescribing,	RXCUI
		Medication	
404872	AZASAN	Prescribing,	RXCUI
		Medication	
1256	AZATHIOPRINE	Prescribing,	RXCUI
		Medication	
267476	AZATHIOPRINE SODIUM	Prescribing,	RXCUI
		Medication	
105609	AZATHIOPRINE 50 MG ORAL TABLET [AZAMUNE]	Prescribing,	RXCUI
		Medication	
105610	AZATHIOPRINE 25 MG ORAL TABLET [IMURAN]	Prescribing,	RXCUI
		Medication	
105611	AZATHIOPRINE 50 MG ORAL TABLET [IMURAN]	Prescribing,	RXCUI
		Medication	
105612	AZATHIOPRINE 50 MG ORAL TABLET [IMMUNOPRIN]	Prescribing,	RXCUI
		Medication	
105613	AZATHIOPRINE 50 MG ORAL TABLET [BERKAPRINE]	Prescribing,	RXCUI
400022	AZATULODDINE FO MC ODAL TADLET [ODDICINE]	Medication	DVCIII
108922	AZATHIOPRINE 50 MG ORAL TABLET [OPRISINE]	Prescribing,	RXCUI
153130	AZATHIOPRINE 10 MG ORAL TABLET [IMURAN]	Medication Prescribing,	RXCUI
133130	AZATTIOPRINE TO MIG ORAL TABLET [IMORAN]	Medication	KACUI
213563	AZATHIOPRINE 10 MG/ML INJECTABLE SOLUTION [IMURAN]	Prescribing,	RXCUI
213303	AZATTIOT KINE TO WISHING ETABLE SOLOTION [INIONAN]	Medication	10,001
404351	AZATHIOPRINE 50 MG ORAL TABLET [AZASAN]	Prescribing,	RXCUI
10 1001	7.E. THOT WILL SO WE STREET [F.E. IS WI]	Medication	10.001
404475	AZATHIOPRINE 75 MG ORAL TABLET [AZASAN]	Prescribing,	RXCUI
		Medication	
404476	AZATHIOPRINE 100 MG ORAL TABLET [AZASAN]	Prescribing,	RXCUI
		Medication	
701338	AZATHIOPRINE 25 MG ORAL TABLET [AZASAN]	Prescribing,	RXCUI
		Medication	
564118	AZATHIOPRINE 50 MG [AZAMUNE]	Prescribing,	RXCUI
		Medication	
564119	AZATHIOPRINE 25 MG [IMURAN]	Prescribing,	RXCUI
		Medication	
564120	AZATHIOPRINE 50 MG [IMURAN]	Prescribing,	RXCUI
		Medication	
564121	AZATHIOPRINE 50 MG [IMMUNOPRIN]	Prescribing,	RXCUI
= 6 4 + 5 5		Medication	5 .7.5
564122	AZATHIOPRINE 50 MG [BERKAPRINE]	Prescribing,	RXCUI
FC 4CFF	AZATIHODDINE FO MC [ODDICINE]	Medication	DVC!!!
564655	AZATHIOPRINE 50 MG [OPRISINE]	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
565180	Description AZATHIOPRINE 10 MG [IMURAN]	Prescribing,	RXCUI
202190	ALATHIOFININE TO INIO [IINIONAIN]	Medication	NACUI
573446	AZATHIOPRINE 10 MG/ML [IMURAN]	Prescribing,	RXCUI
373440	AZATTIOFKINE 10 MOJNIE [IMOKAN]	Medication	IXCOI
576332	AZATHIOPRINE 50 MG [AZASAN]	Prescribing,	RXCUI
370332	AZATTIOT KINE 30 MG [AZASAN]	Medication	TIXCOT
576426	AZATHIOPRINE 75 MG [AZASAN]	Prescribing,	RXCUI
370420	AZATTIOT KINE 75 WG [AZASAN]	Medication	IXCOI
576427	AZATHIOPRINE 100 MG [AZASAN]	Prescribing,	RXCUI
370427	NEXT THO THINE 100 WG [NEX 15 / W]	Medication	плеот
701337	AZATHIOPRINE 25 MG [AZASAN]	Prescribing,	RXCUI
		Medication	
368214	AZATHIOPRINE ORAL TABLET [IMURAN]	Prescribing,	RXCUI
		Medication	
368521	AZATHIOPRINE ORAL TABLET [BERKAPRINE]	Prescribing,	RXCUI
		Medication	
369525	AZATHIOPRINE ORAL TABLET [AZAMUNE]	Prescribing,	RXCUI
		Medication	
369534	AZATHIOPRINE ORAL TABLET [IMMUNOPRIN]	Prescribing,	RXCUI
		Medication	
403109	AZATHIOPRINE ORAL TABLET [OPRISINE]	Prescribing,	RXCUI
		Medication	
405819	AZATHIOPRINE ORAL TABLET [AZASAN]	Prescribing,	RXCUI
		Medication	
92955	AZATHIOPRINE INJECTABLE SOLUTION [IMURAN]	Prescribing,	RXCUI
		Medication	
1167775	IMMUNOPRIN ORAL PRODUCT	Prescribing,	RXCUI
		Medication	
1167776	IMMUNOPRIN PILL	Prescribing,	RXCUI
		Medication	
1172006	IMURAN ORAL PRODUCT	Prescribing,	RXCUI
4472007	IAMUDAN DILI	Medication	DVCI II
1172007	IMURAN PILL	Prescribing,	RXCUI
1172211	DEDICADDINE ODAL DDODLICT	Medication	DVCIII
1172211	BERKAPRINE ORAL PRODUCT	Prescribing,	RXCUI
1172212	BERKAPRINE PILL	Medication Prescribing,	RXCUI
11/2212	DERRAFRINE FILL	Medication	KACOI
1176316	AZAMUNE ORAL PRODUCT	Prescribing,	RXCUI
11/0310	AZAMONE ONAL FRODUCT	Medication	IXCOI
1176317	AZAMUNE PILL	Prescribing,	RXCUI
1170317	NEARWORL TILL	Medication	11/1001
1176318	AZASAN ORAL PRODUCT	Prescribing,	RXCUI
		Medication	
1176319	AZASAN PILL	Prescribing,	RXCUI
		Medication	
1182311	OPRISINE ORAL PRODUCT	Prescribing,	RXCUI
		Medication	
1182312	OPRISINE PILL	Prescribing,	RXCUI
		Medication	
153129	AZATHIOPRINE 10 MG ORAL TABLET	Prescribing,	RXCUI
		Medication	

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	E. List of KxNorm Concept Unique Identifier (KXCUI), Logical C		
Code	Description	Code Category	Code Type
197388	AZATHIOPRINE 50 MG ORAL TABLET	Prescribing,	RXCUI
		Medication	
199310	AZATHIOPRINE 25 MG ORAL TABLET	Prescribing,	RXCUI
		Medication	
239983	AZATHIOPRINE 100 MG INJECTION	Prescribing,	RXCUI
		Medication	
359228	AZATHIOPRINE 100 MG ORAL TABLET	Prescribing,	RXCUI
		Medication	
359229	AZATHIOPRINE 75 MG ORAL TABLET	Prescribing,	RXCUI
		Medication	
410148	AZATHIOPRINE 250 MG ORAL CAPSULE	Prescribing,	RXCUI
		Medication	
315447	AZATHIOPRINE 50 MG	Prescribing,	RXCUI
		Medication	
329313	AZATHIOPRINE 25 MG	Prescribing,	RXCUI
		Medication	
333493	AZATHIOPRINE 10 MG/ML	Prescribing,	RXCUI
		Medication	
360265	AZATHIOPRINE 75 MG	Prescribing,	RXCUI
		Medication	
360266	AZATHIOPRINE 100 MG	Prescribing,	RXCUI
		Medication	
385562	AZATHIOPRINE 10 MG	Prescribing,	RXCUI
		Medication	
434684	AZATHIOPRINE 250 MG	Prescribing,	RXCUI
		Medication	
1789839	AZATHIOPRINE INJECTION	Prescribing,	RXCUI
		Medication	
370973	AZATHIOPRINE ORAL TABLET	Prescribing,	RXCUI
0,00,0	, <u></u>	Medication	
375463	AZATHIOPRINE INJECTABLE SOLUTION	Prescribing,	RXCUI
373103	ALAM TO THE TOP OF THE SOLOTION	Medication	10,001
434685	AZATHIOPRINE ORAL CAPSULE	Prescribing,	RXCUI
434003	AZATTIOT KINE OKAL GAI 30LL	Medication	TACOT
1155000	AZATHIOPRINE INJECTABLE PRODUCT	Prescribing,	RXCUI
1133000	AZATHOT KINE INSECTABLE I ROBOCT	Medication	TACOT
1155001	AZATHIOPRINE ORAL PRODUCT	Prescribing,	RXCUI
1133001	AZATTIOI KINE OKALT KODOCI	Medication	IXCOI
1155002	AZATHIOPRINE PILL	Prescribing,	RXCUI
1133002	AZATTIOFRINE FILE	Medication	RACOI
219912	SIMULECT	Prescribing,	RXCUI
213312	SINIOLECT	<u> </u>	KACUI
196102	BASILIXIMAB	Medication	RXCUI
196102	DASILIATIVIAD	Prescribing,	KACUI
1656646	DACH IVINAAD 10 NAC INHECTIONI [CINALII ECT]	Medication	DVCIII
1656646	BASILIXIMAB 10 MG INJECTION [SIMULECT]	Prescribing,	RXCUI
4656650	DACH IVINAAD 20 NAC INHECTION [CINALII ECT]	Medication	DVCIII
1656650	BASILIXIMAB 20 MG INJECTION [SIMULECT]	Prescribing,	RXCUI
2274.66	DACHIMAAD AAACAA INIECTADIE COMMINISTERIO	Medication	DVC:::
227146	BASILIXIMAB 4 MG/ML INJECTABLE SOLUTION [SIMULECT]	Prescribing,	RXCUI
40=00::	DACH IVIDAAD 40 A40 for the FOT?	Medication	B./.C/
1656644	BASILIXIMAB 10 MG [SIMULECT]	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
1656649	BASILIXIMAB 20 MG [SIMULECT]	Prescribing,	RXCUI
1030043	DASILIANNAD 20 MIG [SIMOLECT]	Medication	IXCOI
574069	BASILIXIMAB 4 MG/ML [SIMULECT]	Prescribing,	RXCUI
		Medication	
1656645	BASILIXIMAB INJECTION [SIMULECT]	Prescribing,	RXCUI
		Medication	
362559	BASILIXIMAB INJECTABLE SOLUTION [SIMULECT]	Prescribing,	RXCUI
		Medication	
1182652	SIMULECT INJECTABLE PRODUCT	Prescribing,	RXCUI
4656640		Medication	B.V.G. III
1656643	BASILIXIMAB 10 MG INJECTION	Prescribing,	RXCUI
1656648	BASILIXIMAB 20 MG INJECTION	Medication Prescribing,	RXCUI
1030046	BASILIATIVIAB 20 IVIG INJECTION	Medication	KACUI
313873	BASILIXIMAB 10 MG INJECTABLE SOLUTION	Prescribing,	RXCUI
		Medication	
359248	BASILIXIMAB 10 MG INJECTABLE SOLUTION	Prescribing,	RXCUI
		Medication	
1656641	BASILIXIMAB 10 MG	Prescribing,	RXCUI
		Medication	
1656647	BASILIXIMAB 20 MG	Prescribing,	RXCUI
222404	DACH IVINAAD 40 NAC	Medication	DVCIII
333494	BASILIXIMAB 10 MG	Prescribing,	RXCUI
360267	BASILIXIMAB 10 MG	Medication Prescribing,	RXCUI
300207	DASIEIAIWAD 10 WG	Medication	TOTO
1656642	BASILIXIMAB INJECTION	Prescribing,	RXCUI
		Medication	
377149	BASILIXIMAB INJECTABLE SOLUTION	Prescribing,	RXCUI
		Medication	
1159396	BASILIXIMAB INJECTABLE PRODUCT	Prescribing,	RXCUI
		Medication	
202816	SANDIMMUNE	Prescribing,	RXCUI
202817	NEORAL	Medication Prescribing,	RXCUI
202017	NEONAL	Medication	IXCOI
219800	SANGCYA	Prescribing,	RXCUI
		Medication	
261530	GENGRAF	Prescribing,	RXCUI
		Medication	
349643	EON BRAND OF CYCLOSPORINE	Prescribing,	RXCUI
		Medication	
349644	SIDMAK BRAND OF CYCLOSPORINE	Prescribing,	RXCUI
583287	CVSLOSDODNE	Medication Prescribing,	DVCIII
303207	CYSLOSPORINE	Medication	RXCUI
3008	CYCLOSPORINE	Prescribing,	RXCUI
3000		Medication	
236077	CYCLOSPORINE, MODIFIED	Prescribing,	RXCUI
		Medication	
108843	CYCLOSPORINE 100 MG ORAL CAPSULE [NEORAL]	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
108844	CYCLOSPORINE 50 MG ORAL CAPSULE [NEORAL]	Prescribing,	RXCUI
100044	Crossos State 30 Mid Othe Chi 30th [MEOTHE]	Medication	IIACOI
108845	CYCLOSPORINE 25 MG ORAL CAPSULE [NEORAL]	Prescribing,	RXCUI
	[Medication	
1732369	CYCLOSPORINE 50 MG/ML INJECTION [SANDIMMUNE]	Prescribing,	RXCUI
		Medication	
1797521	CYCLOSPORINE, MODIFIED 50 MG ORAL CAPSULE [GENGRAF]	Prescribing,	RXCUI
		Medication	
197552	CYCLOSPORINE 100 MG ORAL CAPSULE [SANDIMMUNE]	Prescribing,	RXCUI
		Medication	
212810	CYCLOSPORINE 25 MG ORAL CAPSULE [SANDIMMUNE]	Prescribing,	RXCUI
		Medication	
212821	CYCLOSPORINE 50 MG ORAL CAPSULE [SANDIMMUNE]	Prescribing,	RXCUI
		Medication	
212844	5 ML CYCLOSPORINE 50 MG/ML INJECTION [SANDIMMUNE]	Prescribing,	RXCUI
242056	CVCLOSPOPINE 400 MC/MI OPM COLUTION INFORMA	Medication	DVCIII
212956	CYCLOSPORINE 100 MG/ML ORAL SOLUTION [NEORAL]	Prescribing,	RXCUI
212957	CVCLOSPORINE 100 MC /MI ORAL COLLITION [SANDIMAMINE]	Medication Prescribing,	RXCUI
212957	CYCLOSPORINE 100 MG/ML ORAL SOLUTION [SANDIMMUNE]	Medication	KXCUI
212958	CYCLOSPORINE 100 MG/ML ORAL SOLUTION [SANGCYA]	Prescribing,	RXCUI
212930	CICLOSFORINE 100 MIG/ME ORAL SOLOTION [SANGETA]	Medication	KACOI
309627	CYCLOSPORINE 100 MG ORAL CAPSULE [EON BRAND OF CYCLOSPORINE]	Prescribing,	RXCUI
303027	Cross of the content of the cross of the cost of the	Medication	10.001
309628	CYCLOSPORINE 100 MG ORAL CAPSULE [GENGRAF]	Prescribing,	RXCUI
	(Medication	
309629	CYCLOSPORINE 25 MG ORAL CAPSULE [GENGRAF]	Prescribing,	RXCUI
	• •	Medication	
309630	CYCLOSPORINE 100 MG ORAL CAPSULE [SIDMAK BRAND OF CYCLOSPORINE]	Prescribing,	RXCUI
		Medication	
309631	CYCLOSPORINE 25 MG ORAL CAPSULE [SIDMAK BRAND OF CYCLOSPORINE]	Prescribing,	RXCUI
		Medication	
313937	CYCLOSPORINE 25 MG ORAL CAPSULE [EON BRAND OF CYCLOSPORINE]	Prescribing,	RXCUI
		Medication	
358934	CYCLOSPORINE 100 MG/ML ORAL SOLUTION [GENGRAF]	Prescribing,	RXCUI
		Medication	
358935	CYCLOSPORINE 100 MG/ML ORAL SOLUTION [SIDMAK BRAND OF CYCLOSPORINE]	Prescribing,	RXCUI
		Medication	B.V.O. III
583290	CYCLOSPORINE 100 MG ORAL CAPSULE [CYSLOSPORINE]	Prescribing,	RXCUI
025025	CVCLOCRORINE MODIFIED 100 MC ORAL CARCILLE [CENICRAE]	Medication	DVCIII
835835	CYCLOSPORINE, MODIFIED 100 MG ORAL CAPSULE [GENGRAF]	Prescribing, Medication	RXCUI
835892	CYCLOSPORINE, MODIFIED 100 MG/ML ORAL SOLUTION [GENGRAF]		RXCUI
033037	CICLOSFORMINE, MODIFIED 100 MIG/MIL ORAL SOLUTION [GENGRAF]	Prescribing, Medication	KACUI
835896	CYCLOSPORINE, MODIFIED 25 MG ORAL CAPSULE [GENGRAF]	Prescribing,	RXCUI
00000	STOCOST STATE, MODIFIED 25 MG STATE ON SOLE [GENGINIT]	Medication	10,001
835899	CYCLOSPORINE, MODIFIED 100 MG/ML ORAL SOLUTION [NEORAL]	Prescribing,	RXCUI
		Medication	
835909	CYCLOSPORINE, MODIFIED 25 MG ORAL CAPSULE [NEORAL]	Prescribing,	RXCUI
	,	Medication	
835911	CYCLOSPORINE, MODIFIED 100 MG ORAL CAPSULE [NEORAL]	Prescribing,	RXCUI
		Medication	

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Code	Description		
1797520	Description CYCLOSPORINE, MODIFIED 50 MG [GENGRAF]	Code Category Prescribing,	RXCUI
1/9/320	CICLOSFORINE, MODIFIED 30 Mid [GENGRAI]	Medication	KACOI
486331	CYCLOSPORINE 100 MG/ML [SANDIMMUNE]	Prescribing,	RXCUI
100001	erecesi erinte 100 me/me (orinteminiere)	Medication	10.001
564618	CYCLOSPORINE 100 MG [NEORAL]	Prescribing,	RXCUI
	•	Medication	
564619	CYCLOSPORINE 50 MG [NEORAL]	Prescribing,	RXCUI
		Medication	
564620	CYCLOSPORINE 25 MG [NEORAL]	Prescribing,	RXCUI
		Medication	
565430	CYCLOSPORINE 100 MG [SANDIMMUNE]	Prescribing,	RXCUI
F72000	CVCI OCDODINE 35 MC [CANDIAMALINE]	Medication	DVCIII
572889	CYCLOSPORINE 25 MG [SANDIMMUNE]	Prescribing,	RXCUI
572895	CYCLOSPORINE 50 MG [SANDIMMUNE]	Medication Prescribing,	RXCUI
372033	CICLOSI ONINE SO INIO [SANDIMINIONE]	Medication	IXCOI
572915	CYCLOSPORINE 50 MG/ML [SANDIMMUNE]	Prescribing,	RXCUI
072020	o. o	Medication	
572918	CYCLOSPORINE 100 MG/ML [NEORAL]	Prescribing,	RXCUI
		Medication	
572919	CYCLOSPORINE 100 MG/ML [SANGCYA]	Prescribing,	RXCUI
		Medication	
575103	CYCLOSPORINE 100 MG [EON BRAND OF CYCLOSPORINE]	Prescribing,	RXCUI
		Medication	
575104	CYCLOSPORINE 100 MG [GENGRAF]	Prescribing,	RXCUI
575105	CACI OCDODINE 3E WC [CENCDVE]	Medication Prescribing,	DVCIII
3/3103	CYCLOSPORINE 25 MG [GENGRAF]	Medication	RXCUI
575106	CYCLOSPORINE 100 MG [SIDMAK BRAND OF CYCLOSPORINE]	Prescribing,	RXCUI
373100		Medication	101001
575107	CYCLOSPORINE 25 MG [SIDMAK BRAND OF CYCLOSPORINE]	Prescribing,	RXCUI
		Medication	
575200	CYCLOSPORINE 25 MG [EON BRAND OF CYCLOSPORINE]	Prescribing,	RXCUI
		Medication	
576050	CYCLOSPORINE 100 MG/ML [GENGRAF]	Prescribing,	RXCUI
		Medication	
576051	CYCLOSPORINE 100 MG/ML [SIDMAK BRAND OF CYCLOSPORINE]	Prescribing,	RXCUI
583288	CYCLOSPORINE 100 MG [CYSLOSPORINE]	Medication	RXCUI
303200	CTCLOSPORINE 100 MIG [CTSLOSPORINE]	Prescribing, Medication	KACUI
835787	CYCLOSPORINE, MODIFIED 100 MG [GENGRAF]	Prescribing,	RXCUI
033707	Crecosi Grante, Mobilita 150 MG [GENGINA]	Medication	10.001
835887	CYCLOSPORINE, MODIFIED 100 MG/ML [GENGRAF]	Prescribing,	RXCUI
	, , , ,	Medication	
835895	CYCLOSPORINE, MODIFIED 25 MG [GENGRAF]	Prescribing,	RXCUI
		Medication	
835897	CYCLOSPORINE, MODIFIED 100 MG/ML [NEORAL]	Prescribing,	RXCUI
		Medication	
835900	CYCLOSPORINE, MODIFIED 100 MG [NEORAL]	Prescribing,	RXCUI
025004	CVCI OCDODINE MODIFIED 25 MC [NEODAL]	Medication	DVC!!!
835901	CYCLOSPORINE, MODIFIED 25 MG [NEORAL]	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
1732366	CYCLOSPORINE INJECTION [SANDIMMUNE]	Prescribing,	RXCUI
1/32300	CICLOSPONINE INJECTION [SANDIMINIONE]	Medication	KACOI
363913	CYCLOSPORINE ORAL SOLUTION [SIDMAK BRAND OF CYCLOSPORINE]	Prescribing,	RXCUI
303913	CICLOSPONINE ORAL SOLUTION [SIDIVIAN BRAND OF CICLOSPONINE]	Medication	KACUI
363914	CYCLOSPORINE ORAL SOLUTION [GENGRAF]	Prescribing,	RXCUI
303314	CICLOSFORINE ORAL SOLOTION [GENGRAI]	Medication	KACOI
363942	CYCLOSPORINE ORAL SOLUTION [NEORAL]	Prescribing,	RXCUI
303342	CICLOSFORINE ORAL SOLUTION [NEORAL]	Medication	IXCOI
364418	CYCLOSPORINE ORAL SOLUTION [SANGCYA]	Prescribing,	RXCUI
304410	CICLOSFORINE ORAL SOLUTION [SANGCIA]	Medication	IXCOI
366172	CYCLOSPORINE ORAL CAPSULE [SIDMAK BRAND OF CYCLOSPORINE]	Prescribing,	RXCUI
300172	Creeds Office of Societism with or creeds office;	Medication	10.001
366173	CYCLOSPORINE ORAL CAPSULE [GENGRAF]	Prescribing,	RXCUI
300173		Medication	10.001
366174	CYCLOSPORINE ORAL CAPSULE [EON BRAND OF CYCLOSPORINE]	Prescribing,	RXCUI
		Medication	
366479	CYCLOSPORINE ORAL CAPSULE [NEORAL]	Prescribing,	RXCUI
		Medication	
366488	CYCLOSPORINE ORAL CAPSULE [SANDIMMUNE]	Prescribing,	RXCUI
		Medication	
583289	CYCLOSPORINE ORAL CAPSULE [CYSLOSPORINE]	Prescribing,	RXCUI
	•	Medication	
94034	CYCLOSPORINE INJECTABLE SOLUTION [SANDIMMUNE]	Prescribing,	RXCUI
	·	Medication	
94035	CYCLOSPORINE ORAL SOLUTION [SANDIMMUNE]	Prescribing,	RXCUI
		Medication	
1169824	GENGRAF ORAL LIQUID PRODUCT	Prescribing,	RXCUI
		Medication	
1169825	GENGRAF ORAL PRODUCT	Prescribing,	RXCUI
		Medication	
1169826	GENGRAF PILL	Prescribing,	RXCUI
		Medication	
1174462	CYSLOSPORINE ORAL PRODUCT	Prescribing,	RXCUI
		Medication	
1174463	CYSLOSPORINE PILL	Prescribing,	RXCUI
		Medication	
1181672	NEORAL ORAL LIQUID PRODUCT	Prescribing,	RXCUI
		Medication	
1181673	NEORAL ORAL PRODUCT	Prescribing,	RXCUI
		Medication	
1181674	NEORAL PILL	Prescribing,	RXCUI
		Medication	
1185408	SANDIMMUNE INJECTABLE PRODUCT	Prescribing,	RXCUI
4405400		Medication	B.V.O. II
1185409	SANDIMMUNE ORAL LIQUID PRODUCT	Prescribing,	RXCUI
4405440	CANDINAMINE ORAL PRODUCT	Medication	DVCIII
1185410	SANDIMMUNE ORAL PRODUCT	Prescribing,	RXCUI
4405444	CANDINAMINE DILL	Medication	BV0! ::
1185411	SANDIMMUNE PILL	Prescribing,	RXCUI
1105071	CANCEVA ODAL LIQUID PRODUCT	Medication	DVCIII
1185971	SANGCYA ORAL LIQUID PRODUCT	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
1185972	SANGCYA ORAL PRODUCT	Prescribing,	RXCUI
1103372	SANGER GIVET NOBOCI	Medication	10.001
1732368	CYCLOSPORINE 50 MG/ML INJECTION	Prescribing,	RXCUI
1732300	Crocosi Onine so maj me inscensiv	Medication	11/1001
197553	CYCLOSPORINE 25 MG ORAL CAPSULE	Prescribing,	RXCUI
207000		Medication	
205168	CYCLOSPORINE 50 MG ORAL CAPSULE	Prescribing,	RXCUI
		Medication	
205175	5 ML CYCLOSPORINE 50 MG/ML INJECTION	Prescribing,	RXCUI
	·	Medication	
226692	CYCLOSPORINE 10 MG ORAL CAPSULE	Prescribing,	RXCUI
		Medication	
241834	CYCLOSPORINE, MODIFIED 100 MG ORAL CAPSULE	Prescribing,	RXCUI
		Medication	
309632	CYCLOSPORINE 100 MG/ML ORAL SOLUTION	Prescribing,	RXCUI
		Medication	
328160	CYCLOSPORINE 100 MG ORAL CAPSULE	Prescribing,	RXCUI
		Medication	
348431	CYCLOSPORINE 1000 MG/ML ORAL SOLUTION	Prescribing,	RXCUI
		Medication	
670177	CYCLOSPORINE 50 MG/ML ORAL SOLUTION	Prescribing,	RXCUI
		Medication	
835886	CYCLOSPORINE, MODIFIED 100 MG/ML ORAL SOLUTION	Prescribing,	RXCUI
		Medication	
835894	CYCLOSPORINE, MODIFIED 25 MG ORAL CAPSULE	Prescribing,	RXCUI
005040		Medication	B.V.G. III
835919	CYCLOSPORINE, MODIFIED 10 MG ORAL CAPSULE	Prescribing,	RXCUI
025025	CVCI OCDODINE MODIFIED FO MC ODAL CARCULE	Medication	DVCIII
835925	CYCLOSPORINE, MODIFIED 50 MG ORAL CAPSULE	Prescribing,	RXCUI
315749	CYCLOSPORINE 100 MG	Medication Prescribing,	RXCUI
313/49	CTCLOSPORINE 100 MG	Medication	KACUI
315750	CYCLOSPORINE 100 MG/ML	Prescribing,	RXCUI
313730	CTCLOSFORINE 100 MIG/ML	Medication	KACOI
315751	CYCLOSPORINE 25 MG	Prescribing,	RXCUI
010/01		Medication	
315752	CYCLOSPORINE 50 MG	Prescribing,	RXCUI
		Medication	
315753	CYCLOSPORINE 50 MG/ML	Prescribing,	RXCUI
		Medication	
334294	CYCLOSPORINE, MODIFIED 100 MG	Prescribing,	RXCUI
		Medication	
358763	CYCLOSPORINE 1000 MG/ML	Prescribing,	RXCUI
		Medication	
385602	CYCLOSPORINE 10 MG	Prescribing,	RXCUI
		Medication	
835885	CYCLOSPORINE, MODIFIED 100 MG/ML	Prescribing,	RXCUI
		Medication	
835893	CYCLOSPORINE, MODIFIED 25 MG	Prescribing,	RXCUI
		Medication	
835918	CYCLOSPORINE, MODIFIED 10 MG	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
835924	CYCLOSPORINE, MODIFIED 50 MG	Prescribing,	RXCUI
033324	CTCLOST OTHER, MODIFIED SO MIC	Medication	AACOI
1732364	CYCLOSPORINE INJECTION	Prescribing,	RXCUI
1732304	CICLOSI ONINE INSECTION	Medication	TIXCOT
371666	CYCLOSPORINE ORAL CAPSULE	Prescribing,	RXCUI
37 1000	CICLOSI ONINE CIVIL CIVI SOLE	Medication	TIXCOT
371667	CYCLOSPORINE ORAL SOLUTION	Prescribing,	RXCUI
37 1007	CICLOSI ONINE SINE SOLOTION	Medication	плеот
374573	CYCLOSPORINE INJECTABLE SOLUTION	Prescribing,	RXCUI
37 1373		Medication	11/1001
1156186	CYCLOSPORINE INJECTABLE PRODUCT	Prescribing,	RXCUI
		Medication	
1156188	CYCLOSPORINE ORAL LIQUID PRODUCT	Prescribing,	RXCUI
		Medication	
1156189	CYCLOSPORINE ORAL PRODUCT	Prescribing,	RXCUI
		Medication	
1156190	CYCLOSPORINE PILL	Prescribing,	RXCUI
		Medication	
1795335	ZINBRYTA	Prescribing,	RXCUI
		Medication	
81770	ZENAPAX	Prescribing,	RXCUI
		Medication	
190353	DACLIZUMAB	Prescribing,	RXCUI
		Medication	
1795339	1 ML DACLIZUMAB 150 MG/ML PREFILLED SYRINGE [ZINBRYTA]	Prescribing,	RXCUI
		Medication	
1795341	DACLIZUMAB 150 MG/ML PREFILLED SYRINGE [ZINBRYTA]	Prescribing,	RXCUI
		Medication	
1925211	1 ML DACLIZUMAB 150 MG/ML AUTO-INJECTOR [ZINBRYTA]	Prescribing,	RXCUI
		Medication	
1925213	DACLIZUMAB 150 MG/ML AUTO-INJECTOR [ZINBRYTA]	Prescribing,	RXCUI
		Medication	
213177	DACLIZUMAB 5 MG/ML INJECTABLE SOLUTION [ZENAPAX]	Prescribing,	RXCUI
		Medication	
1795336	DACLIZUMAB 150 MG/ML [ZINBRYTA]	Prescribing,	RXCUI
		Medication	
573100	DACLIZUMAB 5 MG/ML [ZENAPAX]	Prescribing,	RXCUI
		Medication	
1795337	DACLIZUMAB PREFILLED SYRINGE [ZINBRYTA]	Prescribing,	RXCUI
		Medication	
1925210	DACLIZUMAB AUTO-INJECTOR [ZINBRYTA]	Prescribing,	RXCUI
		Medication	
362855	DACLIZUMAB INJECTABLE SOLUTION [ZENAPAX]	Prescribing,	RXCUI
		Medication	
1187246	ZENAPAX INJECTABLE PRODUCT	Prescribing,	RXCUI
		Medication	
1795338	ZINBRYTA INJECTABLE PRODUCT	Prescribing,	RXCUI
		Medication	
1795334	1 ML DACLIZUMAB 150 MG/ML PREFILLED SYRINGE	Prescribing,	RXCUI
		Medication	
1795340	DACLIZUMAB 150 MG/ML PREFILLED SYRINGE	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
1925209	Description 1 ML DACLIZUMAB 150 MG/ML AUTO-INJECTOR	Prescribing,	RXCUI
1923203	T INT DUCTIONING TOO INICHIOLOGICAL	Medication	NACUI
1925212	DACLIZUMAB 150 MG/ML AUTO-INJECTOR	Prescribing,	RXCUI
1723212	DAGELOWARD 130 MICHOTO HIGHETON	Medication	IIACOI
200171	DACLIZUMAB 5 MG/ML INJECTABLE SOLUTION	Prescribing,	RXCUI
200171	Bridging 5 mapine mazer bezonen	Medication	10.001
1795332	DACLIZUMAB 150 MG/ML	Prescribing,	RXCUI
	2.132.20.11.13 233 11.13, 11.12	Medication	
315755	DACLIZUMAB 5 MG/ML	Prescribing,	RXCUI
	,	Medication	
1795333	DACLIZUMAB PREFILLED SYRINGE	Prescribing,	RXCUI
		Medication	
1925208	DACLIZUMAB AUTO-INJECTOR	Prescribing,	RXCUI
		Medication	
377159	DACLIZUMAB INJECTABLE SOLUTION	Prescribing,	RXCUI
		Medication	
1151834	DACLIZUMAB INJECTABLE PRODUCT	Prescribing,	RXCUI
		Medication	
2104612	GAMIFANT	Prescribing,	RXCUI
		Medication	
2104604	EMAPALUMAB	Prescribing,	RXCUI
		Medication	
2104603	EMAPALUMAB-LZSG	Prescribing,	RXCUI
		Medication	
2104616	2 ML EMAPALUMAB-LZSG 5 MG/ML INJECTION [GAMIFANT]	Prescribing,	RXCUI
		Medication	
2104618	EMAPALUMAB-LZSG 5 MG/ML INJECTION [GAMIFANT]	Prescribing,	RXCUI
2424522	40.44 53445444445455554664444445555546454555	Medication	B.V.G. III
2104622	10 ML EMAPALUMAB-LZSG 5 MG/ML INJECTION [GAMIFANT]	Prescribing,	RXCUI
2104612	ENANDALLINAND LZCC E NAC /NAL [CANAIFANIT]	Medication	DVCIII
2104613	EMAPALUMAB-LZSG 5 MG/ML [GAMIFANT]	Prescribing,	RXCUI
2104614	EMAPALUMAB INJECTION [GAMIFANT]	Medication Prescribing,	RXCUI
2104014	EIVIAPALOIVIAB INJECTION [GAIVIIFANT]	Medication	KACUI
2104615	GAMIFANT INJECTABLE PRODUCT	Prescribing,	RXCUI
2104013	GAIVIII ANT INJECTABLE PRODUCT	Medication	KACOI
2104611	2 ML EMAPALUMAB-LZSG 5 MG/ML INJECTION	Prescribing,	RXCUI
2104011	2 ME LIMAI ALOMAD 1230 3 MIG/ME INSECTION	Medication	10,001
2104617	EMAPALUMAB-LZSG 5 MG/ML INJECTION	Prescribing,	RXCUI
		Medication	
2104621	10 ML EMAPALUMAB-LZSG 5 MG/ML INJECTION	Prescribing,	RXCUI
	, and the second se	Medication	
2104608	EMAPALUMAB-LZSG 5 MG/ML	Prescribing,	RXCUI
		Medication	
2104610	EMAPALUMAB INJECTION	Prescribing,	RXCUI
		Medication	
2104609	EMAPALUMAB INJECTABLE PRODUCT	Prescribing,	RXCUI
		Medication	
845509	AFINITOR	Prescribing,	RXCUI
		Medication	
977428	ZORTRESS	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
845508	{28 (EVEROLIMUS 10 MG ORAL TABLET) } PACK	Prescribing,	RXCUI
0-5500	[20 [EVEROLINIOS TO INIO OTAL TABLET]] TACK	Medication	IIACOI
845516	{28 (EVEROLIMUS 5 MG ORAL TABLET) } PACK	Prescribing,	RXCUI
5510	, - ,	Medication	
141704	EVEROLIMUS	Prescribing,	RXCUI
		Medication	
1119402	EVEROLIMUS 7.5 MG ORAL TABLET [AFINITOR]	Prescribing,	RXCUI
		Medication	
1310138	EVEROLIMUS 2 MG TABLET FOR ORAL SUSPENSION [AFINITOR]	Prescribing,	RXCUI
		Medication	
1310144	EVEROLIMUS 3 MG TABLET FOR ORAL SUSPENSION [AFINITOR]	Prescribing,	RXCUI
		Medication	
1310147	EVEROLIMUS 5 MG TABLET FOR ORAL SUSPENSION [AFINITOR]	Prescribing,	RXCUI
		Medication	
2056897	EVEROLIMUS 1 MG ORAL TABLET [ZORTRESS]	Prescribing,	RXCUI
045543	EVED ON MALIC 40 MC ODAL TARLET [AFINITOR]	Medication	DVCI II
845512	EVEROLIMUS 10 MG ORAL TABLET [AFINITOR]	Prescribing,	RXCUI
045540	EVEDOLIMILIC E MC ODAL TARLET [AFINITOR]	Medication	DVCIII
845518	EVEROLIMUS 5 MG ORAL TABLET [AFINITOR]	Prescribing,	RXCUI
977431	EVEROLIMUS 0.25 MG ORAL TABLET [ZORTRESS]	Medication	RXCUI
9//431	EVEROLINIOS 0.25 INIG ORAL TABLET [ZORTRESS]	Prescribing, Medication	KACUI
977436	EVEROLIMUS 0.5 MG ORAL TABLET [ZORTRESS]	Prescribing,	RXCUI
377430	EVEROLINIOS 0.5 INIO ORAL TABLET [ZONTRESS]	Medication	KACUI
977440	EVEROLIMUS 0.75 MG ORAL TABLET [ZORTRESS]	Prescribing,	RXCUI
377440	EVENOLIMOS 0.75 ING ONAL PADELI [ZONANESS]	Medication	плеот
998191	EVEROLIMUS 2.5 MG ORAL TABLET [AFINITOR]	Prescribing,	RXCUI
000202		Medication	
1119401	EVEROLIMUS 7.5 MG [AFINITOR]	Prescribing,	RXCUI
	,	Medication	
1310135	EVEROLIMUS 0.08 MG/ML [AFINITOR]	Prescribing,	RXCUI
		Medication	
1310143	EVEROLIMUS 0.12 MG/ML [AFINITOR]	Prescribing,	RXCUI
		Medication	
1310146	EVEROLIMUS 0.2 MG/ML [AFINITOR]	Prescribing,	RXCUI
		Medication	
1869515	EVEROLIMUS 2 MG [AFINITOR]	Prescribing,	RXCUI
		Medication	
1869520	EVEROLIMUS 3 MG [AFINITOR]	Prescribing,	RXCUI
		Medication	
2056896	EVEROLIMUS 1 MG [ZORTRESS]	Prescribing,	RXCUI
045540	EVEDOLIMILE 40 MC [AFINITOD]	Medication	DVCIII
845510	EVEROLIMUS 10 MG [AFINITOR]	Prescribing,	RXCUI
045517	EVEDOLIMITE E MC [ACINITOD]	Medication	DVCIII
845517	EVEROLIMUS 5 MG [AFINITOR]	Prescribing,	RXCUI
977429	EVEROLIMUS 0.25 MG [ZORTRESS]	Medication Prescribing,	RXCUI
377423	EVEROLINIOS 0.25 INIO [ZONTRESS]	•	KACUI
977435	EVEROLIMUS 0.5 MG [ZORTRESS]	Medication Prescribing,	RXCUI
J117JJ	EVEROENTIOS 0.5 THIS [ZOTTITESS]	Medication	MACOI
977439	EVEROLIMUS 0.75 MG [ZORTRESS]	Prescribing,	RXCUI
2100		Medication	
		Wicalcation	

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	Description		
Code 998190	Description EVEROLIMUS 2.5 MG [AFINITOR]	Code Category Prescribing,	RXCUI
990190	EVEROLINIOS 2.5 INIG [AFINITOR]	Medication	KACUI
1310136	EVEROLIMUS ORAL SUSPENSION [AFINITOR]	Prescribing,	RXCUI
1310130	EVEROLINIOS ORAL SOSPENSION [AFINITOR]	_	KACUI
1869516	EVEROLIMUS TABLET FOR ORAL SUSPENSION [AFINITOR]	Medication Prescribing,	RXCUI
1003310	EVEROLINIOS TABLET FOR ORAL 303F ENSION [ATTIVITOR]	Medication	IXCOI
845511	EVEROLIMUS ORAL TABLET [AFINITOR]	Prescribing,	RXCUI
043311	EVEROLINIOS ORAL TABLET [AFINITOR]	Medication	KACUI
977430	EVEROLIMUS ORAL TABLET [ZORTRESS]	Prescribing,	RXCUI
377430	EVEROLIWIOS ONAL TABLET [ZONTNESS]	Medication	IXCOI
1172066	AFINITOR ORAL PRODUCT	Prescribing,	RXCUI
11,2000	7. HITON ON LET HOBOUT	Medication	10.001
1172067	AFINITOR PILL	Prescribing,	RXCUI
		Medication	
1186316	ZORTRESS ORAL PRODUCT	Prescribing,	RXCUI
		Medication	
1186317	ZORTRESS PILL	Prescribing,	RXCUI
		Medication	
1310137	AFINITOR ORAL LIQUID PRODUCT	Prescribing,	RXCUI
		Medication	
1119400	EVEROLIMUS 7.5 MG ORAL TABLET	Prescribing,	RXCUI
		Medication	
1308428	EVEROLIMUS 2 MG TABLET FOR ORAL SUSPENSION	Prescribing,	RXCUI
		Medication	
1308430	EVEROLIMUS 3 MG TABLET FOR ORAL SUSPENSION	Prescribing,	RXCUI
		Medication	
1308432	EVEROLIMUS 5 MG TABLET FOR ORAL SUSPENSION	Prescribing,	RXCUI
		Medication	
2056895	EVEROLIMUS 1 MG ORAL TABLET	Prescribing,	RXCUI
		Medication	
845507	EVEROLIMUS 10 MG ORAL TABLET	Prescribing,	RXCUI
		Medication	
845515	EVEROLIMUS 5 MG ORAL TABLET	Prescribing,	RXCUI
		Medication	
977427	EVEROLIMUS 0.25 MG ORAL TABLET	Prescribing,	RXCUI
		Medication	
977434	EVEROLIMUS 0.5 MG ORAL TABLET	Prescribing,	RXCUI
		Medication	
977438	EVEROLIMUS 0.75 MG ORAL TABLET	Prescribing,	RXCUI
000400	EVEROUNALIS 2 F MAS ORAL TARLET	Medication	DVCIII
998189	EVEROLIMUS 2.5 MG ORAL TABLET	Prescribing,	RXCUI
1110200	EVEROLINALIS 7 F NAC	Medication	DVCIII
1119399	EVEROLIMUS 7.5 MG	Prescribing,	RXCUI
1200425	EVEROLIMUS 0.08 MG/ML	Medication Prescribing,	DVCIII
1308425	LVENOLIIVIOS 0.00 IVIG/IVIL	Medication	RXCUI
1308429	EVEDOLIMUS O 12 MG/MI	Prescribing,	RXCUI
1300423	EVEROLIMUS 0.12 MG/ML	Medication	NACOI
1308431	EVEROLIMUS 0.2 MG/ML	Prescribing,	RXCUI
1300431	LVLINOLINIOS U.Z IVIO/IVIL	Medication	NACUI
1869512	EVEROLIMUS 2 MG	Prescribing,	RXCUI
1000012		Medication	
		MEdication	

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Code	Description	Code Category	Code Type
1869518	EVEROLIMUS 3 MG	Prescribing,	RXCUI
1003310	EVENOLIMOS S IVIG	Medication	KACUI
2056894	EVEROLIMUS 1 MG	Prescribing,	RXCUI
2030654	EVENOLIMOS 1 MG	Medication	KACUI
845505	EVEROLIMUS 10 MG	Prescribing,	RXCUI
043303	EVEROLIMOS TO MO	Medication	iocoi
845514	EVEROLIMUS 5 MG	Prescribing,	RXCUI
043314	EVEROLIMOS S IVIO	Medication	IXCOI
977426	EVEROLIMUS 0.25 MG	Prescribing,	RXCUI
377420	EVENOLIMOS 0.25 MG	Medication	10,001
977433	EVEROLIMUS 0.5 MG	Prescribing,	RXCUI
		Medication	
977437	EVEROLIMUS 0.75 MG	Prescribing,	RXCUI
		Medication	
998188	EVEROLIMUS 2.5 MG	Prescribing,	RXCUI
		Medication	
1308427	EVEROLIMUS ORAL SUSPENSION	Prescribing,	RXCUI
		Medication	
1869513	EVEROLIMUS TABLET FOR ORAL SUSPENSION	Prescribing,	RXCUI
		Medication	
845506	EVEROLIMUS ORAL TABLET	Prescribing,	RXCUI
		Medication	
1163786	EVEROLIMUS ORAL PRODUCT	Prescribing,	RXCUI
		Medication	
1163787	EVEROLIMUS PILL	Prescribing,	RXCUI
		Medication	
1308426	EVEROLIMUS ORAL LIQUID PRODUCT	Prescribing,	RXCUI
		Medication	
1536485	PURIXAN	Prescribing,	RXCUI
240542	DUDINETUO.	Medication	B./.C/. II
219513	PURINETHOL	Prescribing,	RXCUI
102	MEDICARTORURINE	Medication	DVCIII
103	MERCAPTOPURINE	Prescribing,	RXCUI
1546020	MERCAPTOPURINE ANHYDROUS	Medication	DVCIII
1546028	WERCAPTOPORINE ANTIDROUS	Prescribing,	RXCUI
1536490	MERCAPTOPURINE 20 MG/ML ORAL SUSPENSION [PURIXAN]	Medication Prescribing,	RXCUI
1330430	WERCAP TOPORTINE 20 MIG/INE ORAL 303PENSION [PORTAIN]	Medication	KACUI
206788	MERCAPTOPURINE 50 MG ORAL TABLET [PURINETHOL]	Prescribing,	RXCUI
200788	WERCAF TO FORME SO WIG ORAL TABLET [FORMETHOL]	Medication	KACOI
1536486	MERCAPTOPURINE 20 MG/ML [PURIXAN]	Prescribing,	RXCUI
1550400	MENON TOTONINE 20 MIS/ME [I ONIA/M]	Medication	10,001
567599	MERCAPTOPURINE 50 MG [PURINETHOL]	Prescribing,	RXCUI
507555		Medication	
1536487	MERCAPTOPURINE ORAL SUSPENSION [PURIXAN]	Prescribing,	RXCUI
	,	Medication	
368861	MERCAPTOPURINE ORAL TABLET [PURINETHOL]	Prescribing,	RXCUI
	•	Medication	
1183583	PURINETHOL ORAL PRODUCT	Prescribing,	RXCUI
		Medication	
1183584	PURINETHOL PILL	Prescribing,	RXCUI
		Medication	

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	E. List of KxNorm Concept Unique Identifier (KXCUI), Logical Observation Identifiers		
Code	Description PARAMETER PROPERTY	Code Category	Code Type
1536488	PURIXAN ORAL LIQUID PRODUCT	Prescribing,	RXCUI
		Medication	
1536489	PURIXAN ORAL PRODUCT	Prescribing,	RXCUI
		Medication	
1536484	MERCAPTOPURINE 20 MG/ML ORAL SUSPENSION	Prescribing,	RXCUI
		Medication	
197931	MERCAPTOPURINE 50 MG ORAL TABLET	Prescribing,	RXCUI
		Medication	
199766	MERCAPTOPURINE 10 MG ORAL TABLET	Prescribing,	RXCUI
		Medication	
1536481	MERCAPTOPURINE 20 MG/ML	Prescribing,	RXCUI
		Medication	
316246	MERCAPTOPURINE 50 MG	Prescribing,	RXCUI
		Medication	
332204	MERCAPTOPURINE 10 MG	Prescribing,	RXCUI
		Medication	
1536483	MERCAPTOPURINE ORAL SUSPENSION	Prescribing,	RXCUI
		Medication	
372782	MERCAPTOPURINE ORAL TABLET	Prescribing,	RXCUI
		Medication	
1165710	MERCAPTOPURINE ORAL PRODUCT	Prescribing,	RXCUI
		Medication	
1165711	MERCAPTOPURINE PILL	Prescribing,	RXCUI
		Medication	
1536482	MERCAPTOPURINE ORAL LIQUID PRODUCT	Prescribing,	RXCUI
		Medication	
1441403	OTREXUP	Prescribing,	RXCUI
1111100	O THE ACT	Medication	
152008	MAXTREX	Prescribing,	RXCUI
132000	MINATREA	Medication	MACOI
1544379	RASUVO	Prescribing,	RXCUI
1344373	INSUVO	Medication	IIXCOI
1921593	XATMEP	Prescribing,	RXCUI
1921393	AATIVILE	=	KACUI
284900	TREXALL	Medication	RXCUI
264900	TREAALL	Prescribing,	KACUI
246424	FNATEVATE	Medication	DVCIII
346424	EMTEXATE	Prescribing,	RXCUI
404604	DUELINATORY	Medication	BVCI II
491604	RHEUMATREX	Prescribing,	RXCUI
4450440	(0 (4.4574.077574.75.0.5.4.0.07.4.74.75.57.17.4.4.775.41)) 2.404.17.17.17.1	Medication	B./ 6/ //
1150118	{8 (METHOTREXATE 2.5 MG ORAL TABLET [RHEUMATREX]) } PACK [RHEUMATREX	Prescribing,	RXCUI
	DOSE PACK 8]	Medication	
1541216	{12 (METHOTREXATE 2.5 MG ORAL TABLET [RHEUMATREX]) } PACK [RHEUMATREX	Prescribing,	RXCUI
	DOSE PACK 12]	Medication	
1541218	{16 (METHOTREXATE 2.5 MG ORAL TABLET [RHEUMATREX]) } PACK [RHEUMATREX	Prescribing,	RXCUI
	DOSE PACK 16]	Medication	
1541221	{20 (METHOTREXATE 2.5 MG ORAL TABLET [RHEUMATREX]) } PACK [RHEUMATREX	Prescribing,	RXCUI
	DOSE PACK 20]	Medication	
1541224	{24 (METHOTREXATE 2.5 MG ORAL TABLET [RHEUMATREX]) } PACK [RHEUMATREX	Prescribing,	RXCUI
	DOSE PACK 24]	Medication	
1541226	{28 (METHOTREXATE 2.5 MG ORAL TABLET [RHEUMATREX]) } PACK [RHEUMATREX	Prescribing,	RXCUI
	DOSE PACK 28]	Medication	

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Code	Description	Code Category	Code Type
1541228	{32 (METHOTREXATE 2.5 MG ORAL TABLET [RHEUMATREX]) } PACK [RHEUMATREX	Prescribing,	RXCUI
	DOSE PACK 32]	Medication	
1150117	{8 (METHOTREXATE 2.5 MG ORAL TABLET) } PACK	Prescribing,	RXCUI
		Medication	
1541215	{12 (METHOTREXATE 2.5 MG ORAL TABLET) } PACK	Prescribing,	RXCUI
		Medication	
1541217	{16 (METHOTREXATE 2.5 MG ORAL TABLET) } PACK	Prescribing,	RXCUI
4544220	(20 (METHOTDEVATE 2 F.M.C. ODAL TARLET)) RACK	Medication	BVCI II
1541220	{20 (METHOTREXATE 2.5 MG ORAL TABLET) } PACK	Prescribing,	RXCUI
1541222	{24 (METHOTREXATE 2.5 MG ORAL TABLET) } PACK	Medication Prescribing,	RXCUI
1341222	(24 (METHOTILEATE 2.5 MIG GIAL TABLET)) FACK	Medication	IXCOI
1541225	{28 (METHOTREXATE 2.5 MG ORAL TABLET) } PACK	Prescribing,	RXCUI
15-1225	(20 (METHOTHEAVITE 2.3 MO OTALE MOLETY) THOR	Medication	TO COT
1541227	{32 (METHOTREXATE 2.5 MG ORAL TABLET) } PACK	Prescribing,	RXCUI
		Medication	
6851	METHOTREXATE	Prescribing,	RXCUI
		Medication	
287734	METHOTREXATE SODIUM	Prescribing,	RXCUI
		Medication	
102953	METHOTREXATE 10 MG ORAL TABLET [EMTEXATE]	Prescribing,	RXCUI
		Medication	
102954	METHOTREXATE 2.5 MG/ML INJECTABLE SOLUTION [EMTEXATE]	Prescribing,	RXCUI
402055	A STUOTDEVATE OF A 4C /A 41 INJECTA DIE COLLITION (FAATEVATE)	Medication	BVCI II
102955	METHOTREXATE 25 MG/ML INJECTABLE SOLUTION [EMTEXATE]	Prescribing,	RXCUI
102956	METHOTREXATE 100 MG/ML INJECTABLE SOLUTION [EMTEXATE]	Medication Prescribing,	RXCUI
102930	METHOTREXATE 100 MIG/ME INJECTABLE SOLUTION [EMILENATE]	Medication	KACOI
102957	METHOTREXATE 50 MG/ML INJECTABLE SOLUTION [EMTEXATE]	Prescribing,	RXCUI
102337		Medication	101001
102958	METHOTREXATE 2.5 MG/ML INJECTABLE SOLUTION [MAXTREX]	Prescribing,	RXCUI
	,	Medication	
102959	METHOTREXATE 25 MG/ML INJECTABLE SOLUTION [MAXTREX]	Prescribing,	RXCUI
		Medication	
105587	METHOTREXATE 2.5 MG ORAL TABLET [MAXTREX]	Prescribing,	RXCUI
		Medication	
105588	METHOTREXATE 10 MG ORAL TABLET [MAXTREX]	Prescribing,	RXCUI
		Medication	
1441407	0.4 ML METHOTREXATE 25 MG/ML AUTO-INJECTOR [OTREXUP]	Prescribing,	RXCUI
1441400	METHOTREVATE 25 MC/ML ALITO INJECTOR [OTREVIIR]	Medication	DVCIII
1441409	METHOTREXATE 25 MG/ML AUTO-INJECTOR [OTREXUP]	Prescribing, Medication	RXCUI
1441413	0.4 ML METHOTREXATE 37.5 MG/ML AUTO-INJECTOR [OTREXUP]	Prescribing,	RXCUI
1441413	0.4 WE WETHOTHERATE 37.3 MOJ WE ACTO HISECTOR [CTREACT]	Medication	плеот
1441415	METHOTREXATE 37.5 MG/ML AUTO-INJECTOR [OTREXUP]	Prescribing,	RXCUI
		Medication	
1441418	0.4 ML METHOTREXATE 50 MG/ML AUTO-INJECTOR [OTREXUP]	Prescribing,	RXCUI
		Medication	
1441420	METHOTREXATE 50 MG/ML AUTO-INJECTOR [OTREXUP]	Prescribing,	RXCUI
		Medication	
1441424	0.4 ML METHOTREXATE 62.5 MG/ML AUTO-INJECTOR [OTREXUP]	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
1441426	METHOTREXATE 62.5 MG/ML AUTO-INJECTOR [OTREXUP]	Prescribing,	RXCUI
1441420	WETHOTREXATE 02.5 MIG/ME AUTO-INJECTOR [OTREXOF]	Medication	KACOI
1544383	0.2 ML METHOTREXATE 50 MG/ML AUTO-INJECTOR [RASUVO]	Prescribing,	RXCUI
1344363	0.2 ME METHOTREARTE 30 MO/ME AOTO-INSECTOR [RASOVO]	Medication	IXCOI
1544384	METHOTREXATE 50 MG/ML AUTO-INJECTOR [RASUVO]	Prescribing,	RXCUI
1344304	METHOTICAATE 30 MG/ME A010 MGECTOR [NASOVO]	Medication	плеот
1544386	0.25 ML METHOTREXATE 50 MG/ML AUTO-INJECTOR [RASUVO]	Prescribing,	RXCUI
1344300	0.23 WE WETHOTICEANTE SO MOJIME ACTO INSECTOR [RASOVO]	Medication	плеот
1544388	0.3 ML METHOTREXATE 50 MG/ML AUTO-INJECTOR [RASUVO]	Prescribing,	RXCUI
13 1 1300		Medication	10,001
1544390	0.35 ML METHOTREXATE 50 MG/ML AUTO-INJECTOR [RASUVO]	Prescribing,	RXCUI
	, , , , , , , , , , , , , , , , , , ,	Medication	
1544394	0.4 ML METHOTREXATE 50 MG/ML AUTO-INJECTOR [RASUVO]	Prescribing,	RXCUI
		Medication	
1544396	0.45 ML METHOTREXATE 50 MG/ML AUTO-INJECTOR [RASUVO]	Prescribing,	RXCUI
		Medication	
1544398	0.5 ML METHOTREXATE 50 MG/ML AUTO-INJECTOR [RASUVO]	Prescribing,	RXCUI
		Medication	
1544400	0.55 ML METHOTREXATE 50 MG/ML AUTO-INJECTOR [RASUVO]	Prescribing,	RXCUI
		Medication	
1544402	0.6 ML METHOTREXATE 50 MG/ML AUTO-INJECTOR [RASUVO]	Prescribing,	RXCUI
		Medication	
1544404	0.15 ML METHOTREXATE 50 MG/ML AUTO-INJECTOR [RASUVO]	Prescribing,	RXCUI
		Medication	
1594759	0.4 ML METHOTREXATE 18.8 MG/ML AUTO-INJECTOR [OTREXUP]	Prescribing,	RXCUI
		Medication	
1594761	METHOTREXATE 18.8 MG/ML AUTO-INJECTOR [OTREXUP]	Prescribing,	RXCUI
		Medication	
1747181	0.4 ML METHOTREXATE 31.3 MG/ML AUTO-INJECTOR [OTREXUP]	Prescribing,	RXCUI
		Medication	
1747183	METHOTREXATE 31.3 MG/ML AUTO-INJECTOR [OTREXUP]	Prescribing,	RXCUI
4747407	O A A ALL A A THUOT DE VATE A 2 O A 4 C /A ALL A LITTO IN LECTOR TO THE VALUE	Medication	BY CLU
1747187	0.4 ML METHOTREXATE 43.8 MG/ML AUTO-INJECTOR [OTREXUP]	Prescribing,	RXCUI
1747100	METHOTDEVATE 42.0 Mac/MAI MUTO INJECTOR [OTREVIIR]	Medication	DVCIII
1747189	METHOTREXATE 43.8 MG/ML AUTO-INJECTOR [OTREXUP]	Prescribing,	RXCUI
1747194	0.4 ML METHOTREXATE 56.3 MG/ML AUTO-INJECTOR [OTREXUP]	Medication Prescribing,	RXCUI
1/4/194	0.4 ML METHOTREAATE 38.3 MIG/ML AUTO-INJECTOR [OTREAUP]	Medication	KACUI
1747196	METHOTREXATE 56.3 MG/ML AUTO-INJECTOR [OTREXUP]	Prescribing,	RXCUI
1/4/130	WETHOTREXATE 30.3 MIG/ME ACTO-INJECTOR [CTREXOF]	Medication	KACOI
1921598	METHOTREXATE 2.5 MG/ML ORAL SOLUTION [XATMEP]	Prescribing,	RXCUI
1321330	METHOTICATE 2.5 MOJNIE ONAE SOCOTION [AATMEL]	Medication	плеот
207033	METHOTREXATE 25 MG/ML INJECTABLE SOLUTION [FOLEX PFS]	Prescribing,	RXCUI
207033	METHORIEST 25 MO/METHOLEST SOLOTION [FOLEX 115]	Medication	плеот
284592	METHOTREXATE 5 MG ORAL TABLET [TREXALL]	Prescribing,	RXCUI
		Medication	
284593	METHOTREXATE 10 MG ORAL TABLET [TREXALL]	Prescribing,	RXCUI
	,	Medication	
284594	METHOTREXATE 7.5 MG ORAL TABLET [TREXALL]	Prescribing,	RXCUI
	• •	Medication	
284595	METHOTREXATE 15 MG ORAL TABLET [TREXALL]	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
579782	METHOTREXATE 2.5 MG ORAL TABLET [RHEUMATREX]	Prescribing,	RXCUI
373702	METHOTICATE 2.5 MIG ONAL TABLET [MILOMATICA]	Medication	TIXCOT
1441404	METHOTREXATE 25 MG/ML [OTREXUP]	Prescribing,	RXCUI
		Medication	
1441412	METHOTREXATE 37.5 MG/ML [OTREXUP]	Prescribing,	RXCUI
		Medication	
1441417	METHOTREXATE 50 MG/ML [OTREXUP]	Prescribing,	RXCUI
		Medication	
1441423	METHOTREXATE 62.5 MG/ML [OTREXUP]	Prescribing,	RXCUI
		Medication	
1544380	METHOTREXATE 50 MG/ML [RASUVO]	Prescribing,	RXCUI
		Medication	
1594758	METHOTREXATE 18.75 MG/ML [OTREXUP]	Prescribing,	RXCUI
		Medication	
1659721	METHOTREXATE 18.8 MG/ML [OTREXUP]	Prescribing,	RXCUI
4747400	AASTHOTDSVATS 24 2 AAG/AAL [OTDSVID]	Medication	DVCI II
1747180	METHOTREXATE 31.3 MG/ML [OTREXUP]	Prescribing,	RXCUI
4747406	NASTUOTDEVATE 42 0 NAC /NAU [OTDEVUD]	Medication	DVCIII
1747186	METHOTREXATE 43.8 MG/ML [OTREXUP]	Prescribing, Medication	RXCUI
1747193	METHOTREXATE 56.3 MG/ML [OTREXUP]	Prescribing,	RXCUI
1747133	WETHOTREXATE 30.3 WIG/WIE [OTREXOF]	Medication	KACOI
1921594	METHOTREXATE 2.5 MG/ML [XATMEP]	Prescribing,	RXCUI
1321334	METHOTICATE 2.5 MOJINE [ACTIVIET]	Medication	TIXCOT
563189	METHOTREXATE 10 MG [EMTEXATE]	Prescribing,	RXCUI
	,	Medication	
563190	METHOTREXATE 2.5 MG/ML [EMTEXATE]	Prescribing,	RXCUI
		Medication	
563191	METHOTREXATE 25 MG/ML [EMTEXATE]	Prescribing,	RXCUI
		Medication	
563192	METHOTREXATE 100 MG/ML [EMTEXATE]	Prescribing,	RXCUI
		Medication	
563193	METHOTREXATE 50 MG/ML [EMTEXATE]	Prescribing,	RXCUI
		Medication	
563194	METHOTREXATE 2.5 MG/ML [MAXTREX]	Prescribing,	RXCUI
EC240E	NASTUOTDEVATE OF NAC (NAL INANYTDEV)	Medication	DVCI II
563195	METHOTREXATE 25 MG/ML [MAXTREX]	Prescribing,	RXCUI
F64104	NACTUOTDEVATE 2 E NAC [NAAVTDEV]	Medication	DVCIII
564104	METHOTREXATE 2.5 MG [MAXTREX]	Prescribing, Medication	RXCUI
564105	METHOTREXATE 10 MG [MAXTREX]	Prescribing,	RXCUI
304103	METHOTICAATE 10 MIG [MAXITICA]	Medication	IXCOI
567829	METHOTREXATE 25 MG/ML [FOLEX PFS]	Prescribing,	RXCUI
307023		Medication	11/1001
575019	METHOTREXATE 5 MG [TREXALL]	Prescribing,	RXCUI
		Medication	
575020	METHOTREXATE 10 MG [TREXALL]	Prescribing,	RXCUI
		Medication	
575021	METHOTREXATE 7.5 MG [TREXALL]	Prescribing,	RXCUI
		Medication	
575022	METHOTREXATE 15 MG [TREXALL]	Prescribing,	RXCUI
		Medication	

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METHOTREXATE 2.5 MG [RHEUMATREX] Prescribing, Medication 1441405 METHOTREXATE PREFILLED SYRINGE [OTREXUP] Prescribing, RXCUI 1544381 METHOTREXATE PREFILLED SYRINGE [RASUVO] Prescribing, RXCUI 155205 METHOTREXATE AUTO-INJECTOR [OTREXUP] Prescribing, RXCUI 1655205 METHOTREXATE AUTO-INJECTOR [RASUVO] Prescribing, RXCUI 1655206 METHOTREXATE AUTO-INJECTOR [RASUVO] Medication Prescribing, RXCUI Medication Prescribing, RXCUI	Code	Description	Code Category	Code Type
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Medication	1921596	XATMEP ORAL LIQUID PRODUCT	_	RXCUI
			Medication	

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Code	Description	Code Category	Code Type
1921597	XATMEP ORAL PRODUCT	Prescribing,	RXCUI
1921397	AATMER GRAEFRODGET	Medication	KACOI
105585	METHOTREXATE 2.5 MG ORAL TABLET	Prescribing,	RXCUI
105505	METHOTICATE 2.5 MG GIVE TABLET	Medication	10,001
105586	METHOTREXATE 10 MG ORAL TABLET	Prescribing,	RXCUI
103300	WETHORIEST TO WIS ONCE INDEED	Medication	10.001
105589	METHOTREXATE 100 MG/ML INJECTABLE SOLUTION	Prescribing,	RXCUI
103303	WETTO THE ATTE 100 WIS/ WE WISETABLE 30 LOTTON	Medication	10.001
1441402	0.4 ML METHOTREXATE 25 MG/ML AUTO-INJECTOR	Prescribing,	RXCUI
		Medication	
1441408	METHOTREXATE 25 MG/ML AUTO-INJECTOR	Prescribing,	RXCUI
		Medication	
1441411	0.4 ML METHOTREXATE 37.5 MG/ML AUTO-INJECTOR	Prescribing,	RXCUI
		Medication	
1441414	METHOTREXATE 37.5 MG/ML AUTO-INJECTOR	Prescribing,	RXCUI
		Medication	
1441416	0.4 ML METHOTREXATE 50 MG/ML AUTO-INJECTOR	Prescribing,	RXCUI
		Medication	
1441419	METHOTREXATE 50 MG/ML AUTO-INJECTOR	Prescribing,	RXCUI
		Medication	
1441422	0.4 ML METHOTREXATE 62.5 MG/ML AUTO-INJECTOR	Prescribing,	RXCUI
		Medication	
1441425	METHOTREXATE 62.5 MG/ML AUTO-INJECTOR	Prescribing,	RXCUI
4544070	0.0.44.44574.070574475.50.440.44.44.70.444.507.00	Medication	B)(0) II
1544378	0.2 ML METHOTREXATE 50 MG/ML AUTO-INJECTOR	Prescribing,	RXCUI
4544205	O DE NAL MATTHOTOGYATE EO NAC /NAL ALITO INVECTOR	Medication	DVCIII
1544385	0.25 ML METHOTREXATE 50 MG/ML AUTO-INJECTOR	Prescribing,	RXCUI
1544387	0.3 ML METHOTREXATE 50 MG/ML AUTO-INJECTOR	Medication Prescribing,	RXCUI
1344367	0.3 INE METHOTREAATE 30 INIG/INIE AOTO-INJECTOR	Medication	KACUI
1544389	0.35 ML METHOTREXATE 50 MG/ML AUTO-INJECTOR	Prescribing,	RXCUI
1344303	0.55 WE WETHOTICKTE 50 WOJ WETOTO WEETON	Medication	10.001
1544395	0.45 ML METHOTREXATE 50 MG/ML AUTO-INJECTOR	Prescribing,	RXCUI
		Medication	
1544397	0.5 ML METHOTREXATE 50 MG/ML AUTO-INJECTOR	Prescribing,	RXCUI
		Medication	
1544399	0.55 ML METHOTREXATE 50 MG/ML AUTO-INJECTOR	Prescribing,	RXCUI
		Medication	
1544401	0.6 ML METHOTREXATE 50 MG/ML AUTO-INJECTOR	Prescribing,	RXCUI
		Medication	
1544403	0.15 ML METHOTREXATE 50 MG/ML AUTO-INJECTOR	Prescribing,	RXCUI
		Medication	
1594757	0.4 ML METHOTREXATE 18.8 MG/ML AUTO-INJECTOR	Prescribing,	RXCUI
		Medication	
1594760	METHOTREXATE 18.8 MG/ML AUTO-INJECTOR	Prescribing,	RXCUI
		Medication	
1655956	40 ML METHOTREXATE 25 MG/ML INJECTION	Prescribing,	RXCUI
465555	NASTUOTDEVATE OF NAC (NALINUSCTION)	Medication	D.V.C
1655957	METHOTREXATE 25 MG/ML INJECTION	Prescribing,	RXCUI
1655050	10 MI METHOTDEVATE 25 MC/MI INJECTION	Medication	DVCIII
1655959	10 ML METHOTREXATE 25 MG/ML INJECTION	Prescribing,	RXCUI
		Medication	

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Code	Description		
1655960	Description 2 ML METHOTREXATE 25 MG/ML INJECTION	Code Category	Code Type RXCUI
1033900	2 INLINIETHOTREAATE 25 INIG/INIL INJECTION	Prescribing, Medication	KACUI
1655967	4 ML METHOTREXATE 25 MG/ML INJECTION	Prescribing,	RXCUI
1033307	4 INE INETHOTICEANTE 25 ING/INETINEETION	Medication	KACOI
1655968	8 ML METHOTREXATE 25 MG/ML INJECTION	Prescribing,	RXCUI
1033300	O ME METHOTICATE 23 MOJIME INSECTION	Medication	10,001
1747179	0.4 ML METHOTREXATE 31.3 MG/ML AUTO-INJECTOR	Prescribing,	RXCUI
, ,,,,		Medication	
1747182	METHOTREXATE 31.3 MG/ML AUTO-INJECTOR	Prescribing,	RXCUI
	,	Medication	
1747185	0.4 ML METHOTREXATE 43.8 MG/ML AUTO-INJECTOR	Prescribing,	RXCUI
		Medication	
1747188	METHOTREXATE 43.8 MG/ML AUTO-INJECTOR	Prescribing,	RXCUI
		Medication	
1747192	0.4 ML METHOTREXATE 56.3 MG/ML AUTO-INJECTOR	Prescribing,	RXCUI
		Medication	
1747195	METHOTREXATE 56.3 MG/ML AUTO-INJECTOR	Prescribing,	RXCUI
		Medication	
1921592	METHOTREXATE 2.5 MG/ML ORAL SOLUTION	Prescribing,	RXCUI
4046772	NASTUOTREVATE OF NAC /NAU INJECTABLE COLUTION	Medication	DVCIII
1946772	METHOTREXATE 25 MG/ML INJECTABLE SOLUTION	Prescribing,	RXCUI
245256	METHOTREXATE 10 MG/ML INJECTABLE SOLUTION	Medication Prescribing,	RXCUI
243230	METHOTREXATE 10 MIG/MIL INJECTABLE SOLUTION	Medication	KACUI
250936	METHOTREXATE 500 MG INJECTABLE SOLUTION	Prescribing,	RXCUI
230330	METHOTIEA TE 300 ING INSECTABLE 30 E0 HON	Medication	10,001
283510	METHOTREXATE 15 MG ORAL TABLET	Prescribing,	RXCUI
		Medication	
283511	METHOTREXATE 5 MG ORAL TABLET	Prescribing,	RXCUI
		Medication	
283671	METHOTREXATE 7.5 MG ORAL TABLET	Prescribing,	RXCUI
		Medication	
311624	METHOTREXATE 15 MG/ML INJECTABLE SOLUTION	Prescribing,	RXCUI
		Medication	
311625	METHOTREXATE 1000 MG INJECTION	Prescribing,	RXCUI
244626	NASTUOTREVATE 42 E NAC /NAU INVESTARI E COLUTIONI	Medication	DVCIII
311626	METHOTREXATE 12.5 MG/ML INJECTABLE SOLUTION	Prescribing,	RXCUI
211627	METHOTDEVATE 25 MC/MI INJECTADLE COLLITION	Medication	DVCIII
311627	METHOTREXATE 25 MG/ML INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
315148	METHOTREXATE 2.5 MG/ML INJECTABLE SOLUTION	Prescribing,	RXCUI
313140	METHOTICAATE 2.3 MOTIVE INSECTABLE SOLUTION	Medication	IXCOI
415045	METHOTREXATE 5 MG/ML INJECTABLE SOLUTION	Prescribing,	RXCUI
1130 13	THE THE ATTE STITLE STITLE SOLOTION	Medication	10.001
415046	METHOTREXATE 7.5 MG/ML INJECTABLE SOLUTION	Prescribing,	RXCUI
	·	Medication	
415063	METHOTREXATE 7.46 MG/ML INJECTABLE SOLUTION	Prescribing,	RXCUI
		Medication	
1441410	METHOTREXATE 37.5 MG/ML	Prescribing,	RXCUI
		Medication	
1441421	METHOTREXATE 62.5 MG/ML	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
1594756	Description METHOTREXATE 18.75 MG/ML	Prescribing,	RXCUI
1334730	METHOTICEATE 10.75 MIG/ME	Medication	IXCOI
1656681	METHOTREXATE 1000 MG	Prescribing,	RXCUI
1030001	WETHOTICEATE 1000 WIG	Medication	IXCOI
1659719	METHOTREXATE 18.8 MG/ML	Prescribing,	RXCUI
1033713	METHOTICAATE 10.0 MOJINE	Medication	плеот
1747178	METHOTREXATE 31.3 MG/ML	Prescribing,	RXCUI
1747170	METHOTICAATE 31.3 MOJINE	Medication	плеот
1747184	METHOTREXATE 43.8 MG/ML	Prescribing,	RXCUI
1, 1, 10	memorite islama, me	Medication	10,001
1747191	METHOTREXATE 56.3 MG/ML	Prescribing,	RXCUI
		Medication	
328404	METHOTREXATE 50 MG/ML	Prescribing,	RXCUI
	,	Medication	
328406	METHOTREXATE 25 MG/ML	Prescribing,	RXCUI
		Medication	
328407	METHOTREXATE 2.5 MG	Prescribing,	RXCUI
		Medication	
330028	METHOTREXATE 2.5 MG/ML	Prescribing,	RXCUI
		Medication	
331568	METHOTREXATE 10 MG	Prescribing,	RXCUI
		Medication	
331569	METHOTREXATE 15 MG	Prescribing,	RXCUI
		Medication	
332454	METHOTREXATE 5 MG	Prescribing,	RXCUI
		Medication	
332455	METHOTREXATE 7.5 MG	Prescribing,	RXCUI
		Medication	
334051	METHOTREXATE 10 MG/ML	Prescribing,	RXCUI
224424	METHOTDEWATE 500 MG	Medication	B.V.O. II
334421	METHOTREXATE 500 MG	Prescribing,	RXCUI
246225	NASTUOTDEVATE 42 5 NAC /NAU	Medication	DVCI II
346335	METHOTREXATE 12.5 MG/ML	Prescribing,	RXCUI
2005.47	NACTUOTDEVATE 400 NAC /NAU	Medication	DVCIII
360547	METHOTREXATE 100 MG/ML	Prescribing,	RXCUI
380984	METHOTREXATE 15 MG/ML	Medication Prescribing,	RXCUI
300904	METHOTREXATE 13 MIG/IVIL	Medication	KACUI
451557	METHOTREXATE 7.46 MG/ML	Prescribing,	RXCUI
431337	WETHOTREXATE 7.40 Mg/ME	Medication	KACUI
451938	METHOTREXATE 5 MG/ML	Prescribing,	RXCUI
431330	METHORIEXATE 5 WIG/WIE	Medication	плеот
451941	METHOTREXATE 7.5 MG/ML	Prescribing,	RXCUI
751571	METHORIESTIE 7.5 MOJNIE	Medication	плеот
1441401	METHOTREXATE PREFILLED SYRINGE	Prescribing,	RXCUI
		Medication	
1655203	METHOTREXATE AUTO-INJECTOR	Prescribing,	RXCUI
	- -	Medication	
1655955	METHOTREXATE INJECTION	Prescribing,	RXCUI
		Medication	-
1921591	METHOTREXATE ORAL SOLUTION	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
372835	METHOTREXATE INJECTABLE SOLUTION	Prescribing,	RXCUI
372033	WETHOTREXATE INJECTABLE SOLUTION	Medication	IXCOI
372836	METHOTREXATE ORAL TABLET	Prescribing,	RXCUI
372030	WETHORIEXATE ONAL TABLET	Medication	IXCOI
1162235	METHOTREXATE INJECTABLE PRODUCT	Prescribing,	RXCUI
1102233	METHOTICAATE INSECTABLE I NOBOCI	Medication	плеот
1162236	METHOTREXATE ORAL PRODUCT	Prescribing,	RXCUI
1102230	METHORIEXATE ORAET RODOCT	Medication	плеот
1162237	METHOTREXATE PILL	Prescribing,	RXCUI
1102237	WEITION EXTENSE	Medication	10,001
1921590	METHOTREXATE ORAL LIQUID PRODUCT	Prescribing,	RXCUI
	X	Medication	
227302	ORTHOCLONE OKT3	Prescribing,	RXCUI
		Medication	
42405	MUROMONAB-CD3	Prescribing,	RXCUI
		Medication	
206950	MUROMONAB-CD3 1 MG/ML INJECTABLE SOLUTION [ORTHOCLONE OKT3]	Prescribing,	RXCUI
		Medication	
567751	MUROMONAB-CD3 1 MG/ML [ORTHOCLONE OKT3]	Prescribing,	RXCUI
		Medication	
402708	MUROMONAB-CD3 INJECTABLE SOLUTION [ORTHOCLONE OKT3]	Prescribing,	RXCUI
		Medication	
1184532	ORTHOCLONE OKT3 INJECTABLE PRODUCT	Prescribing,	RXCUI
		Medication	
239984	MUROMONAB-CD3 1 MG/ML INJECTABLE SOLUTION	Prescribing,	RXCUI
		Medication	
317432	MUROMONAB-CD3 1 MG/ML	Prescribing,	RXCUI
		Medication	
372973	MUROMONAB-CD3 INJECTABLE SOLUTION	Prescribing,	RXCUI
		Medication	
1156388	MUROMONAB-CD3 INJECTABLE PRODUCT	Prescribing,	RXCUI
452622	CELLCEPT	Medication	DVCI II
152633	CELLCEPT	Prescribing,	RXCUI
205222	NAVCORUENCI ATE	Medication	DVCIII
265323	MYCOPHENOLATE	Prescribing,	RXCUI
68149	MYCOPHENOLATE MOFETIL	Medication Prescribing,	RXCUI
00143	WITCOPHENOLATE MOPETIL	Medication	KACUI
237112	MYCOPHENOLATE MOFETIL HYDROCHLORIDE	Prescribing,	RXCUI
23/112	WITCOFFIENOLATE WOLLTETTIONOCHLONIDE	Medication	IXCOI
408142	MYCOPHENOLATE SODIUM	Prescribing,	RXCUI
400142	WITCOTTLENGENTE SOBIONI	Medication	плеот
152591	MYCOPHENOLATE 250 MG ORAL CAPSULE [CELLCEPT]	Prescribing,	RXCUI
132331		Medication	11/1001
153754	MYCOPHENOLATE 500 MG ORAL TABLET [CELLCEPT]	Prescribing,	RXCUI
	(· · · · · · · · · · · · · · · · · · ·	Medication	
213394	MYCOPHENOLATE MOFETIL 500 MG INJECTION [CELLCEPT]	Prescribing,	RXCUI
	• •	Medication	
261236	MYCOPHENOLATE 200 MG/ML ORAL SUSPENSION [CELLCEPT]	Prescribing,	RXCUI
		Medication	
579573	MYCOPHENOLATE 180 MG ENTERIC COATED TABLET [MYFORTIC]	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
579576	MYCOPHENOLATE 360 MG ENTERIC COATED TABLET [MYFORTIC]	Prescribing,	RXCUI
3/33/0	WITCOPHENOLATE 300 MIG ENTERIC COATED TABLET [WITFORTIC]	Medication	KACOI
616435	MYCOPHENOLATE MOFETIL 500 MG ORAL TABLET [CELLCEPT]	Prescribing,	RXCUI
010433	WITCOFFIENOLATE MOTERIE 300 MIG ONAL TABLET [CELECEFT]	Medication	IXCOI
616444	MYCOPHENOLATE MOFETIL 200 MG/ML ORAL SUSPENSION [CELLCEPT]	Prescribing,	RXCUI
010444	WITCOTTENDENTE WOTETTE 200 WIG/WE OTTAL 3031 ENSION [CELLCET 1]	Medication	TIXCOT
616447	MYCOPHENOLATE MOFETIL 250 MG ORAL CAPSULE [CELLCEPT]	Prescribing,	RXCUI
010447	WHEOF TENDENTE WOLFTE 250 WG ONAE GAT 50EE [CEEEEET 1]	Medication	11/1001
616449	MYCOPHENOLATE 360 MG ENTERIC COATED TABLET [MYFORTIC]	Prescribing,	RXCUI
	,	Medication	
616450	MYCOPHENOLATE 180 MG ENTERIC COATED TABLET [MYFORTIC]	Prescribing,	RXCUI
		Medication	
541580	MYCOPHENOLATE 180 MG [MYFORTIC]	Prescribing,	RXCUI
		Medication	
541585	MYCOPHENOLATE 360 MG [MYFORTIC]	Prescribing,	RXCUI
		Medication	
564992	MYCOPHENOLATE 250 MG [CELLCEPT]	Prescribing,	RXCUI
		Medication	
565378	MYCOPHENOLATE 500 MG [CELLCEPT]	Prescribing,	RXCUI
		Medication	
573288	MYCOPHENOLATE MOFETIL 6 MG/ML [CELLCEPT]	Prescribing,	RXCUI
		Medication	
574465	MYCOPHENOLATE 200 MG/ML [CELLCEPT]	Prescribing,	RXCUI
F70F74	ANYCODUSTICI ATS 400 MG [ANYSODTIC]	Medication	DVCI II
579571	MYCOPHENOLATE 180 MG [MYFORTIC]	Prescribing,	RXCUI
579574	MYCOPHENOLATE 360 MG [MYFORTIC]	Medication Prescribing,	RXCUI
5/95/4	MITCOPHENOLATE 300 MIG [MITFORTIC]	Medication	KXCUI
616433	MYCOPHENOLATE MOFETIL 500 MG [CELLCEPT]	Prescribing,	RXCUI
010433	WITCOFFIENDEATE MOLETIE 300 MG [CELECEFT]	Medication	IXCOI
616442	MYCOPHENOLATE MOFETIL 200 MG/ML [CELLCEPT]	Prescribing,	RXCUI
010112	in contended to more the 200 more (occessive)	Medication	11/1001
616445	MYCOPHENOLATE MOFETIL 250 MG [CELLCEPT]	Prescribing,	RXCUI
	,	Medication	
1726179	MYCOPHENOLATE MOFETIL INJECTION [CELLCEPT]	Prescribing,	RXCUI
		Medication	
363166	MYCOPHENOLATE MOFETIL INJECTABLE SOLUTION [CELLCEPT]	Prescribing,	RXCUI
		Medication	
365853	MYCOPHENOLATE ORAL SUSPENSION [CELLCEPT]	Prescribing,	RXCUI
		Medication	
366524	MYCOPHENOLATE ORAL CAPSULE [CELLCEPT]	Prescribing,	RXCUI
		Medication	
369377	MYCOPHENOLATE ORAL TABLET [CELLCEPT]	Prescribing,	RXCUI
F70F72	AAVCORUENCUATE ENTERIO COATER TARLET [AAVEORTIC]	Medication	DVCI II
579572	MYCOPHENOLATE ENTERIC COATED TABLET [MYFORTIC]	Prescribing,	RXCUI
F70F7F	MAYCODUENOLATE ENTERIC COATED TARLET [MAYCODIC]	Medication	DVCIII
579575	MYCOPHENOLATE ENTERIC COATED TABLET [MYFORTIC]	Prescribing,	RXCUI
616434	MYCOPHENOLATE MOFETIL ORAL TABLET [CELLCEPT]	Medication Prescribing,	RXCUI
010434	WITCOTTENOLATE WIOTETTE ONAL TABLET [CELLCET]	Medication	NACOI
616443	MYCOPHENOLATE MOFETIL ORAL SUSPENSION [CELLCEPT]	Prescribing,	RXCUI
2-0110	25	Medication	
		carcation	

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Code	Description	Code Category	Code Type
616446	MYCOPHENOLATE MOFETIL ORAL CAPSULE [CELLCEPT]	Prescribing,	RXCUI
010440	WITCOTTENOLATE WOTETE ONAL CAI SOLE [CLEECET 1]	Medication	плеот
616448	MYCOPHENOLATE ENTERIC COATED TABLET [MYFORTIC]	Prescribing,	RXCUI
020110	[Medication	
1166213	CELLCEPT INJECTABLE PRODUCT	Prescribing,	RXCUI
		Medication	
1166214	CELLCEPT ORAL LIQUID PRODUCT	Prescribing,	RXCUI
		Medication	
1166215	CELLCEPT ORAL PRODUCT	Prescribing,	RXCUI
		Medication	
1166216	CELLCEPT PILL	Prescribing,	RXCUI
		Medication	
199058	MYCOPHENOLATE MOFETIL 250 MG ORAL CAPSULE	Prescribing,	RXCUI
		Medication	
200060	MYCOPHENOLATE MOFETIL 500 MG ORAL TABLET	Prescribing,	RXCUI
244000	A 1/200 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 175 17	Medication	DVG! !!
311880	MYCOPHENOLATE MOFETIL 200 MG/ML ORAL SUSPENSION	Prescribing,	RXCUI
244004	NAVCODUENCI ATE MOSETIL FOO MC INJECTION	Medication	DVCIII
311881	MYCOPHENOLATE MOFETIL 500 MG INJECTION	Prescribing,	RXCUI
41.4000	MYCOPHENOLATE MOFETIL 25 MG/ML INJECTABLE SOLUTION	Medication	DVCIII
414999	MITCOPHENOLATE MOPETIL 25 MIG/MIL INJECTABLE SOLUTION	Prescribing,	RXCUI
433833	MYCOPHENOLATE 180 MG ENTERIC COATED TABLET	Medication Prescribing,	RXCUI
433033	WITCOPHENOLATE 180 WIG ENTERIC COATED TABLET	Medication	KACOI
433834	MYCOPHENOLATE 360 MG ENTERIC COATED TABLET	Prescribing,	RXCUI
433034	MICOLITERODATE 300 MG ENTERIO CONTED TABLET	Medication	плест
562143	MYCOPHENOLATE 250 MG ORAL CAPSULE	Prescribing,	RXCUI
		Medication	
562175	MYCOPHENOLATE 500 MG ORAL TABLET	Prescribing,	RXCUI
		Medication	
562701	MYCOPHENOLATE 200 MG/ML ORAL SUSPENSION	Prescribing,	RXCUI
		Medication	
579569	MYCOPHENOLATE 180 MG ENTERIC COATED TABLET	Prescribing,	RXCUI
		Medication	
596873	MYCOPHENOLATE 180 MG EXTENDED RELEASE ENTERIC COATED TABLET	Prescribing,	RXCUI
		Medication	
670049	MYCOPHENOLATE 180 MG ENTERIC COATED TABLET	Prescribing,	RXCUI
		Medication	
670051	MYCOPHENOLATE 360 MG ENTERIC COATED TABLET	Prescribing,	RXCUI
24.624.6	NAVCODUENCI ATE MOSETII 250 MC	Medication	DVCIII
316316	MYCOPHENOLATE MOFETIL 250 MG	Prescribing,	RXCUI
316317	MYCOPHENOLATE MOFETIL 500 MG	Medication Prescribing,	RXCUI
310317	WITCOPHENOLATE MOPETIE 300 MG	Medication	KACOI
331587	MYCOPHENOLATE MOFETIL 200 MG/ML	Prescribing,	RXCUI
331307	WI COT TIEN OF THE 200 WOT THE	Medication	плест
332547	MYCOPHENOLATE MOFETIL 6 MG/ML	Prescribing,	RXCUI
		Medication	
353404	MYCOPHENOLATE 250 MG	Prescribing,	RXCUI
		Medication	
353412	MYCOPHENOLATE 500 MG	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	
353414	Description MYCOPHENOLATE 200 MG/ML	Prescribing,	Code Type RXCUI
333414	WITCOPHENOLATE 200 MIG/ME	Medication	KACUI
446560	MYCOPHENOLATE 180 MG	Prescribing,	RXCUI
440300	WITCOFFIENDLATE 180 WIG	Medication	IXCOI
446562	MYCOPHENOLATE 360 MG	Prescribing,	RXCUI
440302	WITCOTTENOEATE 300 Mid	Medication	плеот
452791	MYCOPHENOLATE MOFETIL 25 MG/ML	Prescribing,	RXCUI
432731	WI COT TENOD WE WOTE THE 23 WOT ME	Medication	плеот
485018	MYCOPHENOLATE 180 MG	Prescribing,	RXCUI
		Medication	
485022	MYCOPHENOLATE 360 MG	Prescribing,	RXCUI
		Medication	
579567	MYCOPHENOLATE 180 MG	Prescribing,	RXCUI
		Medication	
670048	MYCOPHENOLATE 180 MG	Prescribing,	RXCUI
		Medication	
670050	MYCOPHENOLATE 360 MG	Prescribing,	RXCUI
		Medication	
1726176	MYCOPHENOLATE MOFETIL INJECTION	Prescribing,	RXCUI
		Medication	
374667	MYCOPHENOLATE MOFETIL ORAL TABLET	Prescribing,	RXCUI
		Medication	
374670	MYCOPHENOLATE MOFETIL ORAL SUSPENSION	Prescribing,	RXCUI
076670	A MAGON I FANO I A TE A A OFFITII I AND FOTA DE LE COLUTION I	Medication	B.//G/ //
376670	MYCOPHENOLATE MOFETIL INJECTABLE SOLUTION	Prescribing,	RXCUI
270000	MAYCODUENIOLATE MODETIL ODAL CARCULE	Medication	DVCIII
379060	MYCOPHENOLATE MOFETIL ORAL CAPSULE	Prescribing,	RXCUI
446561	MYCOPHENOLATE ENTERIC COATED TABLET	Medication Prescribing,	RXCUI
440301	WITCOPHENOLATE ENTERIC COATED TABLET	Medication	KACUI
562142	MYCOPHENOLATE ORAL CAPSULE	Prescribing,	RXCUI
302172	WITCOT TENODATE ON A COLL	Medication	плеот
562174	MYCOPHENOLATE ORAL TABLET	Prescribing,	RXCUI
		Medication	
562700	MYCOPHENOLATE ORAL SUSPENSION	Prescribing,	RXCUI
		Medication	
579568	MYCOPHENOLATE ENTERIC COATED TABLET	Prescribing,	RXCUI
		Medication	
596872	MYCOPHENOLATE EXTENDED RELEASE ENTERIC COATED TABLET	Prescribing,	RXCUI
		Medication	
1157869	MYCOPHENOLATE MOFETIL INJECTABLE PRODUCT	Prescribing,	RXCUI
		Medication	
1157870	MYCOPHENOLATE MOFETIL ORAL LIQUID PRODUCT	Prescribing,	RXCUI
		Medication	
1157871	MYCOPHENOLATE MOFETIL ORAL PRODUCT	Prescribing,	RXCUI
4457070	ANGORUSTIO ATS ANGESTI RILL	Medication	B./ G. II
1157872	MYCOPHENOLATE MOFETIL PILL	Prescribing,	RXCUI
250255	DADAMINE	Medication	DVC! !!
258355	RAPAMUNE	Prescribing,	RXCUI
35302	SIROLIMUS	Medication Prescribing,	RXCUI
33302	SINGLINIUS	Medication	NACUI
		ivieulcation	

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		er (KXCOI), Logical Observation Identifiers Names and Codes (
Code	Description	Code Category	Code Type
1724309	TEMSIROLIMUS 25 MG/ML INJECTION [TO	ORISEL] Prescribing,	RXCUI
		Medication	
351901	SIROLIMUS 1 MG/ML ORAL SOLUTION [R.	APAMUNE] Prescribing,	RXCUI
		Medication	
351989	SIROLIMUS 1 MG ORAL TABLET [RAPAMU	JNE] Prescribing,	RXCUI
		Medication	
404432	SIROLIMUS 2 MG ORAL TABLET [RAPAMU		RXCUI
		Medication	
905160	SIROLIMUS 0.5 MG ORAL TABLET [RAPAN	<i>.</i>	RXCUI
		Medication	
575659	SIROLIMUS 1 MG/ML [RAPAMUNE]	Prescribing,	RXCUI
		Medication	
575733	SIROLIMUS 1 MG [RAPAMUNE]	Prescribing,	RXCUI
		Medication	
576390	SIROLIMUS 2 MG [RAPAMUNE]	Prescribing,	RXCUI
		Medication	
905159	SIROLIMUS 0.5 MG [RAPAMUNE]	Prescribing,	RXCUI
		Medication	
1724306	TEMSIROLIMUS INJECTION [TORISEL]	Prescribing,	RXCUI
		Medication	
364904	SIROLIMUS ORAL SOLUTION [RAPAMUNE		RXCUI
		Medication	
368672	SIROLIMUS ORAL TABLET [RAPAMUNE]	Prescribing,	RXCUI
		Medication	
1177701	RAPAMUNE ORAL LIQUID PRODUCT	Prescribing,	RXCUI
4477700		Medication	B./ G. II
1177702	RAPAMUNE ORAL PRODUCT	Prescribing,	RXCUI
4477700	2.2	Medication	B./.C/. II
1177703	RAPAMUNE PILL	Prescribing,	RXCUI
1170500	TODICEL INJECTADLE DRODUCT	Medication	DVCIII
1178590	TORISEL INJECTABLE PRODUCT	Prescribing,	RXCUI
24.4220	CIRCUINALIS A NAC /NAL ORAL COLLITION	Medication	DVCIII
314230	SIROLIMUS 1 MG/ML ORAL SOLUTION	Prescribing,	RXCUI
349208	SIROLIMUS 1 MG ORAL TABLET	Medication	RXCUI
349200	SIROLIMOS I MIG ORAL TABLET	Prescribing,	KACUI
360110	SIROLIMUS 2 MG ORAL TABLET	Medication Prescribing,	RXCUI
300110	SINULIWIUS Z WIG UNAL TABLET	Medication	KACUI
905158	SIROLIMUS 0.5 MG ORAL TABLET	Prescribing,	RXCUI
303136	SINOLIMOS 0.5 MIG ONAL TABLET	Medication	KACOI
333296	SIROLIMUS 1 MG/ML	Prescribing,	RXCUI
333230	SINGEIWIGS I WIG/WE	Medication	IXCOI
350512	SIROLIMUS 1 MG	Prescribing,	RXCUI
330312	SINOLIWIOS I WIG	Medication	IXCOI
360318	SIROLIMUS 2 MG	Prescribing,	RXCUI
300310	SINGEIWIGS 2 WIG	Medication	iocoi
905157	SIROLIMUS 0.5 MG	Prescribing,	RXCUI
JUJ1J1	SINGERIALOS O.S INIG	Medication	IIACOI
1724304	TEMSIROLIMUS INJECTION	Prescribing,	RXCUI
1124304	TEMSINOLIMIOS INJECTION	Medication	IXCOI
375278	SIROLIMUS ORAL SOLUTION	Prescribing,	RXCUI
3,3270	SINGERIOS GRAE SOLOTION	Medication	IACOI
		MEdication	

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	E. List of KxNorm Concept Unique Identifier (KXCUI), Logical Observation Identifi		
Code	Description CIPOLINALIS OR AL TARLET	Code Category	Code Type
378277	SIROLIMUS ORAL TABLET	Prescribing,	RXCUI
4450757	CIDOLINALIS ODAL LIQUID PRODUCT	Medication	DVCIII
1158757	SIROLIMUS ORAL LIQUID PRODUCT	Prescribing,	RXCUI
4450750	CIDOLINALIC ODAL PRODUCT	Medication	DVCIII
1158758	SIROLIMUS ORAL PRODUCT	Prescribing,	RXCUI
4450750	CIDOLINALIC DILL	Medication	DVCIII
1158759	SIROLIMUS PILL	Prescribing,	RXCUI
1161400	TENACIDALINALIC INJECTADI E DRADUCT	Medication	DVCIII
1161488	TEMSIROLIMUS INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1225226	LECODIA		DVCIII
1235236	HECORIA	Prescribing,	RXCUI
1431972	ASTAGRAF	Medication	RXCUI
14313/7	ASTAUNAF	Prescribing,	NACUI
1664435	ENVARSUS	Medication Prescribing,	RXCUI
1004433	LIAAVIVOOO	Medication	NACUI
196463	PROGRAF	Prescribing,	RXCUI
130403	INOUNAL	Medication	NACOI
42316	TACROLIMUS	Prescribing,	RXCUI
42310	TACROLIMOS	Medication	NACOI
235991	ANHYDROUS TACROLIMUS	Prescribing,	RXCUI
233331	ANTI-DROOS TACROLINIOS	Medication	10,001
484288	TACROLIMUS MONOHYDRATE	Prescribing,	RXCUI
707200	MOROZIMOS MONOMITORALE	Medication	11/1001
108513	TACROLIMUS 1 MG ORAL CAPSULE [PROGRAF]	Prescribing,	RXCUI
		Medication	
108514	TACROLIMUS 5 MG ORAL CAPSULE [PROGRAF]	Prescribing,	RXCUI
_5551		Medication	
108515	1 ML TACROLIMUS 5 MG/ML INJECTION [PROGRAF]	Prescribing,	RXCUI
		Medication	
1235241	TACROLIMUS 0.5 MG ORAL CAPSULE [HECORIA]	Prescribing,	RXCUI
_		Medication	
1235243	TACROLIMUS 1 MG ORAL CAPSULE [HECORIA]	Prescribing,	RXCUI
		Medication	
1235245	TACROLIMUS 5 MG ORAL CAPSULE [HECORIA]	Prescribing,	RXCUI
		Medication	
1431977	24 HR TACROLIMUS 0.5 MG EXTENDED RELEASE ORAL CAPSULE [ASTAGRAF]	Prescribing,	RXCUI
-		Medication	
1431979	TACROLIMUS 0.5 MG EXTENDED RELEASE ORAL CAPSULE [ASTAGRAF]	Prescribing,	RXCUI
		Medication	-
1431982	24 HR TACROLIMUS 1 MG EXTENDED RELEASE ORAL CAPSULE [ASTAGRAF]	Prescribing,	RXCUI
	•	Medication	
1431984	TACROLIMUS 1 MG EXTENDED RELEASE ORAL CAPSULE [ASTAGRAF]	Prescribing,	RXCUI
	• •	Medication	
1431987	24 HR TACROLIMUS 5 MG EXTENDED RELEASE ORAL CAPSULE [ASTAGRAF]	Prescribing,	RXCUI
	•	Medication	
1431989	TACROLIMUS 5 MG EXTENDED RELEASE ORAL CAPSULE [ASTAGRAF]	Prescribing,	RXCUI
	• •	Medication	
1664440	24 HR TACROLIMUS 4 MG EXTENDED RELEASE ORAL TABLET [ENVARSUS]	Prescribing,	RXCUI
	. ,	Medication	
1664442	TACROLIMUS 4 MG EXTENDED RELEASE ORAL TABLET [ENVARSUS]	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
1664458	24 HR TACROLIMUS 0.75 MG EXTENDED RELEASE ORAL TABLET [ENVARSUS]	Prescribing,	RXCUI
1004436	24 HK TACKOLIMOS 0.75 MIG EXTENDED KELLASE OKAL TABLET [ENVARSOS]	Medication	KACOI
1664460	TACROLIMUS 0.75 MG EXTENDED RELEASE ORAL TABLET [ENVARSUS]	Prescribing,	RXCUI
1004400	TACKOLIMOS 0.75 MIG EXTENDED RELEASE ORAL TABLET [ENVARSOS]	Medication	IXCOI
1664463	24 HR TACROLIMUS 1 MG EXTENDED RELEASE ORAL TABLET [ENVARSUS]	Prescribing,	RXCUI
1004403	24 THE FACIOLINIOS I WIG EXTENDED RELEASE ORAL TABLET [ERVARSOS]	Medication	IXCOI
1664465	TACROLIMUS 1 MG EXTENDED RELEASE ORAL TABLET [ENVARSUS]	Prescribing,	RXCUI
1004403	TACKOLIMOS I MO EXTERDED RELEASE ORAL TABLET [ERVARSOS]	Medication	10,001
1738339	TACROLIMUS 5 MG/ML INJECTION [PROGRAF]	Prescribing,	RXCUI
1750555	THE RELIGIOUS AND THE HISE CHOICE (THE CHAIR)	Medication	10.001
2052609	TACROLIMUS 0.2 MG GRANULES FOR ORAL SUSPENSION [PROGRAF]	Prescribing,	RXCUI
	,	Medication	
2052704	TACROLIMUS 1 MG GRANULES FOR ORAL SUSPENSION [PROGRAF]	Prescribing,	RXCUI
		Medication	
261134	TACROLIMUS 0.5 MG ORAL CAPSULE [PROGRAF]	Prescribing,	RXCUI
		Medication	
1235237	TACROLIMUS 0.5 MG [HECORIA]	Prescribing,	RXCUI
		Medication	
1235242	TACROLIMUS 1 MG [HECORIA]	Prescribing,	RXCUI
		Medication	
1235244	TACROLIMUS 5 MG [HECORIA]	Prescribing,	RXCUI
		Medication	
1431973	TACROLIMUS 0.5 MG [ASTAGRAF]	Prescribing,	RXCUI
		Medication	
1431981	TACROLIMUS 1 MG [ASTAGRAF]	Prescribing,	RXCUI
		Medication	
1431986	TACROLIMUS 5 MG [ASTAGRAF]	Prescribing,	RXCUI
		Medication	
1664436	TACROLIMUS 4 MG [ENVARSUS]	Prescribing,	RXCUI
4664457	T. (D. () 1. () () 75 1. () (51. () 1. () ()	Medication	B.V.G. III
1664457	TACROLIMUS 0.75 MG [ENVARSUS]	Prescribing,	RXCUI
4664462	TA CROUNTIES A MAG [FANVARGUE]	Medication	DVCIII
1664462	TACROLIMUS 1 MG [ENVARSUS]	Prescribing,	RXCUI
2052606	TACROLIMILS O 2 MC [DROCDAT]	Medication	DVCIII
2052606	TACROLIMUS 0.2 MG [PROGRAF]	Prescribing,	RXCUI
564557	TACROLIMUS 1 MG [PROGRAF]	Medication Prescribing,	RXCUI
304337	TACKOLIMOS I MG [FROGRAF]	Medication	KACOI
564558	TACROLIMUS 5 MG [PROGRAF]	Prescribing,	RXCUI
304336	TACKOLIMOS S MO [FROGRAT]	Medication	KACOI
564559	TACROLIMUS 5 MG/ML [PROGRAF]	Prescribing,	RXCUI
304333	Menozimos s mojniz (i necimi)	Medication	10.001
574378	TACROLIMUS 0.5 MG [PROGRAF]	Prescribing,	RXCUI
37 1370	Mono Elimos dis mo (i modili il j	Medication	10.001
1235238	TACROLIMUS ORAL CAPSULE [HECORIA]	Prescribing,	RXCUI
	, ,	Medication	
1431974	TACROLIMUS EXTENDED RELEASE ORAL CAPSULE [ASTAGRAF]	Prescribing,	RXCUI
		Medication	
1664437	TACROLIMUS EXTENDED RELEASE ORAL TABLET [ENVARSUS]	Prescribing,	RXCUI
		Medication	
1738336	TACROLIMUS INJECTION [PROGRAF]	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
2052607	TACROLIMUS GRANULES FOR ORAL SUSPENSION [PROGRAF]	Prescribing,	RXCUI
2032007	Mendelinios divindees fon diviesosi ensidivi [i nodiviii]	Medication	10,001
362879	TACROLIMUS INJECTABLE SOLUTION [PROGRAF]	Prescribing,	RXCUI
002070		Medication	
366273	TACROLIMUS ORAL CAPSULE [PROGRAF]	Prescribing,	RXCUI
		Medication	
1180662	PROGRAF INJECTABLE PRODUCT	Prescribing,	RXCUI
		Medication	
1180663	PROGRAF ORAL PRODUCT	Prescribing,	RXCUI
		Medication	
1180664	PROGRAF PILL	Prescribing,	RXCUI
		Medication	
1235239	HECORIA ORAL PRODUCT	Prescribing,	RXCUI
		Medication	
1235240	HECORIA PILL	Prescribing,	RXCUI
		Medication	
1431975	ASTAGRAF ORAL PRODUCT	Prescribing,	RXCUI
		Medication	
1431976	ASTAGRAF PILL	Prescribing,	RXCUI
		Medication	
1664438	ENVARSUS ORAL PRODUCT	Prescribing,	RXCUI
4664420	FANVADCIUS DILL	Medication	DVCIII
1664439	ENVARSUS PILL	Prescribing,	RXCUI
2052600	DDOCDAE CDANIII E DDODUCT	Medication	DVCIII
2052608	PROGRAF GRANULE PRODUCT	Prescribing,	RXCUI
1431971	24 HR TACROLIMUS 0.5 MG EXTENDED RELEASE ORAL CAPSULE	Medication Prescribing,	RXCUI
14313/1	24 HK TACKOLIIVIOS 0.5 IVIG EXTENDED KELEASE OKAL CAPSOLE	Medication	KACOI
1431978	TACROLIMUS 0.5 MG EXTENDED RELEASE ORAL CAPSULE	Prescribing,	RXCUI
1431370	TACKOLIWIOS 0.5 INIO EXTENDED RELEASE ONAL CAI SOLE	Medication	10,001
1431980	24 HR TACROLIMUS 1 MG EXTENDED RELEASE ORAL CAPSULE	Prescribing,	RXCUI
		Medication	
1431983	TACROLIMUS 1 MG EXTENDED RELEASE ORAL CAPSULE	Prescribing,	RXCUI
		Medication	
1431985	24 HR TACROLIMUS 5 MG EXTENDED RELEASE ORAL CAPSULE	Prescribing,	RXCUI
		Medication	
1431988	TACROLIMUS 5 MG EXTENDED RELEASE ORAL CAPSULE	Prescribing,	RXCUI
		Medication	
1664434	24 HR TACROLIMUS 4 MG EXTENDED RELEASE ORAL TABLET	Prescribing,	RXCUI
		Medication	
1664441	TACROLIMUS 4 MG EXTENDED RELEASE ORAL TABLET	Prescribing,	RXCUI
		Medication	
1664456	24 HR TACROLIMUS 0.75 MG EXTENDED RELEASE ORAL TABLET	Prescribing,	RXCUI
		Medication	
1664459	TACROLIMUS 0.75 MG EXTENDED RELEASE ORAL TABLET	Prescribing,	RXCUI
1004404	24 LID TACDOLIMILO 4 MAC EVTENDED DELEACE ODAL TADLET	Medication	DVCL
1664461	24 HR TACROLIMUS 1 MG EXTENDED RELEASE ORAL TABLET	Prescribing,	RXCUI
1664464	TACROLIMIES 1 MC EVTENDED DELEASE ORAL TARLET	Medication	DVCLII
1664464	TACROLIMUS 1 MG EXTENDED RELEASE ORAL TABLET	Prescribing,	RXCUI
1738338	TACROLIMUS 5 MG/ML INJECTION	Medication Prescribing,	RXCUI
1,30330	MONOCHINOS S INIGHIE INSECTION	Medication	NACOI
		IVICUICALIUII	

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Code	Description	Code Category	Code Type
198377	TACROLIMUS 1 MG ORAL CAPSULE	Prescribing,	RXCUI
130377	TACHOLIMOS I MO ONAL CAI SOLL	Medication	плеот
198378	TACROLIMUS 5 MG ORAL CAPSULE	Prescribing,	RXCUI
		Medication	
198379	1 ML TACROLIMUS 5 MG/ML INJECTION	Prescribing,	RXCUI
	·	Medication	
2052605	TACROLIMUS 0.2 MG GRANULES FOR ORAL SUSPENSION	Prescribing,	RXCUI
		Medication	
2052703	TACROLIMUS 1 MG GRANULES FOR ORAL SUSPENSION	Prescribing,	RXCUI
		Medication	
313190	TACROLIMUS 0.5 MG ORAL CAPSULE	Prescribing,	RXCUI
		Medication	
427807	TACROLIMUS 5 MG ORAL TABLET	Prescribing,	RXCUI
427000	TACROLIMALIC 4 MC ORAL TARLET	Medication	DVCIII
427808	TACROLIMUS 1 MG ORAL TABLET	Prescribing,	RXCUI
1599039	TACROLIMUS 0.5 MG/ML	Medication Prescribing,	RXCUI
1399039	TACROLIIVIOS 0.5 IVIG/IVIL	Medication	KACUI
1664432	TACROLIMUS 4 MG	Prescribing,	RXCUI
1004432	TACROLINIOS 4 IVIG	Medication	IXCOI
1664455	TACROLIMUS 0.75 MG	Prescribing,	RXCUI
		Medication	
2052503	TACROLIMUS 0.2 MG	Prescribing,	RXCUI
		Medication	
316758	TACROLIMUS 1 MG	Prescribing,	RXCUI
		Medication	
316759	TACROLIMUS 5 MG	Prescribing,	RXCUI
		Medication	
317510	TACROLIMUS 5 MG/ML	Prescribing,	RXCUI
		Medication	
330404	TACROLIMUS 0.5 MG	Prescribing,	RXCUI
224540	TACROLINALIS O COM NAC INAC	Medication	DVCIII
331549	TACROLIMUS 0.001 MG/MG	Prescribing,	RXCUI
331550	TACROLIMUS 0.0003 MG/MG	Medication Prescribing,	RXCUI
331330	TACKOLINIOS 0.0003 INIQ/INIQ	Medication	IXCOI
1431970	TACROLIMUS EXTENDED RELEASE ORAL CAPSULE	Prescribing,	RXCUI
1101370	THE RELEASE SHOULD SHOU	Medication	10,001
1664433	TACROLIMUS EXTENDED RELEASE ORAL TABLET	Prescribing,	RXCUI
		Medication	
1738334	TACROLIMUS INJECTION	Prescribing,	RXCUI
		Medication	
2052604	TACROLIMUS GRANULES FOR ORAL SUSPENSION	Prescribing,	RXCUI
		Medication	
374015	TACROLIMUS ORAL CAPSULE	Prescribing,	RXCUI
		Medication	
377119	TACROLIMUS INJECTABLE SOLUTION	Prescribing,	RXCUI
		Medication	
451875	TACROLIMUS ORAL TABLET	Prescribing,	RXCUI
4463655	TACROLINALIC INJECTARIE PRODUCT	Medication	DVC! !!
1163655	TACROLIMUS INJECTABLE PRODUCT	Prescribing,	RXCUI
		Medication	

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Code	Description	Code Category	Code Type
1164202	TACROLIMUS ORAL PRODUCT	Prescribing,	RXCUI
		Medication	
1164203	TACROLIMUS PILL	Prescribing,	RXCUI
		Medication	
2052603	TACROLIMUS GRANULE PRODUCT	Prescribing,	RXCUI
		Medication	
723805	TORISEL	Prescribing,	RXCUI
		Medication	
657797	TEMSIROLIMUS	Prescribing,	RXCUI
		Medication	
725108	1.2 ML TEMSIROLIMUS 25 MG/ML INJECTION [TORISEL]	Prescribing,	RXCUI
		Medication	
725106	TEMSIROLIMUS 25 MG/ML [TORISEL]	Prescribing,	RXCUI
		Medication	
725107	TEMSIROLIMUS INJECTABLE SOLUTION [TORISEL]	Prescribing,	RXCUI
		Medication	
1724308	TEMSIROLIMUS 25 MG/ML INJECTION	Prescribing,	RXCUI
		Medication	
722289	1.2 ML TEMSIROLIMUS 25 MG/ML INJECTION	Prescribing,	RXCUI
000705	TENACIDOLINALIS AO MACAMINISCEA DI E COLUTIONI	Medication	BYCH!
993785	TEMSIROLIMUS 10 MG/ML INJECTABLE SOLUTION	Prescribing,	RXCUI
722207	TENACIDOLINALIC DE NAC /NAL	Medication	DVCIII
722287	TEMSIROLIMUS 25 MG/ML	Prescribing,	RXCUI
993784	TEMSIROLIMUS 10 MG/ML	Medication Prescribing,	RXCUI
333704	TEMSINOLIMOS 10 MIG/ML	Medication	KACUI
722288	TEMSIROLIMUS INJECTABLE SOLUTION	Prescribing,	RXCUI
722200	TEMSINOEIMOS INSECTABLE SOLOTION	Medication	MACOI
72435	anakinra	Prescribing,	RXCUI
72433	unukinu	Medication	Meer
352734	Kineret	Prescribing,	RXCUI
		Medication	
727711	0.67 ML anakinra 149 MG/ML Prefilled Syringe	Prescribing,	RXCUI
	, , ,	Medication	
727714	0.67 ML anakinra 149 MG/ML Prefilled Syringe [Kineret]	Prescribing,	RXCUI
		Medication	
727708	anakinra Prefilled Syringe	Prescribing,	RXCUI
		Medication	
727710	anakinra 149 MG/ML	Prescribing,	RXCUI
		Medication	
727712	anakinra 149 MG/ML [Kineret]	Prescribing,	RXCUI
		Medication	
727713	anakinra Prefilled Syringe [Kineret]	Prescribing,	RXCUI
		Medication	
1157701	anakinra Injectable Product	Prescribing,	RXCUI
		Medication	
1170741	Kineret Injectable Product	Prescribing,	RXCUI
		Medication	

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

Generic Name	Brand Name
Inhaled Cort	
120 ACTUAT beclomethasone dipropionate 0.08	
MG/ACTUAT Metered Dose Inhaler [Qvar]	
BECLOMETHASONE DIPROPIONATE	
Beclomethasone Dipropionate Hfa	
beclomethasone dipropionate	Beconase AQ
beclomethasone dipropionate	ONASL
beclomethasone dipropionate	Qvar RediHaler
beclomethasone dipropionate 0.04 MG/ACTUAT	2.3
Metered Dose Nasal Spray [Qnasl]	
beclomethasone dipropionate 0.042 MG/ACTUAT	
Metered Dose Nasal Spray [Beconase]	
beclomethasone dipropionate 0.08 MG/ACTUAT	
Metered Dose Nasal Spray [Qnasl]	
budesonide	Pulmicort
budesonide	Pulmicort Flexhaler
budesonide	Rhinocort Allergy
budesonide	budesonide
ciclesonide	Alvesco
ciclesonide	Omnaris
ciclesonide	Zetonna
flunisolide	flunisolide
fluticasone furgate	Arnuity Ellipta
fluticasone furgate	Children's Flonase Sensimist
fluticasone furoate	Flonase Sensimist
fluticasone propionate	24 Hour Allergy Relief
fluticasone propionate	Aller-Flo
fluticasone propionate	Allergy Relief (fluticasone)
fluticasone propionate	ArmonAir Digihaler
fluticasone propionate	Children's Flonase Allergy RIf
fluticasone propionate	Childrens 24 Hr Allergy Relief
fluticasone propionate	ClariSpray
fluticasone propionate	Flonase Allergy Relief
fluticasone propionate	Flovent Diskus
fluticasone propionate	Flovent HFA
fluticasone propionate	Xhance
fluticasone propionate	fluticasone propionate
mometasone furoate	Asmanex HFA
mometasone furoate	Asmanex Twisthaler
mometasone furoate	Nasonex
mometasone furoate	mometasone
triamcinolone acetonide	24 Hour Nasal Allergy
triamcinolone acetonide	Aller-Cort
triamcinolone acetonide	Children's Nasacort
triamcinolone acetonide	Nasacort
triamcinolone acetonide	Nasal Allergy
triamcinolone acetonide	triamcinolone acetonide
Dexamet	hasone
dexamethasone	Decadron
dexamethasone	Dexabliss
decrease Albanasa	6

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dexamethasone

Dexamethasone Intensol



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

Generic Name	Brand Name
dexamethasone	Dxevo
dexamethasone	HiDex
dexamethasone	TaperDex
dexamethasone	dexamethasone
dexamethasone acetate and sodium phosphate in	dexamethasone ac, sodph-water
sterile water	
dexamethasone acetate in sodium chloride,	dexamethas on eace-NaCl, iso-osm
iso-osmotic	
dexamethasone sodium phosphate	ReadySharp dexamethasone
dexamethasone sodium phosphate	dexamethasone sodiumphosphate
dexamethasone sodium phosphate in 0.9 %	dexamethasone-0.9 % sod.chlor
sodium chloride	
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)
Azithromycin	
AZITHROMYCIN	AZITHROMYCIN
AZITHROMYCIN	ZITHROMAX
AZITHROMYCIN IV FOR	AZITHROMYCIN
azithromycin	Zithromax
azithromycin	Zithromax TRI-PAK
azithromycin	Zithromax Z-Pak
azithromycin	azithromycin
	azitinomyem
HYDROXYCHLOROOLIINE SUI EATE	
HYDROXYCHLOROQUINE SULFATE	Plaguenil
HYDROXYCHLOROQUINE SULFATE hydroxychloroquine sulfate	Plaquenil hydroxychloroguine
HYDROXYCHLOROQUINE SULFATE hydroxychloroquine sulfate hydroxychloroquine sulfate	Plaquenil hydroxychloroquine
HYDROXYCHLOROQUINE SULFATE hydroxychloroquine sulfate hydroxychloroquine sulfate Chloroquine	hydroxychloroquine
HYDROXYCHLOROQUINE SULFATE hydroxychloroquine sulfate hydroxychloroquine sulfate Chloroquine CHLOROQUINE PHOSPHATE	hydroxychloroquine CHLOROQUINEPHOSPHATE
HYDROXYCHLOROQUINE SULFATE hydroxychloroquine sulfate hydroxychloroquine sulfate Chloroquine CHLOROQUINE PHOSPHATE chloroquine phosphate	hydroxychloroquine
HYDROXYCHLOROQUINE SULFATE hydroxychloroquine sulfate hydroxychloroquine sulfate Chloroquine CHLOROQUINE PHOSPHATE chloroquine phosphate Anticoagulants (Oral)	hydroxychloroquine CHLOROQUINEPHOSPHATE chloroquine phosphate
HYDROXYCHLOROQUINE SULFATE hydroxychloroquine sulfate hydroxychloroquine sulfate Chloroquine CHLOROQUINE PHOSPHATE chloroquine phosphate	hydroxychloroquine CHLOROQUINEPHOSPHATE
HYDROXYCHLOROQUINE SULFATE hydroxychloroquine sulfate hydroxychloroquine sulfate Chloroquine CHLOROQUINE PHOSPHATE chloroquine phosphate Anticoagulants (Oral) APIXABAN DABIGATRAN ETEXILATE MESYLATE	hydroxychloroquine CHLOROQUINEPHOSPHATE chloroquine phosphate ELIQUIS PRADAXA
HYDROXYCHLOROQUINE SULFATE hydroxychloroquine sulfate hydroxychloroquine sulfate Chloroquine CHLOROQUINE PHOSPHATE chloroquine phosphate Anticoagulants (Oral) APIXABAN	hydroxychloroquine CHLOROQUINEPHOSPHATE chloroquine phosphate ELIQUIS
HYDROXYCHLOROQUINE SULFATE hydroxychloroquine sulfate hydroxychloroquine sulfate Chloroquine CHLOROQUINE PHOSPHATE chloroquine phosphate Anticoagulants (Oral) APIXABAN DABIGATRAN ETEXILATE MESYLATE WARFARIN SODIUM WARFARIN SODIUM	hydroxychloroquine CHLOROQUINEPHOSPHATE chloroquine phosphate ELIQUIS PRADAXA COUMADIN WARFARIN SODIUM
HYDROXYCHLOROQUINE SULFATE hydroxychloroquine sulfate hydroxychloroquine sulfate Chloroquine CHLOROQUINE PHOSPHATE chloroquine phosphate Anticoagulants (Oral) APIXABAN DABIGATRAN ETEXILATE MESYLATE WARFARIN SODIUM WARFARIN SODIUM apixaban	hydroxychloroquine CHLOROQUINEPHOSPHATE chloroquine phosphate ELIQUIS PRADAXA COUMADIN WARFARIN SODIUM Eliquis
HYDROXYCHLOROQUINE SULFATE hydroxychloroquine sulfate hydroxychloroquine sulfate Chloroquine CHLOROQUINE PHOSPHATE chloroquine phosphate Anticoagulants (Oral) APIXABAN DABIGATRAN ETEXILATE MESYLATE WARFARIN SODIUM WARFARIN SODIUM apixaban apixaban	hydroxychloroquine CHLOROQUINEPHOSPHATE chloroquine phosphate ELIQUIS PRADAXA COUMADIN WARFARIN SODIUM Eliquis Eliquis DVT-PE Treat 30DStart
HYDROXYCHLOROQUINE SULFATE hydroxychloroquine sulfate hydroxychloroquine sulfate Chloroquine CHLOROQUINE PHOSPHATE chloroquine phosphate Anticoagulants (Oral) APIXABAN DABIGATRAN ETEXILATE MESYLATE WARFARIN SODIUM WARFARIN SODIUM apixaban apixaban betrixaban maleate	hydroxychloroquine CHLOROQUINEPHOSPHATE chloroquine phosphate ELIQUIS PRADAXA COUMADIN WARFARIN SODIUM Eliquis Eliquis DVT-PE Treat 30DStart Bevyxxa
HYDROXYCHLOROQUINE SULFATE hydroxychloroquine sulfate hydroxychloroquine sulfate Chloroquine CHLOROQUINE PHOSPHATE chloroquine phosphate Anticoagulants (Oral) APIXABAN DABIGATRAN ETEXILATE MESYLATE WARFARIN SODIUM WARFARIN SODIUM apixaban apixaban betrixaban maleate dabigatran etexilate mesylate	hydroxychloroquine CHLOROQUINEPHOSPHATE chloroquine phosphate ELIQUIS PRADAXA COUMADIN WARFARIN SODIUM Eliquis Eliquis DVT-PE Treat 30DStart Bevyxxa Pradaxa
HYDROXYCHLOROQUINE SULFATE hydroxychloroquine sulfate hydroxychloroquine sulfate Chloroquine CHLOROQUINE PHOSPHATE chloroquine phosphate Anticoagulants (Oral) APIXABAN DABIGATRAN ETEXILATE MESYLATE WARFARIN SODIUM WARFARIN SODIUM apixaban apixaban apixaban betrixaban maleate dabigatran etexilate mesylate edoxaban tosylate	hydroxychloroquine CHLOROQUINEPHOSPHATE chloroquine phosphate ELIQUIS PRADAXA COUMADIN WARFARIN SODIUM Eliquis Eliquis DVT-PE Treat 30DStart Bevyxxa Pradaxa Savaysa
HYDROXYCHLOROQUINE SULFATE hydroxychloroquine sulfate hydroxychloroquine sulfate CHLOROQUINE PHOSPHATE chloroquine phosphate Anticoagulants (Oral) APIXABAN DABIGATRAN ETEXILATE MESYLATE WARFARIN SODIUM WARFARIN SODIUM apixaban apixaban betrixaban maleate dabigatran etexilate mesylate edoxaban tosylate rivaroxaban	hydroxychloroquine CHLOROQUINEPHOSPHATE chloroquine phosphate ELIQUIS PRADAXA COUMADIN WARFARIN SODIUM Eliquis Eliquis DVT-PE Treat 30DStart Bevyxxa Pradaxa
HYDROXYCHLOROQUINE SULFATE hydroxychloroquine sulfate hydroxychloroquine sulfate CHLOROQUINE PHOSPHATE chloroquine phosphate Anticoagulants (Oral) APIXABAN DABIGATRAN ETEXILATE MESYLATE WARFARIN SODIUM WARFARIN SODIUM apixaban apixaban betrixaban maleate dabigatran etexilate mesylate edoxaban tosylate rivaroxaban rivaroxaban	hydroxychloroquine CHLOROQUINEPHOSPHATE chloroquine phosphate ELIQUIS PRADAXA COUMADIN WARFARIN SODIUM Eliquis Eliquis DVT-PE Treat 30DStart Bevyxxa Pradaxa Savaysa Xarelto
HYDROXYCHLOROQUINE SULFATE hydroxychloroquine sulfate hydroxychloroquine sulfate CHLOROQUINE PHOSPHATE chloroquine phosphate Anticoagulants (Oral) APIXABAN DABIGATRAN ETEXILATE MESYLATE WARFARIN SODIUM WARFARIN SODIUM apixaban apixaban betrixaban maleate dabigatran etexilate mesylate edoxaban tosylate rivaroxaban rivaroxaban warfarin sodium	CHLOROQUINEPHOSPHATE chloroquine phosphate ELIQUIS PRADAXA COUMADIN WARFARIN SODIUM Eliquis Eliquis DVT-PE Treat 30DStart Bevyxxa Pradaxa Savaysa Xarelto Xarelto DVT-PE Treat 30dStart Coumadin
HYDROXYCHLOROQUINE SULFATE hydroxychloroquine sulfate hydroxychloroquine sulfate CHLOROQUINE PHOSPHATE chloroquine phosphate Anticoagulants (Oral) APIXABAN DABIGATRAN ETEXILATE MESYLATE WARFARIN SODIUM WARFARIN SODIUM apixaban apixaban betrixaban maleate dabigatran etexilate mesylate edoxaban tosylate rivaroxaban rivaroxaban warfarin sodium warfarin sodium	CHLOROQUINEPHOSPHATE chloroquine phosphate ELIQUIS PRADAXA COUMADIN WARFARIN SODIUM Eliquis Eliquis DVT-PE Treat 30DStart Bevyxxa Pradaxa Savaysa Xarelto Xarelto DVT-PE Treat 30dStart Coumadin Jantoven
HYDROXYCHLOROQUINE SULFATE hydroxychloroquine sulfate hydroxychloroquine sulfate CHLOROQUINE PHOSPHATE chloroquine phosphate Anticoagulants (Oral) APIXABAN DABIGATRAN ETEXILATE MESYLATE WARFARIN SODIUM WARFARIN SODIUM apixaban apixaban betrixaban maleate dabigatran etexilate mesylate edoxaban tosylate rivaroxaban warfarin sodium warfarin sodium warfarin sodium	CHLOROQUINEPHOSPHATE chloroquine phosphate ELIQUIS PRADAXA COUMADIN WARFARIN SODIUM Eliquis Eliquis DVT-PE Treat 30DStart Bevyxxa Pradaxa Savaysa Xarelto Xarelto DVT-PE Treat 30dStart Coumadin
HYDROXYCHLOROQUINE SULFATE hydroxychloroquine sulfate hydroxychloroquine sulfate CHLOROQUINE PHOSPHATE chloroquine phosphate Anticoagulants (Oral) APIXABAN DABIGATRAN ETEXILATE MESYLATE WARFARIN SODIUM WARFARIN SODIUM apixaban apixaban betrixaban maleate dabigatran etexilate mesylate edoxaban tosylate rivaroxaban rivaroxaban warfarin sodium warfarin sodium warfarin sodium warfarin sodium Maticoagulants (Non-Oral)	hydroxychloroquine CHLOROQUINEPHOSPHATE chloroquine phosphate ELIQUIS PRADAXA COUMADIN WARFARIN SODIUM Eliquis Eliquis DVT-PE Treat 30DStart Bevyxxa Pradaxa Savaysa Xarelto Xarelto DVT-PE Treat 30dStart Coumadin Jantoven warfarin
HYDROXYCHLOROQUINE SULFATE hydroxychloroquine sulfate hydroxychloroquine sulfate CHLOROQUINE PHOSPHATE chloroquine phosphate Anticoagulants (Oral) APIXABAN DABIGATRAN ETEXILATE MESYLATE WARFARIN SODIUM WARFARIN SODIUM apixaban apixaban betrixaban maleate dabigatran etexilate mesylate edoxaban tosylate rivaroxaban rivaroxaban warfarin sodium warfarin sodium warfarin sodium Manticoagulants (Non-Oral) BIVALIRUDIN FOR IV	hydroxychloroquine CHLOROQUINEPHOSPHATE chloroquine phosphate ELIQUIS PRADAXA COUMADIN WARFARIN SODIUM Eliquis Eliquis DVT-PE Treat 30DStart Bevyxxa Pradaxa Savaysa Xarelto Xarelto DVT-PE Treat 30dStart Coumadin Jantoven warfarin
HYDROXYCHLOROQUINE SULFATE hydroxychloroquine sulfate hydroxychloroquine sulfate CHLOROQUINE PHOSPHATE chloroquine phosphate Anticoagulants (Oral) APIXABAN DABIGATRAN ETEXILATE MESYLATE WARFARIN SODIUM WARFARIN SODIUM apixaban apixaban betrixaban maleate dabigatran etexilate mesylate edoxaban tosylate rivaroxaban rivaroxaban warfarin sodium warfarin sodium warfarin sodium warfarin sodium Maticoagulants (Non-Oral)	hydroxychloroquine CHLOROQUINEPHOSPHATE chloroquine phosphate ELIQUIS PRADAXA COUMADIN WARFARIN SODIUM Eliquis Eliquis DVT-PE Treat 30DStart Bevyxxa Pradaxa Savaysa Xarelto Xarelto DVT-PE Treat 30dStart Coumadin Jantoven warfarin

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

Generic Name	Brand Name
HEPARIN SODIUM (PORCINE)	HEPARIN SODIUM
HEPARIN SODIUM (PORCINE) IV	HEPARIN SODIUM
argatroban	argatroban
argatroban in 0.9 % sodium chloride	argatroban in 0.9 % sod chlor
argatroban in sodium chloride, iso-osmotic	argatroban in NaCL (iso-os)
bivalirudin	Angiomax
bivalirudin	bivalirudin
bivalirudin in 0.9 % sodium chloride	bivalirudin-0.9 % sodium chlor
dalteparin sodium,porcine	Fragmin
enoxaparin sodium	Lovenox
enoxaparin sodium	enoxaparin
fondaparinux sodium	Arixtra
fondaparinux sodium	fondaparinux
heparin sodium,porcine	heparin (porcine)
heparin sodium,porcine in 0.9 % sodium chloride	heparin (porcine) in 0.9%NaCl
heparin sodium,porcine/PF	heparin, porcine (PF)
Antiplatelets	neparin, porcine (11)
ASPIRIN	ANACIN
ASPIRIN	ASPERGUM
ASPIRIN	ASPIRIN
ASPIRIN	ASPIRIN ADULT LOWSTRENGTH
ASPIRIN	ASPIRIN CHILDRENS
ASPIRIN	ASPIRIN EC
ASPIRIN	ASPIRIN EC LOW DOSE
ASPIRIN	ASPIRIN EC MAXIMUMSTRENGTH
ASPIRIN	ASPIRIN ENTERIC COATED
	ADULT LOW STRENGTH
ASPIRIN	ASPIRIN LOW DOSE
ASPIRIN	ASPIRTAB
ASPIRIN	ASPIRTAB MAXIMUMSTRENGTH
ASPIRIN	BAYER ADVANCEDASPIRIN EXTRA STRENGTH
ASPIRIN	BAYER ADVANCEDASPIRIN REGULARSTRENGTH
ASPIRIN	BAYER ASPIRIN
ASPIRIN	BAYER ASPIRIN REGIMEN
ASPIRIN	BAYER LOW STRENGTH
ASPIRIN	BUFFERIN LOW DOSE
ASPIRIN	CHILDREN'S CHEWABLEASPIRIN
ASPIRIN	CVS ASPIRIN ADULT LOWDOSE
ASPIRIN	EC ASPIRIN
ASPIRIN	ECPIRIN
ASPIRIN	ENTERIC COATED ASPIRIN
ASPIRIN	EQ ADULT ASPIRIN LOWSTRENGTH
ASPIRIN	EQ ASPIRIN
ASPIRIN	EQ ASPIRIN EC
ASPIRIN	EQ ASPIRIN LOW DOSE
ASPIRIN	EQL ASPIRIN
ASPIRIN	EQL ASPIRIN EC
ASPIRIN	EQL ASPIRIN LOW DOSE
ASPIRIN	GNP ASPIRIN LOW DOSE
ASPIRIN	GNP CHILDRENS ASPIRIN
ASPIRIN	GOODSENSE ASPIRIN LOWDOSE
AVERMA	GOODDENSE ASI IMIN LONDOSE

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

Generic Name	Brand Name
ASPIRIN	H-E-B ASPIRIN
ASPIRIN	HM ASPIRIN
ASPIRIN	MEDIQUE ASPIRIN
ASPIRIN	MM ASPIRIN
ASPIRIN	NORWICH ASPIRIN
ASPIRIN	OSCO ASPIRIN
ASPIRIN	RA ASPIRIN
ASPIRIN	RA ASPIRIN EC
ASPIRIN	RA ASPIRIN EC MAXIMUMSTRENGTH
ASPIRIN	RA CHILDRENS ASPIRIN
ASPIRIN	RA PAIN RELIEF ASPIRIN
ASPIRIN	ST JOSEPH ASPIRIN
ASPIRIN	TGT ASPIRIN
ASPIRIN	TGT ASPIRIN LOW DOSE
ASPIRIN	TH ASPIRIN
ASPIRIN	TH ASPIRIN LOW DOSE
ASPIRIN	TH ENTERIC ASPIRIN
ASPIRIN	UNI-TREN
ASPIRIN	ZORPRIN
ASPIRIN BUFFERED	ALBERTSONS BUFFEREDASPIRIN
ASPIRIN BUFFERED	ASPIRIN BUFFERED
ASPIRIN DISINTEGRATING	ADULT ASPIRIN LOWSTRENGTH
ASPIRIN DISPERSIBLE	ADULT ASPIRIN LOWSTRENGTH
ASPIRIN EFFER	EFFERVESCENT PAINRELIEF
ASPIRIN EFFER	NEUTRALIN
ASPIRIN EFFER	SB EFFERVESCENT PAINRELIEF
CILOSTAZOL	CILOSTAZOL
CLOPIDOGREL BISULFATE	CLOPIDOGREL
CLOPIDOGREL BISULFATE	PLAVIX
CLOPIDOGREL TAB 75 MG/ASPIRIN TAB DR 81	CLOPIDOGREL KIT
MG THERAPY PACK	CLOT IDOGREE RIT
TICAGRELOR	BRILINTA
TICLOPIDINE HCL	TICLID
TICLOPIDINE HCL	TICLOPIDINE HCL
aspirin	Adult Aspirin Regimen
·	Adult Low Dose Aspirin
aspirin	Aspir-81
aspirin aspirin	Aspir-61 Aspir-Low
	Aspir-Low Aspir-Trin
aspirin	-
aspirin	Aspirin Childrens Aspirin Low Dose
aspirin	•
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

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

Generic Name	Brand Name
aspirin	Lo-Dose Aspirin
aspirin	St Joseph Aspirin
aspirin	St. Joseph Aspirin
aspirin	aspirin
aspirin/caffeine	Bayer Back and Body
aspirin/dipyridamole	Aggrenox
aspirin/dipyridamole	aspirin-dipyridamole
cangrelor tetrasodium	Kengreal
cilostazol	cilostazol
clopidogrel bisulfate	Plavix
clopidogrel bisulfate	clopidogrel
dipyridamole	dipyridamole
prasugrel HCl	Effient
prasugrel HCl	prasugrel
ticagrelor	Brilinta
vorapaxar sulfate	Zontivity
Immunosuppressants	Language of the second of the
ADALIMUMAB PEN/INJECTOR KIT 40 MG/0.8ML	Immunosuppressant
AZATHOPRINE	Immunosuppressant
AZATHIOPRINE TAB 50 MG	Immunosuppressant
BELIMUMAB SUBCUTANEOUS SOLUTION	Immunosuppressant
BLEOMYCIN SULFATE FOR INJ 15 UNIT	Chemotherapeutic agents
CAPECITABINE TAB 150 MG	Chemotherapeutic agents
CYCLOPHOSPHAMIDE	Chemotherapeutic agents
CYCLOPHOSPHAMIDE LYOPHILIZED FOR INJ	Chemotherapeutic agents
CYCLOPHOSPHAMIDE LYOPHILIZED FOR INJ	Chemotherapeutic agents
CYCLOPHOSPHAMIDE LYOPHILIZED FOR INJ	Chemotherapeutic agents
CYCLOPHOSPHAMIDE LYOPHILIZED FOR INJ	Chemotherapeutic agents
CYCLOPHOSPHAMIDE LYOPHILIZED FOR INJ	Chemotherapeutic agents
CYCLOSPORINE MODIFIED CAP 25 MG	Immunosuppressant
DACARBAZINE FOR INJ 200 MG	Chemotherapeutic agents
DACARBAZINE FOR INJ 500 MG	Chemotherapeutic agents
DACARBAZINE POWDER	Chemotherapeutic agents
DAUNORUBICIN HCL FOR INJ 50 MG	
	Chemotherapeutic agents
DOXORUBICIN HCL FOR INJ 10 MG	Chemotherapeutic agents
DOXORUBICIN HCL FOR INJ 150 MG	Chemotherapeutic agents
DOXORUBICIN HCL FOR INJ 20 MG	Chemotherapeutic agents
DOXORUBICIN HCL FOR INJ 50 MG	Chemotherapeutic agents
DOXORUBICIN HCL INJ 2 MG/ML	Chemotherapeutic agents
DOXORUBICIN HCL LIPOSOMAL	Chemotherapeutic agents
DUVELISIB CAP 15 MG	Chemotherapeutic agents
DUVELISIB CAP 25 MG	Chemotherapeutic agents
ERLOTINIB TAB 100 MG	Chemotherapeutic agents
ERLOTINIB TAB 150 MG	Chemotherapeutic agents
ETOPOSIDE INJ 20 MG/ML	Chemotherapeutic agents
FLOXURIDINE FOR INJ 0.5 GM	Chemotherapeutic agents
FLUDARABINE PHOSPHATE FOR INJ 50 MG	Chemotherapeutic agents
FLUOROURACIL INJ 1 GM/20ML (50 MG/ML)	Chemotherapeutic agents Chemotherapeutic agents
I LOOMOOMACIL IN I ONI ZONIL (JU NIO) NIO	chemotherapeutic agents

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

Generic Name	Brand Name
FLUOROURACIL INJ 2.5 GM/50ML (50 MG/ML)	Chemotherapeutic agents
FLUOROURACIL INJ 5 GM/100ML (50 MG/ML)	Chemotherapeutic agents
LUOROURACIL INJ 50 MG/ML	Chemotherapeutic agents
LUOROURACIL INJ 500 MG/10ML (50 MG/ML)	Chemotherapeutic agents
HYDROXYUREA CAP 500 MG	Chemotherapeutic agents
FOSFAMIDE FOR INJ 1 GM	Chemotherapeutic agents
FOSFAMIDE FOR INJ 3 GM	Chemotherapeutic agents
MATINIB MESYLATE TAB 400 MG (BASE	Chemotherapeutic agents
NEBILIZUMAB/CDON IV	Immunosuppressant
NTERFERON ALFA-2B FOR INJ 3 MU	Chemotherapeutic agents
NTERFERON ALFA-2B INJ 10 MU/ML	Chemotherapeutic agents
NTERFERON ALFA-2B INJ 6000000 UNIT/ML	Chemotherapeutic agents
EFLUNOMIDE	Immunosuppressant
METHOTREXATE	Immunosuppressant
METHOTREXATE POWDER	Chemotherapeutic agents
METHOTREXATE SODIUM INJ 25 MG/ML	Chemotherapeutic agents
METHOTREXATE SODIUM TAB 2.5 MG (BASE	Chemotherapeutic agents
METHOTREXATE SOLN PF AUTO-INJECTOR	Immunosuppressant
MITOMYCIN FOR INJ 20 MG	Chemotherapeutic agents
AITOMYCIN FOR INJ 5 MG	Chemotherapeutic agents
/ITOMYCIN SOLN FOR INTRAVESICAL	Chemotherapeutic agents
MYCOPHENOLATE MOFETIL TAB 500 MG	Immunosuppressant
DLAPARIB TAB 150 MG	Chemotherapeutic agents
DXALIPLATIN	Chemotherapeutic agents
PACLITAXEL IV	Chemotherapeutic agents
SUNITINIB MALATE CAP 50 MG (BASE	Chemotherapeutic agents
ACROLIMUS	Immunosuppressant
CACROLIMUS CAP 1 MG	Immunosuppressant
EMOZOLOMIDE CAP 100 MG	Chemotherapeutic agents
EMOZOLOMIDE CAP 20 MG	Chemotherapeutic agents
EMOZOLOMIDE CAP 250 MG	Chemotherapeutic agents
EMOZOLOMIDE CAP 5 MG	Chemotherapeutic agents
JRACIL MUSTARD	Chemotherapeutic agents
/INCRISTINE SULFATE IV SOLN 1 MG/ML	Chemotherapeutic agents
batacept	Orencia
batacept	Orencia ClickJect
Batacept/maltose	Orencia (with maltose)
bemaciclib	Verzenio
calabrutinib	
dalimumab	Calquence Humira
dalimumab	Humira Pediatric Crohns Start
adalimumab	Humira Pen
adalimumab	Humira Pen Crohns-UC-HSStart
adalimumab	Humira Pen Psor-Uveits-AdolHS
ndalimumab	Humira(CF)
ndalimumab	Humira(CF) Pedi CrohnsStarter
adalimumab	Humira(CF) Pen

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

Generic Name	Brand Name
adalimumab	Humira(CF) PenCrohns-UC-HS
adalimumab	Humira(CF) PenPsor-Uv-Adol HS
ado-trastuzumab emtansine	Kadcyla
afatinib dimaleate	Gilotrif
aldesleukin	Proleukin
alectinib HCl	Alecensa
alemtuzumab	Campath
alemtuzumab	Lemtrada
alpelisib	Piqray
anakinra	Kineret
anti-thymocyte globulin,rabbit	Thymoglobulin
apremilast	Otezla
apremilast	Otezla Starter
arsenic trioxide	Trisenox
arsenic trioxide	arsenic trioxide
asparaginase (Erwinia chrysanthemi)	Erwinaze
atezolizumab	Tecentriq
auranofin	Ridaura
avapritinib	Ayvakit
avelumab	Bavencio
axicabtagene ciloleucel	Yescarta
axitinib	Inlyta
azacitidine	, Onureg
azacitidine	Vidaza
azacitidine	azacitidine
azathioprine	Azasan
azathioprine	lmuran
azathioprine	azathioprine
azathioprine sodium	azathioprine sodium
baricitinib	Olumiant
basiliximab	Simulect
belantamab mafodotin-blmf	Blenrep
belatacept	Nulojix
belimumab	Benlysta
belinostat	Beleodaq
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	bleomycin
blinatumomab	Blincyto
	-1

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

bortezomib bortezomib bosutinib brentuximab vedotin brexucabtagene autoleucel brigatinib busulfan cabazitaxel cabozantinib s-malate cabozantinib s-malate calaspargase pegol-mknl calaspargase pegol-mknl canakinumab/PF capecitabine capecitabine capecitabine capecitabine capecitabine capecitabine capoplatin carfolpatin carfolpatin carfolpatin carfulzomib carmustine carboplatin car
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cetuximab Erbitux
chlorambucil Leukeran
cisplatin cisplatin
cladribine cladribine
clofarabine Clolar
clofarabine clofarabine
cobimetinib fumarate Cotellic
copanlisib di-HCl Aliqopa
crizotinib Xalkori
cyclophosphamide cyclophosphamide
cyclosporine Sandimmune
cyclosporine cyclosporine
cyclosporine, modified Gengraf
cyclosporine, modified Neoral
cyclosporine, modified cyclosporine modified
cytarabine cytarabine
cytarabine/PF cytarabine (PF)
dabrafenib mesylate Tafinlar
dacarbazine dacarbazine

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

Generic Name	Brand Name
dacomitinib	Vizimpro
dactinomycin	Cosmegen
dactinomycin	dactinomycin
daratumumab	Darzalex
daratumumab-hyaluronidase-fihj	Darzalex Faspro
dasatinib	Sprycel
daunorubicin HCl	daunorubicin
daunorubicin/cytarabine liposomal	Vyxeos
decitabine	Dacogen
decitabine	decitabine
decitabine/cedazuridine	Inqovi
dinutuximab	Unituxin
docetaxel	Docefrez
docetaxel	docetaxel
doxorubicin HCl	Adriamycin
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
eculizumab	Soliris
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	etoposide
etoposide phosphate	Etopophos
everolimus	Afinitor
everolimus	Afinitor Disperz
everolimus	Zortress
everolimus	everolimus (antineoplastic)
everolimus	everolimus(immunosuppressive)
fam-trastuzumab deruxtecan-nxki	Enhertu

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

Generic Name	Brand Name
fedratinib dihydrochloride	Inrebic
fingolimod HCl	Gilenya
floxuridine	floxuridine
fludarabine phosphate	fludarabine
fluorouracil	Adrucil
fluorouracil	fluorouracil
fostamatinib disodium	Tavalisse
gefitinib	Iressa
gemcitabine HCl	gemcitabine
gemcitabine HCl in 0.9 % sodium chloride	Infugem
gemtuzumab ozogamicin	Mylotarg
gilteritinib fumarate	Xospata
glasdegib maleate	Daurismo
glucarpidase	Voraxaze
golimumab	Simponi
golimumab	Simponi ARIA
hydroxyurea	Hydrea
hydroxyurea	hydroxyurea
ibrutinib	Imbruvica
idarubicin HCl	Idamycin PFS
idarubicin HCl	idarubicin
idelalisib	Zydelig
ifosfamide	Ifex
ifosfamide	ifosfamide
imatinib mesylate	Gleevec
imatinib mesylate	imatinib
inebilizumab-cdon	Uplizna
infliximab	Remicade
infliximab-abda	Renflexis
infliximab-dyyb	Inflectra
inotuzumab ozogamicin	Besponsa
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
isatuximab-irfc	Sarclisa
ivosidenib	Tibsovo
ixabepilone	Ixempra
ixazomib citrate	Ninlaro
kit for prep yttrium-90/ibritumomab	Zevalin (Y-90)
lapatinib ditosylate	Tykerb
lapatinib ditosylate	lapatinib
larotrectinib sulfate	Vitrakvi
leflunomide	Arava

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

Ierlunomide leflunomide lenalidomide Revilmid lenalidomide Evenima lisocabtagene maraleucel Breyanzi lomustine Gleostine loratnih Lorbrena lurbinectedin Zepzelca lymphocyke immune globulin,antithymocyte Atgam melphalan Alkeran melphalan HCI melphalan HCI melphalan HCI melphalan HCI melphalan HCI purlxan mercaptopurine purlxan mercaptopurine mercaptopurine mercaptopurine mercaptopurine methotrexate sodium Trexall methotrexate sodium methotrexate sodium methotrexate sodium methotrexate sodium (PF) methotrexate/PF Otrexup (PF) methotrexate/PF Reditrex (PF) methotrexate/PF Reditrex (PF) midostaurin mitoantrone mogamulizumab-kyke motoantrone moycophenolate mofetil CellCept mycophenolate mofetil CellCept	Generic Name	Brand Name
Ienvatinib mesylate Ienvaina lisocabtagene maraleucel Gleostine Ioritatinib Lorbrena lurbinectedin Zepzelca lurbinectedin Algam melphalan Alkeran melphalan melphalan melphalan HCI melphalan HCI melphalan HCJ melphalan HCI melphalan HCJ melphalan HCI melphalan HCJ melphalan HCI methan HCJ/betadex sulfobutyl ether sodium Evomela mercaptopurine mercaptopurine methotrexate sodium methotrexate sodium methotrexate sodium methotrexate sodium (PF) methotrexate sodium/PF methotrexate sodium (PF) methotrexate sodium (PF) methotrexate sodium (PF) mitoxatarine mitoxatrone mito	leflunomide	leflunomide
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mycophenolate mofetil HCl mycophenolate sodium mycophenolate mofetil (HCl) mycophenolate sodium mycophenolate sodi	mycophenolate mofetil	mycophenolate mofetil
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mycophenolate sodium naxitamab-gqgk necitumumab nelarabine neratinib maleate nilotinib HCl niraparib tosylate nivolumab obinutuzumab ocrelizumab ofatumumab ofatumumab olaparib olaratumab olaratumab olaratumab olaratumab olaratumab olaratumab olaratumab olaratumab omaycophenolate sodium mycophenolate sodium Danyelza Arranon Tasigna Tasigna Zejula Opdivo Opdivo Ocrevus Ocrevus Arzerra Olaparib Lartruvo	mycophenolate mofetil HCl	mycophenolate mofetil (HCl)
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necitumumab nelarabine neratinib maleate nilotinib HCl niraparib tosylate nivolumab ocrelizumab ocrelizumab ofatumumab ofatumumab olaparib olaratumab Portrazza Arranon Arranon Nerlynx Tasigna Zejula Opdivo Opdivo Opdivo Opdivo Ocrevus Arzerra Lynparza Lartruvo	mycophenolate sodium	mycophenolate sodium
nelarabineArranonneratinib maleateNerlynxnilotinib HClTasignaniraparib tosylateZejulanivolumabOpdivoobinutuzumabGazyvaocrelizumabOcrevusofatumumabArzerraolaparibLynparzaolaratumabLartruvo	naxitamab-gqgk	Danyelza
neratinib maleate nilotinib HCl Tasigna Zejula niraparib tosylate nivolumab Opdivo obinutuzumab Ocrelizumab Ocrelizumab Ocrevus ofatumumab Arzerra olaparib olaratumab Lartruvo	necitumumab	Portrazza
nilotinib HCl Tasigna niraparib tosylate Zejula nivolumab Opdivo obinutuzumab Gazyva ocrelizumab Ocrevus ofatumumab Arzerra olaparib olaratumab Lartruvo	nelarabine	Arranon
niraparib tosylate nivolumab Opdivo obinutuzumab Ocrelizumab Ocrevus ofatumumab Arzerra olaparib olaratumab Lartruvo	neratinib maleate	Nerlynx
nivolumab Opdivo obinutuzumab Gazyva ocrelizumab Ocrevus ofatumumab Arzerra olaparib Lynparza olaratumab Lartruvo	nilotinib HCl	Tasigna
obinutuzumab Gazyva ocrelizumab Ocrevus ofatumumab Arzerra olaparib Lynparza olaratumab Lartruvo	niraparib tosylate	Zejula
ocrelizumab Ocrevus ofatumumab Arzerra olaparib Lynparza olaratumab Lartruvo	nivolumab	Opdivo
ofatumumab Arzerra olaparib Lynparza olaratumab Lartruvo	obinutuzumab	Gazyva
olaparib Lynparza olaratumab Lartruvo	ocrelizumab	Ocrevus
olaratumab Lartruvo	ofatumumab	Arzerra
	olaparib	Lynparza
omacetaxine mepesuccinate Synribo	olaratumab	Lartruvo
	omacetaxine mepesuccinate	Synribo

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

Generic Name	Brand Name						
osimertinib mesylate	Tagrisso						
oxaliplatin	oxaliplatin						
paclitaxel	paclitaxel						
paclitaxel protein-bound	Abraxane						
palbociclib	Ibrance						
panitumumab	Vectibix						
panobinostat lactate	Farydak						
pazopanib HCl	Votrient						
pegaspargase	Oncaspar						
peginterferon alfa-2b	Sylatron						
pembrolizumab	Keytruda						
pemetrexed disodium	Alimta						
pemigatinib	Pemazyre						
pentostatin	Nipent						
pertuzumab	Perjeta						
pertuzumab-trastuzumab-hyaluronidase-zzxf	Phesgo						
pexidartinib hydrochloride	Turalio						
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						
ripretinib	Qinlock						
rituximab	Rituxan						
rituximab-abbs	Truxima						
rituximab-arrx	Riabni						
rituximab-pvvr	Ruxience						
rituximab/hyaluronidase, human recombinant	Rituxan Hycela						
romidepsin	Istodax						
romidepsin	romidepsin						
rucaparib camsylate	Rubraca						
ruxolitinib phosphate	Jakafi						
sacituzumab govitecan-hziy	Trodelvy						
sarilumab	Kevzara						
satralizumab-mwge	Enspryng						
secukinumab	Cosentyx						
secukinumab	Cosentyx (2 Syringes)						
secukinumab	Cosentyx Pen						
secukinumab	Cosentyx Pen (2 Pens)						
selinexor	Xpovio						
selpercatinib	Retevmo						

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Appendix F. List of Generic and Brand Names of Medical Products Used to Define Baseline Characteristics 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
streptozocin	Zanosar
sunitinib malate	Sutent
tacrolimus	Astagraf XL
tacrolimus	Envarsus XR
tacrolimus	Prograf
tacrolimus	tacrolimus
tafasitamab-cxix	Monjuvi
tagraxofusp-erzs	Elzonris
talazoparib tosylate	Talzenna
talimogene laherparepvec	Imlygic
tazemetostat hydrobromide	Tazverik
temozolomide	Temodar
temozolomide	temozolomide
temsirolimus	Torisel
temsirolimus	temsirolimus
teniposide	teniposide
tepotinib HCl	Tepmetko
thalidomide	Thalomid
thioguanine	Tabloid
thiotepa	Tepadina
thiotepa	thiotepa
tisagenlecleucel	Kymriah
tocilizumab	Actemra
tocilizumab	Actemra ACTPen
tofacitinib citrate	Xeljanz
tofacitinib citrate	Xeljanz XR
topotecan HCl	Hycamtin
topotecan HCl	topotecan
trabectedin	Yondelis
trametinib dimethyl sulfoxide	Mekinist
trastuzumab	Herceptin
trastuzumab-anns	Kanjinti
trastuzumab-dkst	Ogivri
trastuzumab-dttb	Ontruzant
trastuzumab-hyaluronidase-oysk	Herceptin Hylecta
trastuzumab-pkrb	Herzuma
trastuzumab-qyyp	Trazimera
trifluridine/tipiracil HCl	Lonsurf
trilaciclib dihydrochloride	Cosela
tucatinib	Tukysa
umbralisib tosylate	Ukoniq

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

Generic Name	Brand Name								
upadacitinib	Rinvoq								
valrubicin	Valstar								
valrubicin	valrubicin								
vandetanib	Caprelsa								
vemurafenib	Zelboraf								
venetoclax	Venclexta								
venetoclax	Venclexta Starting Pack								
vinblastine sulfate	vinblastine								
vincristine sulfate	Vincasar PFS								
vincristine sulfate	vincristine								
vincristine sulfate liposomal	Margibo								
vinorelbine tartrate	Navelbine								
vinoreibine tartrate vinorelbine tartrate	vinorelbine								
vismodegib	Erivedge								
voclosporin	Lupkynis								
vorinostat	Zolinza								
zanubrutinib	Brukinsa								
ziv-aflibercept	Zaltrap								
Remdesivir	DE1 40 500 40								
REMDESIVIR FOR IV	REMDESIVIR								
remdesivir	Veklury								
remdesivir	remdesivir								
Systemic Corticosteroids									
betamethasone acetate and sodium phos in sterile	betameth ac,sodphos(PF)-water								
water/PF	BSP-0820								
betamethasone acetate/betamethasone sodium	B3P-0820								
phosphate betamethasone acetate/betamethasone sodium	Beta-1								
phosphate	Deta-1								
betamethasone acetate/betamethasone sodium	Celestone Soluspan								
phosphate									
betamethasone acetate/betamethasone sodium	Pod-Care 100C								
phosphate									
betamethasone acetate/betamethasone sodium	ReadySharp Betamethasone								
phosphate									
betamethasone acetate/betamethasone sodium	betamethasone acet, sod phos								
phosphate									
betamethasone acetate/betamethasone sodium	betamethasone ace, sodphos-wtr								
phosphate/water									
betamethasone sodium phosph in sterile water for	betamethasone sodphosph-water								
injection									
budesonide	Entocort EC								
budesonide	Uceris								
cortisone acetate	cortisone Emflaza								
deflazacort									
hydrocarticana									
hydrocortisone	Cortef								
hydrocortisone	Cortef hydrocortisone								
•	Cortef								

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

Generic Name	Brand Name
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	methylpredac(PF)-NaCl,iso-osm
chloride,iso-osmotic/PF	
methylprednisolone acetate in sterile water for	methylprednisoloneacet-water
injection	• •
methylprednisolone acetate/bupivacaine HCl in	methylprednisolac-bupivac-wat
sterile water	
methylprednisolone sodium succinate	Solu-Medrol
methylprednisolone sodium succinate	methylprednisolone sodiumsucc
methylprednisolone sodium succinate/PF	Solu-Medrol (PF)
prednisolone	Millipred
prednisolone	Millipred DP
prednisolone	prednisolone
orednisolone sodium phosphate	Orapred ODT
prednisolone sodium phosphate	Pediapred
prednisolone sodium phosphate	Veripred 20
prednisolone sodium phosphate	prednisolone sodiumphosphate
prednisone	Prednisone Intensol
prednisone	Rayos
prednisone	prednisone
triamcinolone acetonide	Kenalog
triamcinolone acetonide	Kenalog-80
triamcinolone acetonide	P-Care K40
triamcinolone acetonide	P-Care K80
triamcinolone acetonide	Pod-Care 100K
triamcinolone acetonide	Pro-C-Dure 5
triamcinolone acetonide	Pro-C-Dure 6
triamcinolone acetonide in 0.9 % sodium chloride	triamcinolone aceton-0.9%NaCl
triamcinolone acetonide/0.9% sodium chloride/PF	triamcinol ac (PF) in0.9%NaCl
triamcinolone acetonide/bupivacaine/in 0.9%	triamcinol ace-bupiv-0.9%NaCl
sodium chloride	anamentor dec bapir distincti
triamcinolone acetonide/lidocaine HCl	Lidocilone I
triamcinolone diacetate in 0.9 % sodium chloride	triamcinolone diacet-0.9%NaCl
triamcinolone diacetate in 0.9 % sodium	triamcinolone diacet 0.5%NaCl
chloride/PF	chamemolonedia(11) 0.57014dei
triamcinolone hexacetonide	Aristospan Intra-Articular
triamcinolone hexacetonide	Aristospan Intralesional
trianicinoione nexacetoniae	Alistospail iliti diesiolidi

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Appendix G.1. Specifications Defining Parameters for this Request

Request Description: The objective of this request was to identify patients of all ages with evidence of baricitinib or tocilizumab use in the hospital setting, with and without a COVID-19 diagnosis and/or COVID-19 positive lab; we also assessed evidence of concomitant use of remdesivir with baricitinib and systemic corticosteroids with tocilizumab.

Query Period Run 1: April 1, 2020 - June 30, 2020

Run 2: July 1, 2020 - September 30, 2020 Run 3: October 1, 2020 - December 31, 2020

Run 4: January 1, 2021 - March 31, 2021

Enrollment Requirement EB1

Age Group (Years) 0-17, 18-34, 35-54, 55-64, 65-74, 75-84, 85+

Age Calculation Index

Sex Male, Female

Race 01, 02, 03, 04, 05, 06, 07, NI, UN, OT

Hispanic Yes, No

Baseline Table Yes

Vital Assessment Yes

Analysis Level Patient Select Index Min

Health Event of Interest Inclusion/Exclusion Criteria

Scenario	Prevalent Event	Care Setting	Principal Diagnosis	Tables Queried	Pre-Existing Condition or Medication or Lab	Include or Exclude	Condition Period Start (Days)	Condition Period End (Days)	Care Setting ¹	Principal Diagnosis	Lab Value	Tables Queried
1	Baricitinib Prescription	Any	N/A	Prescribing, Med Admin, Procedure,	Remdesivir Rx	Include	-2	2	N/A	N/A		Prescribing, Med Admin, Diagnosis, Dispensing, Procedure
				Dispensing	Any Diagnosis	Include	-10	1	EI, IP, OS	Any		Diagnosis
2	Baricitinib Prescription	Any	N/A	Prescribing, Med Admin, Procedure,	Remdesivir Rx	Exclude	-2	2	N/A	N/A		Prescribing, Med Admin, Diagnosis, Dispensing, Procedure
				Dispensing	Any Diagnosis	Include	-10	1	EI, IP, OS	Any		Diagnosis
				Prescribing, Med	Remdesivir Rx	Include	-2	2	N/A	N/A		Prescribing, Med Admin, Diagnosis, Dispensing, Procedure
	Darioitinih				Any Diagnosis	Include	-10	1	EI, IP, OS	Any		Diagnosis
3	Baricitinib Prescription	Any	N/A	Admin, Procedure, Dispensing	COVID-19 Dx or Positive Lab	Include	-10	1	Any	Any	Qualitative: POSITIVE, PRESUMPTIVE POSITIVE, DETECTED	Diagnosis, Lab

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		ent of Interes	st	Inclusion/Exclusion Criteria									
Scenario	Prevalent Event	Care Setting	Principal Diagnosis	Tables Queried	Pre-Existing Condition or Medication or Lab	Include or Exclude	Condition Period Start	Condition Period End	Care Setting ¹	Principal Diagnosis	Lab Value	Tables Queried	
				Prescribing, Med Admin, Procedure, Dispensing	Remdesivir Rx	Exclude	-2	2	N/A	N/A		Prescribing, Med Admin, Diagnosis, Dispensing, Procedure	
			N/A		Any Diagnosis	Include	-10	1	EI, IP, OS	Any		Diagnosis	
1 4	Baricitinib Prescription	Anv			COVID-19 Dx or Positive Lab	Include	-10	1	Any	Any	Qualitative: POSITIVE, PRESUMPTIVE POSITIVE, DETECTED	Diagnosis, Lab	
			Any N/A	Prescribing, Med Admin, A Procedure, Dispensing	Remdesivir Rx	Include	-2	2	N/A	N/A		Prescribing, Med Admin, Diagnosis, Dispensing, Procedure	
					Any Diagnosis	Include	-10	1	EI, IP, OS	Any		Diagnosis	
5	5 Baricitinib Ar Prescription	Any			COVID-19 Dx or Positive Lab	Exclude	-10	1	Any	Any	Qualitative: POSITIVE, PRESUMPTIVE POSITIVE, DETECTED	Diagnosis, Lab	
				Droseviking Mod	Remdesivir Rx	Exclude	-2	2	N/A	N/A		Prescribing, Med Admin, Diagnosis, Dispensing, Procedure	
	Baricitinib			Prescribing, Med Admin,	Any Diagnosis	Include	-10	1	EI, IP, OS	Any		Diagnosis	
6	Prescription	Any	N/A	N/A	Procedure, Dispensing	COVID-19 Dx or Positive Lab	Exclude	-10	1	Any	Any	Qualitative: POSITIVE, PRESUMPTIVE POSITIVE, DETECTED	Diagnosis, Lab

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Appendix G.1. Specifications Defining Parameters for this Request

		Health Eve	ent of Interes	st	Inclusion/Exclusion Criteria							
Scenario	Prevalent Event	Care Setting	Principal Diagnosis	Tables Queried	Pre-Existing Condition or Medication or Lab	Include or Exclude	Condition Period Start	Condition Period End	Care Setting ¹	Principal Diagnosis	Lab Value	Tables Queried
7	COVID-19 Diagnosis or Positive Lab	EI, IP, OS	N/A	Diagnosis, Lab	N/A	N/A	N/A	N/A	N/A	N/A	Qualitative: POSITIVE, PRESUMPTIVE POSITIVE, DETECTED	N/A
8	Tocilizumab Prescription	Any	N/A	Prescribing, Med Admin, Procedure,	Systemic Corticosteroid Rx	Include	-2	2	N/A	N/A		Prescribing, Med Admin, Dispensing, Procedure
				Dispensing	Any Diagnosis	Include	-10	1	EI, IP, OS	Any		Diagnosis
9	Tocilizumab Prescription	Any	N/A	Prescribing, Med Admin, Procedure,	Systemic Corticosteroid Rx	Exclude	-2	2	N/A	N/A		Prescribing, Med Admin, Dispensing, Procedure
				Dispensing	Any Diagnosis	Include	-10	1	EI, IP, OS	Any		Diagnosis
					Systemic Corticosteroid Rx	Include	-2	2	N/A	N/A		Prescribing, Med Admin, Dispensing, Procedure
	Tocilizumab			Prescribing, Med	Any Diagnosis	Include	-10	1	EI, IP, OS	Any		Diagnosis
10	Prescription	Any	N/A	N/A Admin, Procedure, Dispensing	COVID-19 Dx or Positive Lab	Include	-10	1	Any	Any	Qualitative: POSITIVE, PRESUMPTIVE POSITIVE, DETECTED	Diagnosis, Lab
				Describing Adad	Systemic Corticosteroid Rx	Exclude	-2	2	N/A	N/A		Prescribing, Med Admin, Dispensing, Procedure
	Tacilizumah			Prescribing, Med	Any Diagnosis	Include	-10	1	EI, IP, OS	Any		Diagnosis
11	Tocilizumab Prescription	Any	N/A	Admin, Procedure, Dispensing	COVID-19 Dx or Positive Lab	Include	-10	1	Any	Any	Qualitative: POSITIVE, PRESUMPTIVE POSITIVE, DETECTED	Diagnosis, Lab

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	-	Health Event of Interest Inclusion/Exclusion Criteria										
Scenario	Prevalent Event	Care Setting	Principal Diagnosis	Tables Queried	Pre-Existing Condition or Medication or Lab	Include or Exclude	Condition Period Start	Condition Period End	Care Setting ¹	Principal Diagnosis	Lab Value	Tables Queried
					Systemic Corticosteroid Rx	Include	-2	2	N/A	N/A		Prescribing, Med Admin, Dispensing, Procedure
			N/A	Prescribing, Med Admin, Procedure, Dispensing	Any Diagnosis	Include	-10	1	EI, IP, OS	Any		Diagnosis
12	Tocilizumab Prescription	Any			COVID-19 Dx or Positive Lab	Exclude	-10	1	Any	Any	Qualitative: POSITIVE, PRESUMPTIVE POSITIVE, DETECTED	Diagnosis, Lab
				Prescribing, Med	Systemic Corticosteroid Rx	Exclude	-2	2	N/A	N/A		Prescribing, Med Admin, Dispensing, Procedure
	Tocilizumab			Admin,	Any Diagnosis	Include	-10	1	EI, IP, OS	Any		Diagnosis
13	Prescription	Any	N/A	Procedure, Dispensing	COVID-19 Dx or Positive Lab	Exclude	-10	1	Any	Any	Qualitative: POSITIVE, PRESUMPTIVE POSITIVE, DETECTED	Diagnosis, Lab

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Appendix G.2. Characteristics for Request

Group	Characteristic	Care setting	Principal Diagnosis position	Lab Result Value	Evaluation Period Start (Days)	Evaluation Period End (Days)	Number of instances the covariate should be found in evaluation period	Tables Queried
				Cohort Characteristic				
All	COVID-19 Diagnosis or Positive Lab test	Any	Any	POSITIVE, PRESUMPTIVE POSITIVE, DETECTED	-21	1	1	Diagnosis, Lab
				Procedure				
All	O ₂ Administration	Any	Any	N/A	-1	0	1	Procedure
All	Mechanical Ventilation	Any	Any	N/A	-1	0	1	Procedure
All	ECMO	Any	Any	N/A	-1	0	1	Procedure
All		Any	Any	N/A	-1	0	1	Procedure
All	O ₂ Administration (Sensitivity)	Any	Any	N/A	-7	0	1	Procedure
All	Mechanical Ventilation (Sensitivity)	Any	Any	N/A	-7	0	1	Procedure
All	ECMO (Sensitivity)	Any	Any	N/A	-7	0	1	Procedure
All	Combined $O_2/Vent/ECMO$ (Sensitivity)	Any	Any	N/A	-7	0	1	Male, Female
				Diagnosis				
All	Dyspnea	Any	Any	N/A	-10	0	1	Yes, No
All	Pneumonia	Any	Any	N/A	-10	0	1	Diagnosis
All	Acute Respiratory Distress Syndrome (ARDS)	Any	Any	N/A	-10	0	1	Diagnosis
All	Acute Respiratory Failure (ARF)	Any	Any	N/A	-10	0	1	Diagnosis
All	Shock	Any	Any	N/A	-10	0	1	Diagnosis

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Appendix G.2. Characteristics for Request

Group	Characteristic	Care setting	Principal Diagnosis position	Lab Result Value	Evaluation Period Start (Days)	Evaluation Period End (Days)	Number of instances the covariate should be found in evaluation period	Tables Queried
				Medication				
All	Azithromycin	N/A	Any	N/A	-7	7	1	Prescribing, Med Admin,
All	Dexamethasone	N/A	Any	N/A	-7	7	1	Prescribing, Med Admin,
Scenarios 1-7	Tocilizumab	N/A	Any	N/A	-7	7	1	Prescribing,
Scenarios 1-7	Systemic Corticosteroids	N/A	Any	N/A	-7	7	1	Prescribing, Med Admin,
Scenarios 8-13	Baricitinib	N/A	Any	N/A	-7	7	1	Prescribing, Med Admin,
Scenarios 8-13	Remdesivir	N/A	Any	N/A	-7	7	1	Prescribing, Med Admin,
All	Inhaled Corticosteroids	N/A	Any	N/A	-7	7	1	Prescribing, Med Admin
All	Oral Anticoagulants	N/A	Any	N/A	-7	7	1	Prescribing, Med Admin,
All	Non-Oral Anticoagulants	N/A	Any	N/A	-7	7	1	Prescribing, Med Admin,
All	Hydroxychloroquine	N/A	Any	N/A	-7	7	1	Prescribing,
All	Antiplatelets	N/A	Any	N/A	-7	7	1	Med Admin Med Admin
All	Convalescent Plasma	N/A	Any	N/A	-7	7	1	Procedures
All	Chloroquine	N/A	Any	N/A	-7	7	1	Prescribing, Med Admin, Procedures

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Appendix G.2. Characteristics for Request

Group	Characteristic	Care setting	Principal Diagnosis position	Lab Result Value	Evaluation Period Start (Days)	Evaluation Period End (Days)	Number of instances the covariate should be found in evaluation period	Tables Queried
				Underlying Condition				
All	Hospitalized Stroke/Transient Ischemic Attack	EI, IP, OS	Any	N/A	-183	0	1	Diagnosis
All	Other hospitalized cerebrovascular disease (CVD)	EI, IP, OS	Any	N/A	-183	0	1	Diagnosis
All	Non-hospitalized Stroke, TIA, or other CVD	AV, ED, OA	Any	N/A	-183	0	1	Diagnosis
All	Atrial Fibrillation	Any	Any	N/A	-183	0	1	Diagnosis, Procedure
All	Coronary Revascularization	Any	Any	N/A	-183	0	1	Diagnosis, Procedure
All	Congestive Heart Failure	Any	Any	N/A	-183	0	1	Diagnosis
All	Hospitalized AMI	EI, IP, OS	Any	N/A	-183	0	1	Diagnosis
All	Hypertension	Any	Any	N/A	-183	0	1	Diagnosis
All	Asthma	Any	Any	N/A	-183	0	1	Diagnosis
All	COPD	Any	Any	N/A	-183	0	1	Diagnosis
All	Interstitial Lung Disease	Any	Any	N/A	-183	0	1	Diagnosis
All	Hypersensitivity Pneumotitis	Any	Any	N/A	-183	0	1	Diagnosis
All	Bronchiectasis	Any	Any	N/A	-183	0	1	Diagnosis

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Appendix G.2. Characteristics for Request

Group	Characteristic	Care setting	Principal Diagnosis position	Lab Result Value	Evaluation Period Start (Days)	Evaluation Period End (Days)	Number of instances the covariate should be found in evaluation period	Tables Queried
All	Idiopathic pulmonary fibrosis	Any	Any	N/A	-183	0	1	Diagnosis
All	Pulmonary Hypertension	Any	Any	N/A	-183	0	1	Diagnosis
All	Diabetes	Any	Any	N/A	-183	0	1	Diagnosis
All	Chronic Liver Disease	Any	Any	N/A	-183	0	1	Diagnosis
All	Chronic Kidney Disease	Any	Any	N/A	-183	0	1	Diagnosis
All	Rheumatological Inflammatory	Any	Any	N/A	-183	0	1	Diagnosis
All	Hyperglycemia	Any	Any	N/A	-183	0	1	Diagnosis
All	Ketoacidosis Any		Any	N/A	-183	0	1	Diagnosis
All	Psychosis (Baseline)	Any	Any	N/A	-183	0	1	Diagnosis
All	Neurological Conditions	Any	Any	N/A	-183	0	1	Diagnosis
All	Hematological Maligancy	Any	Any	N/A	-183	0	1	Diagnosis

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Diagnosis

Appendix G.2. Characteristics for Request

Characteristics Number of instances the Principal **Evaluation Evaluation** covariate should be Diagnosis **Period Start** found in evaluation Period End (Days) (Days) Group Characteristic Care setting position **Lab Result Value** period **Tables Queried** ΑII Solid Malignancy N/A -183 0 1 Diagnosis Any Any Diagnosis, Immunodeficiency N/A 0 1 ΑII Any Any -183 Procedure Procedure, Med Admin, N/A 0 ΑII -183 1 Immunosuppressants Any Any Prescribing,

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Appendix G.3. Vital Assessment Specifications for Request

Group	Vital Statistic to be Assessed	Variable for Cross- Stratification	Vital Assessment Start (Days)	Fnd (Days)	Smoking Stratification Category	Height Stratification (in)	Weight Stratifciation (lbs)	Age Category (Years)
	ВМІ	AgeGroup	-365	0				0m-23m, 2-17, 18-20, 21-34, 35-54, 55-64, 65-74, 75-84, 85+
	Smoking		-365	0	01, 02, 03, 04			

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