

Disclaimer

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

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

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

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

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Overview for Request: cder_mpl1p_wp080 (Report 1 of 2)

Request ID: cder_mpl1p_wp075 (Report 1 of 2)

Request Description: In this report we examined counts of individuals with type 2 diabetes using dipeptidyl peptidase-4 (DPP-4) inhibitors or sodium-glucose cotransporter-2 (SGLT-2) inhibitors that had inflammatory bowel disease, ulcerative colitis, and Crohn's disease in the Sentinel Distributed Database (SDD). This is report 1 of 2. Report 2 contains counts of individuals with type 2 diabetes using DPP-4 inhibitors or sulfonylureas that had inflammatory bowel disease, ulcerative colitis, or Crohn's disease.

Sentinel Routine Querying Module: Cohort Identification and Descriptive Analysis (CIDA) module, version 12.1.1, with custom programming

Data Source: We distributed this query to six Sentinel Data Partners on July 27, 2023. Data from Medicare patients having both fee-for-service medical coverage and Part D drug coverage are included. The study period included data from March 29, 2013 through December 31, 2022. Please see Appendix A for a list of dates of available data for each Data Partner.

Study Design: We identified eligible individuals with incident use of DPP-4 inhibitors or SGLT-2 inhibitors and tabulated the occurrence of inflammatory bowel disease, ulcerative colitis, or Crohn's disease as well as the length of exposure episodes overall and within subgroups of sex and age. This is a Type 2 analysis in the Query Request Package (QRP) documentation.

Exposure of Interest: We defined the exposures of interest as new use of DPP-4 inhibitors or SGLT-2 inhibitors, both defined using National Drug Codes (NDCs). Only the first eligible treatment episode for each member was included; cohort re-entry was not allowed. Please refer to Appendix B for generic and brand names of medical products used to define exposures in this request.

Outcome of Interest: We defined the outcomes of interest as inflammatory bowel disease, ulcerative colitis, and Crohn's disease. We defined each outcome four ways:

1. Inflammatory Bowel Disease (IBD)
 - a. IBD diagnosis with evidence of endoscopy and biopsy in the 30 days prior to IBD diagnosis
 - b. IBD diagnosis with evidence of IBD treatment in the 30 days after IBD diagnosis
 - c. 2 IBD diagnoses within 90 days of each other
 - d. IBD diagnosis with evidence of endoscopy and biopsy in the 30 days prior to IBD diagnosis and evidence of IBD treatment in the 30 days after IBD diagnosis
2. Ulcerative Colitis (UC)
 - a. UC diagnosis with evidence of endoscopy and biopsy in the 30 days prior to UC diagnosis
 - b. UC diagnosis with evidence of IBD treatment in the 30 days after UC diagnosis
 - c. 2 UC diagnoses within 90 days of each other
 - d. UC diagnosis with evidence of endoscopy and biopsy in the 30 days prior to UC diagnosis and evidence of IBD treatment in the 30 days after UC diagnosis
3. Crohn's Disease (CD)
 - a. CD diagnosis with evidence of endoscopy and biopsy in the 30 days prior to CD diagnosis
 - b. CD diagnosis with evidence of IBD treatment in the 30 days after CD diagnosis
 - c. 2 CD diagnoses within 90 days of each other
 - d. CD diagnosis with evidence of endoscopy and biopsy in the 30 days prior to CD diagnosis and evidence of IBD treatment in the 30 days after CD diagnosis

We used ICD-9-CM and ICD-10-CM codes, Healthcare Common Procedure Coding System (HCPCS) procedure codes, and National Drug Codes (NDCs) to define the outcomes for this request. Please see Appendix C for a list of brand and generic drug names and Appendix C.1 for specific diagnosis and procedure codes used to define inflammatory bowel disease, ulcerative colitis, and Crohn's disease in this request.

Overview for Request: cder_mpl1p_wp080 (Report 1 of 2)

Cohort Eligibility Criteria: We required members to be continuously enrolled in health plans with medical and drug coverage for at least 365 days prior to their index dispensing date. Eligible patients were also incident users, where incident use was defined as no previous dispensing for their index exposure during all-available pre-index data. Eligible patients must also have had at least 2 dispensings on different days for their index-defining exposure. A gap in enrollment of up to 45 days was allowed and treated as continuous enrollment. Eligible patients were aged 18 and over on the index date and were placed into the following age groups: 18-49, 50-59, 60-69, 70+.

Inclusion Criteria: We required a diagnosis of type 2 diabetes and evidence of treatment with an oral antidiabetic drug in the 365 days prior to the index-defining exposure of interest. We defined type 2 diabetes using ICD-9-CM and ICD-10-CM diagnosis codes, and oral antidiabetic drugs using National Drug Codes (NDCs). Please see Appendix D for a list of generic and brand drug names and Appendix D.1 for specific diagnosis codes used to define inclusions in this request.

Exclusion Criteria: We excluded individuals from the cohort if they had met any of the following exclusion criteria: prior history of 1) type 1 diabetes, 2) diverticulitis or colitis, 3) colectomy, colostomy, ileostomy procedure, and 4) receipt of ostomy supplies in the 365 days before the index-defining exposure of interest; 5) prior history of an IBD diagnosis or evidence of IBD treatment in the 365 days before or 180 days after the index-defining exposure of interest in order to avoid counting events which could not be plausibly caused by the index exposure; 6) an endoscopy or biopsy procedure, or 7) evidence of the comparator drug dispensing ever in enrollment history.

We defined type 1 diabetes, diverticulitis or colitis, and IBD using ICD-9-CM and ICD-10-CM diagnosis codes; colectomy, colostomy, ileostomy, receipt of ostomy supplies, endoscopy, and biopsy using Healthcare Common Procedure Coding System (HCPCS) procedure codes; and IBD treatment prescription or comparator drug dispensing using National Drug Codes (NDCs). Please see Appendix E for a list of generic and brand drug names and Appendix E.1 for specific diagnosis and procedure codes used to define exclusions and exposure incidence criteria in this request.

Follow-up Time: We created exposure episodes based on the number of days supplied for each dispensing using outpatient pharmacy data. When building continuous treatment episodes, we allowed gaps of up to 30 days between dispensings and extended the final dispensing by 30 days. While eligible patients must have had at least 2 dispensings to enter the cohort, follow-up began on the date of the first (index) dispensing and continued until the occurrence of any of the following: 1) treatment discontinuation, 2) disenrollment, 3) death, 4) the outcome of interest, 5) the end of Data Partner data, or 6) evidence of treatment with the comparator drug.

Overview for Request: cder_mpl1p_wp080 (Report 1 of 2)

Health Characteristics: Age, sex, race, ethnicity, and calendar year were assessed on the index date. We assessed the following characteristics in the 365 days prior to the index dispensing: health characteristics, medical product use, and health service and drug utilization.

Health characteristics included the adapted Diabetes Complications Severity Index (aDCSI)¹, number of unique oral antidiabetics, retinopathy, nephropathy, neuropathy, psoriasis, rheumatoid arthritis, systemic lupus erythematosus, Sjogren's syndrome, celiac disease, systemic vasculitis, esophagus/stomach/duodenum disease, appendicitis, hernia of abdominal cavity, noninfective enteritis and colitis, other diseases of intestines and peritoneum, other diseases of digestive system, hypertension, dyslipidemia, coronary artery disease, cerebrovascular disease, peripheral vascular disease, congestive heart failure, chronic obstructive pulmonary disease, depression, cancer, chronic kidney disease, smoking history, and appendectomy. We identified health characteristics by presence of a diagnosis or procedure code in any care setting and used ICD-9-CM diagnosis and procedure codes, ICD-10-CM diagnosis codes, Healthcare Common Procedure Coding Systems (HCPCS) codes, and Current Procedural Terminology, Fourth Edition (CPT-4) codes to define these characteristics.

Medical product use included GLP-1 agonists, metformin, sulfonylureas, thiazolidinediones, DPP-4 inhibitors, SGLT-2 inhibitors, long/intermediate acting insulins, short/rapid acting insulins, combination insulins, alpha-glucosidase inhibitors, meglitinides, angiotensin converting enzyme (ACE) inhibitors, angiotensin receptor blockers (ARBs), beta blockers, calcium channel blockers, statins, loop diuretics, other diuretics, non-steroidal anti-inflammatory drugs (NSAIDs), and aspirin. We identified medical product use by presence of a dispensing date or procedure code in any care setting and used National Drug Codes (NDCs) and Healthcare Common Procedure Coding System (HCPCS) codes to define medical product use.

Health service and drug utilization included severe hyperglycemia diagnoses, hospitalizations due to diabetes, emergency department visits due to diabetes, and influenza vaccinations. We identified severe hyperglycemia diagnoses and influenza vaccinations by presence of diagnosis or procedure codes in any care setting. Emergency department visits due to diabetes and hospitalizations due to diabetes were identified by presence of diagnosis codes in the respective care settings (emergency department and inpatient). We used ICD-9-CM diagnosis codes, ICD-10-CM diagnosis codes, and Healthcare Common Procedure Coding System (HCPCS) codes to define health service and drug utilization.

Please see Appendix F for a list of generic and brand drug names and Appendix F.1 for specific diagnosis and procedure codes used to define baseline characteristics for this request. Please see Appendices G and H for the specifications of parameters used in this request and design diagram.

Limitations: Algorithms used to define exposures and inclusion and exclusion criteria are imperfect; thus, it is possible that there may be misclassification. Therefore, data should be interpreted with these limitations in mind.

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

1 Chang H-Y, Weiner JP, Richards TM, Bleich SN, Segal JB. Validating the adapted Diabetes Complications Severity Index in claims data. *Am J Manag Care*. 2012;18(11):721-726.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*all terms may not be used in this report

Table 1a. Aggregated Characteristics of Incident Users of DPP-4 Inhibitors in the Sentinel Distributed Database from March 29, 2013 to December 31, 2022

Incident Users of DPP-4 Inhibitors		
Patient Characteristics	Number/Mean	Percent/ Standard Deviation ¹
Unique patients	695,410	N/A
Demographic Characteristics		
Age (years)	66.2	10.9
Age		
18-49 years	85,854	12.3%
50-59 years	128,080	18.4%
60-69 years	188,249	27.1%
≥ 70 years	293,227	42.2%
Sex		
Female	360,388	51.8%
Male	335,022	48.2%
Race ²		
American Indian or Alaska Native	4,874	0.7%
Asian	32,791	4.7%
Black or African American	74,938	10.8%
Multi-racial	822	0.1%
Native Hawaiian or Other Pacific Islander	2,128	0.3%
Unknown	205,848	29.6%
White	374,009	53.8%
Hispanic origin		
Yes	49,295	7.1%
No	472,954	68.0%
Unknown	173,161	24.9%
Year		
2013	49,040	7.1%
2014	71,306	10.3%
2015	77,296	11.1%
2016	83,767	12.0%
2017	102,988	14.8%
2018	92,061	13.2%
2019	81,305	11.7%
2020	69,108	9.9%
2021	43,723	6.3%
2022	24,816	3.6%
Health Characteristics		
Adapted Diabetes Complications Severity Index (aDCSI) ³	1.9	2.0
Adapted Diabetes Complications Severity Index (aDCSI) categories		
0	247,377	35.6%
1	118,302	17.0%
2	113,158	16.3%

Table 1a. Aggregated Characteristics of Incident Users of DPP-4 Inhibitors in the Sentinel Distributed Database from March 29, 2013 to December 31, 2022

Incident Users of DPP-4 Inhibitors		
Patient Characteristics	Number/Mean	Percent/ Standard Deviation ¹
3+	216,573	31.1%
Number of unique oral antidiabetics	1.5	0.6
Retinopathy	40,583	5.8%
Nephropathy	178,345	25.6%
Neuropathy	38,731	5.6%
Psoriasis	9,043	1.3%
Rheumatoid Arthritis	10,001	1.4%
Systemic Lupus Erythematosus	1,970	0.3%
Sjogren's Syndrome	1,172	0.2%
Celiac Disease	648	0.1%
Systemic Vasculitis	1,787	0.3%
Esophagus, Stomach, and Duodenum Disease	174,810	25.1%
Appendicitis	688	0.1%
Hernia of Abnormal Cavity	31,854	4.6%
Noninfective Enteritis and Colitis	1,803	0.3%
Other Diseases of Intestines and Peritoneum	103,451	14.9%
Other Diseases of Digestive System	81,991	11.8%
Hypertension	585,592	84.2%
Dyslipidemia	543,449	78.1%
Coronary Artery Disease	171,245	24.6%
Cerebrovascular Disease	78,141	11.2%
Peripheral Vascular Disease	62,424	9.0%
Congestive Heart Failure	61,839	8.9%
COPD	107,458	15.5%
Depression	132,253	19.0%
Cancer	119,152	17.1%
Chronic Kidney Disease	335,824	48.3%
Smoking	141,459	20.3%
Appendectomy	403	0.1%
Medical Product Use		
GLP-1 Agonist	27,597	4.0%
Metformin	608,379	87.5%
Sulfonylurea	345,036	49.6%
Thiazolidinedione	55,988	8.1%
DPP-4 Inhibitor	78	0.0%
SGLT-2 Inhibitor	*****	*****
Long/Intermediate Acting Insulin	94,903	13.6%
Short/Rapid Acting Insulin	42,080	6.1%
Combination Insulin	11,230	1.6%
Alpha-glucosidase Inhibitor	4,047	0.6%

Table 1a. Aggregated Characteristics of Incident Users of DPP-4 Inhibitors in the Sentinel Distributed Database from March 29, 2013 to December 31, 2022

Incident Users of DPP-4 Inhibitors		
Patient Characteristics	Number/Mean	Percent/ Standard Deviation ¹
Meglitinide	10,678	1.5%
ACE Inhibitors	336,315	48.4%
ARBs	205,018	29.5%
Beta Blockers	289,747	41.7%
Calcium Channel Blockers	224,756	32.3%
Statins	518,224	74.5%
Loop Diuretics	123,497	17.8%
Other Diuretics	249,747	35.9%
NSAIDs	228,827	32.9%
Aspirin	39,175	5.6%
Health Service Utilization Intensity Metrics		
Number of severe hyperglycemia diagnoses	0.0	0.1
Number of hospitalizations due to diabetes	0.2	0.6
Number of emergency department visits due to diabetes	0.3	0.8
Number of influenza vaccinations	0.0	0.1
Mean number of ambulatory encounters	18.6	19.4
Mean number of other ambulatory encounters	9.0	25.7
Mean number of filled prescriptions	52.6	40.9
Mean number of generics dispensed	11.7	6.0
Mean number of unique drug classes dispensed	10.4	5.3

¹Value represents standard deviation where no % follows the value.

²Race data may not be completely populated at all Data Partners; therefore, data about race may be incomplete.

³Chang H-Y, Weiner JP, Richards TM, Bleich SN, Segal JB. Validating the adapted Diabetes Complications Severity Index in claims data. Am J Manag Care. 2012;18(11):721-726.

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

Table 1b. Aggregated Characteristics of Incident Users of SGLT-2 Inhibitors in the Sentinel Distributed Database from March 29, 2013 to December 31, 2022

Incident Users of SGLT-2 Inhibitors		
Patient Characteristics	Number/Mean	Percent/ Standard Deviation ¹
Unique patients	577,383	N/A
Demographic Characteristics		
Age (years)	62.6	9.9
Age		
18-49 years	92,926	16.1%
50-59 years	132,781	23.0%
60-69 years	179,513	31.1%
≥ 70 years	172,163	29.8%
Sex		
Female	248,391	43.0%
Male	328,992	57.0%
Race ²		
American Indian or Alaska Native	3,137	0.5%
Asian	19,346	3.4%
Black or African American	43,996	7.6%
Multi-racial	1,411	0.2%
Native Hawaiian or Other Pacific Islander	1,581	0.3%
Unknown	227,416	39.4%
White	280,496	48.6%
Hispanic origin		
Yes	30,700	5.3%
No	324,863	56.3%
Unknown	221,820	38.4%
Year		
2013	5,198	0.9%
2014	26,423	4.6%
2015	38,727	6.7%
2016	39,280	6.8%
2017	55,027	9.5%
2018	55,549	9.6%
2019	78,083	13.5%
2020	92,428	16.0%
2021	97,401	16.9%
2022	89,267	15.5%
Health Characteristics		

Table 1b. Aggregated Characteristics of Incident Users of SGLT-2 Inhibitors in the Sentinel Distributed Database from March 29, 2013 to December 31, 2022

Incident Users of SGLT-2 Inhibitors		
Patient Characteristics	Number/Mean	Percent/ Standard Deviation ¹
Adapted Diabetes Complications Severity Index (aDCSI) ³	1.6	1.8
Adapted Diabetes Complications Severity Index (aDCSI) categories		
0	223,391	38.7%
1	110,116	19.1%
2	94,617	16.4%
3+	149,259	25.9%
Number of unique oral antidiabetics	1.5	0.6
Retinopathy	34,808	6.0%
Nephropathy	110,026	19.1%
Neuropathy	35,230	6.1%
Psoriasis	8,661	1.5%
Rheumatoid Arthritis	6,382	1.1%
Systemic Lupus Erythematosus	1,401	0.2%
Sjogren's Syndrome	1,237	0.2%
Celiac Disease	606	0.1%
Systemic Vasculitis	973	0.2%
Esophagus, Stomach, and Duodenum Disease	135,778	23.5%
Appendicitis	561	0.1%
Hernia of Abdominal Cavity	25,631	4.4%
Noninfective Enteritis and Colitis	1,365	0.2%
Other Diseases of Intestines and Peritoneum	80,988	14.0%
Other Diseases of Digestive System	71,466	12.4%
Hypertension	480,197	83.2%
Dyslipidemia	464,980	80.5%
Coronary Artery Disease	148,306	25.7%
Cerebrovascular Disease	51,975	9.0%
Peripheral Vascular Disease	39,890	6.9%
Congestive Heart Failure	48,298	8.4%
COPD	73,926	12.8%
Depression	100,895	17.5%
Cancer	91,766	15.9%
Chronic Kidney Disease	304,338	52.7%
Smoking	124,097	21.5%
Appendectomy	362	0.1%
Medical Product Use		

Table 1b. Aggregated Characteristics of Incident Users of SGLT-2 Inhibitors in the Sentinel Distributed Database from March 29, 2013 to December 31, 2022

Incident Users of SGLT-2 Inhibitors		
Patient Characteristics	Number/Mean	Percent/ Standard Deviation ¹
GLP-1 Agonist	107,558	18.6%
Metformin	532,499	92.2%
Sulfonylurea	237,111	41.1%
Thiazolidinedione	53,626	9.3%
DPP-4 Inhibitor	26	0.0%
SGLT-2 Inhibitor	27	0.0%
Long/Intermediate Acting Insulin	129,320	22.4%
Short/Rapid Acting Insulin	59,466	10.3%
Combination Insulin	13,565	2.3%
Alpha-glucosidase Inhibitor	2,964	0.5%
Meglitinide	7,218	1.3%
ACE Inhibitors	268,744	46.5%
ARBs	188,985	32.7%
Beta Blockers	236,025	40.9%
Calcium Channel Blockers	169,788	29.4%
Statins	450,122	78.0%
Loop Diuretics	90,685	15.7%
Other Diuretics	208,130	36.0%
NSAIDs	185,731	32.2%
Aspirin	28,954	5.0%
Health Service Utilization Intensity Metrics		
Number of severe hyperglycemia diagnoses	0.0	0.1
Number of hospitalizations due to diabetes	0.2	0.5
Number of emergency department visits due to diabetes	0.2	0.8
Number of influenza vaccinations	0.0	0.2
Mean number of ambulatory encounters	17.7	16.5
Mean number of other ambulatory encounters	6.4	20.8
Mean number of filled prescriptions	47.9	36.3
Mean number of generics dispensed	11.4	5.9
Mean number of unique drug classes dispensed	10.1	5.1

¹Value represents standard deviation where no % follows the value.

²Race data may not be completely populated at all Data Partners; therefore, data about race may be incomplete.

³Chang H-Y, Weiner JP, Richards TM, Bleich SN, Segal JB. Validating the adapted Diabetes Complications Severity Index in claims data. Am J Manag Care. 2012;18(11):721-726.

Table 2a. Summary of Incident Users of DPP-4 Inhibitors and SGLT-2 Inhibitors in the Sentinel Distributed Database from March 29, 2013 to December 31, 2022

	Number of Patients	Number of Exposure Episodes	Number of Exposure Episodes with an Event
Inflammatory Bowel Disease			
Incident DPP-4i users			1,733
IBD with endoscopy and biopsy in 30 days prior to IBD diagnosis	695,410	695,410	
Incident SGLT-2i users			
IBD with endoscopy and biopsy in 30 days prior to IBD diagnosis	577,383	577,383	370
Incident DPP-4i users			
IBD with IBD treatment in 30 days after IBD diagnosis	695,410	695,410	
Incident SGLT-2i users			1,533
IBD with IBD treatment in 30 days after IBD diagnosis	577,383	577,383	
Incident DPP-4i users			
2 IBD diagnoses within 90 days	695,410	695,410	242
Incident SGLT-2i users			
2 IBD diagnoses within 90 days	577,383	577,383	
Incident DPP-4i users			1,294
IBD with endoscopy and biopsy in 30 days prior to IBD diagnosis AND IBD treatment in the 30 days after IBD diagnosis	695,410	695,410	
Incident SGLT-2i users			
IBD with endoscopy and biopsy in 30 days prior to IBD diagnosis AND IBD treatment in the 30 days after IBD diagnosis	577,383	577,383	271
Incident DPP-4i users			
UC with endoscopy and biopsy in 30 days prior to UC diagnosis	695,410	695,410	
Incident SGLT-2i users			733
UC with endoscopy and biopsy in 30 days prior to UC diagnosis	577,383	577,383	
Incident DPP-4i users			
UC with IBD treatment in 30 days after UC diagnosis	695,410	695,410	194
Incident SGLT-2i users			
UC with IBD treatment in 30 days after UC diagnosis	577,383	577,383	
Incident DPP-4i users			194
2 UC diagnoses within 90 days	695,410	695,410	
Incident SGLT-2i users			
2 UC diagnoses within 90 days	577,383	577,383	194
Incident DPP-4i users			
UC with endoscopy and biopsy in 30 days prior to UC diagnosis AND IBD treatment in the 30 days after UC diagnosis	695,410	695,410	
Incident SGLT-2i users			194
UC with endoscopy and biopsy in 30 days prior to UC diagnosis AND IBD treatment in the 30 days after UC diagnosis	577,383	577,383	
Incident DPP-4i users			

Table 2a. Summary of Incident Users of DPP-4 Inhibitors and SGLT-2 Inhibitors in the Sentinel Distributed Database from March 29, 2013 to December 31, 2022

	Number of Patients	Number of Exposure Episodes	Number of Exposure Episodes with an Event
<i>Crohn's Disease</i>			
<i>Incident DPP-4i users</i>			209
CD with endoscopy and biopsy in 30 days prior to CD diagnosis	695,410	695,410	
<i>Incident SGLT-2i users</i>			209
CD with endoscopy and biopsy in 30 days prior to CD diagnosis	577,383	577,383	
<i>Incident DPP-4i users</i>			113
CD with IBD treatment in 30 days after CD diagnosis	695,410	695,410	
<i>Incident SGLT-2i users</i>			113
CD with IBD treatment in 30 days after CD diagnosis	577,383	577,383	
<i>Incident DPP-4i users</i>			289
2 CD diagnoses within 90 days	695,410	695,410	
<i>Incident SGLT-2i users</i>			289
2 CD diagnoses within 90 days	577,383	577,383	
<i>Incident DPP-4i users</i>			52
CD with endoscopy and biopsy in 30 days prior to CD diagnosis AND IBD treatment in the 30 days after CD diagnosis	695,410	695,410	
<i>Incident SGLT-2i users</i>			52
CD with endoscopy and biopsy in 30 days prior to CD diagnosis AND IBD treatment in the 30 days after CD diagnosis	577,383	577,383	

Table 2b. Summary of Incident Users of DPP-4 Inhibitors and SGLT-2 Inhibitors in the Sentinel Distributed Database from March 29, 2013 to December 31, 2022, By Sex

	Number of Patients	Number of Exposure Episodes	Number of Exposure Episodes with an Event
Inflammatory Bowel Disease			
Male			
Incident DPP-4i users			883
IBD with endoscopy and biopsy in 30 days prior to IBD diagnosis	335,022	335,022	
Incident SGLT-2i users			
IBD with endoscopy and biopsy in 30 days prior to IBD diagnosis	328,992	328,992	195
Incident DPP-4i users			
IBD with IBD treatment in 30 days after IBD diagnosis	335,022	335,022	
Incident SGLT-2i users			640
IBD with IBD treatment in 30 days after IBD diagnosis	328,992	328,992	
Incident DPP-4i users			
2 IBD diagnoses within 90 days	335,022	335,022	135
Incident SGLT-2i users			
2 IBD diagnoses within 90 days	328,992	328,992	
Incident DPP-4i users			135
IBD with endoscopy and biopsy in 30 days prior to IBD diagnosis AND IBD treatment in the 30 days after IBD diagnosis	335,022	335,022	
Incident SGLT-2i users			
IBD with endoscopy and biopsy in 30 days prior to IBD diagnosis AND IBD treatment in the 30 days after IBD diagnosis	328,992	328,992	
Female			
Incident DPP-4i users			850
IBD with endoscopy and biopsy in 30 days prior to IBD diagnosis	360,388	360,388	
Incident SGLT-2i users			
IBD with endoscopy and biopsy in 30 days prior to IBD diagnosis	248,391	248,391	175
Incident DPP-4i users			
IBD with IBD treatment in 30 days after IBD diagnosis	360,388	360,388	
Incident SGLT-2i users			893
IBD with IBD treatment in 30 days after IBD diagnosis	248,391	248,391	
Incident DPP-4i users			
2 IBD diagnoses within 90 days	360,388	360,388	107
Incident SGLT-2i users			
2 IBD diagnoses within 90 days	248,391	248,391	
Incident DPP-4i users			107
IBD with endoscopy and biopsy in 30 days prior to IBD diagnosis AND IBD treatment in the 30 days after IBD diagnosis	360,388	360,388	
Incident SGLT-2i users			
IBD with endoscopy and biopsy in 30 days prior to IBD diagnosis AND IBD treatment in the 30 days after IBD diagnosis	248,391	248,391	
Ulcerative Colitis			
Male			
Incident DPP-4i users			691
UC with endoscopy and biopsy in 30 days prior to UC diagnosis	335,022	335,022	
Incident SGLT-2i users			

Table 2b. Summary of Incident Users of DPP-4 Inhibitors and SGLT-2 Inhibitors in the Sentinel Distributed Database from March 29, 2013 to December 31, 2022, By Sex

	Number of Patients	Number of Exposure Episodes	Number of Exposure Episodes with an Event
UC with endoscopy and biopsy in 30 days prior to UC diagnosis	328,992	328,992	
Incident DPP-4i users			
UC with IBD treatment in 30 days after UC diagnosis	335,022	335,022	147
Incident SGLT-2i users			
UC with IBD treatment in 30 days after UC diagnosis	328,992	328,992	
Incident DPP-4i users			
2 UC diagnoses within 90 days	335,022	335,022	319
Incident SGLT-2i users			
2 UC diagnoses within 90 days	328,992	328,992	
Incident DPP-4i users			
UC with endoscopy and biopsy in 30 days prior to UC diagnosis AND IBD treatment in the 30 days after UC diagnosis	335,022	335,022	112
Incident SGLT-2i users			
UC with endoscopy and biopsy in 30 days prior to UC diagnosis AND IBD treatment in the 30 days after UC diagnosis	328,992	328,992	
Female			
Incident DPP-4i users			
UC with endoscopy and biopsy in 30 days prior to UC diagnosis	360,388	360,388	603
Incident SGLT-2i users			
UC with endoscopy and biopsy in 30 days prior to UC diagnosis	248,391	248,391	
Incident DPP-4i users			
UC with IBD treatment in 30 days after UC diagnosis	360,388	360,388	124
Incident SGLT-2i users			
UC with IBD treatment in 30 days after UC diagnosis	248,391	248,391	
Incident DPP-4i users			
2 UC diagnoses within 90 days	360,388	360,388	414
Incident SGLT-2i users			
2 UC diagnoses within 90 days	248,391	248,391	
Incident DPP-4i users			
UC with endoscopy and biopsy in 30 days prior to UC diagnosis AND IBD treatment in the 30 days after UC diagnosis	360,388	360,388	82
Incident SGLT-2i users			
UC with endoscopy and biopsy in 30 days prior to UC diagnosis AND IBD treatment in the 30 days after UC diagnosis	248,391	248,391	
Crohn's Disease			
Male			
Incident DPP-4i users			
CD with endoscopy and biopsy in 30 days prior to CD diagnosis	335,022	335,022	123
Incident SGLT-2i users			
CD with endoscopy and biopsy in 30 days prior to CD diagnosis	328,992	328,992	
Incident DPP-4i users			
CD with IBD treatment in 30 days after CD diagnosis	335,022	335,022	67
Incident SGLT-2i users			
CD with IBD treatment in 30 days after CD diagnosis	328,992	328,992	

Table 2b. Summary of Incident Users of DPP-4 Inhibitors and SGLT-2 Inhibitors in the Sentinel Distributed Database from March 29, 2013 to December 31, 2022, By Sex

	Number of Patients	Number of Exposure Episodes	Number of Exposure Episodes with an Event
Incident DPP-4i users			156
2 CD diagnoses within 90 days	335,022	335,022	
Incident SGLT-2i users			
2 CD diagnoses within 90 days	328,992	328,992	35
Incident DPP-4i users			
CD with endoscopy and biopsy in 30 days prior to CD diagnosis AND IBD treatment in the 30 days after CD diagnosis	335,022	335,022	
Incident SGLT-2i users			
CD with endoscopy and biopsy in 30 days prior to CD diagnosis AND IBD treatment in the 30 days after CD diagnosis	328,992	328,992	
Female			
Incident DPP-4i users			86
CD with endoscopy and biopsy in 30 days prior to CD diagnosis	360,388	360,388	
Incident SGLT-2i users			
CD with endoscopy and biopsy in 30 days prior to CD diagnosis	248,391	248,391	46
Incident DPP-4i users			
CD with IBD treatment in 30 days after CD diagnosis	360,388	360,388	
Incident SGLT-2i users			
CD with IBD treatment in 30 days after CD diagnosis	248,391	248,391	133
Incident DPP-4i users			
2 CD diagnoses within 90 days	360,388	360,388	
Incident SGLT-2i users			17
2 CD diagnoses within 90 days	248,391	248,391	
Incident DPP-4i users			
CD with endoscopy and biopsy in 30 days prior to CD diagnosis AND IBD treatment in the 30 days after CD diagnosis	360,388	360,388	
Incident SGLT-2i users			
CD with endoscopy and biopsy in 30 days prior to CD diagnosis AND IBD treatment in the 30 days after CD diagnosis	248,391	248,391	

Table 2c. Summary of Incident Users of DPP-4 Inhibitors and SGLT-2 Inhibitors in the Sentinel Distributed Database from March 29, 2013 to December 31, 2022, By Age Group

	Number of Patients	Number of Exposure Episodes	Number of Exposure Episodes with an Event
Inflammatory Bowel Disease			
18-49 years			
Incident DPP-4i users			118
IBD with endoscopy and biopsy in 30 days prior to IBD diagnosis	85,854	85,854	
Incident SGLT-2i users			
IBD with endoscopy and biopsy in 30 days prior to IBD diagnosis	92,926	92,926	44
Incident DPP-4i users			
IBD with IBD treatment in 30 days after IBD diagnosis	85,854	85,854	
Incident SGLT-2i users			106
IBD with IBD treatment in 30 days after IBD diagnosis	92,926	92,926	
Incident DPP-4i users			
2 IBD diagnoses within 90 days	85,854	85,854	35
Incident SGLT-2i users			
2 IBD diagnoses within 90 days	92,926	92,926	
Incident DPP-4i users			35
IBD with endoscopy and biopsy in 30 days prior to IBD diagnosis AND IBD treatment in the 30 days after IBD diagnosis	85,854	85,854	
Incident SGLT-2i users			
IBD with endoscopy and biopsy in 30 days prior to IBD diagnosis AND IBD treatment in the 30 days after IBD diagnosis	92,926	92,926	
50-59 years			
Incident DPP-4i users			324
IBD with endoscopy and biopsy in 30 days prior to IBD diagnosis	128,080	128,080	
Incident SGLT-2i users			
IBD with endoscopy and biopsy in 30 days prior to IBD diagnosis	132,781	132,781	86
Incident DPP-4i users			
IBD with IBD treatment in 30 days after IBD diagnosis	128,080	128,080	
Incident SGLT-2i users			229
IBD with IBD treatment in 30 days after IBD diagnosis	132,781	132,781	
Incident DPP-4i users			
2 IBD diagnoses within 90 days	128,080	128,080	60
Incident SGLT-2i users			
2 IBD diagnoses within 90 days	132,781	132,781	
Incident DPP-4i users			60
IBD with endoscopy and biopsy in 30 days prior to IBD diagnosis AND IBD treatment in the 30 days after IBD diagnosis	128,080	128,080	
Incident SGLT-2i users			
IBD with endoscopy and biopsy in 30 days prior to IBD diagnosis AND IBD treatment in the 30 days after IBD diagnosis	132,781	132,781	
60-69 years			
Incident DPP-4i users			619
IBD with endoscopy and biopsy in 30 days prior to IBD diagnosis	188,249	188,249	
Incident SGLT-2i users			
IBD with endoscopy and biopsy in 30 days prior to IBD diagnosis	179,513	179,513	

Table 2c. Summary of Incident Users of DPP-4 Inhibitors and SGLT-2 Inhibitors in the Sentinel Distributed Database from March 29, 2013 to December 31, 2022, By Age Group

			Number of Exposure Episodes with an Event
	Number of Patients	Number of Exposure Episodes	
Incident DPP-4i users			
IBD with IBD treatment in 30 days after IBD diagnosis	188,249	188,249	117
Incident SGLT-2i users			
IBD with IBD treatment in 30 days after IBD diagnosis	179,513	179,513	
Incident DPP-4i users			
2 IBD diagnoses within 90 days	188,249	188,249	423
Incident SGLT-2i users			
2 IBD diagnoses within 90 days	179,513	179,513	
Incident DPP-4i users			
IBD with endoscopy and biopsy in 30 days prior to IBD diagnosis AND IBD treatment in the 30 days after IBD diagnosis	188,249	188,249	73
Incident SGLT-2i users			
IBD with endoscopy and biopsy in 30 days prior to IBD diagnosis AND IBD treatment in the 30 days after IBD diagnosis	179,513	179,513	
≥70 years			
Incident DPP-4i users			
IBD with endoscopy and biopsy in 30 days prior to IBD diagnosis	293,227	293,227	672
Incident SGLT-2i users			
IBD with endoscopy and biopsy in 30 days prior to IBD diagnosis	172,163	172,163	
Incident DPP-4i users			
IBD with IBD treatment in 30 days after IBD diagnosis	293,227	293,227	123
Incident SGLT-2i users			
IBD with IBD treatment in 30 days after IBD diagnosis	172,163	172,163	
Incident DPP-4i users			
2 IBD diagnoses within 90 days	293,227	293,227	775
Incident SGLT-2i users			
2 IBD diagnoses within 90 days	172,163	172,163	
Incident DPP-4i users			
IBD with endoscopy and biopsy in 30 days prior to IBD diagnosis AND IBD treatment in the 30 days after IBD diagnosis	293,227	293,227	74
Incident SGLT-2i users			
IBD with endoscopy and biopsy in 30 days prior to IBD diagnosis AND IBD treatment in the 30 days after IBD diagnosis	172,163	172,163	
Ulcerative Colitis			
18-49 years			
Incident DPP-4i users			
UC with endoscopy and biopsy in 30 days prior to UC diagnosis	85,854	85,854	89
Incident SGLT-2i users			
UC with endoscopy and biopsy in 30 days prior to UC diagnosis	92,926	92,926	
Incident DPP-4i users			
UC with IBD treatment in 30 days after UC diagnosis	85,854	85,854	33
Incident SGLT-2i users			
UC with IBD treatment in 30 days after UC diagnosis	92,926	92,926	

Table 2c. Summary of Incident Users of DPP-4 Inhibitors and SGLT-2 Inhibitors in the Sentinel Distributed Database from March 29, 2013 to December 31, 2022, By Age Group

			Number of Exposure Episodes with an Event
	Number of Patients	Number of Exposure Episodes	
Incident DPP-4i users			
2 UC diagnoses within 90 days	85,854	85,854	46
Incident SGLT-2i users			
2 UC diagnoses within 90 days	92,926	92,926	
Incident DPP-4i users			
UC with endoscopy and biopsy in 30 days prior to UC diagnosis AND IBD treatment in the 30 days after UC diagnosis	85,854	85,854	28
Incident SGLT-2i users			
UC with endoscopy and biopsy in 30 days prior to UC diagnosis AND IBD treatment in the 30 days after UC diagnosis	92,926	92,926	
50-59 years			
Incident DPP-4i users			
UC with endoscopy and biopsy in 30 days prior to UC diagnosis	128,080	128,080	248
Incident SGLT-2i users			
UC with endoscopy and biopsy in 30 days prior to UC diagnosis	132,781	132,781	
Incident DPP-4i users			
UC with IBD treatment in 30 days after UC diagnosis	128,080	128,080	61
Incident SGLT-2i users			
UC with IBD treatment in 30 days after UC diagnosis	132,781	132,781	
Incident DPP-4i users			
2 UC diagnoses within 90 days	128,080	128,080	104
Incident SGLT-2i users			
2 UC diagnoses within 90 days	132,781	132,781	
Incident DPP-4i users			
UC with endoscopy and biopsy in 30 days prior to UC diagnosis AND IBD treatment in the 30 days after UC diagnosis	128,080	128,080	50
Incident SGLT-2i users			
UC with endoscopy and biopsy in 30 days prior to UC diagnosis AND IBD treatment in the 30 days after UC diagnosis	132,781	132,781	
60-69 years			
Incident DPP-4i users			
UC with endoscopy and biopsy in 30 days prior to UC diagnosis	188,249	188,249	465
Incident SGLT-2i users			
UC with endoscopy and biopsy in 30 days prior to UC diagnosis	179,513	179,513	
Incident DPP-4i users			
UC with IBD treatment in 30 days after UC diagnosis	188,249	188,249	84
Incident SGLT-2i users			
UC with IBD treatment in 30 days after UC diagnosis	179,513	179,513	
Incident DPP-4i users			
2 UC diagnoses within 90 days	188,249	188,249	203
Incident SGLT-2i users			
2 UC diagnoses within 90 days	179,513	179,513	

Table 2c. Summary of Incident Users of DPP-4 Inhibitors and SGLT-2 Inhibitors in the Sentinel Distributed Database from March 29, 2013 to December 31, 2022, By Age Group

	Number of Patients	Number of Exposure Episodes	Number of Exposure Episodes with an Event
Incident DPP-4i users			
UC with endoscopy and biopsy in 30 days prior to UC diagnosis AND IBD treatment in the 30 days after UC diagnosis	188,249	188,249	58
Incident SGLT-2i users			
UC with endoscopy and biopsy in 30 days prior to UC diagnosis AND IBD treatment in the 30 days after UC diagnosis	179,513	179,513	
≥70 years			
Incident DPP-4i users			
UC with endoscopy and biopsy in 30 days prior to UC diagnosis	293,227	293,227	492
Incident SGLT-2i users			
UC with endoscopy and biopsy in 30 days prior to UC diagnosis	172,163	172,163	
Incident DPP-4i users			
UC with IBD treatment in 30 days after UC diagnosis	293,227	293,227	93
Incident SGLT-2i users			
UC with IBD treatment in 30 days after UC diagnosis	172,163	172,163	
Incident DPP-4i users			
2 UC diagnoses within 90 days	293,227	293,227	380
Incident SGLT-2i users			
2 UC diagnoses within 90 days	172,163	172,163	
Incident DPP-4i users			
UC with endoscopy and biopsy in 30 days prior to UC diagnosis AND IBD treatment in the 30 days after UC diagnosis	293,227	293,227	58
Incident SGLT-2i users			
UC with endoscopy and biopsy in 30 days prior to UC diagnosis AND IBD treatment in the 30 days after UC diagnosis	172,163	172,163	
Crohn's Disease			
18-49 years			
Incident DPP-4i users			
CD with endoscopy and biopsy in 30 days prior to CD diagnosis	85,854	85,854	20
Incident SGLT-2i users			
CD with endoscopy and biopsy in 30 days prior to CD diagnosis	92,926	92,926	
Incident DPP-4i users			
CD with IBD treatment in 30 days after CD diagnosis	85,854	85,854	17
Incident SGLT-2i users			
CD with IBD treatment in 30 days after CD diagnosis	92,926	92,926	
Incident DPP-4i users			
2 CD diagnoses within 90 days	85,854	85,854	27
Incident SGLT-2i users			
2 CD diagnoses within 90 days	92,926	92,926	

Table 2c. Summary of Incident Users of DPP-4 Inhibitors and SGLT-2 Inhibitors in the Sentinel Distributed Database from March 29, 2013 to December 31, 2022, By Age Group

			Number of Exposure Episodes with an Event
	Number of Patients	Number of Exposure Episodes	
Incident DPP-4i users			
CD with endoscopy and biopsy in 30 days prior to CD diagnosis AND IBD treatment in the 30 days after CD diagnosis	85,854	85,854	*****
Incident SGLT-2i users			
CD with endoscopy and biopsy in 30 days prior to CD diagnosis AND IBD treatment in the 30 days after CD diagnosis	92,926	92,926	
50-59 years			
Incident DPP-4i users			
CD with endoscopy and biopsy in 30 days prior to CD diagnosis	128,080	128,080	40
Incident SGLT-2i users			
CD with endoscopy and biopsy in 30 days prior to CD diagnosis	132,781	132,781	
Incident DPP-4i users			
CD with IBD treatment in 30 days after CD diagnosis	128,080	128,080	32
Incident SGLT-2i users			
CD with IBD treatment in 30 days after CD diagnosis	132,781	132,781	
Incident DPP-4i users			
2 CD diagnoses within 90 days	128,080	128,080	58
Incident SGLT-2i users			
2 CD diagnoses within 90 days	132,781	132,781	
Incident DPP-4i users			
CD with endoscopy and biopsy in 30 days prior to CD diagnosis AND IBD treatment in the 30 days after CD diagnosis	128,080	128,080	13
Incident SGLT-2i users			
CD with endoscopy and biopsy in 30 days prior to CD diagnosis AND IBD treatment in the 30 days after CD diagnosis	132,781	132,781	
60-69 years			
Incident DPP-4i users			
CD with endoscopy and biopsy in 30 days prior to CD diagnosis	188,249	188,249	83
Incident SGLT-2i users			
CD with endoscopy and biopsy in 30 days prior to CD diagnosis	179,513	179,513	
Incident DPP-4i users			
CD with IBD treatment in 30 days after CD diagnosis	188,249	188,249	41
Incident SGLT-2i users			
CD with IBD treatment in 30 days after CD diagnosis	179,513	179,513	
Incident DPP-4i users			
2 CD diagnoses within 90 days	188,249	188,249	87
Incident SGLT-2i users			
2 CD diagnoses within 90 days	179,513	179,513	
Incident DPP-4i users			
CD with endoscopy and biopsy in 30 days prior to CD diagnosis AND IBD treatment in the 30 days after CD diagnosis	188,249	188,249	22
Incident SGLT-2i users			
CD with endoscopy and biopsy in 30 days prior to CD diagnosis AND IBD treatment in the 30 days after CD diagnosis	179,513	179,513	

Table 2c. Summary of Incident Users of DPP-4 Inhibitors and SGLT-2 Inhibitors in the Sentinel Distributed Database from March 29, 2013 to December 31, 2022, By Age Group

	Number of Patients	Number of Exposure Episodes	Number of Exposure Episodes with an Event
≥70 years			
<i>Incident DPP-4i users</i>			66
CD with endoscopy and biopsy in 30 days prior to CD diagnosis	293,227	293,227	
<i>Incident SGLT-2i users</i>			
CD with endoscopy and biopsy in 30 days prior to CD diagnosis	172,163	172,163	23
<i>Incident DPP-4i users</i>			
CD with IBD treatment in 30 days after CD diagnosis	293,227	293,227	
<i>Incident SGLT-2i users</i>			117
CD with IBD treatment in 30 days after CD diagnosis	172,163	172,163	
<i>Incident DPP-4i users</i>			
2 CD diagnoses within 90 days	293,227	293,227	*****
<i>Incident SGLT-2i users</i>			
2 CD diagnoses within 90 days	172,163	172,163	
<i>Incident DPP-4i users</i>			
CD with endoscopy and biopsy in 30 days prior to CD diagnosis AND IBD treatment in the 30 days after CD diagnosis	293,227	293,227	*****
<i>Incident SGLT-2i users</i>			
CD with endoscopy and biopsy in 30 days prior to CD diagnosis AND IBD treatment in the 30 days after CD diagnosis	172,163	172,163	

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

Table 3a. Summary of Time to End of At-Risk Period for Incident Users of DPP-4 Inhibitors and SGLT-2 Inhibitors in the Sentinel Distributed Database from March 29, 2013 to December 31, 2022

	Total Number of Episodes	Number of Episodes by Episode Length								Distribution of At-Risk Time in Days, by Episode						
		0-364 days		365-1,094 days		1,095-1,824 days		1,825+ days								
		Number of Episodes	Percent of Total Episodes	Number of Episodes	Percent of Total Episodes	Number of Episodes	Percent of Total Episodes	Number of Episodes	Percent of Total Episodes	Minimum	Q1	Median	Q3	Maximum	Mean	Standard Deviation
Inflammatory Bowel Disease																
Incident Users of DPP-4 Inhibitors, IBD with endoscopy and biopsy in 30 days prior to IBD diagnosis	695,410	396,031	56.9%	217,763	31.3%	54,946	7.9%	26,670	3.8%	2	163	302	630	3,565	504.6	530.6
Incident Users of SGLT-2 Inhibitors, IBD with endoscopy and biopsy in 30 days prior to IBD diagnosis	577,383	359,867	62.3%	174,499	30.2%	32,060	5.6%	10,957	1.9%	3	150	270	522	3,551	421.0	425.7
4 Inhibitors, IBD with IBD treatment in 30 days after IBD diagnosis	695,410	395,805	56.9%	217,697	31.3%	55,085	7.9%	26,823	3.9%	2	163	302	631	3,565	505.3	531.6
Incident Users of SGLT-2 Inhibitors, IBD with IBD treatment in 30 days after IBD diagnosis	577,383	359,720	62.3%	174,520	30.2%	32,123	5.6%	11,020	1.9%	3	150	270	523	3,551	421.5	426.4
Incident Users of DPP-4 Inhibitors, 2 IBD diagnoses within 90 days	695,410	396,021	56.9%	217,694	31.3%	55,000	7.9%	26,695	3.8%	2	163	302	630	3,565	504.7	530.8
Incident Users of SGLT-2 Inhibitors, 2 IBD diagnoses within 90 days	577,383	359,810	62.3%	174,484	30.2%	32,092	5.6%	10,997	1.9%	3	150	270	522	3,551	421.3	426.2

Table 3a. Summary of Time to End of At-Risk Period for Incident Users of DPP-4 Inhibitors and SGLT-2 Inhibitors in the Sentinel Distributed Database from March 29, 2013 to December 31, 2022

	Total Number of Episodes	Number of Episodes by Episode Length								Distribution of At-Risk Time in Days, by Episode						
		0-364 days		365-1,094 days		1,095-1,824 days		1,825+ days								
		Number of Episodes	Percent of Total Episodes	Number of Episodes	Percent of Total Episodes	Number of Episodes	Percent of Total Episodes	Number of Episodes	Percent of Total Episodes	Minimum	Q1	Median	Q3	Maximum	Mean	Standard Deviation
<i>Incident Users of DPP-4 Inhibitors, IBD with endoscopy and biopsy in 30 days prior to IBD diagnosis AND IBD treatment in the 30 days after IBD diagnosis</i>	695,410	395,792	56.9%	217,692	31.3%	55,095	7.9%	26,831	3.9%	2	163	302	631	3,565	505.4	531.7
<i>Incident Users of SGLT-2 Inhibitors, IBD with endoscopy and biopsy in 30 days prior to IBD diagnosis AND IBD treatment in the 30 days after IBD diagnosis</i>	577,383	359,714	62.3%	174,513	30.2%	32,131	5.6%	11,025	1.9%	3	150	270	523	3,551	421.5	426.5
Ulcerative Colitis																
<i>Incident Users of DPP-4 Inhibitors, UC with endoscopy and biopsy in 30 days prior to UC diagnosis</i>	695,410	395,927	56.9%	217,756	31.3%	54,995	7.9%	26,732	3.8%	2	163	302	631	3,565	504.9	531.0
<i>Incident Users of SGLT-2 Inhibitors, UC with endoscopy and biopsy in 30 days prior to UC diagnosis</i>	577,383	359,832	62.3%	174,512	30.2%	32,070	5.6%	10,969	1.9%	3	150	270	522	3,551	421.1	425.8

Table 3a. Summary of Time to End of At-Risk Period for Incident Users of DPP-4 Inhibitors and SGLT-2 Inhibitors in the Sentinel Distributed Database from March 29, 2013 to December 31, 2022

	Total Number of Episodes	Number of Episodes by Episode Length														
		0-364 days		365-1,094 days		1,095-1,824 days		1,825+ days		Distribution of At-Risk Time in Days, by Episode						
		Number of Episodes	Percent of Total Episodes	Number of Episodes	Percent of Total Episodes	Number of Episodes	Percent of Total Episodes	Number of Episodes	Percent of Total Episodes	Minimum	Q1	Median	Q3	Maximum	Mean	Standard Deviation
Incident Users of DPP-4 Inhibitors, UC with IBD treatment in 30 days after UC diagnosis	695,410	395,789	56.9%	217,701	31.3%	55,086	7.9%	26,834	3.9%	2	163	302	631	3,565	505.4	531.6
Incident Users of SGLT-2 Inhibitors, UC with IBD treatment in 30 days after UC diagnosis	577,383	359,714	62.3%	174,520	30.2%	32,127	5.6%	11,022	1.9%	3	150	270	523	3,551	421.5	426.4
Incident Users of DPP-4 Inhibitors, 2 UC diagnoses within 90 days	695,410	395,833	56.9%	217,745	31.3%	55,053	7.9%	26,779	3.9%	2	163	302	631	3,565	505.2	531.4
Incident Users of SGLT-2 Inhibitors, 2 UC diagnoses within 90 days	577,383	359,748	62.3%	174,513	30.2%	32,111	5.6%	11,011	1.9%	3	150	270	523	3,551	421.4	426.3
Incident Users of DPP-4 Inhibitors, UC with endoscopy and biopsy in 30 days prior to UC diagnosis AND IBD treatment in the 30 days after UC diagnosis	695,410	395,783	56.9%	217,694	31.3%	55,093	7.9%	26,840	3.9%	2	163	302	631	3,565	505.4	531.7

Table 3a. Summary of Time to End of At-Risk Period for Incident Users of DPP-4 Inhibitors and SGLT-2 Inhibitors in the Sentinel Distributed Database from March 29, 2013 to December 31, 2022

	Total Number of Episodes	Number of Episodes by Episode Length								Distribution of At-Risk Time in Days, by Episode						
		0-364 days		365-1,094 days		1,095-1,824 days		1,825+ days								
		Number of Episodes	Percent of Total Episodes	Number of Episodes	Percent of Total Episodes	Number of Episodes	Percent of Total Episodes	Number of Episodes	Percent of Total Episodes	Minimum	Q1	Median	Q3	Maximum	Mean	Standard Deviation
Incident Users of SGLT-2 Inhibitors, UC with endoscopy and biopsy in 30 days prior to UC diagnosis AND IBD treatment in the 30 days after UC diagnosis																
	577,383	359,712	62.3%	174,514	30.2%	32,130	5.6%	11,027	1.9%	3	150	270	523	3,551	421.5	426.5
Crohn's Disease																
Incident Users of DPP-4 Inhibitors, CD with endoscopy and biopsy in 30 days prior to CD diagnosis																
	695,410	395,775	56.9%	217,712	31.3%	55,091	7.9%	26,832	3.9%	2	163	302	631	3,565	505.4	531.6
Incident Users of SGLT-2 Inhibitors, CD with IBD treatment in 30 days after CD diagnosis																
	577,383	359,714	62.3%	174,506	30.2%	32,130	5.6%	11,033	1.9%	3	150	270	523	3,551	421.5	426.5
Incident Users of DPP-4 Inhibitors, CD with IBD treatment in 30 days after CD diagnosis																
	695,410	395,766	56.9%	217,698	31.3%	55,103	7.9%	26,843	3.9%	2	163	302	631	3,565	505.4	531.7

Table 3a. Summary of Time to End of At-Risk Period for Incident Users of DPP-4 Inhibitors and SGLT-2 Inhibitors in the Sentinel Distributed Database from March 29, 2013 to December 31, 2022

	Total Number of Episodes	Number of Episodes by Episode Length								Distribution of At-Risk Time in Days, by Episode						
		0-364 days		365-1,094 days		1,095-1,824 days		1,825+ days								
		Number of Episodes	Percent of Total Episodes	Number of Episodes	Percent of Total Episodes	Number of Episodes	Percent of Total Episodes	Number of Episodes	Percent of Total Episodes	Minimum	Q1	Median	Q3	Maximum	Mean	Standard Deviation
<i>Incident Users of SGLT-2 Inhibitors, CD with IBD treatment in 30 days after CD diagnosis</i>	577,383	359,702	62.3%	174,512	30.2%	32,133	5.6%	11,036	1.9%	3	150	270	523	3,551	421.5	426.6
<i>Incident Users of DPP-4 Inhibitors, 2 CD diagnoses within 90 days</i>	695,410	395,788	56.9%	217,693	31.3%	55,099	7.9%	26,830	3.9%	2	163	302	631	3,565	505.4	531.6
<i>Incident Users of SGLT-2 Inhibitors, 2 CD diagnoses within 90 days</i>	577,383	359,723	62.3%	174,505	30.2%	32,122	5.6%	11,033	1.9%	3	150	270	523	3,551	421.5	426.5
<i>Incident Users of DPP-4 Inhibitors, CD with endoscopy and biopsy in 30 days prior to CD diagnosis AND IBD treatment in the 30 days after CD diagnosis</i>	695,410	395,760	56.9%	217,696	31.3%	55,106	7.9%	26,848	3.9%	2	163	302	631	3,565	505.4	531.7

Table 3a. Summary of Time to End of At-Risk Period for Incident Users of DPP-4 Inhibitors and SGLT-2 Inhibitors in the Sentinel Distributed Database from March 29, 2013 to December 31, 2022

Total Number of Episodes	Number of Episodes by Episode Length															
	0-364 days		365-1,094 days		1,095-1,824 days		1,825+ days		Distribution of At-Risk Time in Days, by Episode							
	Number of Episodes	Percent of Total Episodes	Number of Episodes	Percent of Total Episodes	Number of Episodes	Percent of Total Episodes	Number of Episodes	Percent of Total Episodes	Minimum	Q1	Median	Q3	Maximum	Mean	Standard Deviation	
Incident Users of SGLT-2 Inhibitors, CD with endoscopy and biopsy in 30 days prior to CD diagnosis AND IBD treatment in the 30 days after CD diagnosis	577,383	359,698	62.3%	174,512	30.2%	32,136	5.6%	11,037	1.9%	3	150	270	523	3,551	421.6	426.6

Table 3b. Summary of Time to End of At-Risk Period for Incident Users of DPP-4 Inhibitors and SGLT-2 Inhibitors in the Sentinel Distributed Database from March 29, 2013 to December 31, 2022, by Sex

Total Number of Episodes		Number of Episodes by Episode Length							
		0-364 days		365-1,094 days		1,095-1,824 days		1,825+ days	
		Number of Episodes	Percent of Total Episodes	Number of Episodes	Percent of Total Episodes	Number of Episodes	Percent of Total Episodes	Number of Episodes	Percent of Total Episodes
Inflammatory Bowel Disease									
Incident Users of DPP-4 Inhibitors, IBD with endoscopy and biopsy in 30 days prior to IBD diagnosis									
Female	360,388	206,825	57.4%	112,125	31.1%	27,919	7.7%	13,519	3.8%
Male	335,022	189,206	56.5%	105,638	31.5%	27,027	8.1%	13,151	3.9%
Incident Users of SGLT-2 Inhibitors, IBD with endoscopy and biopsy in 30 days prior to IBD diagnosis									
Female	248,391	161,659	65.1%	71,003	28.6%	11,848	4.8%	3,881	1.6%
Male	328,992	198,208	60.2%	103,496	31.5%	20,212	6.1%	7,076	2.2%
Incident Users of DPP-4 Inhibitors, IBD with IBD treatment in 30 days after IBD diagnosis									
Female	360,388	206,692	57.4%	112,101	31.1%	27,986	7.8%	13,609	3.8%
Male	335,022	189,113	56.4%	105,596	31.5%	27,099	8.1%	13,214	3.9%
Incident Users of SGLT-2 Inhibitors, IBD with IBD treatment in 30 days after IBD diagnosis									
Female	248,391	161,599	65.1%	71,020	28.6%	11,866	4.8%	3,906	1.6%
Male	328,992	198,121	60.2%	103,500	31.5%	20,257	6.2%	7,114	2.2%
Incident Users of DPP-4 Inhibitors, 2 IBD diagnoses within 90 days									
Female	360,388	206,853	57.4%	112,084	31.1%	27,929	7.7%	13,522	3.8%
Male	335,022	189,168	56.5%	105,610	31.5%	27,071	8.1%	13,173	3.9%
Incident Users of SGLT-2 Inhibitors, 2 IBD diagnoses within 90 days									
Female	248,391	161,643	65.1%	71,000	28.6%	11,856	4.8%	3,892	1.6%
Male	328,992	198,167	60.2%	103,484	31.5%	20,236	6.2%	7,105	2.2%
Incident Users of DPP-4 Inhibitors, IBD with endoscopy and biopsy in 30 days prior to IBD diagnosis AND IBD treatment in the 30 days after IBD diagnosis									
Female	360,388	206,686	57.4%	112,097	31.1%	27,991	7.8%	13,614	3.8%
Male	335,022	189,106	56.4%	105,595	31.5%	27,104	8.1%	13,217	3.9%
Incident Users of SGLT-2 Inhibitors, IBD with endoscopy and biopsy in 30 days prior to IBD diagnosis AND IBD treatment in the 30 days after IBD diagnosis									
Female	248,391	161,598	65.1%	71,018	28.6%	11,868	4.8%	3,907	1.6%
Male	328,992	198,116	60.2%	103,495	31.5%	20,263	6.2%	7,118	2.2%
Ulcerative Colitis									
Incident Users of DPP-4 Inhibitors, UC with endoscopy and biopsy in 30 days prior to UC diagnosis									
Female	360,388	206,761	57.4%	112,130	31.1%	27,939	7.8%	13,558	3.8%
Male	335,022	189,166	56.5%	105,626	31.5%	27,056	8.1%	13,174	3.9%
Incident Users of SGLT-2 Inhibitors, UC with endoscopy and biopsy in 30 days prior to UC diagnosis									
Female	248,391	161,642	65.1%	71,013	28.6%	11,852	4.8%	3,884	1.6%

Table 3b. Summary of Time to End of At-Risk Period for Incident Users of DPP-4 Inhibitors and SGLT-2 Inhibitors in the Sentinel Distributed Database from March 29, 2013 to December 31, 2022, by Sex

	Total Number of Episodes	Number of Episodes by Episode Length							
		0-364 days		365-1,094 days		1,095-1,824 days		1,825+ days	
		Number of Episodes	Percent of Total Episodes	Number of Episodes	Percent of Total Episodes	Number of Episodes	Percent of Total Episodes	Number of Episodes	Percent of Total Episodes
Male	328,992	198,190	60.2%	103,499	31.5%	20,218	6.1%	7,085	2.2%
Incident Users of DPP-4 Inhibitors, UC with IBD treatment in 30 days after UC diagnosis									
Female	360,388	206,683	57.4%	112,104	31.1%	27,983	7.8%	13,618	3.8%
Male	335,022	189,106	56.4%	105,597	31.5%	27,103	8.1%	13,216	3.9%
Incident Users of SGLT-2 Inhibitors, UC with IBD treatment in 30 days after UC diagnosis									
Female	248,391	161,597	65.1%	71,021	28.6%	11,867	4.8%	3,906	1.6%
Male	328,992	198,117	60.2%	103,499	31.5%	20,260	6.2%	7,116	2.2%
Incident Users of DPP-4 Inhibitors, 2 UC diagnoses within 90 days									
Female	360,388	206,721	57.4%	112,125	31.1%	27,966	7.8%	13,576	3.8%
Male	335,022	189,112	56.4%	105,620	31.5%	27,087	8.1%	13,203	3.9%
Incident Users of SGLT-2 Inhibitors, 2 UC diagnoses within 90 days									
Female	248,391	161,612	65.1%	71,017	28.6%	11,862	4.8%	3,900	1.6%
Male	328,992	198,136	60.2%	103,496	31.5%	20,249	6.2%	7,111	2.2%
Incident Users of DPP-4 Inhibitors, UC with endoscopy and biopsy in 30 days prior to UC diagnosis AND IBD treatment in the 30 days after UC diagnosis									
Female	360,388	206,681	57.3%	112,100	31.1%	27,986	7.8%	13,621	3.8%
Male	335,022	189,102	56.4%	105,594	31.5%	27,107	8.1%	13,219	3.9%
Incident Users of SGLT-2 Inhibitors, UC with endoscopy and biopsy in 30 days prior to UC diagnosis AND IBD treatment in the 30 days after UC diagnosis									
Female	248,391	161,597	65.1%	71,019	28.6%	11,868	4.8%	3,907	1.6%
Male	328,992	198,115	60.2%	103,495	31.5%	20,262	6.2%	7,120	2.2%
Crohn's Disease									
Incident Users of DPP-4 Inhibitors, CD with endoscopy and biopsy in 30 days prior to CD diagnosis									
Female	360,388	206,678	57.3%	112,101	31.1%	27,993	7.8%	13,616	3.8%
Male	335,022	189,097	56.4%	105,611	31.5%	27,098	8.1%	13,216	3.9%
Incident Users of SGLT-2 Inhibitors, CD with endoscopy and biopsy in 30 days prior to CD diagnosis									
Female	248,391	161,597	65.1%	71,013	28.6%	11,870	4.8%	3,911	1.6%
Male	328,992	198,117	60.2%	103,493	31.5%	20,260	6.2%	7,122	2.2%
Incident Users of DPP-4 Inhibitors, CD with IBD treatment in 30 days after CD diagnosis									
Female	360,388	206,673	57.3%	112,097	31.1%	27,997	7.8%	13,621	3.8%
Male	335,022	189,093	56.4%	105,601	31.5%	27,106	8.1%	13,222	3.9%
Incident Users of SGLT-2 Inhibitors, CD with IBD treatment in 30 days after CD diagnosis									
Female	248,391	161,592	65.1%	71,016	28.6%	11,872	4.8%	3,911	1.6%

Table 3b. Summary of Time to End of At-Risk Period for Incident Users of DPP-4 Inhibitors and SGLT-2 Inhibitors in the Sentinel Distributed Database from March 29, 2013 to December 31, 2022, by Sex

	Total Number of Episodes	Number of Episodes by Episode Length							
		0-364 days		365-1,094 days		1,095-1,824 days		1,825+ days	
		Number of Episodes	Percent of Total Episodes	Number of Episodes	Percent of Total Episodes	Number of Episodes	Percent of Total Episodes	Number of Episodes	Percent of Total Episodes
Male	328,992	198,110	60.2%	103,496	31.5%	20,261	6.2%	7,125	2.2%
Incident Users of DPP-4 Inhibitors, 2 CD diagnoses within 90 days									
Female	360,388	206,687	57.4%	112,094	31.1%	27,994	7.8%	13,613	3.8%
Male	335,022	189,101	56.4%	105,599	31.5%	27,105	8.1%	13,217	3.9%
Incident Users of SGLT-2 Inhibitors, 2 CD diagnoses within 90 days									
Female	248,391	161,603	65.1%	71,012	28.6%	11,867	4.8%	3,909	1.6%
Male	328,992	198,120	60.2%	103,493	31.5%	20,255	6.2%	7,124	2.2%
Incident Users of DPP-4 Inhibitors, CD with endoscopy and biopsy in 30 days prior to CD diagnosis AND IBD treatment in the 30 days after CD diagnosis									
Female	360,388	206,670	57.3%	112,096	31.1%	27,997	7.8%	13,625	3.8%
Male	335,022	189,090	56.4%	105,600	31.5%	27,109	8.1%	13,223	3.9%
Incident Users of SGLT-2 Inhibitors, CD with endoscopy and biopsy in 30 days prior to CD diagnosis AND IBD treatment in the 30 days after CD diagnosis									
Female	248,391	161,591	65.1%	71,017	28.6%	11,871	4.8%	3,912	1.6%
Male	328,992	198,107	60.2%	103,495	31.5%	20,265	6.2%	7,125	2.2%

Table 3c. Summary of Time to End of At-Risk Period for Incident Users of DPP-4 Inhibitors and SGLT-2 Inhibitors in the Sentinel Distributed Database from March 29, 2013 to December 31, 2022, by Age Group

		Number of Episodes by Episode Length							
		0-364 days		365-1,094 days		1,095-1,824 days		1,825+ days	
		Number of Episodes	Percent of Total Episodes	Number of Episodes	Percent of Total Episodes	Number of Episodes	Percent of Total Episodes	Number of Episodes	Percent of Total Episodes
Total Number of Episodes									
Inflammatory Bowel Disease									
Incident Users of DPP-4 Inhibitors, IBD with endoscopy and biopsy in 30 days prior to IBD diagnosis									
18-49 years	85,854	56,550	65.9%	23,180	27.0%	4,405	5.1%	1,719	2.0%
50-59 years	128,080	76,270	59.5%	39,356	30.7%	8,852	6.9%	3,602	2.8%
60-69 years	188,249	106,378	56.5%	59,617	31.7%	14,735	7.8%	7,519	4.0%
≥ 70 years	293,227	156,833	53.5%	95,610	32.6%	26,954	9.2%	13,830	4.7%
Incident Users of SGLT-2 Inhibitors, IBD with endoscopy and biopsy in 30 days prior to IBD diagnosis									
18-49 years	92,926	61,342	66.0%	25,685	27.6%	4,387	4.7%	1,512	1.6%
50-59 years	132,781	80,527	60.6%	41,356	31.1%	7,985	6.0%	2,913	2.2%
60-69 years	179,513	109,396	60.9%	55,980	31.2%	10,487	5.8%	3,650	2.0%
≥ 70 years	172,163	108,602	63.1%	51,478	29.9%	9,201	5.3%	2,882	1.7%
Incident Users of DPP-4 Inhibitors, IBD with IBD treatment in 30 days after IBD diagnosis									
18-49 years	85,854	56,538	65.9%	23,179	27.0%	4,412	5.1%	1,725	2.0%
50-59 years	128,080	76,235	59.5%	39,340	30.7%	8,880	6.9%	3,625	2.8%
60-69 years	188,249	106,301	56.5%	59,596	31.7%	14,789	7.9%	7,563	4.0%
≥ 70 years	293,227	156,731	53.5%	95,582	32.6%	27,004	9.2%	13,910	4.7%
Incident Users of SGLT-2 Inhibitors, IBD with IBD treatment in 30 days after IBD diagnosis									
18-49 years	92,926	61,332	66.0%	25,683	27.6%	4,393	4.7%	1,518	1.6%
50-59 years	132,781	80,497	60.6%	41,365	31.2%	7,997	6.0%	2,922	2.2%
60-69 years	179,513	109,330	60.9%	55,987	31.2%	10,510	5.9%	3,686	2.1%
≥ 70 years	172,163	108,561	63.1%	51,485	29.9%	9,223	5.4%	2,894	1.7%
Incident Users of DPP-4 Inhibitors, 2 IBD diagnoses within 90 days									
18-49 years	85,854	56,555	65.9%	23,176	27.0%	4,406	5.1%	1,717	2.0%
50-59 years	128,080	76,258	59.5%	39,343	30.7%	8,866	6.9%	3,613	2.8%
60-69 years	188,249	106,363	56.5%	59,595	31.7%	14,757	7.8%	7,534	4.0%
≥ 70 years	293,227	156,845	53.5%	95,580	32.6%	26,971	9.2%	13,831	4.7%
Incident Users of SGLT-2 Inhibitors, 2 IBD diagnoses within 90 days									
18-49 years	92,926	61,343	66.0%	25,681	27.6%	4,388	4.7%	1,514	1.6%
50-59 years	132,781	80,514	60.6%	41,361	31.1%	7,987	6.0%	2,919	2.2%
60-69 years	179,513	109,364	60.9%	55,971	31.2%	10,499	5.8%	3,679	2.0%
≥ 70 years	172,163	108,589	63.1%	51,471	29.9%	9,218	5.4%	2,885	1.7%
Incident Users of DPP-4 Inhibitors, IBD with endoscopy and biopsy in 30 days prior to IBD diagnosis AND IBD treatment in the 30 days after IBD diagnosis									

Table 3c. Summary of Time to End of At-Risk Period for Incident Users of DPP-4 Inhibitors and SGLT-2 Inhibitors in the Sentinel Distributed Database from March 29, 2013 to December 31, 2022, by Age Group

	Total Number of Episodes	Number of Episodes by Episode Length							
		0-364 days		365-1,094 days		1,095-1,824 days		1,825+ days	
		Number of Episodes	Percent of Total Episodes	Number of Episodes	Percent of Total Episodes	Number of Episodes	Percent of Total Episodes	Number of Episodes	Percent of Total Episodes
18-49 years	85,854	56,537	65.9%	23,180	27.0%	4,412	5.1%	1,725	2.0%
50-59 years	128,080	76,233	59.5%	39,340	30.7%	8,878	6.9%	3,629	2.8%
60-69 years	188,249	106,295	56.5%	59,595	31.7%	14,793	7.9%	7,566	4.0%
≥ 70 years	293,227	156,727	53.4%	95,577	32.6%	27,012	9.2%	13,911	4.7%
Incident Users of SGLT-2 Inhibitors, IBD with endoscopy and biopsy in 30 days prior to IBD diagnosis AND IBD treatment in the 30 days after IBD diagnosis									
18-49 years	92,926	61,331	66.0%	25,683	27.6%	4,393	4.7%	1,519	1.6%
50-59 years	132,781	80,495	60.6%	41,364	31.2%	7,999	6.0%	2,923	2.2%
60-69 years	179,513	109,329	60.9%	55,983	31.2%	10,514	5.9%	3,687	2.1%
≥ 70 years	172,163	108,559	63.1%	51,483	29.9%	9,225	5.4%	2,896	1.7%
Ulcerative Colitis									
Incident Users of DPP-4 Inhibitors, UC with endoscopy and biopsy in 30 days prior to UC diagnosis									
18-49 years	85,854	56,545	65.9%	23,179	27.0%	4,410	5.1%	1,720	2.0%
50-59 years	128,080	76,256	59.5%	39,353	30.7%	8,857	6.9%	3,614	2.8%
60-69 years	188,249	106,346	56.5%	59,610	31.7%	14,752	7.8%	7,541	4.0%
≥ 70 years	293,227	156,780	53.5%	95,614	32.6%	26,976	9.2%	13,857	4.7%
Incident Users of SGLT-2 Inhibitors, UC with endoscopy and biopsy in 30 days prior to UC diagnosis									
18-49 years	92,926	61,340	66.0%	25,682	27.6%	4,391	4.7%	1,513	1.6%
50-59 years	132,781	80,519	60.6%	41,359	31.1%	7,988	6.0%	2,915	2.2%
60-69 years	179,513	109,379	60.9%	55,988	31.2%	10,489	5.8%	3,657	2.0%
≥ 70 years	172,163	108,594	63.1%	51,483	29.9%	9,202	5.3%	2,884	1.7%
Incident Users of DPP-4 Inhibitors, UC with IBD treatment in 30 days after UC diagnosis									
18-49 years	85,854	56,537	65.9%	23,178	27.0%	4,414	5.1%	1,725	2.0%
50-59 years	128,080	76,235	59.5%	39,338	30.7%	8,878	6.9%	3,629	2.8%
60-69 years	188,249	106,295	56.5%	59,599	31.7%	14,787	7.9%	7,568	4.0%
≥ 70 years	293,227	156,722	53.4%	95,586	32.6%	27,007	9.2%	13,912	4.7%
Incident Users of SGLT-2 Inhibitors, UC with IBD treatment in 30 days after UC diagnosis									
18-49 years	92,926	61,331	66.0%	25,684	27.6%	4,393	4.7%	1,518	1.6%
50-59 years	132,781	80,496	60.6%	41,363	31.2%	7,999	6.0%	2,923	2.2%
60-69 years	179,513	109,328	60.9%	55,987	31.2%	10,511	5.9%	3,687	2.1%
≥ 70 years	172,163	108,559	63.1%	51,486	29.9%	9,224	5.4%	2,894	1.7%
Incident Users of DPP-4 Inhibitors, 2 UC diagnoses within 90 days									
18-49 years	85,854	56,541	65.9%	23,176	27.0%	4,412	5.1%	1,725	2.0%
50-59 years	128,080	76,240	59.5%	39,343	30.7%	8,872	6.9%	3,625	2.8%

Table 3c. Summary of Time to End of At-Risk Period for Incident Users of DPP-4 Inhibitors and SGLT-2 Inhibitors in the Sentinel Distributed Database from March 29, 2013 to December 31, 2022, by Age Group

	Total Number of Episodes	Number of Episodes by Episode Length							
		0-364 days		365-1,094 days		1,095-1,824 days		1,825+ days	
		Number of Episodes	Percent of Total Episodes	Number of Episodes	Percent of Total Episodes	Number of Episodes	Percent of Total Episodes	Number of Episodes	Percent of Total Episodes
60-69 years	188,249	106,308	56.5%	59,611	31.7%	14,777	7.8%	7,553	4.0%
≥ 70 years	293,227	156,744	53.5%	95,615	32.6%	26,992	9.2%	13,876	4.7%
Incident Users of SGLT-2 Inhibitors, 2 UC diagnoses within 90 days									
18-49 years	92,926	61,334	66.0%	25,685	27.6%	4,390	4.7%	1,517	1.6%
50-59 years	132,781	80,498	60.6%	41,366	31.2%	7,995	6.0%	2,922	2.2%
60-69 years	179,513	109,340	60.9%	55,985	31.2%	10,504	5.9%	3,684	2.1%
≥ 70 years	172,163	108,576	63.1%	51,477	29.9%	9,222	5.4%	2,888	1.7%
Incident Users of DPP-4 Inhibitors, UC with endoscopy and biopsy in 30 days prior to UC diagnosis AND IBD treatment in the 30 days after UC diagnosis									
18-49 years	85,854	56,537	65.9%	23,178	27.0%	4,414	5.1%	1,725	2.0%
50-59 years	128,080	76,233	59.5%	39,339	30.7%	8,877	6.9%	3,631	2.8%
60-69 years	188,249	106,292	56.5%	59,596	31.7%	14,790	7.9%	7,571	4.0%
≥ 70 years	293,227	156,721	53.4%	95,581	32.6%	27,012	9.2%	13,913	4.7%
Incident Users of SGLT-2 Inhibitors, UC with endoscopy and biopsy in 30 days prior to UC diagnosis AND IBD treatment in the 30 days after UC diagnosis									
18-49 years	92,926	61,330	66.0%	25,684	27.6%	4,393	4.7%	1,519	1.6%
50-59 years	132,781	80,495	60.6%	41,363	31.2%	7,999	6.0%	2,924	2.2%
60-69 years	179,513	109,328	60.9%	55,984	31.2%	10,513	5.9%	3,688	2.1%
≥ 70 years	172,163	108,559	63.1%	51,483	29.9%	9,225	5.4%	2,896	1.7%
Crohn's Disease									
Incident Users of DPP-4 Inhibitors, CD with endoscopy and biopsy in 30 days prior to CD diagnosis									
18-49 years	85,854	56,535	65.9%	23,181	27.0%	4,413	5.1%	1,725	2.0%
50-59 years	128,080	76,228	59.5%	39,344	30.7%	8,878	6.9%	3,630	2.8%
60-69 years	188,249	106,294	56.5%	59,601	31.7%	14,786	7.9%	7,568	4.0%
≥ 70 years	293,227	156,718	53.4%	95,586	32.6%	27,014	9.2%	13,909	4.7%
Incident Users of SGLT-2 Inhibitors, CD with endoscopy and biopsy in 30 days prior to CD diagnosis									
18-49 years	92,926	61,330	66.0%	25,685	27.6%	4,390	4.7%	1,521	1.6%
50-59 years	132,781	80,491	60.6%	41,368	31.2%	7,996	6.0%	2,926	2.2%
60-69 years	179,513	109,331	60.9%	55,975	31.2%	10,517	5.9%	3,690	2.1%
≥ 70 years	172,163	108,562	63.1%	51,478	29.9%	9,227	5.4%	2,896	1.7%
Incident Users of DPP-4 Inhibitors, CD with IBD treatment in 30 days after CD diagnosis									
18-49 years	85,854	56,534	65.8%	23,182	27.0%	4,413	5.1%	1,725	2.0%
50-59 years	128,080	76,226	59.5%	39,344	30.7%	8,881	6.9%	3,629	2.8%
60-69 years	188,249	106,292	56.5%	59,591	31.7%	14,794	7.9%	7,572	4.0%

Table 3c. Summary of Time to End of At-Risk Period for Incident Users of DPP-4 Inhibitors and SGLT-2 Inhibitors in the Sentinel Distributed Database from March 29, 2013 to December 31, 2022, by Age Group

	Total Number of Episodes	Number of Episodes by Episode Length							
		0-364 days		365-1,094 days		1,095-1,824 days		1,825+ days	
		Number of Episodes	Percent of Total Episodes	Number of Episodes	Percent of Total Episodes	Number of Episodes	Percent of Total Episodes	Number of Episodes	Percent of Total Episodes
≥ 70 years	293,227	156,714	53.4%	95,581	32.6%	27,015	9.2%	13,917	4.7%
Incident Users of SGLT-2 Inhibitors, CD with IBD treatment in 30 days after CD diagnosis									
18-49 years	92,926	61,330	66.0%	25,682	27.6%	4,394	4.7%	1,520	1.6%
50-59 years	132,781	80,490	60.6%	41,368	31.2%	7,997	6.0%	2,926	2.2%
60-69 years	179,513	109,323	60.9%	55,983	31.2%	10,515	5.9%	3,692	2.1%
≥ 70 years	172,163	108,559	63.1%	51,479	29.9%	9,227	5.4%	2,898	1.7%
Incident Users of DPP-4 Inhibitors, 2 CD diagnoses within 90 days									
18-49 years	85,854	56,535	65.9%	23,183	27.0%	4,411	5.1%	1,725	2.0%
50-59 years	128,080	76,234	59.5%	39,339	30.7%	8,879	6.9%	3,628	2.8%
60-69 years	188,249	106,296	56.5%	59,592	31.7%	14,792	7.9%	7,569	4.0%
≥ 70 years	293,227	156,723	53.4%	95,579	32.6%	27,017	9.2%	13,908	4.7%
Incident Users of SGLT-2 Inhibitors, 2 CD diagnoses within 90 days									
18-49 years	92,926	61,332	66.0%	25,682	27.6%	4,392	4.7%	1,520	1.6%
50-59 years	132,781	80,494	60.6%	41,368	31.2%	7,992	6.0%	2,927	2.2%
60-69 years	179,513	109,331	60.9%	55,978	31.2%	10,514	5.9%	3,690	2.1%
≥ 70 years	172,163	108,566	63.1%	51,477	29.9%	9,224	5.4%	2,896	1.7%
Incident Users of DPP-4 Inhibitors, CD with endoscopy and biopsy in 30 days prior to CD diagnosis AND IBD treatment in the 30 days after CD diagnosis									
18-49 years	85,854	56,534	65.8%	23,181	27.0%	4,414	5.1%	1,725	2.0%
50-59 years	128,080	76,226	59.5%	39,343	30.7%	8,879	6.9%	3,632	2.8%
60-69 years	188,249	106,288	56.5%	59,594	31.7%	14,794	7.9%	7,573	4.0%
≥ 70 years	293,227	156,712	53.4%	95,578	32.6%	27,019	9.2%	13,918	4.7%
Incident Users of SGLT-2 Inhibitors, CD with endoscopy and biopsy in 30 days prior to CD diagnosis AND IBD treatment in the 30 days after CD diagnosis									
18-49 years	92,926	61,329	66.0%	25,683	27.6%	4,393	4.7%	1,521	1.6%
50-59 years	132,781	80,489	60.6%	41,367	31.2%	7,999	6.0%	2,926	2.2%
60-69 years	179,513	109,323	60.9%	55,982	31.2%	10,516	5.9%	3,692	2.1%
≥ 70 years	172,163	108,557	63.1%	51,480	29.9%	9,228	5.4%	2,898	1.7%

Table 4. Summary of Patient-Level Cohort Attrition in the Sentinel Distributed Database from March 29, 2013 to December 31, 2022

	Incident DPP-4 Users		Incident SGLT-2 Users	
	Remaining	Excluded	Remaining	Excluded
Members meeting enrollment and demographic requirements				
Enrolled at any point during the query period	395,201,210	N/A	395,201,210	N/A
Had required coverage type (medical and drug coverage)	290,308,331	104,892,879	290,308,331	104,892,879
Enrolled during specified age range (aged 18+)	228,200,138	62,108,193	228,200,138	62,108,193
Met demographic requirements (recorded male or female sex)	228,060,740	139,398	228,060,740	139,398
Members with a valid index event				
Had at least 2 cohort-defining dispensings during the query period	3,647,160	224,413,580	2,858,879	225,201,861
Dispensings recorded during specified age range (age 18+)	3,646,600	560	2,858,547	332
Episode defining index dispensing recorded during the query period	2,999,394	647,206	2,858,271	276
Members with required pre-index history				
Had at least 365 days of continuous pre-index enrollment	1,476,224	1,523,170	1,684,593	1,173,678
Met inclusion and exclusion criteria ¹	695,410	780,814	577,383	1,107,210
<i>Evidence of colectomy, colostomy, or ileostomy</i>	N/A	25,453	N/A	18,433
<i>Evidence of DPP-4 Inhibitors</i>	N/A	N/A	N/A	561,439
<i>Evidence of endoscopy before age 50</i>	N/A	43,161	N/A	64,349
<i>Evidence of diverticulitis or colitis</i>	N/A	135,073	N/A	100,819
<i>Evidence of IBD</i>	N/A	46,132	N/A	33,633
<i>Evidence of IBD treatment</i>	N/A	58,065	N/A	56,488
<i>Evidence of ostomy supplies</i>	N/A	147,939	N/A	131,679
<i>Evidence of SGLT-2 Inhibitors</i>	N/A	155,079	N/A	N/A
<i>Evidence of Type 1 Diabetes</i>	N/A	134,794	N/A	125,573
<i>No evidence of Type 2 diabetes and oral antidiabetics</i>	N/A	316,273	N/A	373,817
Final cohort				
Number of members	695,410	N/A	577,383	N/A
Number of episodes	695,410	N/A	577,383	N/A

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

Appendix A. Dates of Available Data for Each Data Partner (DP) as of Request Distribution Date (July 27, 2023)

Masked DP ID	DP Start Date	DP End Date ¹
DP01	01/01/2006	10/31/2022
DP02	01/01/2007	09/30/2022
DP03	01/01/2008	08/31/2022
DP04	01/01/2014	12/31/2020
DP05	01/01/2008	12/31/2022
DP06	01/01/2010	12/31/2022

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

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

Generic Name	Brand Name
DPP-4 Inhibitors	
alogliptin benzoate	Nesina
alogliptin benzoate	alogliptin
alogliptin benzoate/pioglitazone HCl	Oseni
alogliptin benzoate/pioglitazone HCl	alogliptin-pioglitazone
linagliptin	Tradjenta
saxagliptin HCl	Onglyza
sitagliptin phosphate	Januvia
sitagliptin phosphate/simvastatin	Juvisync
SGLT-2 Inhibitors	
canagliflozin	Invokana
dapagliflozin propanediol	Farxiga
empagliflozin	Jardiance
ertugliflozin pidolate	Steglatro

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

Generic Name	Brand Name
Inflammatory Bowel Disease Treatment	
adalimumab	Humira
adalimumab	Humira Pediatric Crohns Start
adalimumab	Humira Pen
adalimumab	Humira Pen Crohns-UC-HS Start
adalimumab	Humira Pen Psor-Uveits-Adol HS
adalimumab	Humira(CF)
adalimumab	Humira(CF) Pedi Crohns Starter
adalimumab	Humira(CF) Pen
adalimumab	Humira(CF) Pen Crohns-UC-HS
adalimumab	Humira(CF) Pen Pediatric UC
adalimumab	Humira(CF) Pen Psor-Uv-Adol HS
azathioprine	Azasan
azathioprine	Imuran
azathioprine	azathioprine
azathioprine sodium	azathioprine sodium
balsalazide disodium	Colazal
balsalazide disodium	Giazo
balsalazide disodium	balsalazide
budesonide	Entocort EC
budesonide	Ortikos
budesonide	Tarpeyo
budesonide	Uceris
budesonide	budesonide
certolizumab pegol	Cimzia
certolizumab pegol	Cimzia Powder for Reconst
certolizumab pegol	Cimzia Starter Kit
cyclosporine	Sandimmune
cyclosporine	cyclosporine
cyclosporine, modified	Gengraf
cyclosporine, modified	Neoral
cyclosporine, modified	cyclosporine modified
golimumab	Simponi
hydrocortisone acetate	Cortifoam
infliximab	Remicade
infliximab	infliximab
infliximab-abda	Renflexis

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

Generic Name	Brand Name
Inflammatory Bowel Disease Treatment	
infliximab-axxq	Avsola
infliximab-dyyb	Inflectra
mercaptopurine	Purinethol
mercaptopurine	Purixan
mercaptopurine	mercaptopurine
mesalamine	Apriso
mesalamine	Asacol
mesalamine	Asacol HD
mesalamine	Canasa
mesalamine	Delzicol
mesalamine	Lialda
mesalamine	Pentasa
mesalamine	Rowasa
mesalamine	mesalamine
mesalamine	sfRowasa
mesalamine with cleansing wipes	Rowasa
mesalamine with cleansing wipes	mesalamine with cleansing wipe
methotrexate	Xatmep
methotrexate sodium	Methotrexate (Anti-Rheumatic)
methotrexate sodium	Rheumatrex
methotrexate sodium	Trexall
methotrexate sodium	methotrexate sodium
methotrexate sodium/PF	methotrexate sodium (PF)
methotrexate/PF	Otrexup (PF)
methotrexate/PF	Rasuvo (PF)
methotrexate/PF	RediTrex (PF)
olsalazine sodium	Dipentum
ozanimod hydrochloride	Zeposia
ozanimod hydrochloride	Zeposia Starter Kit
ozanimod hydrochloride	Zeposia Starter Pack
risankizumab-rzaa	Skyrizi
sulfasalazine	Azulfidine
sulfasalazine	Azulfidine EN-tabs
sulfasalazine	Sulfazine
sulfasalazine	sulfasalazine
tacrolimus	Astagraf XL

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

Generic Name	Brand Name
Inflammatory Bowel Disease Treatment	
tacrolimus	Envarsus XR
tacrolimus	Hecoria
tacrolimus	Prograf
tacrolimus	tacrolimus
tofacitinib citrate	Xeljanz
tofacitinib citrate	Xeljanz XR
upadacitinib	Rinvoq
ustekinumab	Stelara
vedolizumab	Entyvio

Appendix C.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Outcomes in this Request

Code	Code Category	Code Type	Description
Inflammatory Bowel Disease			
556	Diagnosis	ICD-9-CM	Crohn's disease of small intestine without complications
556.1	Diagnosis	ICD-9-CM	Crohn's disease of large intestine without complications
556.2	Diagnosis	ICD-9-CM	Crohn's disease of both small and large intestine without complications
556.3	Diagnosis	ICD-9-CM	Crohn's disease, unspecified, without complications
556.4	Diagnosis	ICD-9-CM	Other ulcerative colitis without complications
556.5	Diagnosis	ICD-9-CM	Ulcerative (chronic) proctitis without complications
556.6	Diagnosis	ICD-9-CM	Ulcerative (chronic) rectosigmoiditis without complications
556.8	Diagnosis	ICD-9-CM	Inflammatory polyps of colon without complications
556.9	Diagnosis	ICD-9-CM	Left sided colitis without complications
556	Diagnosis	ICD-9-CM	Ulcerative (chronic) pancolitis without complications
K51	Diagnosis	ICD-10-CM	Ulcerative colitis, unspecified, without complications
K51.0	Diagnosis	ICD-10-CM	Regional enteritis of small intestine
K51.00	Diagnosis	ICD-10-CM	Regional enteritis of large intestine
K51.01	Diagnosis	ICD-10-CM	Regional enteritis of small intestine with large intestine
K51.011	Diagnosis	ICD-10-CM	Regional enteritis of unspecified site
K51.012	Diagnosis	ICD-10-CM	Ulcerative (chronic) enterocolitis
K51.013	Diagnosis	ICD-10-CM	Ulcerative (chronic) ileocolitis
K51.014	Diagnosis	ICD-10-CM	Ulcerative (chronic) proctitis
K51.018	Diagnosis	ICD-10-CM	Ulcerative (chronic) proctosigmoiditis
K51.019	Diagnosis	ICD-10-CM	Pseudopolyposis of colon
K51.2	Diagnosis	ICD-10-CM	Left sided ulcerative (chronic) colitis
K51.20	Diagnosis	ICD-10-CM	Universal ulcerative (chronic) colitis
K51.21	Diagnosis	ICD-10-CM	Other ulcerative colitis
K51.211	Diagnosis	ICD-10-CM	Unspecified ulcerative colitis
K51.212	Diagnosis	ICD-10-CM	Toxic megacolon
K51.213	Diagnosis	ICD-10-CM	Ulcerative (chronic) proctitis with other complication
K51.214	Diagnosis	ICD-10-CM	Ulcerative (chronic) proctitis with unspecified complications
K51.218	Diagnosis	ICD-10-CM	Ulcerative (chronic) rectosigmoiditis with rectal bleeding
K51.219	Diagnosis	ICD-10-CM	Ulcerative (chronic) rectosigmoiditis with intestinal obstruction
K51.3	Diagnosis	ICD-10-CM	Ulcerative (chronic) rectosigmoiditis with fistula
K51.30	Diagnosis	ICD-10-CM	Ulcerative (chronic) rectosigmoiditis with abscess
K51.31	Diagnosis	ICD-10-CM	Ulcerative (chronic) rectosigmoiditis with other complication
K51.311	Diagnosis	ICD-10-CM	Ulcerative (chronic) rectosigmoiditis with unspecified complications
K51.312	Diagnosis	ICD-10-CM	Inflammatory polyps of colon with rectal bleeding
K51.313	Diagnosis	ICD-10-CM	Inflammatory polyps of colon with intestinal obstruction
K51.314	Diagnosis	ICD-10-CM	Inflammatory polyps of colon with fistula
K51.318	Diagnosis	ICD-10-CM	Inflammatory polyps of colon with abscess
K51.319	Diagnosis	ICD-10-CM	Inflammatory polyps of colon with other complication
K51.4	Diagnosis	ICD-10-CM	Inflammatory polyps of colon with unspecified complications
K51.40	Diagnosis	ICD-10-CM	Left sided colitis with rectal bleeding
K51.41	Diagnosis	ICD-10-CM	Left sided colitis with intestinal obstruction

Appendix C.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Outcomes in this Request

Code	Code Category	Code Type	Description
K51.411	Diagnosis	ICD-10-CM	Left sided colitis with fistula
K51.412	Diagnosis	ICD-10-CM	Left sided colitis with abscess
K51.413	Diagnosis	ICD-10-CM	Left sided colitis with other complication
K51.414	Diagnosis	ICD-10-CM	Left sided colitis with unspecified complications
K51.418	Diagnosis	ICD-10-CM	Ulcerative (chronic) pancolitis with rectal bleeding
K51.419	Diagnosis	ICD-10-CM	Ulcerative (chronic) pancolitis with intestinal obstruction
K51.5	Diagnosis	ICD-10-CM	Ulcerative (chronic) pancolitis with fistula
K51.50	Diagnosis	ICD-10-CM	Ulcerative (chronic) pancolitis with abscess
K51.51	Diagnosis	ICD-10-CM	Ulcerative (chronic) pancolitis with other complication
K51.511	Diagnosis	ICD-10-CM	Ulcerative (chronic) pancolitis with unspecified complications
K51.512	Diagnosis	ICD-10-CM	Other ulcerative colitis with rectal bleeding
K51.513	Diagnosis	ICD-10-CM	Other ulcerative colitis with intestinal obstruction
K51.514	Diagnosis	ICD-10-CM	Other ulcerative colitis with fistula
K51.518	Diagnosis	ICD-10-CM	Other ulcerative colitis with abscess
K51.519	Diagnosis	ICD-10-CM	Other ulcerative colitis with other complication
K51.8	Diagnosis	ICD-10-CM	Other ulcerative colitis with unspecified complications
K51.80	Diagnosis	ICD-10-CM	Ulcerative colitis, unspecified with rectal bleeding
K51.81	Diagnosis	ICD-10-CM	Ulcerative colitis, unspecified with intestinal obstruction
K51.811	Diagnosis	ICD-10-CM	Ulcerative colitis, unspecified with fistula
K51.812	Diagnosis	ICD-10-CM	Ulcerative colitis, unspecified with abscess
K51.813	Diagnosis	ICD-10-CM	Ulcerative colitis, unspecified with other complication
K51.814	Diagnosis	ICD-10-CM	Ulcerative colitis, unspecified with unspecified complications
K51.818	Diagnosis	ICD-10-CM	Crohn's disease of small intestine with rectal bleeding
K51.819	Diagnosis	ICD-10-CM	Crohn's disease of small intestine with intestinal obstruction
K51.9	Diagnosis	ICD-10-CM	Crohn's disease of small intestine with fistula
K51.90	Diagnosis	ICD-10-CM	Crohn's disease of small intestine with abscess
K51.91	Diagnosis	ICD-10-CM	Crohn's disease of small intestine with other complication
K51.911	Diagnosis	ICD-10-CM	Crohn's disease of small intestine with unspecified complications
K51.912	Diagnosis	ICD-10-CM	Crohn's disease of large intestine with rectal bleeding
K51.913	Diagnosis	ICD-10-CM	Crohn's disease of large intestine with intestinal obstruction
K51.914	Diagnosis	ICD-10-CM	Crohn's disease of large intestine with fistula
K51.918	Diagnosis	ICD-10-CM	Crohn's disease of large intestine with abscess
K51.919	Diagnosis	ICD-10-CM	Crohn's disease of large intestine with other complication
555	Diagnosis	ICD-9-CM	Crohn's disease of large intestine with unspecified complications
555	Diagnosis	ICD-9-CM	Crohn's disease of both small and large intestine with rectal bleeding
555.1	Diagnosis	ICD-9-CM	Crohn's disease of both small and large intestine with intestinal obstruction
555.2	Diagnosis	ICD-9-CM	Crohn's disease of both small and large intestine with fistula
555.9	Diagnosis	ICD-9-CM	Crohn's disease of both small and large intestine with abscess
K50.00	Diagnosis	ICD-10-CM	Crohn's disease of both small and large intestine with other complication
K50.011	Diagnosis	ICD-10-CM	Crohn's disease of both small and large intestine with unspecified complications
K50.012	Diagnosis	ICD-10-CM	Crohn's disease, unspecified, with rectal bleeding
K50.013	Diagnosis	ICD-10-CM	Crohn's disease, unspecified, with intestinal obstruction

Appendix C.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Outcomes in this Request

Code	Code Category	Code Type	Description
K50.014	Diagnosis	ICD-10-CM	Crohn's disease, unspecified, with fistula
K50.018	Diagnosis	ICD-10-CM	Crohn's disease, unspecified, with abscess
K50.019	Diagnosis	ICD-10-CM	Crohn's disease, unspecified, with other complication
K50.10	Diagnosis	ICD-10-CM	Crohn's disease, unspecified, with unspecified complications
K50.111	Diagnosis	ICD-10-CM	Ulcerative (chronic) proctitis with rectal bleeding
K50.112	Diagnosis	ICD-10-CM	Ulcerative (chronic) proctitis with intestinal obstruction
K50.113	Diagnosis	ICD-10-CM	Ulcerative (chronic) proctitis with fistula
K50.114	Diagnosis	ICD-10-CM	Ulcerative (chronic) proctitis with abscess
K50.118	Diagnosis	ICD-10-CM	Other and unspecified noninfective gastroenteritis and colitis
K50.119	Diagnosis	ICD-10-CM	Gastroenteritis and colitis due to radiation
K50.80	Diagnosis	ICD-10-CM	Toxic gastroenteritis and colitis
K50.811	Diagnosis	ICD-10-CM	Allergic and dietetic gastroenteritis and colitis
K50.812	Diagnosis	ICD-10-CM	Food protein-induced enterocolitis syndrome
K50.813	Diagnosis	ICD-10-CM	Food protein-induced enteropathy
K50.814	Diagnosis	ICD-10-CM	Other allergic and dietetic gastroenteritis and colitis
K50.818	Diagnosis	ICD-10-CM	Indeterminate colitis
K50.819	Diagnosis	ICD-10-CM	Other specified noninfective gastroenteritis and colitis
K50.90	Diagnosis	ICD-10-CM	Eosinophilic gastritis or gastroenteritis
K50.911	Diagnosis	ICD-10-CM	Eosinophilic colitis
K50.912	Diagnosis	ICD-10-CM	Microscopic colitis
K50.913	Diagnosis	ICD-10-CM	Collagenous colitis
K50.914	Diagnosis	ICD-10-CM	Lymphocytic colitis
K50.918	Diagnosis	ICD-10-CM	Other microscopic colitis
K50.919	Diagnosis	ICD-10-CM	Microscopic colitis, unspecified
558.9	Diagnosis	ICD-9-CM	Other specified noninfective gastroenteritis and colitis
K52.3	Diagnosis	ICD-10-CM	Noninfective gastroenteritis and colitis, unspecified
Endoscopy			
45.22	Procedure	ICD-9-PCS	Endoscopy of large intestine through artificial stoma
45.23	Procedure	ICD-9-PCS	Colonoscopy
45.24	Procedure	ICD-9-PCS	Flexible sigmoidoscopy
45.25	Procedure	ICD-9-PCS	Closed [endoscopic] biopsy of large intestine
48.22	Procedure	ICD-9-PCS	Proctosigmoidoscopy through artificial stoma
48.23	Procedure	ICD-9-PCS	Rigid proctosigmoidoscopy
49.21	Procedure	ICD-9-PCS	Anoscopy
0D9E3ZX	Procedure	ICD-10-PCS	Drainage of Large Intestine, Percutaneous Approach, Diagnostic
0D9E4ZX	Procedure	ICD-10-PCS	Drainage of Large Intestine, Percutaneous Endoscopic Approach, Diagnostic
0D9E7ZX	Procedure	ICD-10-PCS	Drainage of Large Intestine, Via Natural or Artificial Opening, Diagnostic
0D9E8ZX	Procedure	ICD-10-PCS	Drainage of Large Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D9F3ZX	Procedure	ICD-10-PCS	Drainage of Right Large Intestine, Percutaneous Approach, Diagnostic
0D9F4ZX	Procedure	ICD-10-PCS	Drainage of Right Large Intestine, Percutaneous Endoscopic Approach, Diagnostic
0D9F7ZX	Procedure	ICD-10-PCS	Drainage of Right Large Intestine, Via Natural or Artificial Opening, Diagnostic

Appendix C.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Outcomes in this Request

Code	Code Category	Code Type	Description
0D9F8ZX	Procedure	ICD-10-PCS	Drainage of Right Large Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D9G3ZX	Procedure	ICD-10-PCS	Drainage of Left Large Intestine, Percutaneous Approach, Diagnostic
0D9G4ZX	Procedure	ICD-10-PCS	Drainage of Left Large Intestine, Percutaneous Endoscopic Approach, Diagnostic
0D9G7ZX	Procedure	ICD-10-PCS	Drainage of Left Large Intestine, Via Natural or Artificial Opening, Diagnostic
0D9G8ZX	Procedure	ICD-10-PCS	Drainage of Left Large Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D9H3ZX	Procedure	ICD-10-PCS	Drainage of Cecum, Percutaneous Approach, Diagnostic
0D9H4ZX	Procedure	ICD-10-PCS	Drainage of Cecum, Percutaneous Endoscopic Approach, Diagnostic
0D9H7ZX	Procedure	ICD-10-PCS	Drainage of Cecum, Via Natural or Artificial Opening, Diagnostic
0D9H8ZX	Procedure	ICD-10-PCS	Drainage of Cecum, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D9K3ZX	Procedure	ICD-10-PCS	Drainage of Ascending Colon, Percutaneous Approach, Diagnostic
0D9K4ZX	Procedure	ICD-10-PCS	Drainage of Ascending Colon, Percutaneous Endoscopic Approach, Diagnostic
0D9K7ZX	Procedure	ICD-10-PCS	Drainage of Ascending Colon, Via Natural or Artificial Opening, Diagnostic
0D9K8ZX	Procedure	ICD-10-PCS	Drainage of Ascending Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D9L3ZX	Procedure	ICD-10-PCS	Drainage of Transverse Colon, Percutaneous Approach, Diagnostic
0D9L4ZX	Procedure	ICD-10-PCS	Drainage of Transverse Colon, Percutaneous Endoscopic Approach, Diagnostic
0D9L7ZX	Procedure	ICD-10-PCS	Drainage of Transverse Colon, Via Natural or Artificial Opening, Diagnostic
0D9L8ZX	Procedure	ICD-10-PCS	Drainage of Transverse Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D9M3ZX	Procedure	ICD-10-PCS	Drainage of Descending Colon, Percutaneous Approach, Diagnostic
0D9M4ZX	Procedure	ICD-10-PCS	Drainage of Descending Colon, Percutaneous Endoscopic Approach, Diagnostic
0D9M7ZX	Procedure	ICD-10-PCS	Drainage of Descending Colon, Via Natural or Artificial Opening, Diagnostic
0D9M8ZX	Procedure	ICD-10-PCS	Drainage of Descending Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D9N3ZX	Procedure	ICD-10-PCS	Drainage of Sigmoid Colon, Percutaneous Approach, Diagnostic
0D9N4ZX	Procedure	ICD-10-PCS	Drainage of Sigmoid Colon, Percutaneous Endoscopic Approach, Diagnostic
0D9N7ZX	Procedure	ICD-10-PCS	Drainage of Sigmoid Colon, Via Natural or Artificial Opening, Diagnostic
0D9N8ZX	Procedure	ICD-10-PCS	Drainage of Sigmoid Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DB80ZX	Procedure	ICD-10-PCS	Excision of Small Intestine, Open Approach, Diagnostic
0DB83ZX	Procedure	ICD-10-PCS	Excision of Small Intestine, Percutaneous Approach, Diagnostic
0DB84ZX	Procedure	ICD-10-PCS	Excision of Small Intestine, Percutaneous Endoscopic Approach, Diagnostic
0DB87ZX	Procedure	ICD-10-PCS	Excision of Small Intestine, Via Natural or Artificial Opening, Diagnostic
0DB88ZX	Procedure	ICD-10-PCS	Excision of Small Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DBE0ZX	Procedure	ICD-10-PCS	Excision of Large Intestine, Open Approach, Diagnostic
0DBE3ZX	Procedure	ICD-10-PCS	Excision of Large Intestine, Percutaneous Approach, Diagnostic
0DBE4ZX	Procedure	ICD-10-PCS	Excision of Large Intestine, Percutaneous Endoscopic Approach, Diagnostic
0DBE7ZX	Procedure	ICD-10-PCS	Excision of Large Intestine, Via Natural or Artificial Opening, Diagnostic
0DBE8ZX	Procedure	ICD-10-PCS	Excision of Large Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DBF3ZX	Procedure	ICD-10-PCS	Excision of Right Large Intestine, Percutaneous Approach, Diagnostic
0DBF4ZX	Procedure	ICD-10-PCS	Excision of Right Large Intestine, Percutaneous Endoscopic Approach, Diagnostic

Appendix C.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Outcomes in this Request

Code	Code Category	Code Type	Description
0DBF7ZX	Procedure	ICD-10-PCS	Excision of Right Large Intestine, Via Natural or Artificial Opening, Diagnostic
0DBF8ZX	Procedure	ICD-10-PCS	Excision of Right Large Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DBG3ZX	Procedure	ICD-10-PCS	Excision of Left Large Intestine, Percutaneous Approach, Diagnostic
0DBG4ZX	Procedure	ICD-10-PCS	Excision of Left Large Intestine, Percutaneous Endoscopic Approach, Diagnostic
0DBG7ZX	Procedure	ICD-10-PCS	Excision of Left Large Intestine, Via Natural or Artificial Opening, Diagnostic
0DBG8ZX	Procedure	ICD-10-PCS	Excision of Left Large Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DBH3ZX	Procedure	ICD-10-PCS	Excision of Cecum, Percutaneous Approach, Diagnostic
0DBH4ZX	Procedure	ICD-10-PCS	Excision of Cecum, Percutaneous Endoscopic Approach, Diagnostic
0DBH7ZX	Procedure	ICD-10-PCS	Excision of Cecum, Via Natural or Artificial Opening, Diagnostic
0DBH8ZX	Procedure	ICD-10-PCS	Excision of Cecum, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DBK3ZX	Procedure	ICD-10-PCS	Excision of Ascending Colon, Percutaneous Approach, Diagnostic
0DBK4ZX	Procedure	ICD-10-PCS	Excision of Ascending Colon, Percutaneous Endoscopic Approach, Diagnostic
0DBK7ZX	Procedure	ICD-10-PCS	Excision of Ascending Colon, Via Natural or Artificial Opening, Diagnostic
0DBK8ZX	Procedure	ICD-10-PCS	Excision of Ascending Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DBL3ZX	Procedure	ICD-10-PCS	Excision of Transverse Colon, Percutaneous Approach, Diagnostic
0DBL4ZX	Procedure	ICD-10-PCS	Excision of Transverse Colon, Percutaneous Endoscopic Approach, Diagnostic
0DBL7ZX	Procedure	ICD-10-PCS	Excision of Transverse Colon, Via Natural or Artificial Opening, Diagnostic
0DBL8ZX	Procedure	ICD-10-PCS	Excision of Transverse Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DBM3ZX	Procedure	ICD-10-PCS	Excision of Descending Colon, Percutaneous Approach, Diagnostic
0DBM4ZX	Procedure	ICD-10-PCS	Excision of Descending Colon, Percutaneous Endoscopic Approach, Diagnostic
0DBM7ZX	Procedure	ICD-10-PCS	Excision of Descending Colon, Via Natural or Artificial Opening, Diagnostic
0DBM8ZX	Procedure	ICD-10-PCS	Excision of Descending Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DBN3ZX	Procedure	ICD-10-PCS	Excision of Sigmoid Colon, Percutaneous Approach, Diagnostic
0DBN4ZX	Procedure	ICD-10-PCS	Excision of Sigmoid Colon, Percutaneous Endoscopic Approach, Diagnostic
0DBN7ZX	Procedure	ICD-10-PCS	Excision of Sigmoid Colon, Via Natural or Artificial Opening, Diagnostic
0DBN8ZX	Procedure	ICD-10-PCS	Excision of Sigmoid Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DD83ZX	Procedure	ICD-10-PCS	Extraction of Small Intestine, Percutaneous Approach, Diagnostic
0DD84ZX	Procedure	ICD-10-PCS	Extraction of Small Intestine, Percutaneous Endoscopic Approach, Diagnostic
0DD88ZX	Procedure	ICD-10-PCS	Extraction of Small Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DDE3ZX	Procedure	ICD-10-PCS	Extraction of Large Intestine, Percutaneous Approach, Diagnostic
0DDE4ZX	Procedure	ICD-10-PCS	Extraction of Large Intestine, Percutaneous Endoscopic Approach, Diagnostic
0DDE8ZX	Procedure	ICD-10-PCS	Extraction of Large Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DDF3ZX	Procedure	ICD-10-PCS	Extraction of Right Large Intestine, Percutaneous Approach, Diagnostic
0DDF4ZX	Procedure	ICD-10-PCS	Extraction of Right Large Intestine, Percutaneous Endoscopic Approach, Diagnostic
0DDF8ZX	Procedure	ICD-10-PCS	Extraction of Right Large Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DDG	Procedure	ICD-10-PCS	Extraction / Large Intestine, Left
0DDG3ZX	Procedure	ICD-10-PCS	Extraction of Left Large Intestine, Percutaneous Approach, Diagnostic

Appendix C.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Outcomes in this Request

Code	Code Category	Code Type	Description
0DDG4ZX	Procedure	ICD-10-PCS	Extraction of Left Large Intestine, Percutaneous Endoscopic Approach, Diagnostic
0DDG8ZX	Procedure	ICD-10-PCS	Extraction of Left Large Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DDH3ZX	Procedure	ICD-10-PCS	Extraction of Cecum, Percutaneous Approach, Diagnostic
0DDH4ZX	Procedure	ICD-10-PCS	Extraction of Cecum, Percutaneous Endoscopic Approach, Diagnostic
0DDH8ZX	Procedure	ICD-10-PCS	Extraction of Cecum, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DDK3ZX	Procedure	ICD-10-PCS	Extraction of Ascending Colon, Percutaneous Approach, Diagnostic
0DDK4ZX	Procedure	ICD-10-PCS	Extraction of Ascending Colon, Percutaneous Endoscopic Approach, Diagnostic
0DDK8ZX	Procedure	ICD-10-PCS	Extraction of Ascending Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DDL3ZX	Procedure	ICD-10-PCS	Extraction of Transverse Colon, Percutaneous Approach, Diagnostic
0DDL4ZX	Procedure	ICD-10-PCS	Extraction of Transverse Colon, Percutaneous Endoscopic Approach, Diagnostic
0DDL8ZX	Procedure	ICD-10-PCS	Extraction of Transverse Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DDM3ZX	Procedure	ICD-10-PCS	Extraction of Descending Colon, Percutaneous Approach, Diagnostic
0DDM4ZX	Procedure	ICD-10-PCS	Extraction of Descending Colon, Percutaneous Endoscopic Approach, Diagnostic
0DDM8ZX	Procedure	ICD-10-PCS	Extraction of Descending Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DDN3ZX	Procedure	ICD-10-PCS	Extraction of Sigmoid Colon, Percutaneous Approach, Diagnostic
0DDN4ZX	Procedure	ICD-10-PCS	Extraction of Sigmoid Colon, Percutaneous Endoscopic Approach, Diagnostic
0DDN8ZX	Procedure	ICD-10-PCS	Extraction of Sigmoid Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DDP3ZX	Procedure	ICD-10-PCS	Extraction of Rectum, Percutaneous Approach, Diagnostic
0DDP4ZX	Procedure	ICD-10-PCS	Extraction of Rectum, Percutaneous Endoscopic Approach, Diagnostic
0DDP8ZX	Procedure	ICD-10-PCS	Extraction of Rectum, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DDQ3ZX	Procedure	ICD-10-PCS	Extraction of Anus, Percutaneous Approach, Diagnostic
0DDQ4ZX	Procedure	ICD-10-PCS	Extraction of Anus, Percutaneous Endoscopic Approach, Diagnostic
0DDQ8ZX	Procedure	ICD-10-PCS	Extraction of Anus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DDQXZX	Procedure	ICD-10-PCS	Extraction of Anus, External Approach, Diagnostic
0DJD8ZZ	Procedure	ICD-10-PCS	Inspection of Lower Intestinal Tract, Via Natural or Artificial Opening Endoscopic
44388	Procedure	CPT-4	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
44389	Procedure	CPT-4	Colonoscopy through stoma; with biopsy, single or multiple
44390	Procedure	CPT-4	Colonoscopy through stoma; with removal of foreign body(s)
44391	Procedure	CPT-4	Colonoscopy through stoma; with control of bleeding, any method
44392	Procedure	CPT-4	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
44393	Procedure	CPT-4	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
44394	Procedure	CPT-4	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
44397	Procedure	CPT-4	Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)

Appendix C.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Outcomes in this Request

Code	Code Category	Code Type	Description
44401	Procedure	CPT-4	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-and post-dilation and guide wire passage, when performed)
44402	Procedure	CPT-4	Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)
44403	Procedure	CPT-4	Colonoscopy through stoma; with endoscopic mucosal resection
44404	Procedure	CPT-4	Colonoscopy through stoma; with directed submucosal injection(s), any substance
44405	Procedure	CPT-4	Colonoscopy through stoma; with transendoscopic balloon dilation
44406	Procedure	CPT-4	Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures
44407	Procedure	CPT-4	Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures
44408	Procedure	CPT-4	Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed
45355	Procedure	CPT-4	Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple
45378	Procedure	CPT-4	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
45379	Procedure	CPT-4	Colonoscopy, flexible; with removal of foreign body(s)
45380	Procedure	CPT-4	Colonoscopy, flexible; with biopsy, single or multiple
45381	Procedure	CPT-4	Colonoscopy, flexible; with directed submucosal injection(s), any substance
45382	Procedure	CPT-4	Colonoscopy, flexible; with control of bleeding, any method
45383	Procedure	CPT-4	Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
45384	Procedure	CPT-4	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
45385	Procedure	CPT-4	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45386	Procedure	CPT-4	Colonoscopy, flexible; with transendoscopic balloon dilation
45387	Procedure	CPT-4	Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)
45388	Procedure	CPT-4	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
45389	Procedure	CPT-4	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)
45390	Procedure	CPT-4	Colonoscopy, flexible; with endoscopic mucosal resection
45391	Procedure	CPT-4	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures

Appendix C.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Outcomes in this Request

Code	Code Category	Code Type	Description
45392	Procedure	CPT-4	Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures
45393	Procedure	CPT-4	Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed
45398	Procedure	CPT-4	Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)
G0105	Procedure	HCPCS	Colorectal cancer screening; colonoscopy on individual at high risk
G0120	Procedure	HCPCS	Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema
G0121	Procedure	HCPCS	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk
G9659	Procedure	HCPCS	Patients greater than or equal to 86 years of age who underwent a screening colonoscopy and did not have a history of colorectal cancer or other valid medical reason for the colonoscopy, including: iron deficiency anemia, lower gastrointestinal bleeding, Crohn's disease (i.e., regional enteritis), familial adenomatous polyposis, Lynch syndrome (i.e., hereditary nonpolyposis colorectal cancer), inflammatory bowel disease, ulcerative colitis, abnormal finding of gastrointestinal tract, or changes in bowel habits
G9660	Procedure	HCPCS	Documentation of medical reason(s) for a colonoscopy performed on a patient greater than or equal to 86 years of age (e.g., iron deficiency anemia, lower gastrointestinal bleeding, Crohn's disease (i.e., regional enteritis), familial history of adenomatous polyposis, Lynch syndrome (i.e., hereditary nonpolyposis colorectal cancer), inflammatory bowel disease, ulcerative colitis, abnormal finding of gastrointestinal tract, or changes in bowel habits)
G9661	Procedure	HCPCS	Patients greater than or equal to 86 years of age who received a colonoscopy for an assessment of signs/symptoms of GI tract illness, and/or because the patient meets high risk criteria, and/or to follow-up on previously diagnosed advanced lesions
G9933	Procedure	HCPCS	Adenoma(s) or colorectal cancer detected during screening colonoscopy
G9935	Procedure	HCPCS	Adenoma(s) or colorectal cancer not detected during screening colonoscopy
G9936	Procedure	HCPCS	Surveillance colonoscopy - personal history of colonic polyps, colon cancer, or other malignant neoplasm of rectum, rectosigmoid junction, and anus
G9937	Procedure	HCPCS	Diagnostic colonoscopy
S0285	Procedure	HCPCS	Colonoscopy consultation performed prior to a screening colonoscopy procedure
45.11	Procedure	ICD-9-PCS	Transabdominal endoscopy of small intestine
45.21	Procedure	ICD-9-PCS	Transabdominal endoscopy of large intestine
48.21	Procedure	ICD-9-PCS	Transabdominal proctosigmoidoscopy
45300	Procedure	CPT-4	Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
45302	Procedure	CPT-4	PROCTOSIGMOIDOSCOPY; COLLECT SPECIMEN BRUSH/WASH
45303	Procedure	CPT-4	Proctosigmoidoscopy, rigid; with dilation (eg, balloon, guide wire, bougie)
45305	Procedure	CPT-4	Proctosigmoidoscopy, rigid; with biopsy, single or multiple

Appendix C.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Outcomes in this Request

Code	Code Category	Code Type	Description
45307	Procedure	CPT-4	Proctosigmoidoscopy, rigid; with removal of foreign body
45308	Procedure	CPT-4	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery
45309	Procedure	CPT-4	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by snare technique
45310	Procedure	CPT-4	PROCTOSIGMOIDOSCOPY; REMOVAL POLYP/PAPILLOMA
45315	Procedure	CPT-4	Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique
45317	Procedure	CPT-4	Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
45320	Procedure	CPT-4	Proctosigmoidoscopy, rigid; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique (eg, laser)
45321	Procedure	CPT-4	Proctosigmoidoscopy, rigid; with decompression of volvulus
45327	Procedure	CPT-4	Proctosigmoidoscopy, rigid; with transendoscopic stent placement (includes predilation)
45330	Procedure	CPT-4	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
45331	Procedure	CPT-4	Sigmoidoscopy, flexible; with biopsy, single or multiple
45332	Procedure	CPT-4	Sigmoidoscopy, flexible; with removal of foreign body(s)
45333	Procedure	CPT-4	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
45334	Procedure	CPT-4	Sigmoidoscopy, flexible; with control of bleeding, any method
45335	Procedure	CPT-4	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance
45336	Procedure	CPT-4	SIGMOIDOSCOPY; ABLATE TUMOR MUCOSAL LESION
45338	Procedure	CPT-4	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45339	Procedure	CPT-4	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
45340	Procedure	CPT-4	Sigmoidoscopy, flexible; with transendoscopic balloon dilation
45341	Procedure	CPT-4	Sigmoidoscopy, flexible; with endoscopic ultrasound examination
45342	Procedure	CPT-4	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)
45345	Procedure	CPT-4	Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)
45346	Procedure	CPT-4	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
45347	Procedure	CPT-4	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)
45349	Procedure	CPT-4	Sigmoidoscopy, flexible; with endoscopic mucosal resection
45350	Procedure	CPT-4	Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)
0D9N0ZX	Procedure	ICD-10-PCS	Drainage of Sigmoid Colon, Open Approach, Diagnostic
0DBN0ZX	Procedure	ICD-10-PCS	Excision of Sigmoid Colon, Open Approach, Diagnostic

Appendix C.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Outcomes in this Request

Code	Code Category	Code Type	Description
45337	Procedure	CPT-4	Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed
G0104	Procedure	HCPCS	Colorectal cancer screening; flexible sigmoidoscopy
G0106	Procedure	HCPCS	Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema
G6022	Procedure	CPT-4	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesions(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
G6023	Procedure	CPT-4	Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)
45.27	Procedure	ICD-9-PCS	Intestinal biopsy, site unspecified
42.22	Procedure	ICD-9-PCS	Esophagoscopy through artificial stoma
42.23	Procedure	ICD-9-PCS	Other esophagoscopy
42.24	Procedure	ICD-9-PCS	Closed (endoscopic) biopsy of esophagus
44.14	Procedure	ICD-9-PCS	Closed [endoscopic] biopsy of stomach
45.13	Procedure	ICD-9-PCS	Other endoscopy of small intestine
45.14	Procedure	ICD-9-PCS	Closed [endoscopic] biopsy of small intestine
45.16	Procedure	ICD-9-PCS	Esophagogastroduodenoscopy (EGD) with closed biopsy
0DJ03ZZ	Procedure	ICD-10-PCS	Inspection of Upper Intestinal Tract, Percutaneous Approach
0DJ04ZZ	Procedure	ICD-10-PCS	Inspection of Upper Intestinal Tract, Percutaneous Endoscopic Approach
0DJ07ZZ	Procedure	ICD-10-PCS	Inspection of Upper Intestinal Tract, Via Natural or Artificial Opening
0DJ08ZZ	Procedure	ICD-10-PCS	Inspection of Upper Intestinal Tract, Via Natural or Artificial Opening Endoscopic
43200	Procedure	CPT-4	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
43235	Procedure	CPT-4	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
45.19	Procedure	ICD-9-PCS	Other diagnostic procedures on small intestine
91110	Procedure	CPT-4	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report
0355T	Procedure	CPT-3	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report
0651T	Procedure	CPT-3	Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report
0DJ00ZZ	Procedure	ICD-10-PCS	Inspection of Upper Intestinal Tract, Open Approach
0DJ0XZZ	Procedure	ICD-10-PCS	Inspection of Upper Intestinal Tract, External Approach
0DJD3ZZ	Procedure	ICD-10-PCS	Inspection of Lower Intestinal Tract, Percutaneous Approach
0DJD7ZZ	Procedure	ICD-10-PCS	Inspection of Lower Intestinal Tract, Via Natural or Artificial Opening
91111	Procedure	CPT-4	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report
91113	Procedure	CPT-4	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report
44360	Procedure	CPT-4	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)

Appendix C.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Outcomes in this Request

Code	Code Category	Code Type	Description
44361	Procedure	CPT-4	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple
44363	Procedure	CPT-4	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body(s)
44364	Procedure	CPT-4	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
44365	Procedure	CPT-4	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
44366	Procedure	CPT-4	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
44369	Procedure	CPT-4	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
44370	Procedure	CPT-4	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes predilation)
44372	Procedure	CPT-4	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with placement of percutaneous jejunostomy tube
44373	Procedure	CPT-4	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube
44376	Procedure	CPT-4	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
44377	Procedure	CPT-4	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple
44378	Procedure	CPT-4	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
44379	Procedure	CPT-4	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with transendoscopic stent placement (includes predilation)
Biopsy			
45	Procedure	ICD-9-PCS	Incision of intestine, not otherwise specified
45.01	Procedure	ICD-9-PCS	Incision of duodenum
45.02	Procedure	ICD-9-PCS	Other incision of small intestine
45.03	Procedure	ICD-9-PCS	Incision of large intestine
45.14	Procedure	ICD-9-PCS	Closed [endoscopic] biopsy of small intestine
45.15	Procedure	ICD-9-PCS	Open biopsy of small intestine
45.16	Procedure	ICD-9-PCS	Esophagogastroduodenoscopy (EGD) with closed biopsy
45.25	Procedure	ICD-9-PCS	Closed [endoscopic] biopsy of large intestine

Appendix C.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Outcomes in this Request

Code	Code Category	Code Type	Description
45.26	Procedure	ICD-9-PCS	Open biopsy of large intestine
45.27	Procedure	ICD-9-PCS	Intestinal biopsy, site unspecified
45.3	Procedure	ICD-9-PCS	Endoscopic excision or destruction of lesion of duodenum
45.31	Procedure	ICD-9-PCS	Other local excision of lesion of duodenum
45.32	Procedure	ICD-9-PCS	Other destruction of lesion of duodenum
45.33	Procedure	ICD-9-PCS	Local excision of lesion or tissue of small intestine, except duodenum
45.34	Procedure	ICD-9-PCS	Other destruction of lesion of small intestine, except duodenum
45.41	Procedure	ICD-9-PCS	Excision of lesion or tissue of large intestine
45.42	Procedure	ICD-9-PCS	Endoscopic polypectomy of large intestine
45.43	Procedure	ICD-9-PCS	Endoscopic destruction of other lesion or tissue of large intestine
45.49	Procedure	ICD-9-PCS	Other destruction of lesion of large intestine
45.79	Procedure	ICD-9-PCS	Other and unspecified partial excision of large intestine
48.24	Procedure	ICD-9-PCS	Closed (endoscopic) biopsy of rectum
48.25	Procedure	ICD-9-PCS	Open biopsy of rectum
48.26	Procedure	ICD-9-PCS	Biopsy of perirectal tissue
48.35	Procedure	ICD-9-PCS	Local excision of rectal lesion or tissue
48.36	Procedure	ICD-9-PCS	[Endoscopic] polypectomy of rectum
48.82	Procedure	ICD-9-PCS	Excision of perirectal tissue
49.02	Procedure	ICD-9-PCS	Other incision of perianal tissue
49.04	Procedure	ICD-9-PCS	Other excision of perianal tissue
49.22	Procedure	ICD-9-PCS	Biopsy of perianal tissue
49.23	Procedure	ICD-9-PCS	Biopsy of anus
49.31	Procedure	ICD-9-PCS	Endoscopic excision or destruction of lesion or tissue of anus
49.39	Procedure	ICD-9-PCS	Other local excision or destruction of lesion or tissue of anus
50.12	Procedure	ICD-9-PCS	Open biopsy of liver
0D5E4ZZ	Procedure	ICD-10-PCS	Destruction of Large Intestine, Percutaneous Endoscopic Approach
0D980ZX	Procedure	ICD-10-PCS	Drainage of Small Intestine, Open Approach, Diagnostic
0D983ZX	Procedure	ICD-10-PCS	Drainage of Small Intestine, Percutaneous Approach, Diagnostic
0D984ZX	Procedure	ICD-10-PCS	Drainage of Small Intestine, Percutaneous Endoscopic Approach, Diagnostic
0D987ZX	Procedure	ICD-10-PCS	Drainage of Small Intestine, Via Natural or Artificial Opening, Diagnostic
0D988ZX	Procedure	ICD-10-PCS	Drainage of Small Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D990ZX	Procedure	ICD-10-PCS	Drainage of Duodenum, Open Approach, Diagnostic
0D993ZX	Procedure	ICD-10-PCS	Drainage of Duodenum, Percutaneous Approach, Diagnostic
0D994ZX	Procedure	ICD-10-PCS	Drainage of Duodenum, Percutaneous Endoscopic Approach, Diagnostic
0D997ZX	Procedure	ICD-10-PCS	Drainage of Duodenum, Via Natural or Artificial Opening, Diagnostic
0D998ZX	Procedure	ICD-10-PCS	Drainage of Duodenum, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D9A0ZX	Procedure	ICD-10-PCS	Drainage of Jejunum, Open Approach, Diagnostic
0D9A3ZX	Procedure	ICD-10-PCS	Drainage of Jejunum, Percutaneous Approach, Diagnostic
0D9A4ZX	Procedure	ICD-10-PCS	Drainage of Jejunum, Percutaneous Endoscopic Approach, Diagnostic
0D9A7ZX	Procedure	ICD-10-PCS	Drainage of Jejunum, Via Natural or Artificial Opening, Diagnostic
0D9A8ZX	Procedure	ICD-10-PCS	Drainage of Jejunum, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D9B0ZX	Procedure	ICD-10-PCS	Drainage of Ileum, Open Approach, Diagnostic

Appendix C.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Outcomes in this Request

Code	Code Category	Code Type	Description
0D9B3ZX	Procedure	ICD-10-PCS	Drainage of Ileum, Percutaneous Approach, Diagnostic
0D9B4ZX	Procedure	ICD-10-PCS	Drainage of Ileum, Percutaneous Endoscopic Approach, Diagnostic
0D9B7ZX	Procedure	ICD-10-PCS	Drainage of Ileum, Via Natural or Artificial Opening, Diagnostic
0D9B8ZX	Procedure	ICD-10-PCS	Drainage of Ileum, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D9C0ZX	Procedure	ICD-10-PCS	Drainage of Ileocecal Valve, Open Approach, Diagnostic
0D9C3ZX	Procedure	ICD-10-PCS	Drainage of Ileocecal Valve, Percutaneous Approach, Diagnostic
0D9C4ZX	Procedure	ICD-10-PCS	Drainage of Ileocecal Valve, Percutaneous Endoscopic Approach, Diagnostic
0D9C7ZX	Procedure	ICD-10-PCS	Drainage of Ileocecal Valve, Via Natural or Artificial Opening, Diagnostic
0D9C8ZX	Procedure	ICD-10-PCS	Drainage of Ileocecal Valve, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D9E0ZX	Procedure	ICD-10-PCS	Drainage of Large Intestine, Open Approach, Diagnostic
0D9E3ZX	Procedure	ICD-10-PCS	Drainage of Large Intestine, Percutaneous Approach, Diagnostic
0D9E4ZX	Procedure	ICD-10-PCS	Drainage of Large Intestine, Percutaneous Endoscopic Approach, Diagnostic
0D9E7ZX	Procedure	ICD-10-PCS	Drainage of Large Intestine, Via Natural or Artificial Opening, Diagnostic
0D9E8ZX	Procedure	ICD-10-PCS	Drainage of Large Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D9F0ZX	Procedure	ICD-10-PCS	Drainage of Right Large Intestine, Open Approach, Diagnostic
0D9F3ZX	Procedure	ICD-10-PCS	Drainage of Right Large Intestine, Percutaneous Approach, Diagnostic
0D9F4ZX	Procedure	ICD-10-PCS	Drainage of Right Large Intestine, Percutaneous Endoscopic Approach, Diagnostic
0D9F7ZX	Procedure	ICD-10-PCS	Drainage of Right Large Intestine, Via Natural or Artificial Opening, Diagnostic
			Drainage of Right Large Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D9F8ZX	Procedure	ICD-10-PCS	Drainage of Left Large Intestine, Open Approach, Diagnostic
0D9G0ZX	Procedure	ICD-10-PCS	Drainage of Left Large Intestine, Percutaneous Approach, Diagnostic
0D9G3ZX	Procedure	ICD-10-PCS	Drainage of Left Large Intestine, Percutaneous Endoscopic Approach, Diagnostic
0D9G4ZX	Procedure	ICD-10-PCS	Drainage of Left Large Intestine, Percutaneous Endoscopic Approach, Diagnostic
0D9G7ZX	Procedure	ICD-10-PCS	Drainage of Left Large Intestine, Via Natural or Artificial Opening, Diagnostic
			Drainage of Left Large Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D9G8ZX	Procedure	ICD-10-PCS	Drainage of Cecum, Open Approach, Diagnostic
0D9H0ZX	Procedure	ICD-10-PCS	Drainage of Cecum, Percutaneous Approach, Diagnostic
0D9H3ZX	Procedure	ICD-10-PCS	Drainage of Cecum, Percutaneous Endoscopic Approach, Diagnostic
0D9H4ZX	Procedure	ICD-10-PCS	Drainage of Cecum, Percutaneous Endoscopic Approach, Diagnostic
0D9H7ZX	Procedure	ICD-10-PCS	Drainage of Cecum, Via Natural or Artificial Opening, Diagnostic
0D9H8ZX	Procedure	ICD-10-PCS	Drainage of Cecum, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D9J0ZX	Procedure	ICD-10-PCS	Drainage of Appendix, Open Approach, Diagnostic
0D9K0ZX	Procedure	ICD-10-PCS	Drainage of Ascending Colon, Open Approach, Diagnostic
0D9K3ZX	Procedure	ICD-10-PCS	Drainage of Ascending Colon, Percutaneous Approach, Diagnostic
0D9K4ZX	Procedure	ICD-10-PCS	Drainage of Ascending Colon, Percutaneous Endoscopic Approach, Diagnostic
0D9K7ZX	Procedure	ICD-10-PCS	Drainage of Ascending Colon, Via Natural or Artificial Opening, Diagnostic
			Drainage of Ascending Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D9K8ZX	Procedure	ICD-10-PCS	Drainage of Transverse Colon, Open Approach, Diagnostic
0D9L0ZX	Procedure	ICD-10-PCS	Drainage of Transverse Colon, Percutaneous Approach, Diagnostic
0D9L3ZX	Procedure	ICD-10-PCS	Drainage of Transverse Colon, Percutaneous Endoscopic Approach, Diagnostic
0D9L4ZX	Procedure	ICD-10-PCS	Drainage of Transverse Colon, Percutaneous Endoscopic Approach, Diagnostic
0D9L7ZX	Procedure	ICD-10-PCS	Drainage of Transverse Colon, Via Natural or Artificial Opening, Diagnostic

Appendix C.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Outcomes in this Request

Code	Code Category	Code Type	Description
0D9L8ZX	Procedure	ICD-10-PCS	Drainage of Transverse Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D9M0ZX	Procedure	ICD-10-PCS	Drainage of Descending Colon, Open Approach, Diagnostic
0D9M3ZX	Procedure	ICD-10-PCS	Drainage of Descending Colon, Percutaneous Approach, Diagnostic
0D9M4ZX	Procedure	ICD-10-PCS	Drainage of Descending Colon, Percutaneous Endoscopic Approach, Diagnostic
0D9M7ZX	Procedure	ICD-10-PCS	Drainage of Descending Colon, Via Natural or Artificial Opening, Diagnostic
0D9M8ZX	Procedure	ICD-10-PCS	Drainage of Descending Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D9N0ZX	Procedure	ICD-10-PCS	Drainage of Sigmoid Colon, Open Approach, Diagnostic
0D9N3ZX	Procedure	ICD-10-PCS	Drainage of Sigmoid Colon, Percutaneous Approach, Diagnostic
0D9N4ZX	Procedure	ICD-10-PCS	Drainage of Sigmoid Colon, Percutaneous Endoscopic Approach, Diagnostic
0D9N7ZX	Procedure	ICD-10-PCS	Drainage of Sigmoid Colon, Via Natural or Artificial Opening, Diagnostic
0D9N8ZX	Procedure	ICD-10-PCS	Drainage of Sigmoid Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D9P0ZX	Procedure	ICD-10-PCS	Drainage of Rectum, Open Approach, Diagnostic
0D9P3ZX	Procedure	ICD-10-PCS	Drainage of Rectum, Percutaneous Approach, Diagnostic
0D9P4ZX	Procedure	ICD-10-PCS	Drainage of Rectum, Percutaneous Endoscopic Approach, Diagnostic
0D9P7ZX	Procedure	ICD-10-PCS	Drainage of Rectum, Via Natural or Artificial Opening, Diagnostic
0D9P8ZX	Procedure	ICD-10-PCS	Drainage of Rectum, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D9Q0ZX	Procedure	ICD-10-PCS	Drainage of Anus, Open Approach, Diagnostic
0D9Q3ZX	Procedure	ICD-10-PCS	Drainage of Anus, Percutaneous Approach, Diagnostic
0DB80ZX	Procedure	ICD-10-PCS	Excision of Small Intestine, Open Approach, Diagnostic
0DB83ZX	Procedure	ICD-10-PCS	Excision of Small Intestine, Percutaneous Approach, Diagnostic
0DB84ZX	Procedure	ICD-10-PCS	Excision of Small Intestine, Percutaneous Endoscopic Approach, Diagnostic
0DB87ZX	Procedure	ICD-10-PCS	Excision of Small Intestine, Via Natural or Artificial Opening, Diagnostic
0DB88ZX	Procedure	ICD-10-PCS	Excision of Small Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DB93ZX	Procedure	ICD-10-PCS	Excision of Duodenum, Percutaneous Approach, Diagnostic
0DB94ZX	Procedure	ICD-10-PCS	Excision of Duodenum, Percutaneous Endoscopic Approach, Diagnostic
0DB97ZX	Procedure	ICD-10-PCS	Excision of Duodenum, Via Natural or Artificial Opening, Diagnostic
0DB98ZX	Procedure	ICD-10-PCS	Excision of Duodenum, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DBA0ZX	Procedure	ICD-10-PCS	Excision of Jejunum, Open Approach, Diagnostic
0DBA3ZX	Procedure	ICD-10-PCS	Excision of Jejunum, Percutaneous Approach, Diagnostic
0DBA4ZX	Procedure	ICD-10-PCS	Excision of Jejunum, Percutaneous Endoscopic Approach, Diagnostic
0DBA7ZX	Procedure	ICD-10-PCS	Excision of Jejunum, Via Natural or Artificial Opening, Diagnostic
0DBA8ZX	Procedure	ICD-10-PCS	Excision of Jejunum, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DBB0ZX	Procedure	ICD-10-PCS	Excision of Ileum, Open Approach, Diagnostic
0DBB3ZX	Procedure	ICD-10-PCS	Excision of Ileum, Percutaneous Approach, Diagnostic
0DBB4ZX	Procedure	ICD-10-PCS	Excision of Ileum, Percutaneous Endoscopic Approach, Diagnostic
0DBB7ZX	Procedure	ICD-10-PCS	Excision of Ileum, Via Natural or Artificial Opening, Diagnostic
0DBB8ZX	Procedure	ICD-10-PCS	Excision of Ileum, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DBC0ZX	Procedure	ICD-10-PCS	Excision of Ileocecal Valve, Open Approach, Diagnostic
0DBC3ZX	Procedure	ICD-10-PCS	Excision of Ileocecal Valve, Percutaneous Approach, Diagnostic
0DBC4ZX	Procedure	ICD-10-PCS	Excision of Ileocecal Valve, Percutaneous Endoscopic Approach, Diagnostic

Appendix C.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Outcomes in this Request

Code	Code Category	Code Type	Description
ODBC7ZX	Procedure	ICD-10-PCS	Excision of Ileocecal Valve, Via Natural or Artificial Opening, Diagnostic
ODBC8ZX	Procedure	ICD-10-PCS	Excision of Ileocecal Valve, Via Natural or Artificial Opening Endoscopic, Diagnostic
ODBE0ZX	Procedure	ICD-10-PCS	Excision of Large Intestine, Open Approach, Diagnostic
ODBE3ZX	Procedure	ICD-10-PCS	Excision of Large Intestine, Percutaneous Approach, Diagnostic
ODBE4ZX	Procedure	ICD-10-PCS	Excision of Large Intestine, Percutaneous Endoscopic Approach, Diagnostic
ODBE7ZX	Procedure	ICD-10-PCS	Excision of Large Intestine, Via Natural or Artificial Opening, Diagnostic
ODBE8ZX	Procedure	ICD-10-PCS	Excision of Large Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
ODBF0ZX	Procedure	ICD-10-PCS	Excision of Right Large Intestine, Open Approach, Diagnostic
ODBF3ZX	Procedure	ICD-10-PCS	Excision of Right Large Intestine, Percutaneous Approach, Diagnostic
ODBF4ZX	Procedure	ICD-10-PCS	Excision of Right Large Intestine, Percutaneous Endoscopic Approach, Diagnostic
ODBF7ZX	Procedure	ICD-10-PCS	Excision of Right Large Intestine, Via Natural or Artificial Opening, Diagnostic
ODBF8ZX	Procedure	ICD-10-PCS	Excision of Right Large Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
ODBG0ZX	Procedure	ICD-10-PCS	Excision of Left Large Intestine, Open Approach, Diagnostic
ODBG3ZX	Procedure	ICD-10-PCS	Excision of Left Large Intestine, Percutaneous Approach, Diagnostic
ODBG4ZX	Procedure	ICD-10-PCS	Excision of Left Large Intestine, Percutaneous Endoscopic Approach, Diagnostic
ODBG7ZX	Procedure	ICD-10-PCS	Excision of Left Large Intestine, Via Natural or Artificial Opening, Diagnostic
ODBG8ZX	Procedure	ICD-10-PCS	Excision of Left Large Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
ODBH0ZX	Procedure	ICD-10-PCS	Excision of Cecum, Open Approach, Diagnostic
ODBH3ZX	Procedure	ICD-10-PCS	Excision of Cecum, Percutaneous Approach, Diagnostic
ODBH4ZX	Procedure	ICD-10-PCS	Excision of Cecum, Percutaneous Endoscopic Approach, Diagnostic
ODBH7ZX	Procedure	ICD-10-PCS	Excision of Cecum, Via Natural or Artificial Opening, Diagnostic
ODBH8ZX	Procedure	ICD-10-PCS	Excision of Cecum, Via Natural or Artificial Opening Endoscopic, Diagnostic
ODBK0ZX	Procedure	ICD-10-PCS	Excision of Ascending Colon, Open Approach, Diagnostic
ODBK3ZX	Procedure	ICD-10-PCS	Excision of Ascending Colon, Percutaneous Approach, Diagnostic
ODBK4ZX	Procedure	ICD-10-PCS	Excision of Ascending Colon, Percutaneous Endoscopic Approach, Diagnostic
ODBK7ZX	Procedure	ICD-10-PCS	Excision of Ascending Colon, Via Natural or Artificial Opening, Diagnostic
ODBK8ZX	Procedure	ICD-10-PCS	Excision of Ascending Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
ODBL0ZX	Procedure	ICD-10-PCS	Excision of Transverse Colon, Open Approach, Diagnostic
ODBL3ZX	Procedure	ICD-10-PCS	Excision of Transverse Colon, Percutaneous Approach, Diagnostic
ODBL4ZX	Procedure	ICD-10-PCS	Excision of Transverse Colon, Percutaneous Endoscopic Approach, Diagnostic
ODBL7ZX	Procedure	ICD-10-PCS	Excision of Transverse Colon, Via Natural or Artificial Opening, Diagnostic
ODBL8ZX	Procedure	ICD-10-PCS	Excision of Transverse Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
ODBM0ZX	Procedure	ICD-10-PCS	Excision of Descending Colon, Open Approach, Diagnostic
ODBM3ZX	Procedure	ICD-10-PCS	Excision of Descending Colon, Percutaneous Approach, Diagnostic
ODBM4ZX	Procedure	ICD-10-PCS	Excision of Descending Colon, Percutaneous Endoscopic Approach, Diagnostic
ODBM7ZX	Procedure	ICD-10-PCS	Excision of Descending Colon, Via Natural or Artificial Opening, Diagnostic
ODBM8ZX	Procedure	ICD-10-PCS	Excision of Descending Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
ODBN0ZX	Procedure	ICD-10-PCS	Excision of Sigmoid Colon, Open Approach, Diagnostic

Appendix C.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Outcomes in this Request

Code	Code Category	Code Type	Description
0DBN3ZX	Procedure	ICD-10-PCS	Excision of Sigmoid Colon, Percutaneous Approach, Diagnostic
0DBN4ZX	Procedure	ICD-10-PCS	Excision of Sigmoid Colon, Percutaneous Endoscopic Approach, Diagnostic
0DBN7ZX	Procedure	ICD-10-PCS	Excision of Sigmoid Colon, Via Natural or Artificial Opening, Diagnostic
0DBN8ZX	Procedure	ICD-10-PCS	Excision of Sigmoid Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DBP0ZX	Procedure	ICD-10-PCS	Excision of Rectum, Open Approach, Diagnostic
0DBP3ZX	Procedure	ICD-10-PCS	Excision of Rectum, Percutaneous Approach, Diagnostic
0DBP4ZX	Procedure	ICD-10-PCS	Excision of Rectum, Percutaneous Endoscopic Approach, Diagnostic
0DBP7ZX	Procedure	ICD-10-PCS	Excision of Rectum, Via Natural or Artificial Opening, Diagnostic
0DBP8ZX	Procedure	ICD-10-PCS	Excision of Rectum, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DBQ0ZX	Procedure	ICD-10-PCS	Excision of Anus, Open Approach, Diagnostic
0DBQ3ZX	Procedure	ICD-10-PCS	Excision of Anus, Percutaneous Approach, Diagnostic
0DBQ4ZX	Procedure	ICD-10-PCS	Excision of Anus, Percutaneous Endoscopic Approach, Diagnostic
0DBQ7ZX	Procedure	ICD-10-PCS	Excision of Anus, Via Natural or Artificial Opening, Diagnostic
0DBQ8ZX	Procedure	ICD-10-PCS	Excision of Anus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DBQXZX	Procedure	ICD-10-PCS	Excision of Anus, External Approach, Diagnostic
0DBR0ZX	Procedure	ICD-10-PCS	Excision of Anal Sphincter, Open Approach, Diagnostic
0DBR3ZX	Procedure	ICD-10-PCS	Excision of Anal Sphincter, Percutaneous Approach, Diagnostic
0DBR4ZX	Procedure	ICD-10-PCS	Excision of Anal Sphincter, Percutaneous Endoscopic Approach, Diagnostic
0DD83ZX	Procedure	ICD-10-PCS	Extraction of Small Intestine, Percutaneous Approach, Diagnostic
0DD84ZX	Procedure	ICD-10-PCS	Extraction of Small Intestine, Percutaneous Endoscopic Approach, Diagnostic
0DD88ZX	Procedure	ICD-10-PCS	Extraction of Small Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DD93ZX	Procedure	ICD-10-PCS	Extraction of Duodenum, Percutaneous Approach, Diagnostic
0DD94ZX	Procedure	ICD-10-PCS	Extraction of Duodenum, Percutaneous Endoscopic Approach, Diagnostic
0DD98ZX	Procedure	ICD-10-PCS	Extraction of Duodenum, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DDA3ZX	Procedure	ICD-10-PCS	Extraction of Jejunum, Percutaneous Approach, Diagnostic
0DDA4ZX	Procedure	ICD-10-PCS	Extraction of Jejunum, Percutaneous Endoscopic Approach, Diagnostic
0DDA8ZX	Procedure	ICD-10-PCS	Extraction of Jejunum, Via Natural or Artificial Opening Endoscopic, Diagnostic
0ddb3ZX	Procedure	ICD-10-PCS	Extraction of Ileum, Percutaneous Approach, Diagnostic
0ddb4ZX	Procedure	ICD-10-PCS	Extraction of Ileum, Percutaneous Endoscopic Approach, Diagnostic
0ddb8ZX	Procedure	ICD-10-PCS	Extraction of Ileum, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DDC3ZX	Procedure	ICD-10-PCS	Extraction of Ileocecal Valve, Percutaneous Approach, Diagnostic
0DDC4ZX	Procedure	ICD-10-PCS	Extraction of Ileocecal Valve, Percutaneous Endoscopic Approach, Diagnostic
0DDC8ZX	Procedure	ICD-10-PCS	Extraction of Ileocecal Valve, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DDE3ZX	Procedure	ICD-10-PCS	Extraction of Large Intestine, Percutaneous Approach, Diagnostic
0DDE4ZX	Procedure	ICD-10-PCS	Extraction of Large Intestine, Percutaneous Endoscopic Approach, Diagnostic
0DDE8ZX	Procedure	ICD-10-PCS	Extraction of Large Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DDF3ZX	Procedure	ICD-10-PCS	Extraction of Right Large Intestine, Percutaneous Approach, Diagnostic
0DDF4ZX	Procedure	ICD-10-PCS	Extraction of Right Large Intestine, Percutaneous Endoscopic Approach, Diagnostic
			Extraction of Right Large Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DDF8ZX	Procedure	ICD-10-PCS	Diagnostic
0DDG3ZX	Procedure	ICD-10-PCS	Extraction of Left Large Intestine, Percutaneous Approach, Diagnostic
0DDG4ZX	Procedure	ICD-10-PCS	Extraction of Left Large Intestine, Percutaneous Endoscopic Approach, Diagnostic

Appendix C.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Outcomes in this Request

Code	Code Category	Code Type	Description
ODDG8ZX	Procedure	ICD-10-PCS	Extraction of Left Large Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
ODDH3ZX	Procedure	ICD-10-PCS	Extraction of Cecum, Percutaneous Approach, Diagnostic
ODDH4ZX	Procedure	ICD-10-PCS	Extraction of Cecum, Percutaneous Endoscopic Approach, Diagnostic
ODDH8ZX	Procedure	ICD-10-PCS	Extraction of Cecum, Via Natural or Artificial Opening Endoscopic, Diagnostic
ODDK3ZX	Procedure	ICD-10-PCS	Extraction of Ascending Colon, Percutaneous Approach, Diagnostic
ODDK4ZX	Procedure	ICD-10-PCS	Extraction of Ascending Colon, Percutaneous Endoscopic Approach, Diagnostic
ODDK8ZX	Procedure	ICD-10-PCS	Extraction of Ascending Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
ODDL3ZX	Procedure	ICD-10-PCS	Extraction of Transverse Colon, Percutaneous Approach, Diagnostic
ODDL4ZX	Procedure	ICD-10-PCS	Extraction of Transverse Colon, Percutaneous Endoscopic Approach, Diagnostic
ODDL8ZX	Procedure	ICD-10-PCS	Extraction of Transverse Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
ODDM3ZX	Procedure	ICD-10-PCS	Extraction of Descending Colon, Percutaneous Approach, Diagnostic
ODDM4ZX	Procedure	ICD-10-PCS	Extraction of Descending Colon, Percutaneous Endoscopic Approach, Diagnostic
ODDM8ZX	Procedure	ICD-10-PCS	Extraction of Descending Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
ODDN3ZX	Procedure	ICD-10-PCS	Extraction of Sigmoid Colon, Percutaneous Approach, Diagnostic
ODDN4ZX	Procedure	ICD-10-PCS	Extraction of Sigmoid Colon, Percutaneous Endoscopic Approach, Diagnostic
ODDN8ZX	Procedure	ICD-10-PCS	Extraction of Sigmoid Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
ODDP3ZX	Procedure	ICD-10-PCS	Extraction of Rectum, Percutaneous Approach, Diagnostic
ODDP4ZX	Procedure	ICD-10-PCS	Extraction of Rectum, Percutaneous Endoscopic Approach, Diagnostic
ODDP8ZX	Procedure	ICD-10-PCS	Extraction of Rectum, Via Natural or Artificial Opening Endoscopic, Diagnostic
ODDQ3ZX	Procedure	ICD-10-PCS	Extraction of Anus, Percutaneous Approach, Diagnostic
ODDQ4ZX	Procedure	ICD-10-PCS	Extraction of Anus, Percutaneous Endoscopic Approach, Diagnostic
ODDQ8ZX	Procedure	ICD-10-PCS	Extraction of Anus, Via Natural or Artificial Opening Endoscopic, Diagnostic
44010	Procedure	CPT-4	Duodenotomy, for exploration, biopsy(s), or foreign body removal
44020	Procedure	CPT-4	Enterotomy, small intestine, other than duodenum; for exploration, biopsy(s), or foreign body removal
44025	Procedure	CPT-4	Colotomy, for exploration, biopsy(s), or foreign body removal
44100	Procedure	CPT-4	Biopsy of intestine by capsule, tube, peroral (1 or more specimens)
44361	Procedure	CPT-4	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple
44365	Procedure	CPT-4	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
44369	Procedure	CPT-4	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
44377	Procedure	CPT-4	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple
44382	Procedure	CPT-4	Ileoscopy, through stoma; with biopsy, single or multiple

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Code	Code Category	Code Type	Description
44386	Procedure	CPT-4	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple
44389	Procedure	CPT-4	Colonoscopy through stoma; with biopsy, single or multiple
44392	Procedure	CPT-4	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
44393	Procedure	CPT-4	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
44407	Procedure	CPT-4	Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures
45100	Procedure	CPT-4	Biopsy of anorectal wall, anal approach (eg, congenital megacolon)
45305	Procedure	CPT-4	Proctosigmoidoscopy, rigid; with biopsy, single or multiple
45308	Procedure	CPT-4	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery
45315	Procedure	CPT-4	Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique
45320	Procedure	CPT-4	Proctosigmoidoscopy, rigid; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique (eg, laser)
45331	Procedure	CPT-4	Sigmoidoscopy, flexible; with biopsy, single or multiple
45333	Procedure	CPT-4	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
45339	Procedure	CPT-4	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
45342	Procedure	CPT-4	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)
45380	Procedure	CPT-4	Colonoscopy, flexible; with biopsy, single or multiple
45383	Procedure	CPT-4	Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
45384	Procedure	CPT-4	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
45392	Procedure	CPT-4	Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures
46606	Procedure	CPT-4	Anoscopy; with biopsy, single or multiple
46607	Procedure	CPT-4	Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple
46610	Procedure	CPT-4	Anoscopy; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery

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Code	Code Category	Code Type	Description
46612	Procedure	CPT-4	Anoscopy; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique
46615	Procedure	CPT-4	Anoscopy; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
88300	Procedure	CPT-4	Level I - Surgical pathology, gross examination only Level II - Surgical pathology, gross and microscopic examination Appendix, incidental Fallopian tube, sterilization Fingers/toes, amputation, traumatic Foreskin, newborn Hernia sac, any location Hydrocele sac Nerve Skin, plastic repair Sympathetic ganglion
88302	Procedure	CPT-4	Testis, castration Vaginal mucosa, incidental Vas deferens, sterilization
ODDQXZX	Procedure	ICD-10-PCS	Extraction of Anus, External Approach, Diagnostic
Ulcerative Colitis			
556	Diagnosis	ICD-9-CM	Ulcerative Colitis
556.1	Diagnosis	ICD-9-CM	Ulcerative (chronic) ileocolitis
556.2	Diagnosis	ICD-9-CM	Ulcerative (chronic) proctitis
556.3	Diagnosis	ICD-9-CM	Ulcerative (chronic) proctosigmoiditis
556.4	Diagnosis	ICD-9-CM	Pseudopolypsis of colon
556.5	Diagnosis	ICD-9-CM	Left sided ulcerative (chronic) colitis
556.6	Diagnosis	ICD-9-CM	Universal ulcerative (chronic) colitis
556.8	Diagnosis	ICD-9-CM	Other ulcerative colitis
556.9	Diagnosis	ICD-9-CM	Unspecified ulcerative colitis
556	Diagnosis	ICD-9-CM	Ulcerative (chronic) enterocolitis
K51	Diagnosis	ICD-10-CM	Ulcerative colitis
K51.0	Diagnosis	ICD-10-CM	Ulcerative (chronic) pancolitis
K51.00	Diagnosis	ICD-10-CM	Ulcerative (chronic) pancolitis without complications
K51.01	Diagnosis	ICD-10-CM	Ulcerative (chronic) pancolitis with complications
K51.011	Diagnosis	ICD-10-CM	Ulcerative (chronic) pancolitis with rectal bleeding
K51.012	Diagnosis	ICD-10-CM	Ulcerative (chronic) pancolitis with intestinal obstruction
K51.013	Diagnosis	ICD-10-CM	Ulcerative (chronic) pancolitis with fistula
K51.014	Diagnosis	ICD-10-CM	Ulcerative (chronic) pancolitis with abscess
K51.018	Diagnosis	ICD-10-CM	Ulcerative (chronic) pancolitis with other complication
K51.019	Diagnosis	ICD-10-CM	Ulcerative (chronic) pancolitis with unspecified complications
K51.2	Diagnosis	ICD-10-CM	Ulcerative (chronic) proctitis
K51.20	Diagnosis	ICD-10-CM	Ulcerative (chronic) proctitis without complications
K51.21	Diagnosis	ICD-10-CM	Ulcerative (chronic) proctitis with complications
K51.211	Diagnosis	ICD-10-CM	Ulcerative (chronic) proctitis with rectal bleeding
K51.212	Diagnosis	ICD-10-CM	Ulcerative (chronic) proctitis with intestinal obstruction
K51.213	Diagnosis	ICD-10-CM	Ulcerative (chronic) proctitis with fistula
K51.214	Diagnosis	ICD-10-CM	Ulcerative (chronic) proctitis with abscess
K51.218	Diagnosis	ICD-10-CM	Ulcerative (chronic) proctitis with other complication
K51.219	Diagnosis	ICD-10-CM	Ulcerative (chronic) proctitis with unspecified complications
K51.3	Diagnosis	ICD-10-CM	Ulcerative (chronic) rectosigmoiditis
K51.30	Diagnosis	ICD-10-CM	Ulcerative (chronic) rectosigmoiditis without complications

Appendix C.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Outcomes in this Request

Code	Code Category	Code Type	Description
K51.31	Diagnosis	ICD-10-CM	Ulcerative (chronic) rectosigmoiditis with complications
K51.311	Diagnosis	ICD-10-CM	Ulcerative (chronic) rectosigmoiditis with rectal bleeding
K51.312	Diagnosis	ICD-10-CM	Ulcerative (chronic) rectosigmoiditis with intestinal obstruction
K51.313	Diagnosis	ICD-10-CM	Ulcerative (chronic) rectosigmoiditis with fistula
K51.314	Diagnosis	ICD-10-CM	Ulcerative (chronic) rectosigmoiditis with abscess
K51.318	Diagnosis	ICD-10-CM	Ulcerative (chronic) rectosigmoiditis with other complication
K51.319	Diagnosis	ICD-10-CM	Ulcerative (chronic) rectosigmoiditis with unspecified complications
K51.4	Diagnosis	ICD-10-CM	Inflammatory polyps of colon
K51.40	Diagnosis	ICD-10-CM	Inflammatory polyps of colon without complications
K51.41	Diagnosis	ICD-10-CM	Inflammatory polyps of colon with complications
K51.411	Diagnosis	ICD-10-CM	Inflammatory polyps of colon with rectal bleeding
K51.412	Diagnosis	ICD-10-CM	Inflammatory polyps of colon with intestinal obstruction
K51.413	Diagnosis	ICD-10-CM	Inflammatory polyps of colon with fistula
K51.414	Diagnosis	ICD-10-CM	Inflammatory polyps of colon with abscess
K51.418	Diagnosis	ICD-10-CM	Inflammatory polyps of colon with other complication
K51.419	Diagnosis	ICD-10-CM	Inflammatory polyps of colon with unspecified complications
K51.5	Diagnosis	ICD-10-CM	Left sided colitis
K51.50	Diagnosis	ICD-10-CM	Left sided colitis without complications
K51.51	Diagnosis	ICD-10-CM	Left sided colitis with complications
K51.511	Diagnosis	ICD-10-CM	Left sided colitis with rectal bleeding
K51.512	Diagnosis	ICD-10-CM	Left sided colitis with intestinal obstruction
K51.513	Diagnosis	ICD-10-CM	Left sided colitis with fistula
K51.514	Diagnosis	ICD-10-CM	Left sided colitis with abscess
K51.518	Diagnosis	ICD-10-CM	Left sided colitis with other complication
K51.519	Diagnosis	ICD-10-CM	Left sided colitis with unspecified complications
K51.8	Diagnosis	ICD-10-CM	Other ulcerative colitis
K51.80	Diagnosis	ICD-10-CM	Other ulcerative colitis without complications
K51.81	Diagnosis	ICD-10-CM	Other ulcerative colitis with complications
K51.811	Diagnosis	ICD-10-CM	Other ulcerative colitis with rectal bleeding
K51.812	Diagnosis	ICD-10-CM	Other ulcerative colitis with intestinal obstruction
K51.813	Diagnosis	ICD-10-CM	Other ulcerative colitis with fistula
K51.814	Diagnosis	ICD-10-CM	Other ulcerative colitis with abscess
K51.818	Diagnosis	ICD-10-CM	Other ulcerative colitis with other complication
K51.819	Diagnosis	ICD-10-CM	Other ulcerative colitis with unspecified complications
K51.9	Diagnosis	ICD-10-CM	Ulcerative colitis, unspecified
K51.90	Diagnosis	ICD-10-CM	Ulcerative colitis, unspecified, without complications
K51.91	Diagnosis	ICD-10-CM	Ulcerative colitis, unspecified, with complications
K51.911	Diagnosis	ICD-10-CM	Ulcerative colitis, unspecified with rectal bleeding
K51.912	Diagnosis	ICD-10-CM	Ulcerative colitis, unspecified with intestinal obstruction
K51.913	Diagnosis	ICD-10-CM	Ulcerative colitis, unspecified with fistula
K51.914	Diagnosis	ICD-10-CM	Ulcerative colitis, unspecified with abscess
K51.918	Diagnosis	ICD-10-CM	Ulcerative colitis, unspecified with other complication

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Code	Code Category	Code Type	Description
K51.919	Diagnosis	ICD-10-CM	Ulcerative colitis, unspecified with unspecified complications
Crohn's Disease			
K50.00	Diagnosis	ICD-10-CM	Crohn's disease of small intestine without complications
K50.011	Diagnosis	ICD-10-CM	Crohn's disease of small intestine with rectal bleeding
K50.012	Diagnosis	ICD-10-CM	Crohn's disease of small intestine with intestinal obstruction
K50.013	Diagnosis	ICD-10-CM	Crohn's disease of small intestine with fistula
K50.014	Diagnosis	ICD-10-CM	Crohn's disease of small intestine with abscess
K50.018	Diagnosis	ICD-10-CM	Crohn's disease of small intestine with other complication
K50.019	Diagnosis	ICD-10-CM	Crohn's disease of small intestine with unspecified complications
K50.10	Diagnosis	ICD-10-CM	Crohn's disease of large intestine without complications
K50.111	Diagnosis	ICD-10-CM	Crohn's disease of large intestine with rectal bleeding
K50.112	Diagnosis	ICD-10-CM	Crohn's disease of large intestine with intestinal obstruction
K50.113	Diagnosis	ICD-10-CM	Crohn's disease of large intestine with fistula
K50.114	Diagnosis	ICD-10-CM	Crohn's disease of large intestine with abscess
K50.118	Diagnosis	ICD-10-CM	Crohn's disease of large intestine with other complication
K50.119	Diagnosis	ICD-10-CM	Crohn's disease of large intestine with unspecified complications
K50.80	Diagnosis	ICD-10-CM	Crohn's disease of both small and large intestine without complications
K50.811	Diagnosis	ICD-10-CM	Crohn's disease of both small and large intestine with rectal bleeding
K50.812	Diagnosis	ICD-10-CM	Crohn's disease of both small and large intestine with intestinal obstruction
K50.813	Diagnosis	ICD-10-CM	Crohn's disease of both small and large intestine with fistula
K50.814	Diagnosis	ICD-10-CM	Crohn's disease of both small and large intestine with abscess
K50.818	Diagnosis	ICD-10-CM	Crohn's disease of both small and large intestine with other complication
K50.819	Diagnosis	ICD-10-CM	Crohn's disease of both small and large intestine with unspecified complications
K50.90	Diagnosis	ICD-10-CM	Crohn's disease, unspecified, without complications
K50.911	Diagnosis	ICD-10-CM	Crohn's disease, unspecified, with rectal bleeding
K50.912	Diagnosis	ICD-10-CM	Crohn's disease, unspecified, with intestinal obstruction
K50.913	Diagnosis	ICD-10-CM	Crohn's disease, unspecified, with fistula
K50.914	Diagnosis	ICD-10-CM	Crohn's disease, unspecified, with abscess
K50.918	Diagnosis	ICD-10-CM	Crohn's disease, unspecified, with other complication
K50.919	Diagnosis	ICD-10-CM	Crohn's disease, unspecified, with unspecified complications
555	Diagnosis	ICD-9-CM	Regional enteritis
555	Diagnosis	ICD-9-CM	Regional enteritis of small intestine
555.1	Diagnosis	ICD-9-CM	Regional enteritis of large intestine
555.2	Diagnosis	ICD-9-CM	Regional enteritis of small intestine with large intestine
555.9	Diagnosis	ICD-9-CM	Regional enteritis of unspecified site
Inflammatory Bowel Disease Treatment			
80158	Procedure	CPT-4	Cyclosporine
80204	Procedure	CPT-4	Methotrexate
J7500	Procedure	HCPCS	Azathioprine, oral, 50 mg
J7501	Procedure	HCPCS	Azathioprine, parenteral, 100 mg
J7502	Procedure	HCPCS	Cyclosporine, oral, 100 mg
J7515	Procedure	HCPCS	Cyclosporine, oral, 25 mg

Appendix C.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Outcomes in this Request

Code	Code Category	Code Type	Description
J7516	Procedure	HCPCS	Cyclosporine, parenteral, 250 mg
J8610	Procedure	HCPCS	Methotrexate, oral, 2.5 mg
J9250	Procedure	HCPCS	Methotrexate sodium, 5 mg
J9260	Procedure	HCPCS	Methotrexate sodium, 50 mg
S0108	Procedure	HCPCS	Mercaptopurine, oral, 50 mg
80280	Procedure	CPT-4	Vedolizumab
C9026	Procedure	HCPCS	Injection, vedolizumab, 1 mg
J2323	Procedure	HCPCS	Injection, natalizumab, 1 mg
J3380	Procedure	HCPCS	Injection, vedolizumab, 1 mg
Q4079	Procedure	HCPCS	Injection, natalizumab, 1 mg
80145	Procedure	CPT-4	Adalimumab
80230	Procedure	CPT-4	Infliximab
C9249	Procedure	HCPCS	Injection, certolizumab pegol, 1 mg
J0135	Procedure	HCPCS	Injection, adalimumab, 20 mg
			Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
J0717	Procedure	HCPCS	
J0718	Procedure	HCPCS	Injection, certolizumab pegol, 1 mg
J1602	Procedure	HCPCS	Injection, golimumab, 1 mg, for intravenous use
J1745	Procedure	HCPCS	Injection, infliximab, excludes biosimilar, 10 mg
Q5102	Procedure	HCPCS	Injection, infliximab, biosimilar, 10 mg
Q5103	Procedure	HCPCS	Injection, infliximab-dyyb, biosimilar, (Inflectra), 10 mg
Q5104	Procedure	HCPCS	Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg
Q5109	Procedure	HCPCS	Injection, infliximab-qbtq, biosimilar, (Ixifi), 10 mg
Q5121	Procedure	HCPCS	Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg
			Home infusion therapy, antitumor necrosis factor intravenous therapy; (e.g., Infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9359	Procedure	HCPCS	
C9261	Procedure	HCPCS	Injection, ustekinumab, 1 mg
C9487	Procedure	HCPCS	Ustekinumab, for intravenous injection, 1 mg
J2327	Procedure	HCPCS	Injection, risankizumab-rzaa, intravenous, 1 mg
J3357	Procedure	HCPCS	Ustekinumab, for subcutaneous injection, 1 mg
J3358	Procedure	HCPCS	Ustekinumab, for intravenous injection, 1 mg
Q9989	Procedure	HCPCS	Ustekinumab, for intravenous injection, 1 mg
80197	Procedure	CPT-4	Tacrolimus
J7503	Procedure	HCPCS	Tacrolimus, extended release, (Envarsus XR), oral, 0.25 mg
J7507	Procedure	HCPCS	Tacrolimus, immediate release, oral, 1 mg
J7508	Procedure	HCPCS	Tacrolimus, extended release, (Astagraf XL), oral, 0.1 mg
J7525	Procedure	HCPCS	Tacrolimus, parenteral, 5 mg

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

Generic Name	Brand Name
Oral Antidiabetics	
acarbose	Precose
acarbose	acarbose
alogliptin benzoate	Nesina
alogliptin benzoate	alogliptin
alogliptin benzoate/metformin HCl	Kazano
alogliptin benzoate/metformin HCl	alogliptin-metformin
alogliptin benzoate/pioglitazone HCl	Oseni
alogliptin benzoate/pioglitazone HCl	alogliptin-pioglitazone
bromocriptine mesylate	Cycloset
canagliflozin	Invokana
canagliflozin/metformin HCl	Invokamet
canagliflozin/metformin HCl	Invokamet XR
chlorpropamide	Diabinese
chlorpropamide	chlorpropamide
dapagliflozin propanediol	Farxiga
dapagliflozin propanediol/metformin HCl	Xigduo XR
dapagliflozin propanediol/saxagliptin HCl	Qtern
empagliflozin	Jardiance
empagliflozin/linagliptin	Glyxambi
empagliflozin/linagliptin/metformin HCl	Trijardy XR
empagliflozin/metformin HCl	Synjardy
empagliflozin/metformin HCl	Synjardy XR
ertugliflozin pidolate	Steglatro
ertugliflozin pidolate/metformin HCl	Segluromet
ertugliflozin pidolate/sitagliptin phosphate	Steglujan
glimepiride	Amaryl
glimepiride	glimepiride
glipizide	Glucotrol
glipizide	Glucotrol XL
glipizide	glipizide
glipizide/metformin HCl	Metaglip
glipizide/metformin HCl	glipizide-metformin
glyburide	Diabeta
glyburide	Micronase
glyburide	glyburide
glyburide,micronized	Glycron

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

Generic Name	Brand Name
glyburide,micronized	Glynase
glyburide,micronized	glyburide micronized
glyburide/metformin HCl	Glucovance
glyburide/metformin HCl	glyburide-metformin
linagliptin	Tradjenta
linagliptin/metformin HCl	Jentaducto
linagliptin/metformin HCl	Jentaducto XR
metformin HCl	Fortamet
metformin HCl	Glucophage
metformin HCl	Glucophage XR
metformin HCl	Glumetza
metformin HCl	Riomet
metformin HCl	Riomet ER
metformin HCl	metformin

metformin/amino acids no.7/herbal cmb.125/choline bitartrate Appformin-D

metformin/cafeine/amino acids 7/herbal comb 125/choline bit	Appformin
miglitol	Glyset
miglitol	miglitol
nateglinide	Starlix
nateglinide	nateglinide
pioglitazone HCl	Actos
pioglitazone HCl	pioglitazone
pioglitazone HCl/glimepiride	DUETACT
pioglitazone HCl/glimepiride	pioglitazone-glimepiride
pioglitazone HCl/metformin HCl	Actoplus MET
pioglitazone HCl/metformin HCl	Actoplus Met XR
pioglitazone HCl/metformin HCl	pioglitazone-metformin
repaglinide	Prandin
repaglinide	repaglinide
repaglinide/metformin HCl	Prandimet
repaglinide/metformin HCl	repaglinide-metformin
rosiglitazone maleate	Avandia
rosiglitazone maleate/glimepiride	Avandaryl
rosiglitazone maleate/metformin HCl	Avandamet
saxagliptin HCl	Onglyza

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

Generic Name	Brand Name
saxagliptin HCl/metformin HCl	Kombiglyze XR
sitagliptin phosphate	Januvia
sitagliptin phosphate/metformin HCl	Janumet
sitagliptin phosphate/metformin HCl	Janumet XR
sitagliptin phosphate/simvastatin	Juvisync
tolazamide	tolazamide
tolbutamide	tolbutamide

Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Codes Used to Define Inclusion Criteria in this Request

Code	Code Category	Code Type	Description
Type 2 Diabetes			
E11	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus
E11.0	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with hyperosmolarity
E11.00	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E11.01	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with hyperosmolarity with coma
E11.1	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with ketoacidosis
E11.10	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with ketoacidosis without coma
E11.11	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with ketoacidosis with coma
E11.2	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with kidney complications
E11.21	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with diabetic nephropathy
E11.22	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with diabetic chronic kidney disease
E11.29	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with other diabetic kidney complication
E11.3	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with ophthalmic complications
E11.31	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with unspecified diabetic retinopathy
E11.311	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E11.319	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema
E11.32	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy
E11.321	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
E11.3211	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E11.3212	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E11.3213	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3219	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E11.329	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
E11.3291	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E11.3292	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E11.3293	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E11.3299	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
E11.33	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy
E11.331	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
E11.3311	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E11.3312	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye

Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Codes Used to Define Inclusion Criteria in this Request

Code	Code Category	Code Type	Description
Type 2 Diabetes			
E11.3313	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3319	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E11.339	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
E11.3391	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E11.3392	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E11.3393	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E11.3399	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
E11.34	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy
E11.341	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
E11.3411	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E11.3412	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E11.3413	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3419	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E11.349	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema
E11.3491	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
E11.3492	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E11.3493	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E11.3499	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E11.35	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with proliferative diabetic retinopathy
E11.351	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema
E11.3511	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E11.3512	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E11.3513	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E11.3519	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye

Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Codes Used to Define Inclusion Criteria in this Request

Code	Code Category	Code Type	Description
Type 2 Diabetes			
E11.352	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula
E11.3521	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E11.3522	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E11.3523	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E11.3529	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E11.353	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula
E11.3531	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E11.3532	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E11.3533	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E11.3539	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E11.354	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment
E11.3541	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E11.3542	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E11.3543	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E11.3549	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified
E11.355	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy
E11.3551	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E11.3552	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E11.3553	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E11.3559	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
E11.359	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema
E11.3591	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E11.3592	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E11.3593	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral

Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Codes Used to Define Inclusion Criteria in this Request

Code	Code Category	Code Type	Description
Type 2 Diabetes			
E11.3599	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E11.36	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with diabetic cataract
E11.37	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment
E11.37X1	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E11.37X2	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E11.37X3	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E11.37X9	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
E11.39	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with other diabetic ophthalmic complication
E11.4	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with neurological complications
E11.40	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with diabetic neuropathy, unspecified
E11.41	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with diabetic mononeuropathy
E11.42	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with diabetic polyneuropathy
E11.43	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy
E11.44	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with diabetic amyotrophy
E11.49	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with other diabetic neurological complication
E11.5	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with circulatory complications
E11.51	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E11.52	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E11.59	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with other circulatory complications
E11.6	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with other specified complications
E11.61	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with diabetic arthropathy
E11.610	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with diabetic neuropathic arthropathy
E11.618	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with other diabetic arthropathy
E11.62	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with skin complications
E11.620	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with diabetic dermatitis
E11.621	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with foot ulcer
E11.622	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with other skin ulcer
E11.628	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with other skin complications
E11.63	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with oral complications
E11.630	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with periodontal disease
E11.638	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with other oral complications
E11.64	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with hypoglycemia
E11.641	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with hypoglycemia with coma
E11.649	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with hypoglycemia without coma
E11.65	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with hyperglycemia
E11.69	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with other specified complication
E11.8	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with unspecified complications
E11.9	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus without complications
O24.1	Diagnosis	ICD-10-CM	Pre-existing type 2 diabetes mellitus, in pregnancy, childbirth and the puerperium
O24.11	Diagnosis	ICD-10-CM	Pre-existing type 2 diabetes mellitus, in pregnancy

Appendix D.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Codes Used to Define Inclusion Criteria in this Request

Code	Code Category	Code Type	Description
Type 2 Diabetes			
O24.111	Diagnosis	ICD-10-CM	Pre-existing type 2 diabetes mellitus, in pregnancy, first trimester
O24.112	Diagnosis	ICD-10-CM	Pre-existing type 2 diabetes mellitus, in pregnancy, second trimester
O24.113	Diagnosis	ICD-10-CM	Pre-existing type 2 diabetes mellitus, in pregnancy, third trimester
O24.119	Diagnosis	ICD-10-CM	Pre-existing type 2 diabetes mellitus, in pregnancy, unspecified trimester
O24.12	Diagnosis	ICD-10-CM	Pre-existing type 2 diabetes mellitus, in childbirth
O24.13	Diagnosis	ICD-10-CM	Pre-existing type 2 diabetes mellitus, in the puerperium
250	Diagnosis	ICD-9-CM	Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled
250.02	Diagnosis	ICD-9-CM	Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled
250.1	Diagnosis	ICD-9-CM	Diabetes with ketoacidosis, type II or unspecified type, not stated as uncontrolled
250.12	Diagnosis	ICD-9-CM	Diabetes with ketoacidosis, type II or unspecified type, uncontrolled
250.2	Diagnosis	ICD-9-CM	Diabetes with hyperosmolarity, type II or unspecified type, not stated as uncontrolled
250.22	Diagnosis	ICD-9-CM	Diabetes with hyperosmolarity, type II or unspecified type, uncontrolled
250.3	Diagnosis	ICD-9-CM	Diabetes with other coma, type II or unspecified type, not stated as uncontrolled
250.32	Diagnosis	ICD-9-CM	Diabetes with other coma, type II or unspecified type, uncontrolled
250.4	Diagnosis	ICD-9-CM	Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled
250.42	Diagnosis	ICD-9-CM	Diabetes with renal manifestations, type II or unspecified type, uncontrolled
250.5	Diagnosis	ICD-9-CM	Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled
250.52	Diagnosis	ICD-9-CM	Diabetes with ophthalmic manifestations, type II or unspecified type, uncontrolled
250.6	Diagnosis	ICD-9-CM	Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled
250.62	Diagnosis	ICD-9-CM	Diabetes with neurological manifestations, type II or unspecified type, uncontrolled
250.7	Diagnosis	ICD-9-CM	Diabetes with peripheral circulatory disorders, type II or unspecified type, not stated as uncontrolled
250.72	Diagnosis	ICD-9-CM	Diabetes with peripheral circulatory disorders, type II or unspecified type, uncontrolled
250.8	Diagnosis	ICD-9-CM	Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled
250.82	Diagnosis	ICD-9-CM	Diabetes with other specified manifestations, type II or unspecified type, uncontrolled
250.9	Diagnosis	ICD-9-CM	Diabetes with unspecified complication, type II or unspecified type, not stated as uncontrolled
250.92	Diagnosis	ICD-9-CM	Diabetes with unspecified complication, type II or unspecified type, uncontrolled

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

Generic Name	Brand Name
Inflammatory Bowel Disease Treatment	
adalimumab	Humira
adalimumab	Humira Pediatric Crohns Start
adalimumab	Humira Pen
adalimumab	Humira Pen Crohns-UC-HS Start
adalimumab	Humira Pen Psor-Uveits-Adol HS
adalimumab	Humira(CF)
adalimumab	Humira(CF) Pedi Crohns Starter
adalimumab	Humira(CF) Pen
adalimumab	Humira(CF) Pen Crohns-UC-HS
adalimumab	Humira(CF) Pen Pediatric UC
adalimumab	Humira(CF) Pen Psor-Uv-Adol HS
azathioprine	Azasan
azathioprine	Imuran
azathioprine	azathioprine
azathioprine sodium	azathioprine sodium
balsalazide disodium	Colazal
balsalazide disodium	Giazo
balsalazide disodium	balsalazide
budesonide	Entocort EC
budesonide	Ortikos
budesonide	Tarpeyo
budesonide	Uceris
budesonide	budesonide
certolizumab pegol	Cimzia
certolizumab pegol	Cimzia Powder for Reconst
certolizumab pegol	Cimzia Starter Kit
cyclosporine	Sandimmune
cyclosporine	cyclosporine
cyclosporine, modified	Gengraf
cyclosporine, modified	Neoral
cyclosporine, modified	cyclosporine modified
golimumab	Simponi
hydrocortisone acetate	Cortifoam
infliximab	Remicade
infliximab	infliximab
infliximab-abda	Renflexis

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

Generic Name	Brand Name
infliximab-axxq	Avsola
infliximab-dyyb	Inflectra
mercaptopurine	Purinethol
mercaptopurine	Purixan
mercaptopurine	mercaptopurine
mesalamine	Apriso
mesalamine	Asacol
mesalamine	Asacol HD
mesalamine	Canasa
mesalamine	Delzicol
mesalamine	Lialda
mesalamine	Pentasa
mesalamine	Rowasa
mesalamine	mesalamine
mesalamine	sfRowasa
mesalamine with cleansing wipes	Rowasa
mesalamine with cleansing wipes	mesalamine with cleansing wipe
methotrexate	Xatmep
methotrexate sodium	Methotrexate (Anti-Rheumatic)
methotrexate sodium	Rheumatrex
methotrexate sodium	Trexall
methotrexate sodium	methotrexate sodium
methotrexate sodium/PF	methotrexate sodium (PF)
methotrexate/PF	Otrexup (PF)
methotrexate/PF	Rasuvo (PF)
methotrexate/PF	RediTrex (PF)
olsalazine sodium	Dipentum
ozanimod hydrochloride	Zeposia
ozanimod hydrochloride	Zeposia Starter Kit
ozanimod hydrochloride	Zeposia Starter Pack
risankizumab-rzaa	Skyrizi
sulfasalazine	Azulfidine
sulfasalazine	Azulfidine EN-tabs
sulfasalazine	Sulfazine
sulfasalazine	sulfasalazine
tacrolimus	Astagraf XL
tacrolimus	Envarsus XR

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

Generic Name	Brand Name
tacrolimus	Hecoria
tacrolimus	Prograf
tacrolimus	tacrolimus
tofacitinib citrate	Xeljanz
tofacitinib citrate	Xeljanz XR
upadacitinib	Rinvoq
ustekinumab	Stelara
vedolizumab	Entyvio
SGLT-2 Inhibitors	
canagliflozin	Invokana
dapagliflozin propanediol	Farxiga
empagliflozin	Jardiance
ertugliflozin pidolate	Steglatro
DPP-4 Inhibitors	
alogliptin benzoate	Nesina
alogliptin benzoate	alogliptin
alogliptin benzoate/pioglitazone HCl	Oseni
alogliptin benzoate/pioglitazone HCl	alogliptin-pioglitazone
linagliptin	Tradjenta
saxagliptin HCl	Onglyza
sitagliptin phosphate	Januvia
sitagliptin phosphate/simvastatin	Juvisync

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
Type 1 Diabetes			
E10	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus
E10.1	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with ketoacidosis
E10.10	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with ketoacidosis without coma
E10.11	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with ketoacidosis with coma
E10.2	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with kidney complications
E10.21	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with diabetic nephropathy
E10.22	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with diabetic chronic kidney disease
E10.29	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with other diabetic kidney complication
E10.3	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with ophthalmic complications
E10.31	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with unspecified diabetic retinopathy
E10.311	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema
			Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema
E10.319	Diagnosis	ICD-10-CM	
E10.32	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy
			Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
E10.321	Diagnosis	ICD-10-CM	
			Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E10.3211	Diagnosis	ICD-10-CM	
			Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E10.3212	Diagnosis	ICD-10-CM	
			Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3213	Diagnosis	ICD-10-CM	
			Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E10.3219	Diagnosis	ICD-10-CM	
			Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
E10.329	Diagnosis	ICD-10-CM	
			Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E10.3291	Diagnosis	ICD-10-CM	
			Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E10.3292	Diagnosis	ICD-10-CM	
			Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E10.3293	Diagnosis	ICD-10-CM	
			Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
E10.3299	Diagnosis	ICD-10-CM	
E10.33	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy
			Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
E10.331	Diagnosis	ICD-10-CM	
			Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E10.3311	Diagnosis	ICD-10-CM	
			Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E10.3312	Diagnosis	ICD-10-CM	

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
E10.3313	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3319	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E10.339	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
E10.3391	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E10.3392	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E10.3393	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E10.3399	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
E10.34	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy
E10.341	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
E10.3411	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E10.3412	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E10.3413	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3419	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E10.349	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema
E10.3491	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
E10.3492	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E10.3493	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E10.3499	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E10.35	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with proliferative diabetic retinopathy
E10.351	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema
E10.3511	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E10.3512	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
E10.3513	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E10.3519	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E10.352	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula
E10.3521	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E10.3522	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E10.3523	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E10.3529	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E10.353	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula
E10.3531	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E10.3532	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E10.3533	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E10.3539	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E10.354	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment
E10.3541	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E10.3542	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E10.3543	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E10.3549	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E10.355	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy
E10.3551	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E10.3552	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E10.3553	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E10.3559	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
E10.359	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema
E10.3591	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E10.3592	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E10.3593	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E10.3599	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E10.36	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with diabetic cataract
E10.37	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment
E10.37X1	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E10.37X2	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E10.37X3	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E10.37X9	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
E10.39	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with other diabetic ophthalmic complication
E10.4	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with neurological complications
E10.40	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with diabetic neuropathy, unspecified
E10.41	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with diabetic mononeuropathy
E10.42	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with diabetic polyneuropathy
E10.43	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy
E10.44	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with diabetic amyotrophy
E10.49	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with other diabetic neurological complication
E10.5	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with circulatory complications
E10.51	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E10.52	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E10.59	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with other circulatory complications
E10.6	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with other specified complications
E10.61	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with diabetic arthropathy
E10.610	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with diabetic neuropathic arthropathy
E10.618	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with other diabetic arthropathy
E10.62	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with skin complications
E10.620	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with diabetic dermatitis
E10.621	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with foot ulcer
E10.622	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with other skin ulcer
E10.628	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with other skin complications
E10.63	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with oral complications

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
E10.630	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with periodontal disease
E10.638	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with other oral complications
E10.64	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with hypoglycemia
E10.641	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with hypoglycemia with coma
E10.649	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with hypoglycemia without coma
E10.65	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with hyperglycemia
E10.69	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with other specified complication
E10.8	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with unspecified complications
E10.9	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus without complications
O24.0	Diagnosis	ICD-10-CM	Pre-existing type 1 diabetes mellitus, in pregnancy, childbirth and the puerperium
O24.01	Diagnosis	ICD-10-CM	Pre-existing type 1 diabetes mellitus, in pregnancy
O24.011	Diagnosis	ICD-10-CM	Pre-existing type 1 diabetes mellitus, in pregnancy, first trimester
O24.012	Diagnosis	ICD-10-CM	Pre-existing type 1 diabetes mellitus, in pregnancy, second trimester
O24.013	Diagnosis	ICD-10-CM	Pre-existing type 1 diabetes mellitus, in pregnancy, third trimester
O24.019	Diagnosis	ICD-10-CM	Pre-existing type 1 diabetes mellitus, in pregnancy, unspecified trimester
O24.02	Diagnosis	ICD-10-CM	Pre-existing type 1 diabetes mellitus, in childbirth
O24.03	Diagnosis	ICD-10-CM	Pre-existing type 1 diabetes mellitus, in the puerperium
250.01	Diagnosis	ICD-9-CM	Diabetes mellitus without mention of complication, type I [juvenile type], not stated as uncontrolled
250.03	Diagnosis	ICD-9-CM	Diabetes mellitus without mention of complication, type I [juvenile type], uncontrolled
250.11	Diagnosis	ICD-9-CM	Diabetes with ketoacidosis, type I [juvenile type], not stated as uncontrolled
250.13	Diagnosis	ICD-9-CM	Diabetes with ketoacidosis, type I [juvenile type], uncontrolled
250.21	Diagnosis	ICD-9-CM	Diabetes with hyperosmolarity, type I [juvenile type], not stated as uncontrolled
250.23	Diagnosis	ICD-9-CM	Diabetes with hyperosmolarity, type I [juvenile type], uncontrolled
250.31	Diagnosis	ICD-9-CM	Diabetes with other coma, type I [juvenile type], not stated as uncontrolled
250.33	Diagnosis	ICD-9-CM	Diabetes with other coma, type I [juvenile type], uncontrolled
250.41	Diagnosis	ICD-9-CM	Diabetes with renal manifestations, type I [juvenile type], not stated as uncontrolled
250.43	Diagnosis	ICD-9-CM	Diabetes with renal manifestations, type I [juvenile type], uncontrolled
250.51	Diagnosis	ICD-9-CM	Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled
250.53	Diagnosis	ICD-9-CM	Diabetes with ophthalmic manifestations, type I [juvenile type], uncontrolled
250.61	Diagnosis	ICD-9-CM	Diabetes with neurological manifestations, type I [juvenile type], not stated as uncontrolled
250.63	Diagnosis	ICD-9-CM	Diabetes with neurological manifestations, type I [juvenile type], uncontrolled
250.71	Diagnosis	ICD-9-CM	Diabetes with peripheral circulatory disorders, type I [juvenile type], not stated as uncontrolled
250.73	Diagnosis	ICD-9-CM	Diabetes with peripheral circulatory disorders, type I [juvenile type], uncontrolled
250.81	Diagnosis	ICD-9-CM	Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled
250.83	Diagnosis	ICD-9-CM	Diabetes with other specified manifestations, type I [juvenile type], uncontrolled

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Code	Code Category	Code Type	Description
250.91	Diagnosis	ICD-9-CM	Diabetes with unspecified complication, type I [juvenile type], not stated as uncontrolled
250.93	Diagnosis	ICD-9-CM	Diabetes with unspecified complication, type I [juvenile type], uncontrolled
Inflammatory Bowel Disease			
556	Diagnosis	ICD-9-CM	Crohn's disease of small intestine without complications
556.1	Diagnosis	ICD-9-CM	Crohn's disease of large intestine without complications
556.2	Diagnosis	ICD-9-CM	Crohn's disease of both small and large intestine without complications
556.3	Diagnosis	ICD-9-CM	Crohn's disease, unspecified, without complications
556.4	Diagnosis	ICD-9-CM	Other ulcerative colitis without complications
556.5	Diagnosis	ICD-9-CM	Ulcerative (chronic) proctitis without complications
556.6	Diagnosis	ICD-9-CM	Ulcerative (chronic) rectosigmoiditis without complications
556.8	Diagnosis	ICD-9-CM	Inflammatory polyps of colon without complications
556.9	Diagnosis	ICD-9-CM	Left sided colitis without complications
556	Diagnosis	ICD-9-CM	Ulcerative (chronic) pancolitis without complications
K51	Diagnosis	ICD-10-CM	Ulcerative colitis, unspecified, without complications
K51.0	Diagnosis	ICD-10-CM	Regional enteritis of small intestine
K51.00	Diagnosis	ICD-10-CM	Regional enteritis of large intestine
K51.01	Diagnosis	ICD-10-CM	Regional enteritis of small intestine with large intestine
K51.011	Diagnosis	ICD-10-CM	Regional enteritis of unspecified site
K51.012	Diagnosis	ICD-10-CM	Ulcerative (chronic) enterocolitis
K51.013	Diagnosis	ICD-10-CM	Ulcerative (chronic) ileocolitis
K51.014	Diagnosis	ICD-10-CM	Ulcerative (chronic) proctitis
K51.018	Diagnosis	ICD-10-CM	Ulcerative (chronic) proctosigmoiditis
K51.019	Diagnosis	ICD-10-CM	Pseudopolypoidosis of colon
K51.2	Diagnosis	ICD-10-CM	Left sided ulcerative (chronic) colitis
K51.20	Diagnosis	ICD-10-CM	Universal ulcerative (chronic) colitis
K51.21	Diagnosis	ICD-10-CM	Other ulcerative colitis
K51.211	Diagnosis	ICD-10-CM	Unspecified ulcerative colitis
K51.212	Diagnosis	ICD-10-CM	Toxic megacolon
K51.213	Diagnosis	ICD-10-CM	Ulcerative (chronic) proctitis with other complication
K51.214	Diagnosis	ICD-10-CM	Ulcerative (chronic) proctitis with unspecified complications
K51.218	Diagnosis	ICD-10-CM	Ulcerative (chronic) rectosigmoiditis with rectal bleeding
K51.219	Diagnosis	ICD-10-CM	Ulcerative (chronic) rectosigmoiditis with intestinal obstruction
K51.3	Diagnosis	ICD-10-CM	Ulcerative (chronic) rectosigmoiditis with fistula
K51.30	Diagnosis	ICD-10-CM	Ulcerative (chronic) rectosigmoiditis with abscess
K51.31	Diagnosis	ICD-10-CM	Ulcerative (chronic) rectosigmoiditis with other complication
K51.311	Diagnosis	ICD-10-CM	Ulcerative (chronic) rectosigmoiditis with unspecified complications
K51.312	Diagnosis	ICD-10-CM	Inflammatory polyps of colon with rectal bleeding
K51.313	Diagnosis	ICD-10-CM	Inflammatory polyps of colon with intestinal obstruction
K51.314	Diagnosis	ICD-10-CM	Inflammatory polyps of colon with fistula
K51.318	Diagnosis	ICD-10-CM	Inflammatory polyps of colon with abscess
K51.319	Diagnosis	ICD-10-CM	Inflammatory polyps of colon with other complication

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Code	Code Category	Code Type	Description
K51.4	Diagnosis	ICD-10-CM	Inflammatory polyps of colon with unspecified complications
K51.40	Diagnosis	ICD-10-CM	Left sided colitis with rectal bleeding
K51.41	Diagnosis	ICD-10-CM	Left sided colitis with intestinal obstruction
K51.411	Diagnosis	ICD-10-CM	Left sided colitis with fistula
K51.412	Diagnosis	ICD-10-CM	Left sided colitis with abscess
K51.413	Diagnosis	ICD-10-CM	Left sided colitis with other complication
K51.414	Diagnosis	ICD-10-CM	Left sided colitis with unspecified complications
K51.418	Diagnosis	ICD-10-CM	Ulcerative (chronic) pancolitis with rectal bleeding
K51.419	Diagnosis	ICD-10-CM	Ulcerative (chronic) pancolitis with intestinal obstruction
K51.5	Diagnosis	ICD-10-CM	Ulcerative (chronic) pancolitis with fistula
K51.50	Diagnosis	ICD-10-CM	Ulcerative (chronic) pancolitis with abscess
K51.51	Diagnosis	ICD-10-CM	Ulcerative (chronic) pancolitis with other complication
K51.511	Diagnosis	ICD-10-CM	Ulcerative (chronic) pancolitis with unspecified complications
K51.512	Diagnosis	ICD-10-CM	Other ulcerative colitis with rectal bleeding
K51.513	Diagnosis	ICD-10-CM	Other ulcerative colitis with intestinal obstruction
K51.514	Diagnosis	ICD-10-CM	Other ulcerative colitis with fistula
K51.518	Diagnosis	ICD-10-CM	Other ulcerative colitis with abscess
K51.519	Diagnosis	ICD-10-CM	Other ulcerative colitis with other complication
K51.8	Diagnosis	ICD-10-CM	Other ulcerative colitis with unspecified complications
K51.80	Diagnosis	ICD-10-CM	Ulcerative colitis, unspecified with rectal bleeding
K51.81	Diagnosis	ICD-10-CM	Ulcerative colitis, unspecified with intestinal obstruction
K51.811	Diagnosis	ICD-10-CM	Ulcerative colitis, unspecified with fistula
K51.812	Diagnosis	ICD-10-CM	Ulcerative colitis, unspecified with abscess
K51.813	Diagnosis	ICD-10-CM	Ulcerative colitis, unspecified with other complication
K51.814	Diagnosis	ICD-10-CM	Ulcerative colitis, unspecified with unspecified complications
K51.818	Diagnosis	ICD-10-CM	Crohn's disease of small intestine with rectal bleeding
K51.819	Diagnosis	ICD-10-CM	Crohn's disease of small intestine with intestinal obstruction
K51.9	Diagnosis	ICD-10-CM	Crohn's disease of small intestine with fistula
K51.90	Diagnosis	ICD-10-CM	Crohn's disease of small intestine with abscess
K51.91	Diagnosis	ICD-10-CM	Crohn's disease of small intestine with other complication
K51.911	Diagnosis	ICD-10-CM	Crohn's disease of small intestine with unspecified complications
K51.912	Diagnosis	ICD-10-CM	Crohn's disease of large intestine with rectal bleeding
K51.913	Diagnosis	ICD-10-CM	Crohn's disease of large intestine with intestinal obstruction
K51.914	Diagnosis	ICD-10-CM	Crohn's disease of large intestine with fistula
K51.918	Diagnosis	ICD-10-CM	Crohn's disease of large intestine with abscess
K51.919	Diagnosis	ICD-10-CM	Crohn's disease of large intestine with other complication
555	Diagnosis	ICD-9-CM	Crohn's disease of large intestine with unspecified complications
555	Diagnosis	ICD-9-CM	Crohn's disease of both small and large intestine with rectal bleeding
555.1	Diagnosis	ICD-9-CM	Crohn's disease of both small and large intestine with intestinal obstruction
555.2	Diagnosis	ICD-9-CM	Crohn's disease of both small and large intestine with fistula
555.9	Diagnosis	ICD-9-CM	Crohn's disease of both small and large intestine with abscess
K50.00	Diagnosis	ICD-10-CM	Crohn's disease of both small and large intestine with other complication

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
K50.011	Diagnosis	ICD-10-CM	Crohn's disease of both small and large intestine with unspecified complications
K50.012	Diagnosis	ICD-10-CM	Crohn's disease, unspecified, with rectal bleeding
K50.013	Diagnosis	ICD-10-CM	Crohn's disease, unspecified, with intestinal obstruction
K50.014	Diagnosis	ICD-10-CM	Crohn's disease, unspecified, with fistula
K50.018	Diagnosis	ICD-10-CM	Crohn's disease, unspecified, with abscess
K50.019	Diagnosis	ICD-10-CM	Crohn's disease, unspecified, with other complication
K50.10	Diagnosis	ICD-10-CM	Crohn's disease, unspecified, with unspecified complications
K50.111	Diagnosis	ICD-10-CM	Ulcerative (chronic) proctitis with rectal bleeding
K50.112	Diagnosis	ICD-10-CM	Ulcerative (chronic) proctitis with intestinal obstruction
K50.113	Diagnosis	ICD-10-CM	Ulcerative (chronic) proctitis with fistula
K50.114	Diagnosis	ICD-10-CM	Ulcerative (chronic) proctitis with abscess
K50.118	Diagnosis	ICD-10-CM	Other and unspecified noninfective gastroenteritis and colitis
K50.119	Diagnosis	ICD-10-CM	Gastroenteritis and colitis due to radiation
K50.80	Diagnosis	ICD-10-CM	Toxic gastroenteritis and colitis
K50.811	Diagnosis	ICD-10-CM	Allergic and dietetic gastroenteritis and colitis
K50.812	Diagnosis	ICD-10-CM	Food protein-induced enterocolitis syndrome
K50.813	Diagnosis	ICD-10-CM	Food protein-induced enteropathy
K50.814	Diagnosis	ICD-10-CM	Other allergic and dietetic gastroenteritis and colitis
K50.818	Diagnosis	ICD-10-CM	Indeterminate colitis
K50.819	Diagnosis	ICD-10-CM	Other specified noninfective gastroenteritis and colitis
K50.90	Diagnosis	ICD-10-CM	Eosinophilic gastritis or gastroenteritis
K50.911	Diagnosis	ICD-10-CM	Eosinophilic colitis
K50.912	Diagnosis	ICD-10-CM	Microscopic colitis
K50.913	Diagnosis	ICD-10-CM	Collagenous colitis
K50.914	Diagnosis	ICD-10-CM	Lymphocytic colitis
K50.918	Diagnosis	ICD-10-CM	Other microscopic colitis
K50.919	Diagnosis	ICD-10-CM	Microscopic colitis, unspecified
558.9	Diagnosis	ICD-9-CM	Other specified noninfective gastroenteritis and colitis
K52.3	Diagnosis	ICD-10-CM	Noninfective gastroenteritis and colitis, unspecified
Inflammatory Bowel Disease Treatment			
80158	Procedure	CPT-4	Cyclosporine
80204	Procedure	CPT-4	Methotrexate
J7500	Procedure	HCPCS	Azathioprine, oral, 50 mg
J7501	Procedure	HCPCS	Azathioprine, parenteral, 100 mg
J7502	Procedure	HCPCS	Cyclosporine, oral, 100 mg
J7515	Procedure	HCPCS	Cyclosporine, oral, 25 mg
J7516	Procedure	HCPCS	Cyclosporine, parenteral, 250 mg
J8610	Procedure	HCPCS	Methotrexate, oral, 2.5 mg
J9250	Procedure	HCPCS	Methotrexate sodium, 5 mg
J9260	Procedure	HCPCS	Methotrexate sodium, 50 mg
S0108	Procedure	HCPCS	Mercaptopurine, oral, 50 mg
80280	Procedure	CPT-4	Vedolizumab

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Code	Code Category	Code Type	Description
C9026	Procedure	HCPCS	Injection, vedolizumab, 1 mg
J2323	Procedure	HCPCS	Injection, natalizumab, 1 mg
J3380	Procedure	HCPCS	Injection, vedolizumab, 1 mg
Q4079	Procedure	HCPCS	Injection, natalizumab, 1 mg
80145	Procedure	CPT-4	Adalimumab
80230	Procedure	CPT-4	Infliximab
C9249	Procedure	HCPCS	Injection, certolizumab pegol, 1 mg
J0135	Procedure	HCPCS	Injection, adalimumab, 20 mg
			Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
J0717	Procedure	HCPCS	Injection, certolizumab pegol, 1 mg
J0718	Procedure	HCPCS	Injection, certolizumab pegol, 1 mg
J1602	Procedure	HCPCS	Injection, golimumab, 1 mg, for intravenous use
J1745	Procedure	HCPCS	Injection, infliximab, excludes biosimilar, 10 mg
Q5102	Procedure	HCPCS	Injection, infliximab, biosimilar, 10 mg
Q5103	Procedure	HCPCS	Injection, infliximab-dyyb, biosimilar, (Inflectra), 10 mg
Q5104	Procedure	HCPCS	Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg
Q5109	Procedure	HCPCS	Injection, infliximab-qbtq, biosimilar, (Ixifi), 10 mg
Q5121	Procedure	HCPCS	Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg
			Home infusion therapy, antitumor necrosis factor intravenous therapy; (e.g., Infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9359	Procedure	HCPCS	Injection, ustekinumab, 1 mg
C9261	Procedure	HCPCS	Injection, ustekinumab, 1 mg
C9487	Procedure	HCPCS	Ustekinumab, for intravenous injection, 1 mg
J2327	Procedure	HCPCS	Injection, risankizumab-rzaa, intravenous, 1 mg
J3357	Procedure	HCPCS	Ustekinumab, for subcutaneous injection, 1 mg
J3358	Procedure	HCPCS	Ustekinumab, for intravenous injection, 1 mg
Q9989	Procedure	HCPCS	Ustekinumab, for intravenous injection, 1 mg
80197	Procedure	CPT-4	Tacrolimus
J7503	Procedure	HCPCS	Tacrolimus, extended release, (Envarsus XR), oral, 0.25 mg
J7507	Procedure	HCPCS	Tacrolimus, immediate release, oral, 1 mg
J7508	Procedure	HCPCS	Tacrolimus, extended release, (Astagraf XL), oral, 0.1 mg
J7525	Procedure	HCPCS	Tacrolimus, parenteral, 5 mg
Diverticulitis or Colitis			
558	Diagnosis	ICD-9-CM	Other noninfectious gastroenteritis and colitis
8.45	Diagnosis	ICD-9-CM	Intestinal infections due to clostridium difficile
556.5	Diagnosis	ICD-9-CM	Left sided ulcerative (chronic) colitis
556.6	Diagnosis	ICD-9-CM	Universal ulcerative (chronic) colitis
556.8	Diagnosis	ICD-9-CM	Other ulcerative colitis
556.9	Diagnosis	ICD-9-CM	Unspecified ulcerative colitis
557	Diagnosis	ICD-9-CM	Acute vascular insufficiency of intestine

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Code	Code Category	Code Type	Description
557.1	Diagnosis	ICD-9-CM	Chronic vascular insufficiency of intestine
557.9	Diagnosis	ICD-9-CM	Unspecified vascular insufficiency of intestine
558.4	Diagnosis	ICD-9-CM	Eosinophilic gastroenteritis and colitis
558.9	Diagnosis	ICD-9-CM	Other and unspecified noninfectious gastroenteritis and colitis
535.7	Diagnosis	ICD-9-CM	Eosinophilic gastritis without mention of hemorrhage
535.71	Diagnosis	ICD-9-CM	Eosinophilic gastritis with hemorrhage
558.41	Diagnosis	ICD-9-CM	Eosinophilic gastroenteritis
558.42	Diagnosis	ICD-9-CM	Eosinophilic colitis
562.01	Diagnosis	ICD-9-CM	Diverticulitis of small intestine (without mention of hemorrhage)
562.03	Diagnosis	ICD-9-CM	Diverticulitis of small intestine with hemorrhage
562.11	Diagnosis	ICD-9-CM	Diverticulitis of colon (without mention of hemorrhage)
562.13	Diagnosis	ICD-9-CM	Diverticulitis of colon with hemorrhage
8.45	Diagnosis	ICD-9-CM	Intestinal infections due to clostridium difficile
535.7	Diagnosis	ICD-9-CM	Eosinophilic gastritis without mention of hemorrhage
535.71	Diagnosis	ICD-9-CM	Eosinophilic gastritis with hemorrhage
557	Diagnosis	ICD-9-CM	Acute vascular insufficiency of intestine
557.1	Diagnosis	ICD-9-CM	Chronic vascular insufficiency of intestine
557.9	Diagnosis	ICD-9-CM	Unspecified vascular insufficiency of intestine
562	Diagnosis	ICD-9-CM	Diverticula of small intestine
562.01	Diagnosis	ICD-9-CM	Diverticulitis of small intestine (without mention of hemorrhage)
562.02	Diagnosis	ICD-9-CM	Diverticulosis of small intestine with hemorrhage
562.03	Diagnosis	ICD-9-CM	Diverticulitis of small intestine with hemorrhage
562.1	Diagnosis	ICD-9-CM	Diverticulosis of colon (without mention of hemorrhage)
562.11	Diagnosis	ICD-9-CM	Diverticulitis of colon (without mention of hemorrhage)
562.12	Diagnosis	ICD-9-CM	Diverticulosis of colon with hemorrhage
562.13	Diagnosis	ICD-9-CM	Diverticulitis of colon with hemorrhage
A04.7	Diagnosis	ICD-10-CM	Enterocolitis due to Clostridium difficile
A04.71	Diagnosis	ICD-10-CM	Enterocolitis due to Clostridium difficile, recurrent
A04.72	Diagnosis	ICD-10-CM	Enterocolitis due to Clostridium difficile, not specified as recurrent
K52.3	Diagnosis	ICD-10-CM	Indeterminate colitis
K52.8	Diagnosis	ICD-10-CM	Other specified noninfective gastroenteritis and colitis
K52.81	Diagnosis	ICD-10-CM	Eosinophilic gastritis or gastroenteritis
K52.82	Diagnosis	ICD-10-CM	Eosinophilic colitis
K52.83	Diagnosis	ICD-10-CM	Microscopic colitis
K52.831	Diagnosis	ICD-10-CM	Collagenous colitis
K52.832	Diagnosis	ICD-10-CM	Lymphocytic colitis
K52.838	Diagnosis	ICD-10-CM	Other microscopic colitis
K52.839	Diagnosis	ICD-10-CM	Microscopic colitis, unspecified
K52.89	Diagnosis	ICD-10-CM	Other specified noninfective gastroenteritis and colitis
K52.9	Diagnosis	ICD-10-CM	Noninfective gastroenteritis and colitis, unspecified
K57.0	Diagnosis	ICD-10-CM	Diverticulitis of small intestine with perforation and abscess
K57.00	Diagnosis	ICD-10-CM	Diverticulitis of small intestine with perforation and abscess without bleeding

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
K57.01	Diagnosis	ICD-10-CM	Diverticulitis of small intestine with perforation and abscess with bleeding
K57.12	Diagnosis	ICD-10-CM	Diverticulitis of small intestine without perforation or abscess without bleeding
K57.13	Diagnosis	ICD-10-CM	Diverticulitis of small intestine without perforation or abscess with bleeding
K57.2	Diagnosis	ICD-10-CM	Diverticulitis of large intestine with perforation and abscess
K57.20	Diagnosis	ICD-10-CM	Diverticulitis of large intestine with perforation and abscess without bleeding
K57.21	Diagnosis	ICD-10-CM	Diverticulitis of large intestine with perforation and abscess with bleeding
K57.32	Diagnosis	ICD-10-CM	Diverticulitis of large intestine without perforation or abscess without bleeding
K57.33	Diagnosis	ICD-10-CM	Diverticulitis of large intestine without perforation or abscess with bleeding
K57.4	Diagnosis	ICD-10-CM	Diverticulitis of both small and large intestine with perforation and abscess
K57.40	Diagnosis	ICD-10-CM	Diverticulitis of both small and large intestine with perforation and abscess without bleeding
K57.41	Diagnosis	ICD-10-CM	Diverticulitis of both small and large intestine with perforation and abscess with bleeding
K57.52	Diagnosis	ICD-10-CM	Diverticulitis of both small and large intestine without perforation or abscess without bleeding
K57.53	Diagnosis	ICD-10-CM	Diverticulitis of both small and large intestine without perforation or abscess with bleeding
K57.8	Diagnosis	ICD-10-CM	Diverticulitis of intestine, part unspecified, with perforation and abscess
K57.80	Diagnosis	ICD-10-CM	Diverticulitis of intestine, part unspecified, with perforation and abscess without bleeding
K57.81	Diagnosis	ICD-10-CM	Diverticulitis of intestine, part unspecified, with perforation and abscess with bleeding
K57.92	Diagnosis	ICD-10-CM	Diverticulitis of intestine, part unspecified, without perforation or abscess without bleeding
K57.93	Diagnosis	ICD-10-CM	Diverticulitis of intestine, part unspecified, without perforation or abscess with bleeding
Colectomy Colostomy Ileostomy			
17.31	Procedure	ICD-9-PCS	Laparoscopic multiple segmental resection of large intestine
17.33	Procedure	ICD-9-PCS	Laparoscopic right hemicolectomy
17.35	Procedure	ICD-9-PCS	Laparoscopic left hemicolectomy
17.39	Procedure	ICD-9-PCS	Other laparoscopic partial excision of large intestine
42.56	Procedure	ICD-9-PCS	Other intrathoracic esophagocolostomy
42.66	Procedure	ICD-9-PCS	Other antesternal esophagocolostomy
45.02	Procedure	ICD-9-PCS	Other incision of small intestine
45.03	Procedure	ICD-9-PCS	Incision of large intestine
45.11	Procedure	ICD-9-PCS	Transabdominal endoscopy of small intestine
45.12	Procedure	ICD-9-PCS	Endoscopy of small intestine through artificial stoma
45.14	Procedure	ICD-9-PCS	Closed [endoscopic] biopsy of small intestine
45.15	Procedure	ICD-9-PCS	Open biopsy of small intestine
45.19	Procedure	ICD-9-PCS	Other diagnostic procedures on small intestine
45.2	Procedure	ICD-9-PCS	Diagnostic procedures on other intestine
45.21	Procedure	ICD-9-PCS	Transabdominal endoscopy of large intestine

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Code	Code Category	Code Type	Description
45.22	Procedure	ICD-9-PCS	Endoscopy of large intestine through artificial stoma
45.25	Procedure	ICD-9-PCS	Closed [endoscopic] biopsy of large intestine
45.26	Procedure	ICD-9-PCS	Open biopsy of large intestine
45.27	Procedure	ICD-9-PCS	Intestinal biopsy, site unspecified
45.28	Procedure	ICD-9-PCS	Other diagnostic procedures on large intestine
45.29	Procedure	ICD-9-PCS	Other diagnostic procedures on intestine, site unspecified
45.3	Procedure	ICD-9-PCS	Endoscopic excision or destruction of lesion of duodenum
45.31	Procedure	ICD-9-PCS	Other local excision of lesion of duodenum
45.32	Procedure	ICD-9-PCS	Other destruction of lesion of duodenum
45.33	Procedure	ICD-9-PCS	Local excision of lesion or tissue of small intestine, except duodenum
45.34	Procedure	ICD-9-PCS	Other destruction of lesion of small intestine, except duodenum
45.4	Procedure	ICD-9-PCS	Local excision or destruction of lesion or tissue of large intestine
45.41	Procedure	ICD-9-PCS	Excision of lesion or tissue of large intestine
45.42	Procedure	ICD-9-PCS	Endoscopic polypectomy of large intestine
45.43	Procedure	ICD-9-PCS	Endoscopic destruction of other lesion or tissue of large intestine
45.49	Procedure	ICD-9-PCS	Other destruction of lesion of large intestine
45.5	Procedure	ICD-9-PCS	Isolation of intestinal segment
45.51	Procedure	ICD-9-PCS	Isolation of segment of small intestine
45.52	Procedure	ICD-9-PCS	Isolation of segment of large intestine
45.6	Procedure	ICD-9-PCS	Other excision of small intestine
45.61	Procedure	ICD-9-PCS	Multiple segmental resection of small intestine
45.62	Procedure	ICD-9-PCS	Other partial resection of small intestine
45.63	Procedure	ICD-9-PCS	Total removal of small intestine
45.7	Procedure	ICD-9-PCS	Open and other partial excision of large intestine
45.71	Procedure	ICD-9-PCS	Open and other multiple segmental resection of large intestine
45.72	Procedure	ICD-9-PCS	Open and other cecectomy
45.73	Procedure	ICD-9-PCS	Open and other right hemicolectomy
45.74	Procedure	ICD-9-PCS	Open and other resection of transverse colon
45.75	Procedure	ICD-9-PCS	Open and other left hemicolectomy
45.76	Procedure	ICD-9-PCS	Open and other sigmoidectomy
45.79	Procedure	ICD-9-PCS	Other and unspecified partial excision of large intestine
45.81	Procedure	ICD-9-PCS	Laparoscopic total intra-abdominal colectomy
45.82	Procedure	ICD-9-PCS	Open total intra-abdominal colectomy
45.83	Procedure	ICD-9-PCS	Other and unspecified total intra-abdominal colectomy
45.9	Procedure	ICD-9-PCS	Intestinal anastomosis
45.91	Procedure	ICD-9-PCS	Small-to-small intestinal anastomosis
45.92	Procedure	ICD-9-PCS	Anastomosis of small intestine to rectal stump
45.93	Procedure	ICD-9-PCS	Other small-to-large intestinal anastomosis
45.94	Procedure	ICD-9-PCS	Large-to-large intestinal anastomosis
45.95	Procedure	ICD-9-PCS	Anastomosis to anus
46.02	Procedure	ICD-9-PCS	Resection of exteriorized segment of small intestine
46.03	Procedure	ICD-9-PCS	Exteriorization of large intestine

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Code	Code Category	Code Type	Description
46.04	Procedure	ICD-9-PCS	Resection of exteriorized segment of large intestine
46.1	Procedure	ICD-9-PCS	Colostomy, not otherwise specified
46.11	Procedure	ICD-9-PCS	Temporary colostomy
46.13	Procedure	ICD-9-PCS	Permanent colostomy
46.14	Procedure	ICD-9-PCS	Delayed opening of colostomy
46.2	Procedure	ICD-9-PCS	Ileostomy
46.21	Procedure	ICD-9-PCS	Temporary ileostomy
46.22	Procedure	ICD-9-PCS	Continent ileostomy
46.23	Procedure	ICD-9-PCS	Other permanent ileostomy
46.24	Procedure	ICD-9-PCS	Delayed opening of ileostomy
46.42	Procedure	ICD-9-PCS	Repair of pericostomy hernia
48.21	Procedure	ICD-9-PCS	Transabdominal proctosigmoidoscopy
48.22	Procedure	ICD-9-PCS	Proctosigmoidoscopy through artificial stoma
48.23	Procedure	ICD-9-PCS	Rigid proctosigmoidoscopy
48.29	Procedure	ICD-9-PCS	Other diagnostic procedures on rectum, rectosigmoid, and perirectal tissue
48.5	Procedure	ICD-9-PCS	Abdominoperineal resection of the rectum, not otherwise specified
48.51	Procedure	ICD-9-PCS	Laparoscopic abdominoperineal resection of the rectum
48.52	Procedure	ICD-9-PCS	Open abdominoperineal resection of the rectum
48.59	Procedure	ICD-9-PCS	Other abdominoperineal resection of the rectum
48.61	Procedure	ICD-9-PCS	Transsacral rectosigmoidectomy
48.62	Procedure	ICD-9-PCS	Anterior resection of rectum with synchronous colostomy
49.21	Procedure	ICD-9-PCS	Anoscopy
49.29	Procedure	ICD-9-PCS	Other diagnostic procedures on anus and perianal tissue
51.36	Procedure	ICD-9-PCS	Choledochoenterostomy
52.51	Procedure	ICD-9-PCS	Proximal pancreatectomy
52.6	Procedure	ICD-9-PCS	Total pancreatectomy
52.7	Procedure	ICD-9-PCS	Radical pancreaticoduodenectomy
54.91	Procedure	ICD-9-PCS	Percutaneous abdominal drainage
56.5	Procedure	ICD-9-PCS	Cutaneous uretero-ileostomy
56.51	Procedure	ICD-9-PCS	Formation of cutaneous uretero-ileostomy
56.52	Procedure	ICD-9-PCS	Revision of cutaneous uretero-ileostomy
57.87	Procedure	ICD-9-PCS	Reconstruction of urinary bladder
68.8	Procedure	ICD-9-PCS	Pelvic evisceration
96.08	Procedure	ICD-9-PCS	Insertion of (nasal) intestinal tube
98.03	Procedure	ICD-9-PCS	Removal of intraluminal foreign body from stomach and small intestine without incision
98.04	Procedure	ICD-9-PCS	Removal of intraluminal foreign body from large intestine without incision
98.18	Procedure	ICD-9-PCS	Removal of intraluminal foreign body from artificial stoma without incision
43845	Procedure	CPT-4	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)
44136	Procedure	CPT-4	Intestinal allotransplantation; from living donor

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Code	Code Category	Code Type	Description
44139	Procedure	CPT-4	Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)
44140	Procedure	CPT-4	Colectomy, partial; with anastomosis
44141	Procedure	CPT-4	Colectomy, partial; with skin level cecostomy or colostomy
44143	Procedure	CPT-4	Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)
44144	Procedure	CPT-4	Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula
44145	Procedure	CPT-4	Colectomy, partial; with colopectostomy (low pelvic anastomosis)
44146	Procedure	CPT-4	Colectomy, partial; with colopectostomy (low pelvic anastomosis), with colostomy
44147	Procedure	CPT-4	Colectomy, partial; abdominal and transanal approach
44150	Procedure	CPT-4	Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy
44151	Procedure	CPT-4	Colectomy, total, abdominal, without proctectomy; with continent ileostomy
44155	Procedure	CPT-4	Colectomy, total, abdominal, with proctectomy; with ileostomy
44156	Procedure	CPT-4	Colectomy, total, abdominal, with proctectomy; with continent ileostomy
44157	Procedure	CPT-4	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed
44158	Procedure	CPT-4	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed
44160	Procedure	CPT-4	Colectomy, partial, with removal of terminal ileum with ileocolostomy
44186	Procedure	CPT-4	Laparoscopy, surgical; jejunostomy (eg, for decompression or feeding)
44187	Procedure	CPT-4	Laparoscopy, surgical; ileostomy or jejunostomy, non-tube
44188	Procedure	CPT-4	Laparoscopy, surgical, colostomy or skin level cecostomy
44204	Procedure	CPT-4	Laparoscopy, surgical; colectomy, partial, with anastomosis
44205	Procedure	CPT-4	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy
44206	Procedure	CPT-4	Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)
44207	Procedure	CPT-4	Laparoscopy, surgical; colectomy, partial, with anastomosis, with colopectostomy (low pelvic anastomosis)
44208	Procedure	CPT-4	Laparoscopy, surgical; colectomy, partial, with anastomosis, with colopectostomy (low pelvic anastomosis) with colostomy
44210	Procedure	CPT-4	Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy
44211	Procedure	CPT-4	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, includes rectal mucosectomy, when performed
44212	Procedure	CPT-4	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
44213	Procedure	CPT-4	Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)
44310	Procedure	CPT-4	Ileostomy or jejunostomy, non-tube
44312	Procedure	CPT-4	Revision of ileostomy; simple (release of superficial scar) (separate procedure)
44314	Procedure	CPT-4	Revision of ileostomy; complicated (reconstruction in-depth) (separate procedure)
44316	Procedure	CPT-4	Continent ileostomy (Kock procedure) (separate procedure)
44320	Procedure	CPT-4	Colostomy or skin level cecostomy;
44322	Procedure	CPT-4	Colostomy or skin level cecostomy; with multiple biopsies (eg, for congenital megacolon) (separate procedure)
44340	Procedure	CPT-4	Revision of colostomy; simple (release of superficial scar) (separate procedure)
44345	Procedure	CPT-4	Revision of colostomy; complicated (reconstruction in-depth) (separate procedure)
44346	Procedure	CPT-4	Revision of colostomy; with repair of paracolostomy hernia (separate procedure)
44605	Procedure	CPT-4	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); with colostomy
45110	Procedure	CPT-4	Proctectomy; complete, combined abdominoperineal, with colostomy
45113	Procedure	CPT-4	Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy
45121	Procedure	CPT-4	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal or total colectomy, with multiple biopsies
45126	Procedure	CPT-4	Pelvic exenteration for colorectal malignancy, with proctectomy (with or without colostomy), with removal of bladder and ureteral transplantations, and/or hysterectomy, or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), or any combination thereof
45136	Procedure	CPT-4	Excision of ileoanal reservoir with ileostomy
45395	Procedure	CPT-4	Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy
45563	Procedure	CPT-4	Exploration, repair, and presacral drainage for rectal injury; with colostomy
45805	Procedure	CPT-4	Closure of rectovesical fistula; with colostomy
45825	Procedure	CPT-4	Closure of rectourethral fistula; with colostomy
50810	Procedure	CPT-4	Ureterosigmoidostomy, with creation of sigmoid bladder and establishment of abdominal or perineal colostomy, including intestine anastomosis
51597	Procedure	CPT-4	Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantations, with or without hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof
57307	Procedure	CPT-4	Closure of rectovaginal fistula; abdominal approach, with concomitant colostomy
58240	Procedure	CPT-4	Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
99505	Procedure	CPT-4	Home visit for stoma care and maintenance including colostomy and cystostomy
0D160ZB	Procedure	ICD-10-PCS	Bypass Stomach to Ileum, Open Approach
0D19079	Procedure	ICD-10-PCS	Bypass Duodenum to Duodenum with Autologous Tissue Substitute, Open Approach
0D1907A	Procedure	ICD-10-PCS	Bypass Duodenum to Jejunum with Autologous Tissue Substitute, Open Approach
0D1907B	Procedure	ICD-10-PCS	Bypass Duodenum to Ileum with Autologous Tissue Substitute, Open Approach
0D1907L	Procedure	ICD-10-PCS	Bypass Duodenum to Transverse Colon with Autologous Tissue Substitute, Open Approach
0D190J9	Procedure	ICD-10-PCS	Bypass Duodenum to Duodenum with Synthetic Substitute, Open Approach
0D190JA	Procedure	ICD-10-PCS	Bypass Duodenum to Jejunum with Synthetic Substitute, Open Approach
0D190JB	Procedure	ICD-10-PCS	Bypass Duodenum to Ileum with Synthetic Substitute, Open Approach
0D190JL	Procedure	ICD-10-PCS	Bypass Duodenum to Transverse Colon with Synthetic Substitute, Open Approach
0D190K9	Procedure	ICD-10-PCS	Bypass Duodenum to Duodenum with Nonautologous Tissue Substitute, Open Approach
0D190KA	Procedure	ICD-10-PCS	Bypass Duodenum to Jejunum with Nonautologous Tissue Substitute, Open Approach
0D190KB	Procedure	ICD-10-PCS	Bypass Duodenum to Ileum with Nonautologous Tissue Substitute, Open Approach
0D190KL	Procedure	ICD-10-PCS	Bypass Duodenum to Transverse Colon with Nonautologous Tissue Substitute, Open Approach
0D190Z9	Procedure	ICD-10-PCS	Bypass Duodenum to Duodenum, Open Approach
0D190ZA	Procedure	ICD-10-PCS	Bypass Duodenum to Jejunum, Open Approach
0D190ZB	Procedure	ICD-10-PCS	Bypass Duodenum to Ileum, Open Approach
0D190ZL	Procedure	ICD-10-PCS	Bypass Duodenum to Transverse Colon, Open Approach
0D19479	Procedure	ICD-10-PCS	Bypass Duodenum to Duodenum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1947A	Procedure	ICD-10-PCS	Bypass Duodenum to Jejunum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1947B	Procedure	ICD-10-PCS	Bypass Duodenum to Ileum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1947L	Procedure	ICD-10-PCS	Bypass Duodenum to Transverse Colon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D194J9	Procedure	ICD-10-PCS	Bypass Duodenum to Duodenum with Synthetic Substitute, Percutaneous Endoscopic Approach
0D194JA	Procedure	ICD-10-PCS	Bypass Duodenum to Jejunum with Synthetic Substitute, Percutaneous Endoscopic Approach
0D194JB	Procedure	ICD-10-PCS	Bypass Duodenum to Ileum with Synthetic Substitute, Percutaneous Endoscopic Approach
0D194JL	Procedure	ICD-10-PCS	Bypass Duodenum to Transverse Colon with Synthetic Substitute, Percutaneous Endoscopic Approach
0D194K9	Procedure	ICD-10-PCS	Bypass Duodenum to Duodenum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D194KA	Procedure	ICD-10-PCS	Bypass Duodenum to Jejunum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
0D194KB	Procedure	ICD-10-PCS	Bypass Duodenum to Ileum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D194KL	Procedure	ICD-10-PCS	Bypass Duodenum to Transverse Colon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D194Z9	Procedure	ICD-10-PCS	Bypass Duodenum to Duodenum, Percutaneous Endoscopic Approach
0D194ZA	Procedure	ICD-10-PCS	Bypass Duodenum to Jejunum, Percutaneous Endoscopic Approach
0D194ZB	Procedure	ICD-10-PCS	Bypass Duodenum to Ileum, Percutaneous Endoscopic Approach
0D194ZL	Procedure	ICD-10-PCS	Bypass Duodenum to Transverse Colon, Percutaneous Endoscopic Approach
0D19879	Procedure	ICD-10-PCS	Bypass Duodenum to Duodenum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1987A	Procedure	ICD-10-PCS	Bypass Duodenum to Jejunum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1987B	Procedure	ICD-10-PCS	Bypass Duodenum to Ileum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1987L	Procedure	ICD-10-PCS	Bypass Duodenum to Transverse Colon with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D198J9	Procedure	ICD-10-PCS	Bypass Duodenum to Duodenum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D198JA	Procedure	ICD-10-PCS	Bypass Duodenum to Jejunum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D198JB	Procedure	ICD-10-PCS	Bypass Duodenum to Ileum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D198JL	Procedure	ICD-10-PCS	Bypass Duodenum to Transverse Colon with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D198K9	Procedure	ICD-10-PCS	Bypass Duodenum to Duodenum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D198KA	Procedure	ICD-10-PCS	Bypass Duodenum to Jejunum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D198KB	Procedure	ICD-10-PCS	Bypass Duodenum to Ileum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D198KL	Procedure	ICD-10-PCS	Bypass Duodenum to Transverse Colon with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D198Z9	Procedure	ICD-10-PCS	Bypass Duodenum to Duodenum, Via Natural or Artificial Opening Endoscopic
0D198ZA	Procedure	ICD-10-PCS	Bypass Duodenum to Jejunum, Via Natural or Artificial Opening Endoscopic
0D198ZB	Procedure	ICD-10-PCS	Bypass Duodenum to Ileum, Via Natural or Artificial Opening Endoscopic
0D198ZL	Procedure	ICD-10-PCS	Bypass Duodenum to Transverse Colon, Via Natural or Artificial Opening Endoscopic
0D1A07A	Procedure	ICD-10-PCS	Bypass Jejunum to Jejunum with Autologous Tissue Substitute, Open Approach
0D1A07B	Procedure	ICD-10-PCS	Bypass Jejunum to Ileum with Autologous Tissue Substitute, Open Approach
0D1A07H	Procedure	ICD-10-PCS	Bypass Jejunum to Cecum with Autologous Tissue Substitute, Open Approach
0D1A07K	Procedure	ICD-10-PCS	Bypass Jejunum to Ascending Colon with Autologous Tissue Substitute, Open Approach

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
0D1A07L	Procedure	ICD-10-PCS	Bypass Jejunum to Transverse Colon with Autologous Tissue Substitute, Open Approach
0D1A07M	Procedure	ICD-10-PCS	Bypass Jejunum to Descending Colon with Autologous Tissue Substitute, Open Approach
0D1A07N	Procedure	ICD-10-PCS	Bypass Jejunum to Sigmoid Colon with Autologous Tissue Substitute, Open Approach
0D1A07P	Procedure	ICD-10-PCS	Bypass Jejunum to Rectum with Autologous Tissue Substitute, Open Approach
0D1A07Q	Procedure	ICD-10-PCS	Bypass Jejunum to Anus with Autologous Tissue Substitute, Open Approach
0D1A0JA	Procedure	ICD-10-PCS	Bypass Jejunum to Jejunum with Synthetic Substitute, Open Approach
0D1A0JB	Procedure	ICD-10-PCS	Bypass Jejunum to Ileum with Synthetic Substitute, Open Approach
0D1A0JH	Procedure	ICD-10-PCS	Bypass Jejunum to Cecum with Synthetic Substitute, Open Approach
0D1A0JK	Procedure	ICD-10-PCS	Bypass Jejunum to Ascending Colon with Synthetic Substitute, Open Approach
0D1A0JL	Procedure	ICD-10-PCS	Bypass Jejunum to Transverse Colon with Synthetic Substitute, Open Approach
0D1A0JM	Procedure	ICD-10-PCS	Bypass Jejunum to Descending Colon with Synthetic Substitute, Open Approach
0D1A0JN	Procedure	ICD-10-PCS	Bypass Jejunum to Sigmoid Colon with Synthetic Substitute, Open Approach
0D1A0JP	Procedure	ICD-10-PCS	Bypass Jejunum to Rectum with Synthetic Substitute, Open Approach
0D1A0JQ	Procedure	ICD-10-PCS	Bypass Jejunum to Anus with Synthetic Substitute, Open Approach
0D1A0KA	Procedure	ICD-10-PCS	Bypass Jejunum to Jejunum with Nonautologous Tissue Substitute, Open Approach
0D1A0KB	Procedure	ICD-10-PCS	Bypass Jejunum to Ileum with Nonautologous Tissue Substitute, Open Approach
0D1A0KH	Procedure	ICD-10-PCS	Bypass Jejunum to Cecum with Nonautologous Tissue Substitute, Open Approach
0D1A0KK	Procedure	ICD-10-PCS	Bypass Jejunum to Ascending Colon with Nonautologous Tissue Substitute, Open Approach
0D1A0KL	Procedure	ICD-10-PCS	Bypass Jejunum to Transverse Colon with Nonautologous Tissue Substitute, Open Approach
0D1A0KM	Procedure	ICD-10-PCS	Bypass Jejunum to Descending Colon with Nonautologous Tissue Substitute, Open Approach
0D1A0KN	Procedure	ICD-10-PCS	Bypass Jejunum to Sigmoid Colon with Nonautologous Tissue Substitute, Open Approach
0D1A0KP	Procedure	ICD-10-PCS	Bypass Jejunum to Rectum with Nonautologous Tissue Substitute, Open Approach
0D1A0KQ	Procedure	ICD-10-PCS	Bypass Jejunum to Anus with Nonautologous Tissue Substitute, Open Approach
0D1A0ZA	Procedure	ICD-10-PCS	Bypass Jejunum to Jejunum, Open Approach
0D1A0ZB	Procedure	ICD-10-PCS	Bypass Jejunum to Ileum, Open Approach
0D1A0ZH	Procedure	ICD-10-PCS	Bypass Jejunum to Cecum, Open Approach
0D1A0ZK	Procedure	ICD-10-PCS	Bypass Jejunum to Ascending Colon, Open Approach
0D1A0ZL	Procedure	ICD-10-PCS	Bypass Jejunum to Transverse Colon, Open Approach
0D1A0ZM	Procedure	ICD-10-PCS	Bypass Jejunum to Descending Colon, Open Approach
0D1A0ZN	Procedure	ICD-10-PCS	Bypass Jejunum to Sigmoid Colon, Open Approach
0D1A0ZP	Procedure	ICD-10-PCS	Bypass Jejunum to Rectum, Open Approach
0D1A0ZQ	Procedure	ICD-10-PCS	Bypass Jejunum to Anus, Open Approach
0D1A47A	Procedure	ICD-10-PCS	Bypass Jejunum to Jejunum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1A47B	Procedure	ICD-10-PCS	Bypass Jejunum to Ileum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
0D1A47H	Procedure	ICD-10-PCS	Bypass Jejunum to Cecum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1A47K	Procedure	ICD-10-PCS	Bypass Jejunum to Ascending Colon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1A47L	Procedure	ICD-10-PCS	Bypass Jejunum to Transverse Colon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1A47M	Procedure	ICD-10-PCS	Bypass Jejunum to Descending Colon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1A47N	Procedure	ICD-10-PCS	Bypass Jejunum to Sigmoid Colon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1A47P	Procedure	ICD-10-PCS	Bypass Jejunum to Rectum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1A47Q	Procedure	ICD-10-PCS	Bypass Jejunum to Anus with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1A4JA	Procedure	ICD-10-PCS	Bypass Jejunum to Jejunum with Synthetic Substitute, Percutaneous Endoscopic Approach
0D1A4JB	Procedure	ICD-10-PCS	Bypass Jejunum to Ileum with Synthetic Substitute, Percutaneous Endoscopic Approach
0D1A4JH	Procedure	ICD-10-PCS	Bypass Jejunum to Cecum with Synthetic Substitute, Percutaneous Endoscopic Approach
0D1A4JK	Procedure	ICD-10-PCS	Bypass Jejunum to Ascending Colon with Synthetic Substitute, Percutaneous Endoscopic Approach
0D1A4JL	Procedure	ICD-10-PCS	Bypass Jejunum to Transverse Colon with Synthetic Substitute, Percutaneous Endoscopic Approach
0D1A4JM	Procedure	ICD-10-PCS	Bypass Jejunum to Descending Colon with Synthetic Substitute, Percutaneous Endoscopic Approach
0D1A4JN	Procedure	ICD-10-PCS	Bypass Jejunum to Sigmoid Colon with Synthetic Substitute, Percutaneous Endoscopic Approach
0D1A4JP	Procedure	ICD-10-PCS	Bypass Jejunum to Rectum with Synthetic Substitute, Percutaneous Endoscopic Approach
0D1A4JQ	Procedure	ICD-10-PCS	Bypass Jejunum to Anus with Synthetic Substitute, Percutaneous Endoscopic Approach
0D1A4KA	Procedure	ICD-10-PCS	Bypass Jejunum to Jejunum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1A4KB	Procedure	ICD-10-PCS	Bypass Jejunum to Ileum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1A4KH	Procedure	ICD-10-PCS	Bypass Jejunum to Cecum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1A4KK	Procedure	ICD-10-PCS	Bypass Jejunum to Ascending Colon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1A4KL	Procedure	ICD-10-PCS	Bypass Jejunum to Transverse Colon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
0D1A4KM	Procedure	ICD-10-PCS	Bypass Jejunum to Descending Colon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1A4KN	Procedure	ICD-10-PCS	Bypass Jejunum to Sigmoid Colon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1A4KP	Procedure	ICD-10-PCS	Bypass Jejunum to Rectum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1A4KQ	Procedure	ICD-10-PCS	Bypass Jejunum to Anus with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1A4ZA	Procedure	ICD-10-PCS	Bypass Jejunum to Jejunum, Percutaneous Endoscopic Approach
0D1A4ZB	Procedure	ICD-10-PCS	Bypass Jejunum to Ileum, Percutaneous Endoscopic Approach
0D1A4ZH	Procedure	ICD-10-PCS	Bypass Jejunum to Cecum, Percutaneous Endoscopic Approach
0D1A4ZK	Procedure	ICD-10-PCS	Bypass Jejunum to Ascending Colon, Percutaneous Endoscopic Approach
0D1A4ZL	Procedure	ICD-10-PCS	Bypass Jejunum to Transverse Colon, Percutaneous Endoscopic Approach
0D1A4ZM	Procedure	ICD-10-PCS	Bypass Jejunum to Descending Colon, Percutaneous Endoscopic Approach
0D1A4ZN	Procedure	ICD-10-PCS	Bypass Jejunum to Sigmoid Colon, Percutaneous Endoscopic Approach
0D1A4ZP	Procedure	ICD-10-PCS	Bypass Jejunum to Rectum, Percutaneous Endoscopic Approach
0D1A4ZQ	Procedure	ICD-10-PCS	Bypass Jejunum to Anus, Percutaneous Endoscopic Approach
0D1A87A	Procedure	ICD-10-PCS	Bypass Jejunum to Jejunum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1A87B	Procedure	ICD-10-PCS	Bypass Jejunum to Ileum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1A87H	Procedure	ICD-10-PCS	Bypass Jejunum to Cecum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1A87K	Procedure	ICD-10-PCS	Bypass Jejunum to Ascending Colon with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1A87L	Procedure	ICD-10-PCS	Bypass Jejunum to Transverse Colon with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1A87M	Procedure	ICD-10-PCS	Bypass Jejunum to Descending Colon with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1A87N	Procedure	ICD-10-PCS	Bypass Jejunum to Sigmoid Colon with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1A87P	Procedure	ICD-10-PCS	Bypass Jejunum to Rectum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1A87Q	Procedure	ICD-10-PCS	Bypass Jejunum to Anus with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1A8JA	Procedure	ICD-10-PCS	Bypass Jejunum to Jejunum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D1A8JB	Procedure	ICD-10-PCS	Bypass Jejunum to Ileum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D1A8JH	Procedure	ICD-10-PCS	Bypass Jejunum to Cecum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
0D1A8JK	Procedure	ICD-10-PCS	Bypass Jejunum to Ascending Colon with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D1A8JL	Procedure	ICD-10-PCS	Bypass Jejunum to Transverse Colon with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D1A8JM	Procedure	ICD-10-PCS	Bypass Jejunum to Descending Colon with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D1A8JN	Procedure	ICD-10-PCS	Bypass Jejunum to Sigmoid Colon with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D1A8JP	Procedure	ICD-10-PCS	Bypass Jejunum to Rectum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D1A8JQ	Procedure	ICD-10-PCS	Bypass Jejunum to Anus with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D1A8KA	Procedure	ICD-10-PCS	Bypass Jejunum to Jejunum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1A8KB	Procedure	ICD-10-PCS	Bypass Jejunum to Ileum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1A8KH	Procedure	ICD-10-PCS	Bypass Jejunum to Cecum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1A8KK	Procedure	ICD-10-PCS	Bypass Jejunum to Ascending Colon with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1A8KL	Procedure	ICD-10-PCS	Bypass Jejunum to Transverse Colon with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1A8KM	Procedure	ICD-10-PCS	Bypass Jejunum to Descending Colon with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1A8KN	Procedure	ICD-10-PCS	Bypass Jejunum to Sigmoid Colon with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1A8KP	Procedure	ICD-10-PCS	Bypass Jejunum to Rectum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1A8KQ	Procedure	ICD-10-PCS	Bypass Jejunum to Anus with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1A8ZA	Procedure	ICD-10-PCS	Bypass Jejunum to Jejunum, Via Natural or Artificial Opening Endoscopic
0D1A8ZB	Procedure	ICD-10-PCS	Bypass Jejunum to Ileum, Via Natural or Artificial Opening Endoscopic
0D1A8ZH	Procedure	ICD-10-PCS	Bypass Jejunum to Cecum, Via Natural or Artificial Opening Endoscopic
0D1A8ZK	Procedure	ICD-10-PCS	Bypass Jejunum to Ascending Colon, Via Natural or Artificial Opening Endoscopic
0D1A8ZL	Procedure	ICD-10-PCS	Bypass Jejunum to Transverse Colon, Via Natural or Artificial Opening Endoscopic
0D1A8ZM	Procedure	ICD-10-PCS	Bypass Jejunum to Descending Colon, Via Natural or Artificial Opening Endoscopic
0D1A8ZN	Procedure	ICD-10-PCS	Bypass Jejunum to Sigmoid Colon, Via Natural or Artificial Opening Endoscopic
0D1A8ZP	Procedure	ICD-10-PCS	Bypass Jejunum to Rectum, Via Natural or Artificial Opening Endoscopic
0D1A8ZQ	Procedure	ICD-10-PCS	Bypass Jejunum to Anus, Via Natural or Artificial Opening Endoscopic
0D1B074	Procedure	ICD-10-PCS	Bypass Ileum to Cutaneous with Autologous Tissue Substitute, Open Approach
0D1B07B	Procedure	ICD-10-PCS	Bypass Ileum to Ileum with Autologous Tissue Substitute, Open Approach
0D1B07H	Procedure	ICD-10-PCS	Bypass Ileum to Cecum with Autologous Tissue Substitute, Open Approach

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
0D1B07K	Procedure	ICD-10-PCS	Bypass Ileum to Ascending Colon with Autologous Tissue Substitute, Open Approach
0D1B07L	Procedure	ICD-10-PCS	Bypass Ileum to Transverse Colon with Autologous Tissue Substitute, Open Approach
0D1B07M	Procedure	ICD-10-PCS	Bypass Ileum to Descending Colon with Autologous Tissue Substitute, Open Approach
0D1B07N	Procedure	ICD-10-PCS	Bypass Ileum to Sigmoid Colon with Autologous Tissue Substitute, Open Approach
0D1B07P	Procedure	ICD-10-PCS	Bypass Ileum to Rectum with Autologous Tissue Substitute, Open Approach
0D1B07Q	Procedure	ICD-10-PCS	Bypass Ileum to Anus with Autologous Tissue Substitute, Open Approach
0D1B0J4	Procedure	ICD-10-PCS	Bypass Ileum to Cutaneous with Synthetic Substitute, Open Approach
0D1B0JB	Procedure	ICD-10-PCS	Bypass Ileum to Ileum with Synthetic Substitute, Open Approach
0D1B0JH	Procedure	ICD-10-PCS	Bypass Ileum to Cecum with Synthetic Substitute, Open Approach
0D1B0JK	Procedure	ICD-10-PCS	Bypass Ileum to Ascending Colon with Synthetic Substitute, Open Approach
0D1B0JL	Procedure	ICD-10-PCS	Bypass Ileum to Transverse Colon with Synthetic Substitute, Open Approach
0D1B0JM	Procedure	ICD-10-PCS	Bypass Ileum to Descending Colon with Synthetic Substitute, Open Approach
0D1B0JN	Procedure	ICD-10-PCS	Bypass Ileum to Sigmoid Colon with Synthetic Substitute, Open Approach
0D1B0JP	Procedure	ICD-10-PCS	Bypass Ileum to Rectum with Synthetic Substitute, Open Approach
0D1B0JQ	Procedure	ICD-10-PCS	Bypass Ileum to Anus with Synthetic Substitute, Open Approach
0D1B0K4	Procedure	ICD-10-PCS	Bypass Ileum to Cutaneous with Nonautologous Tissue Substitute, Open Approach
0D1B0KB	Procedure	ICD-10-PCS	Bypass Ileum to Ileum with Nonautologous Tissue Substitute, Open Approach
0D1B0KH	Procedure	ICD-10-PCS	Bypass Ileum to Cecum with Nonautologous Tissue Substitute, Open Approach
0D1B0KK	Procedure	ICD-10-PCS	Bypass Ileum to Ascending Colon with Nonautologous Tissue Substitute, Open Approach
0D1B0KL	Procedure	ICD-10-PCS	Bypass Ileum to Transverse Colon with Nonautologous Tissue Substitute, Open Approach
0D1B0KM	Procedure	ICD-10-PCS	Bypass Ileum to Descending Colon with Nonautologous Tissue Substitute, Open Approach
0D1B0KN	Procedure	ICD-10-PCS	Bypass Ileum to Sigmoid Colon with Nonautologous Tissue Substitute, Open Approach
0D1B0KP	Procedure	ICD-10-PCS	Bypass Ileum to Rectum with Nonautologous Tissue Substitute, Open Approach
0D1B0KQ	Procedure	ICD-10-PCS	Bypass Ileum to Anus with Nonautologous Tissue Substitute, Open Approach
0D1B0Z4	Procedure	ICD-10-PCS	Bypass Ileum to Cutaneous, Open Approach
0D1B0ZB	Procedure	ICD-10-PCS	Bypass Ileum to Ileum, Open Approach
0D1B0ZH	Procedure	ICD-10-PCS	Bypass Ileum to Cecum, Open Approach
0D1B0ZK	Procedure	ICD-10-PCS	Bypass Ileum to Ascending Colon, Open Approach
0D1B0ZL	Procedure	ICD-10-PCS	Bypass Ileum to Transverse Colon, Open Approach
0D1B0ZM	Procedure	ICD-10-PCS	Bypass Ileum to Descending Colon, Open Approach
0D1B0ZN	Procedure	ICD-10-PCS	Bypass Ileum to Sigmoid Colon, Open Approach
0D1B0ZP	Procedure	ICD-10-PCS	Bypass Ileum to Rectum, Open Approach
0D1B0ZQ	Procedure	ICD-10-PCS	Bypass Ileum to Anus, Open Approach
0D1B3J4	Procedure	ICD-10-PCS	Bypass Ileum to Cutaneous with Synthetic Substitute, Percutaneous Approach
0D1B474	Procedure	ICD-10-PCS	Bypass Ileum to Cutaneous with Autologous Tissue Substitute, Percutaneous Endoscopic Approach

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
0D1B47B	Procedure	ICD-10-PCS	Bypass Ileum to Ileum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1B47H	Procedure	ICD-10-PCS	Bypass Ileum to Cecum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1B47K	Procedure	ICD-10-PCS	Bypass Ileum to Ascending Colon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1B47L	Procedure	ICD-10-PCS	Bypass Ileum to Transverse Colon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1B47M	Procedure	ICD-10-PCS	Bypass Ileum to Descending Colon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1B47N	Procedure	ICD-10-PCS	Bypass Ileum to Sigmoid Colon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1B47P	Procedure	ICD-10-PCS	Bypass Ileum to Rectum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1B47Q	Procedure	ICD-10-PCS	Bypass Ileum to Anus with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1B4J4	Procedure	ICD-10-PCS	Bypass Ileum to Cutaneous with Synthetic Substitute, Percutaneous Endoscopic Approach
0D1B4JB	Procedure	ICD-10-PCS	Bypass Ileum to Ileum with Synthetic Substitute, Percutaneous Endoscopic Approach
0D1B4JH	Procedure	ICD-10-PCS	Bypass Ileum to Cecum with Synthetic Substitute, Percutaneous Endoscopic Approach
0D1B4JK	Procedure	ICD-10-PCS	Bypass Ileum to Ascending Colon with Synthetic Substitute, Percutaneous Endoscopic Approach
0D1B4JL	Procedure	ICD-10-PCS	Bypass Ileum to Transverse Colon with Synthetic Substitute, Percutaneous Endoscopic Approach
0D1B4JM	Procedure	ICD-10-PCS	Bypass Ileum to Descending Colon with Synthetic Substitute, Percutaneous Endoscopic Approach
0D1B4JN	Procedure	ICD-10-PCS	Bypass Ileum to Sigmoid Colon with Synthetic Substitute, Percutaneous Endoscopic Approach
0D1B4JP	Procedure	ICD-10-PCS	Bypass Ileum to Rectum with Synthetic Substitute, Percutaneous Endoscopic Approach
0D1B4JQ	Procedure	ICD-10-PCS	Bypass Ileum to Anus with Synthetic Substitute, Percutaneous Endoscopic Approach
0D1B4K4	Procedure	ICD-10-PCS	Bypass Ileum to Cutaneous with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1B4KB	Procedure	ICD-10-PCS	Bypass Ileum to Ileum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1B4KH	Procedure	ICD-10-PCS	Bypass Ileum to Cecum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1B4KK	Procedure	ICD-10-PCS	Bypass Ileum to Ascending Colon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1B4KL	Procedure	ICD-10-PCS	Bypass Ileum to Transverse Colon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
0D1B4KM	Procedure	ICD-10-PCS	Bypass Ileum to Descending Colon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1B4KN	Procedure	ICD-10-PCS	Bypass Ileum to Sigmoid Colon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1B4KP	Procedure	ICD-10-PCS	Bypass Ileum to Rectum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1B4KQ	Procedure	ICD-10-PCS	Bypass Ileum to Anus with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1B4Z4	Procedure	ICD-10-PCS	Bypass Ileum to Cutaneous, Percutaneous Endoscopic Approach
0D1B4ZB	Procedure	ICD-10-PCS	Bypass Ileum to Ileum, Percutaneous Endoscopic Approach
0D1B4ZH	Procedure	ICD-10-PCS	Bypass Ileum to Cecum, Percutaneous Endoscopic Approach
0D1B4ZK	Procedure	ICD-10-PCS	Bypass Ileum to Ascending Colon, Percutaneous Endoscopic Approach
0D1B4ZL	Procedure	ICD-10-PCS	Bypass Ileum to Transverse Colon, Percutaneous Endoscopic Approach
0D1B4ZM	Procedure	ICD-10-PCS	Bypass Ileum to Descending Colon, Percutaneous Endoscopic Approach
0D1B4ZN	Procedure	ICD-10-PCS	Bypass Ileum to Sigmoid Colon, Percutaneous Endoscopic Approach
0D1B4ZP	Procedure	ICD-10-PCS	Bypass Ileum to Rectum, Percutaneous Endoscopic Approach
0D1B4ZQ	Procedure	ICD-10-PCS	Bypass Ileum to Anus, Percutaneous Endoscopic Approach
0D1B874	Procedure	ICD-10-PCS	Bypass Ileum to Cutaneous with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1B87B	Procedure	ICD-10-PCS	Bypass Ileum to Ileum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1B87H	Procedure	ICD-10-PCS	Bypass Ileum to Cecum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1B87K	Procedure	ICD-10-PCS	Bypass Ileum to Ascending Colon with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1B87L	Procedure	ICD-10-PCS	Bypass Ileum to Transverse Colon with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1B87M	Procedure	ICD-10-PCS	Bypass Ileum to Descending Colon with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1B87N	Procedure	ICD-10-PCS	Bypass Ileum to Sigmoid Colon with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1B87P	Procedure	ICD-10-PCS	Bypass Ileum to Rectum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1B87Q	Procedure	ICD-10-PCS	Bypass Ileum to Anus with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1B8J4	Procedure	ICD-10-PCS	Bypass Ileum to Cutaneous with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D1B8JB	Procedure	ICD-10-PCS	Bypass Ileum to Ileum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D1B8JH	Procedure	ICD-10-PCS	Bypass Ileum to Cecum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
0D1B8JK	Procedure	ICD-10-PCS	Bypass Ileum to Ascending Colon with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D1B8JL	Procedure	ICD-10-PCS	Bypass Ileum to Transverse Colon with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D1B8JM	Procedure	ICD-10-PCS	Bypass Ileum to Descending Colon with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D1B8JN	Procedure	ICD-10-PCS	Bypass Ileum to Sigmoid Colon with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D1B8JP	Procedure	ICD-10-PCS	Bypass Ileum to Rectum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D1B8JQ	Procedure	ICD-10-PCS	Bypass Ileum to Anus with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D1B8K4	Procedure	ICD-10-PCS	Bypass Ileum to Cutaneous with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1B8KB	Procedure	ICD-10-PCS	Bypass Ileum to Ileum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1B8KH	Procedure	ICD-10-PCS	Bypass Ileum to Cecum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1B8KK	Procedure	ICD-10-PCS	Bypass Ileum to Ascending Colon with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1B8KL	Procedure	ICD-10-PCS	Bypass Ileum to Transverse Colon with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1B8KM	Procedure	ICD-10-PCS	Bypass Ileum to Descending Colon with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1B8KN	Procedure	ICD-10-PCS	Bypass Ileum to Sigmoid Colon with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1B8KP	Procedure	ICD-10-PCS	Bypass Ileum to Rectum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1B8KQ	Procedure	ICD-10-PCS	Bypass Ileum to Anus with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1B8Z4	Procedure	ICD-10-PCS	Bypass Ileum to Cutaneous, Via Natural or Artificial Opening Endoscopic
0D1B8ZB	Procedure	ICD-10-PCS	Bypass Ileum to Ileum, Via Natural or Artificial Opening Endoscopic
0D1B8ZH	Procedure	ICD-10-PCS	Bypass Ileum to Cecum, Via Natural or Artificial Opening Endoscopic
0D1B8ZK	Procedure	ICD-10-PCS	Bypass Ileum to Ascending Colon, Via Natural or Artificial Opening Endoscopic
0D1B8ZL	Procedure	ICD-10-PCS	Bypass Ileum to Transverse Colon, Via Natural or Artificial Opening Endoscopic
0D1B8ZM	Procedure	ICD-10-PCS	Bypass Ileum to Descending Colon, Via Natural or Artificial Opening Endoscopic
0D1B8ZN	Procedure	ICD-10-PCS	Bypass Ileum to Sigmoid Colon, Via Natural or Artificial Opening Endoscopic
0D1B8ZP	Procedure	ICD-10-PCS	Bypass Ileum to Rectum, Via Natural or Artificial Opening Endoscopic
0D1B8ZQ	Procedure	ICD-10-PCS	Bypass Ileum to Anus, Via Natural or Artificial Opening Endoscopic
0D1H074	Procedure	ICD-10-PCS	Bypass Cecum to Cutaneous with Autologous Tissue Substitute, Open Approach
0D1H07H	Procedure	ICD-10-PCS	Bypass Cecum to Cecum with Autologous Tissue Substitute, Open Approach

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
0D1H07K	Procedure	ICD-10-PCS	Bypass Cecum to Ascending Colon with Autologous Tissue Substitute, Open Approach
0D1H07L	Procedure	ICD-10-PCS	Bypass Cecum to Transverse Colon with Autologous Tissue Substitute, Open Approach
0D1H07M	Procedure	ICD-10-PCS	Bypass Cecum to Descending Colon with Autologous Tissue Substitute, Open Approach
0D1H07N	Procedure	ICD-10-PCS	Bypass Cecum to Sigmoid Colon with Autologous Tissue Substitute, Open Approach
0D1H07P	Procedure	ICD-10-PCS	Bypass Cecum to Rectum with Autologous Tissue Substitute, Open Approach
0D1H0J4	Procedure	ICD-10-PCS	Bypass Cecum to Cutaneous with Synthetic Substitute, Open Approach
0D1H0JH	Procedure	ICD-10-PCS	Bypass Cecum to Cecum with Synthetic Substitute, Open Approach
0D1H0JK	Procedure	ICD-10-PCS	Bypass Cecum to Ascending Colon with Synthetic Substitute, Open Approach
0D1H0JL	Procedure	ICD-10-PCS	Bypass Cecum to Transverse Colon with Synthetic Substitute, Open Approach
0D1H0JM	Procedure	ICD-10-PCS	Bypass Cecum to Descending Colon with Synthetic Substitute, Open Approach
0D1H0JN	Procedure	ICD-10-PCS	Bypass Cecum to Sigmoid Colon with Synthetic Substitute, Open Approach
0D1H0JP	Procedure	ICD-10-PCS	Bypass Cecum to Rectum with Synthetic Substitute, Open Approach
0D1H0K4	Procedure	ICD-10-PCS	Bypass Cecum to Cutaneous with Nonautologous Tissue Substitute, Open Approach
0D1H0KH	Procedure	ICD-10-PCS	Bypass Cecum to Cecum with Nonautologous Tissue Substitute, Open Approach
0D1H0KK	Procedure	ICD-10-PCS	Bypass Cecum to Ascending Colon with Nonautologous Tissue Substitute, Open Approach
0D1H0KL	Procedure	ICD-10-PCS	Bypass Cecum to Transverse Colon with Nonautologous Tissue Substitute, Open Approach
0D1H0KM	Procedure	ICD-10-PCS	Bypass Cecum to Descending Colon with Nonautologous Tissue Substitute, Open Approach
0D1H0KN	Procedure	ICD-10-PCS	Bypass Cecum to Sigmoid Colon with Nonautologous Tissue Substitute, Open Approach
0D1H0KP	Procedure	ICD-10-PCS	Bypass Cecum to Rectum with Nonautologous Tissue Substitute, Open Approach
0D1H0Z4	Procedure	ICD-10-PCS	Bypass Cecum to Cutaneous, Open Approach
0D1H0ZH	Procedure	ICD-10-PCS	Bypass Cecum to Cecum, Open Approach
0D1H0ZK	Procedure	ICD-10-PCS	Bypass Cecum to Ascending Colon, Open Approach
0D1H0ZL	Procedure	ICD-10-PCS	Bypass Cecum to Transverse Colon, Open Approach
0D1H0ZM	Procedure	ICD-10-PCS	Bypass Cecum to Descending Colon, Open Approach
0D1H0ZN	Procedure	ICD-10-PCS	Bypass Cecum to Sigmoid Colon, Open Approach
0D1H0ZP	Procedure	ICD-10-PCS	Bypass Cecum to Rectum, Open Approach
0D1H3J4	Procedure	ICD-10-PCS	Bypass Cecum to Cutaneous with Synthetic Substitute, Percutaneous Approach
0D1H474	Procedure	ICD-10-PCS	Bypass Cecum to Cutaneous with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1H47H	Procedure	ICD-10-PCS	Bypass Cecum to Cecum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1H47K	Procedure	ICD-10-PCS	Bypass Cecum to Ascending Colon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1H47L	Procedure	ICD-10-PCS	Bypass Cecum to Transverse Colon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
0D1H47M	Procedure	ICD-10-PCS	Bypass Cecum to Descending Colon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1H47N	Procedure	ICD-10-PCS	Bypass Cecum to Sigmoid Colon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1H47P	Procedure	ICD-10-PCS	Bypass Cecum to Rectum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1H4J4	Procedure	ICD-10-PCS	Bypass Cecum to Cutaneous with Synthetic Substitute, Percutaneous Endoscopic Approach
0D1H4JH	Procedure	ICD-10-PCS	Bypass Cecum to Cecum with Synthetic Substitute, Percutaneous Endoscopic Approach
0D1H4JK	Procedure	ICD-10-PCS	Bypass Cecum to Ascending Colon with Synthetic Substitute, Percutaneous Endoscopic Approach
0D1H4JL	Procedure	ICD-10-PCS	Bypass Cecum to Transverse Colon with Synthetic Substitute, Percutaneous Endoscopic Approach
0D1H4JM	Procedure	ICD-10-PCS	Bypass Cecum to Descending Colon with Synthetic Substitute, Percutaneous Endoscopic Approach
0D1H4JN	Procedure	ICD-10-PCS	Bypass Cecum to Sigmoid Colon with Synthetic Substitute, Percutaneous Endoscopic Approach
0D1H4JP	Procedure	ICD-10-PCS	Bypass Cecum to Rectum with Synthetic Substitute, Percutaneous Endoscopic Approach
0D1H4K4	Procedure	ICD-10-PCS	Bypass Cecum to Cutaneous with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1H4KH	Procedure	ICD-10-PCS	Bypass Cecum to Cecum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1H4KK	Procedure	ICD-10-PCS	Bypass Cecum to Ascending Colon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1H4KL	Procedure	ICD-10-PCS	Bypass Cecum to Transverse Colon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1H4KM	Procedure	ICD-10-PCS	Bypass Cecum to Descending Colon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1H4KN	Procedure	ICD-10-PCS	Bypass Cecum to Sigmoid Colon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1H4KP	Procedure	ICD-10-PCS	Bypass Cecum to Rectum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1H4Z4	Procedure	ICD-10-PCS	Bypass Cecum to Cutaneous, Percutaneous Endoscopic Approach
0D1H4ZH	Procedure	ICD-10-PCS	Bypass Cecum to Cecum, Percutaneous Endoscopic Approach
0D1H4ZK	Procedure	ICD-10-PCS	Bypass Cecum to Ascending Colon, Percutaneous Endoscopic Approach
0D1H4ZL	Procedure	ICD-10-PCS	Bypass Cecum to Transverse Colon, Percutaneous Endoscopic Approach
0D1H4ZM	Procedure	ICD-10-PCS	Bypass Cecum to Descending Colon, Percutaneous Endoscopic Approach
0D1H4ZN	Procedure	ICD-10-PCS	Bypass Cecum to Sigmoid Colon, Percutaneous Endoscopic Approach
0D1H4ZP	Procedure	ICD-10-PCS	Bypass Cecum to Rectum, Percutaneous Endoscopic Approach

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
0D1H874	Procedure	ICD-10-PCS	Bypass Cecum to Cutaneous with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1H87H	Procedure	ICD-10-PCS	Bypass Cecum to Cecum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1H87K	Procedure	ICD-10-PCS	Bypass Cecum to Ascending Colon with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1H87L	Procedure	ICD-10-PCS	Bypass Cecum to Transverse Colon with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1H87M	Procedure	ICD-10-PCS	Bypass Cecum to Descending Colon with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1H87N	Procedure	ICD-10-PCS	Bypass Cecum to Sigmoid Colon with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1H87P	Procedure	ICD-10-PCS	Bypass Cecum to Rectum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1H8J4	Procedure	ICD-10-PCS	Bypass Cecum to Cutaneous with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D1H8JH	Procedure	ICD-10-PCS	Bypass Cecum to Cecum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D1H8JK	Procedure	ICD-10-PCS	Bypass Cecum to Ascending Colon with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D1H8JL	Procedure	ICD-10-PCS	Bypass Cecum to Transverse Colon with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D1H8JM	Procedure	ICD-10-PCS	Bypass Cecum to Descending Colon with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D1H8JN	Procedure	ICD-10-PCS	Bypass Cecum to Sigmoid Colon with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D1H8JP	Procedure	ICD-10-PCS	Bypass Cecum to Rectum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D1H8K4	Procedure	ICD-10-PCS	Bypass Cecum to Cutaneous with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1H8KH	Procedure	ICD-10-PCS	Bypass Cecum to Cecum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1H8KK	Procedure	ICD-10-PCS	Bypass Cecum to Ascending Colon with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1H8KL	Procedure	ICD-10-PCS	Bypass Cecum to Transverse Colon with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1H8KM	Procedure	ICD-10-PCS	Bypass Cecum to Descending Colon with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1H8KN	Procedure	ICD-10-PCS	Bypass Cecum to Sigmoid Colon with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1H8KP	Procedure	ICD-10-PCS	Bypass Cecum to Rectum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
0D1H8Z4	Procedure	ICD-10-PCS	Bypass Cecum to Cutaneous, Via Natural or Artificial Opening Endoscopic
0D1H8ZH	Procedure	ICD-10-PCS	Bypass Cecum to Cecum, Via Natural or Artificial Opening Endoscopic
0D1H8ZK	Procedure	ICD-10-PCS	Bypass Cecum to Ascending Colon, Via Natural or Artificial Opening Endoscopic
0D1H8ZL	Procedure	ICD-10-PCS	Bypass Cecum to Transverse Colon, Via Natural or Artificial Opening Endoscopic
0D1H8ZM	Procedure	ICD-10-PCS	Bypass Cecum to Descending Colon, Via Natural or Artificial Opening Endoscopic
0D1H8ZN	Procedure	ICD-10-PCS	Bypass Cecum to Sigmoid Colon, Via Natural or Artificial Opening Endoscopic
0D1H8ZP	Procedure	ICD-10-PCS	Bypass Cecum to Rectum, Via Natural or Artificial Opening Endoscopic
0D1K074	Procedure	ICD-10-PCS	Bypass Ascending Colon to Cutaneous with Autologous Tissue Substitute, Open Approach
0D1K07K	Procedure	ICD-10-PCS	Bypass Ascending Colon to Ascending Colon with Autologous Tissue Substitute, Open Approach
0D1K07L	Procedure	ICD-10-PCS	Bypass Ascending Colon to Transverse Colon with Autologous Tissue Substitute, Open Approach
0D1K07M	Procedure	ICD-10-PCS	Bypass Ascending Colon to Descending Colon with Autologous Tissue Substitute, Open Approach
0D1K07N	Procedure	ICD-10-PCS	Bypass Ascending Colon to Sigmoid Colon with Autologous Tissue Substitute, Open Approach
0D1K07P	Procedure	ICD-10-PCS	Bypass Ascending Colon to Rectum with Autologous Tissue Substitute, Open Approach
0D1K0J4	Procedure	ICD-10-PCS	Bypass Ascending Colon to Cutaneous with Synthetic Substitute, Open Approach
0D1K0JK	Procedure	ICD-10-PCS	Bypass Ascending Colon to Ascending Colon with Synthetic Substitute, Open Approach
0D1K0JL	Procedure	ICD-10-PCS	Bypass Ascending Colon to Transverse Colon with Synthetic Substitute, Open Approach
0D1K0JM	Procedure	ICD-10-PCS	Bypass Ascending Colon to Descending Colon with Synthetic Substitute, Open Approach
0D1K0JN	Procedure	ICD-10-PCS	Bypass Ascending Colon to Sigmoid Colon with Synthetic Substitute, Open Approach
0D1K0JP	Procedure	ICD-10-PCS	Bypass Ascending Colon to Rectum with Synthetic Substitute, Open Approach
0D1K0K4	Procedure	ICD-10-PCS	Bypass Ascending Colon to Cutaneous with Nonautologous Tissue Substitute, Open Approach
0D1K0KK	Procedure	ICD-10-PCS	Bypass Ascending Colon to Ascending Colon with Nonautologous Tissue Substitute, Open Approach
0D1K0KL	Procedure	ICD-10-PCS	Bypass Ascending Colon to Transverse Colon with Nonautologous Tissue Substitute, Open Approach
0D1K0KM	Procedure	ICD-10-PCS	Bypass Ascending Colon to Descending Colon with Nonautologous Tissue Substitute, Open Approach
0D1K0KN	Procedure	ICD-10-PCS	Bypass Ascending Colon to Sigmoid Colon with Nonautologous Tissue Substitute, Open Approach
0D1K0KP	Procedure	ICD-10-PCS	Bypass Ascending Colon to Rectum with Nonautologous Tissue Substitute, Open Approach
0D1K0Z4	Procedure	ICD-10-PCS	Bypass Ascending Colon to Cutaneous, Open Approach
0D1K0ZK	Procedure	ICD-10-PCS	Bypass Ascending Colon to Ascending Colon, Open Approach

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
0D1K0ZL	Procedure	ICD-10-PCS	Bypass Ascending Colon to Transverse Colon, Open Approach
0D1K0ZM	Procedure	ICD-10-PCS	Bypass Ascending Colon to Descending Colon, Open Approach
0D1K0ZN	Procedure	ICD-10-PCS	Bypass Ascending Colon to Sigmoid Colon, Open Approach
0D1K0ZP	Procedure	ICD-10-PCS	Bypass Ascending Colon to Rectum, Open Approach
0D1K3J4	Procedure	ICD-10-PCS	Bypass Ascending Colon to Cutaneous with Synthetic Substitute, Percutaneous Approach
0D1K474	Procedure	ICD-10-PCS	Bypass Ascending Colon to Cutaneous with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1K47K	Procedure	ICD-10-PCS	Bypass Ascending Colon to Ascending Colon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1K47L	Procedure	ICD-10-PCS	Bypass Ascending Colon to Transverse Colon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1K47M	Procedure	ICD-10-PCS	Bypass Ascending Colon to Descending Colon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1K47N	Procedure	ICD-10-PCS	Bypass Ascending Colon to Sigmoid Colon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1K47P	Procedure	ICD-10-PCS	Bypass Ascending Colon to Rectum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1K4J4	Procedure	ICD-10-PCS	Bypass Ascending Colon to Cutaneous with Synthetic Substitute, Percutaneous Endoscopic Approach
0D1K4JK	Procedure	ICD-10-PCS	Bypass Ascending Colon to Ascending Colon with Synthetic Substitute, Percutaneous Endoscopic Approach
0D1K4JL	Procedure	ICD-10-PCS	Bypass Ascending Colon to Transverse Colon with Synthetic Substitute, Percutaneous Endoscopic Approach
0D1K4JM	Procedure	ICD-10-PCS	Bypass Ascending Colon to Descending Colon with Synthetic Substitute, Percutaneous Endoscopic Approach
0D1K4JN	Procedure	ICD-10-PCS	Bypass Ascending Colon to Sigmoid Colon with Synthetic Substitute, Percutaneous Endoscopic Approach
0D1K4JP	Procedure	ICD-10-PCS	Bypass Ascending Colon to Rectum with Synthetic Substitute, Percutaneous Endoscopic Approach
0D1K4K4	Procedure	ICD-10-PCS	Bypass Ascending Colon to Cutaneous with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1K4KK	Procedure	ICD-10-PCS	Bypass Ascending Colon to Ascending Colon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1K4KL	Procedure	ICD-10-PCS	Bypass Ascending Colon to Transverse Colon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1K4KM	Procedure	ICD-10-PCS	Bypass Ascending Colon to Descending Colon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1K4KN	Procedure	ICD-10-PCS	Bypass Ascending Colon to Sigmoid Colon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1K4KP	Procedure	ICD-10-PCS	Bypass Ascending Colon to Rectum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
0D1K4Z4	Procedure	ICD-10-PCS	Bypass Ascending Colon to Cutaneous, Percutaneous Endoscopic Approach
0D1K4ZK	Procedure	ICD-10-PCS	Bypass Ascending Colon to Ascending Colon, Percutaneous Endoscopic Approach
0D1K4ZL	Procedure	ICD-10-PCS	Bypass Ascending Colon to Transverse Colon, Percutaneous Endoscopic Approach
0D1K4ZM	Procedure	ICD-10-PCS	Bypass Ascending Colon to Descending Colon, Percutaneous Endoscopic Approach
0D1K4ZN	Procedure	ICD-10-PCS	Bypass Ascending Colon to Sigmoid Colon, Percutaneous Endoscopic Approach
0D1K4ZP	Procedure	ICD-10-PCS	Bypass Ascending Colon to Rectum, Percutaneous Endoscopic Approach
0D1K874	Procedure	ICD-10-PCS	Bypass Ascending Colon to Cutaneous with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1K87K	Procedure	ICD-10-PCS	Bypass Ascending Colon to Ascending Colon with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1K87L	Procedure	ICD-10-PCS	Bypass Ascending Colon to Transverse Colon with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1K87M	Procedure	ICD-10-PCS	Bypass Ascending Colon to Descending Colon with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1K87N	Procedure	ICD-10-PCS	Bypass Ascending Colon to Sigmoid Colon with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1K87P	Procedure	ICD-10-PCS	Bypass Ascending Colon to Rectum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1K8J4	Procedure	ICD-10-PCS	Bypass Ascending Colon to Cutaneous with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D1K8JK	Procedure	ICD-10-PCS	Bypass Ascending Colon to Ascending Colon with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D1K8JL	Procedure	ICD-10-PCS	Bypass Ascending Colon to Transverse Colon with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D1K8JM	Procedure	ICD-10-PCS	Bypass Ascending Colon to Descending Colon with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D1K8JN	Procedure	ICD-10-PCS	Bypass Ascending Colon to Sigmoid Colon with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D1K8JP	Procedure	ICD-10-PCS	Bypass Ascending Colon to Rectum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D1K8K4	Procedure	ICD-10-PCS	Bypass Ascending Colon to Cutaneous with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1K8KK	Procedure	ICD-10-PCS	Bypass Ascending Colon to Ascending Colon with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1K8KL	Procedure	ICD-10-PCS	Bypass Ascending Colon to Transverse Colon with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1K8KM	Procedure	ICD-10-PCS	Bypass Ascending Colon to Descending Colon with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1K8KN	Procedure	ICD-10-PCS	Bypass Ascending Colon to Sigmoid Colon with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1K8KP	Procedure	ICD-10-PCS	Bypass Ascending Colon to Rectum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
0D1K8Z4	Procedure	ICD-10-PCS	Bypass Ascending Colon to Cutaneous, Via Natural or Artificial Opening Endoscopic
0D1K8ZK	Procedure	ICD-10-PCS	Bypass Ascending Colon to Ascending Colon, Via Natural or Artificial Opening Endoscopic
0D1K8ZL	Procedure	ICD-10-PCS	Bypass Ascending Colon to Transverse Colon, Via Natural or Artificial Opening Endoscopic
0D1K8ZM	Procedure	ICD-10-PCS	Bypass Ascending Colon to Descending Colon, Via Natural or Artificial Opening Endoscopic
0D1K8ZN	Procedure	ICD-10-PCS	Bypass Ascending Colon to Sigmoid Colon, Via Natural or Artificial Opening Endoscopic
0D1K8ZP	Procedure	ICD-10-PCS	Bypass Ascending Colon to Rectum, Via Natural or Artificial Opening Endoscopic
0D1L074	Procedure	ICD-10-PCS	Bypass Transverse Colon to Cutaneous with Autologous Tissue Substitute, Open Approach
0D1L07L	Procedure	ICD-10-PCS	Bypass Transverse Colon to Transverse Colon with Autologous Tissue Substitute, Open Approach
0D1L07M	Procedure	ICD-10-PCS	Bypass Transverse Colon to Descending Colon with Autologous Tissue Substitute, Open Approach
0D1L07N	Procedure	ICD-10-PCS	Bypass Transverse Colon to Sigmoid Colon with Autologous Tissue Substitute, Open Approach
0D1L07P	Procedure	ICD-10-PCS	Bypass Transverse Colon to Rectum with Autologous Tissue Substitute, Open Approach
0D1L0J4	Procedure	ICD-10-PCS	Bypass Transverse Colon to Cutaneous with Synthetic Substitute, Open Approach
0D1L0JL	Procedure	ICD-10-PCS	Bypass Transverse Colon to Transverse Colon with Synthetic Substitute, Open Approach
0D1L0JM	Procedure	ICD-10-PCS	Bypass Transverse Colon to Descending Colon with Synthetic Substitute, Open Approach
0D1L0JN	Procedure	ICD-10-PCS	Bypass Transverse Colon to Sigmoid Colon with Synthetic Substitute, Open Approach
0D1L0JP	Procedure	ICD-10-PCS	Bypass Transverse Colon to Rectum with Synthetic Substitute, Open Approach
0D1L0K4	Procedure	ICD-10-PCS	Bypass Transverse Colon to Cutaneous with Nonautologous Tissue Substitute, Open Approach
0D1L0KL	Procedure	ICD-10-PCS	Bypass Transverse Colon to Transverse Colon with Nonautologous Tissue Substitute, Open Approach
0D1L0KM	Procedure	ICD-10-PCS	Bypass Transverse Colon to Descending Colon with Nonautologous Tissue Substitute, Open Approach
0D1L0KN	Procedure	ICD-10-PCS	Bypass Transverse Colon to Sigmoid Colon with Nonautologous Tissue Substitute, Open Approach
0D1L0KP	Procedure	ICD-10-PCS	Bypass Transverse Colon to Rectum with Nonautologous Tissue Substitute, Open Approach
0D1L0Z4	Procedure	ICD-10-PCS	Bypass Transverse Colon to Cutaneous, Open Approach
0D1L0ZL	Procedure	ICD-10-PCS	Bypass Transverse Colon to Transverse Colon, Open Approach
0D1L0ZM	Procedure	ICD-10-PCS	Bypass Transverse Colon to Descending Colon, Open Approach
0D1L0ZN	Procedure	ICD-10-PCS	Bypass Transverse Colon to Sigmoid Colon, Open Approach
0D1L0ZP	Procedure	ICD-10-PCS	Bypass Transverse Colon to Rectum, Open Approach

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
0D1L3J4	Procedure	ICD-10-PCS	Bypass Transverse Colon to Cutaneous with Synthetic Substitute, Percutaneous Approach
0D1L474	Procedure	ICD-10-PCS	Bypass Transverse Colon to Cutaneous with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1L47L	Procedure	ICD-10-PCS	Bypass Transverse Colon to Transverse Colon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1L47M	Procedure	ICD-10-PCS	Bypass Transverse Colon to Descending Colon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1L47N	Procedure	ICD-10-PCS	Bypass Transverse Colon to Sigmoid Colon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1L47P	Procedure	ICD-10-PCS	Bypass Transverse Colon to Rectum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1L4J4	Procedure	ICD-10-PCS	Bypass Transverse Colon to Cutaneous with Synthetic Substitute, Percutaneous Endoscopic Approach
0D1L4JL	Procedure	ICD-10-PCS	Bypass Transverse Colon to Transverse Colon with Synthetic Substitute, Percutaneous Endoscopic Approach
0D1L4JM	Procedure	ICD-10-PCS	Bypass Transverse Colon to Descending Colon with Synthetic Substitute, Percutaneous Endoscopic Approach
0D1L4JN	Procedure	ICD-10-PCS	Bypass Transverse Colon to Sigmoid Colon with Synthetic Substitute, Percutaneous Endoscopic Approach
0D1L4JP	Procedure	ICD-10-PCS	Bypass Transverse Colon to Rectum with Synthetic Substitute, Percutaneous Endoscopic Approach
0D1L4K4	Procedure	ICD-10-PCS	Bypass Transverse Colon to Cutaneous with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1L4KL	Procedure	ICD-10-PCS	Bypass Transverse Colon to Transverse Colon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1L4KM	Procedure	ICD-10-PCS	Bypass Transverse Colon to Descending Colon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1L4KN	Procedure	ICD-10-PCS	Bypass Transverse Colon to Sigmoid Colon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1L4KP	Procedure	ICD-10-PCS	Bypass Transverse Colon to Rectum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1L4Z4	Procedure	ICD-10-PCS	Bypass Transverse Colon to Cutaneous, Percutaneous Endoscopic Approach
0D1L4ZL	Procedure	ICD-10-PCS	Bypass Transverse Colon to Transverse Colon, Percutaneous Endoscopic Approach
0D1L4ZM	Procedure	ICD-10-PCS	Bypass Transverse Colon to Descending Colon, Percutaneous Endoscopic Approach
0D1L4ZN	Procedure	ICD-10-PCS	Bypass Transverse Colon to Sigmoid Colon, Percutaneous Endoscopic Approach
0D1L4ZP	Procedure	ICD-10-PCS	Bypass Transverse Colon to Rectum, Percutaneous Endoscopic Approach
0D1L874	Procedure	ICD-10-PCS	Bypass Transverse Colon to Cutaneous with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1L87L	Procedure	ICD-10-PCS	Bypass Transverse Colon to Transverse Colon with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
0D1L87M	Procedure	ICD-10-PCS	Bypass Transverse Colon to Descending Colon with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1L87N	Procedure	ICD-10-PCS	Bypass Transverse Colon to Sigmoid Colon with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1L87P	Procedure	ICD-10-PCS	Bypass Transverse Colon to Rectum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1L8J4	Procedure	ICD-10-PCS	Bypass Transverse Colon to Cutaneous with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D1L8JL	Procedure	ICD-10-PCS	Bypass Transverse Colon to Transverse Colon with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D1L8JM	Procedure	ICD-10-PCS	Bypass Transverse Colon to Descending Colon with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D1L8JN	Procedure	ICD-10-PCS	Bypass Transverse Colon to Sigmoid Colon with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D1L8JP	Procedure	ICD-10-PCS	Bypass Transverse Colon to Rectum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D1L8K4	Procedure	ICD-10-PCS	Bypass Transverse Colon to Cutaneous with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1L8KL	Procedure	ICD-10-PCS	Bypass Transverse Colon to Transverse Colon with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1L8KM	Procedure	ICD-10-PCS	Bypass Transverse Colon to Descending Colon with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1L8KN	Procedure	ICD-10-PCS	Bypass Transverse Colon to Sigmoid Colon with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1L8KP	Procedure	ICD-10-PCS	Bypass Transverse Colon to Rectum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1L8Z4	Procedure	ICD-10-PCS	Bypass Transverse Colon to Cutaneous, Via Natural or Artificial Opening Endoscopic
0D1L8ZL	Procedure	ICD-10-PCS	Bypass Transverse Colon to Transverse Colon, Via Natural or Artificial Opening Endoscopic
0D1L8ZM	Procedure	ICD-10-PCS	Bypass Transverse Colon to Descending Colon, Via Natural or Artificial Opening Endoscopic
0D1L8ZN	Procedure	ICD-10-PCS	Bypass Transverse Colon to Sigmoid Colon, Via Natural or Artificial Opening Endoscopic
0D1L8ZP	Procedure	ICD-10-PCS	Bypass Transverse Colon to Rectum, Via Natural or Artificial Opening Endoscopic
0D1M074	Procedure	ICD-10-PCS	Bypass Descending Colon to Cutaneous with Autologous Tissue Substitute, Open Approach
0D1M07M	Procedure	ICD-10-PCS	Bypass Descending Colon to Descending Colon with Autologous Tissue Substitute, Open Approach
0D1M07N	Procedure	ICD-10-PCS	Bypass Descending Colon to Sigmoid Colon with Autologous Tissue Substitute, Open Approach

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
0D1M07P	Procedure	ICD-10-PCS	Bypass Descending Colon to Rectum with Autologous Tissue Substitute, Open Approach
0D1M0J4	Procedure	ICD-10-PCS	Bypass Descending Colon to Cutaneous with Synthetic Substitute, Open Approach
0D1M0JM	Procedure	ICD-10-PCS	Bypass Descending Colon to Descending Colon with Synthetic Substitute, Open Approach
0D1M0JN	Procedure	ICD-10-PCS	Bypass Descending Colon to Sigmoid Colon with Synthetic Substitute, Open Approach
0D1M0JP	Procedure	ICD-10-PCS	Bypass Descending Colon to Rectum with Synthetic Substitute, Open Approach
0D1M0K4	Procedure	ICD-10-PCS	Bypass Descending Colon to Cutaneous with Nonautologous Tissue Substitute, Open Approach
0D1M0KM	Procedure	ICD-10-PCS	Bypass Descending Colon to Descending Colon with Nonautologous Tissue Substitute, Open Approach
0D1M0KN	Procedure	ICD-10-PCS	Bypass Descending Colon to Sigmoid Colon with Nonautologous Tissue Substitute, Open Approach
0D1M0KP	Procedure	ICD-10-PCS	Bypass Descending Colon to Rectum with Nonautologous Tissue Substitute, Open Approach
0D1M0Z4	Procedure	ICD-10-PCS	Bypass Descending Colon to Cutaneous, Open Approach
0D1M0ZM	Procedure	ICD-10-PCS	Bypass Descending Colon to Descending Colon, Open Approach
0D1M0ZN	Procedure	ICD-10-PCS	Bypass Descending Colon to Sigmoid Colon, Open Approach
0D1M0ZP	Procedure	ICD-10-PCS	Bypass Descending Colon to Rectum, Open Approach
0D1M3J4	Procedure	ICD-10-PCS	Bypass Descending Colon to Cutaneous with Synthetic Substitute, Percutaneous Approach
0D1M474	Procedure	ICD-10-PCS	Bypass Descending Colon to Cutaneous with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1M47M	Procedure	ICD-10-PCS	Bypass Descending Colon to Descending Colon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1M47N	Procedure	ICD-10-PCS	Bypass Descending Colon to Sigmoid Colon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1M47P	Procedure	ICD-10-PCS	Bypass Descending Colon to Rectum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1M4J4	Procedure	ICD-10-PCS	Bypass Descending Colon to Cutaneous with Synthetic Substitute, Percutaneous Endoscopic Approach
0D1M4JM	Procedure	ICD-10-PCS	Bypass Descending Colon to Descending Colon with Synthetic Substitute, Percutaneous Endoscopic Approach
0D1M4JN	Procedure	ICD-10-PCS	Bypass Descending Colon to Sigmoid Colon with Synthetic Substitute, Percutaneous Endoscopic Approach
0D1M4JP	Procedure	ICD-10-PCS	Bypass Descending Colon to Rectum with Synthetic Substitute, Percutaneous Endoscopic Approach
0D1M4K4	Procedure	ICD-10-PCS	Bypass Descending Colon to Cutaneous with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1M4KM	Procedure	ICD-10-PCS	Bypass Descending Colon to Descending Colon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
0D1M4KN	Procedure	ICD-10-PCS	Bypass Descending Colon to Sigmoid Colon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1M4KP	Procedure	ICD-10-PCS	Bypass Descending Colon to Rectum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1M4Z4	Procedure	ICD-10-PCS	Bypass Descending Colon to Cutaneous, Percutaneous Endoscopic Approach
0D1M4ZM	Procedure	ICD-10-PCS	Bypass Descending Colon to Descending Colon, Percutaneous Endoscopic Approach
0D1M4ZN	Procedure	ICD-10-PCS	Bypass Descending Colon to Sigmoid Colon, Percutaneous Endoscopic Approach
0D1M4ZP	Procedure	ICD-10-PCS	Bypass Descending Colon to Rectum, Percutaneous Endoscopic Approach
0D1M874	Procedure	ICD-10-PCS	Bypass Descending Colon to Cutaneous with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1M87M	Procedure	ICD-10-PCS	Bypass Descending Colon to Descending Colon with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1M87N	Procedure	ICD-10-PCS	Bypass Descending Colon to Sigmoid Colon with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1M87P	Procedure	ICD-10-PCS	Bypass Descending Colon to Rectum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1M8J4	Procedure	ICD-10-PCS	Bypass Descending Colon to Cutaneous with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D1M8JM	Procedure	ICD-10-PCS	Bypass Descending Colon to Descending Colon with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D1M8JN	Procedure	ICD-10-PCS	Bypass Descending Colon to Sigmoid Colon with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D1M8JP	Procedure	ICD-10-PCS	Bypass Descending Colon to Rectum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D1M8K4	Procedure	ICD-10-PCS	Bypass Descending Colon to Cutaneous with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1M8KM	Procedure	ICD-10-PCS	Bypass Descending Colon to Descending Colon with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1M8KN	Procedure	ICD-10-PCS	Bypass Descending Colon to Sigmoid Colon with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1M8KP	Procedure	ICD-10-PCS	Bypass Descending Colon to Rectum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1M8Z4	Procedure	ICD-10-PCS	Bypass Descending Colon to Cutaneous, Via Natural or Artificial Opening Endoscopic
0D1M8ZM	Procedure	ICD-10-PCS	Bypass Descending Colon to Descending Colon, Via Natural or Artificial Opening Endoscopic
0D1M8ZN	Procedure	ICD-10-PCS	Bypass Descending Colon to Sigmoid Colon, Via Natural or Artificial Opening Endoscopic
0D1M8ZP	Procedure	ICD-10-PCS	Bypass Descending Colon to Rectum, Via Natural or Artificial Opening Endoscopic
0D1N074	Procedure	ICD-10-PCS	Bypass Sigmoid Colon to Cutaneous with Autologous Tissue Substitute, Open Approach

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
0D1N07N	Procedure	ICD-10-PCS	Bypass Sigmoid Colon to Sigmoid Colon with Autologous Tissue Substitute, Open Approach
0D1N07P	Procedure	ICD-10-PCS	Bypass Sigmoid Colon to Rectum with Autologous Tissue Substitute, Open Approach
0D1N0J4	Procedure	ICD-10-PCS	Bypass Sigmoid Colon to Cutaneous with Synthetic Substitute, Open Approach
0D1N0JN	Procedure	ICD-10-PCS	Bypass Sigmoid Colon to Sigmoid Colon with Synthetic Substitute, Open Approach
0D1N0JP	Procedure	ICD-10-PCS	Bypass Sigmoid Colon to Rectum with Synthetic Substitute, Open Approach
0D1N0K4	Procedure	ICD-10-PCS	Bypass Sigmoid Colon to Cutaneous with Nonautologous Tissue Substitute, Open Approach
0D1N0KN	Procedure	ICD-10-PCS	Bypass Sigmoid Colon to Sigmoid Colon with Nonautologous Tissue Substitute, Open Approach
0D1N0KP	Procedure	ICD-10-PCS	Bypass Sigmoid Colon to Rectum with Nonautologous Tissue Substitute, Open Approach
0D1N0Z4	Procedure	ICD-10-PCS	Bypass Sigmoid Colon to Cutaneous, Open Approach
0D1N0ZN	Procedure	ICD-10-PCS	Bypass Sigmoid Colon to Sigmoid Colon, Open Approach
0D1N0ZP	Procedure	ICD-10-PCS	Bypass Sigmoid Colon to Rectum, Open Approach
0D1N3J4	Procedure	ICD-10-PCS	Bypass Sigmoid Colon to Cutaneous with Synthetic Substitute, Percutaneous Approach
0D1N474	Procedure	ICD-10-PCS	Bypass Sigmoid Colon to Cutaneous with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1N47N	Procedure	ICD-10-PCS	Bypass Sigmoid Colon to Sigmoid Colon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1N47P	Procedure	ICD-10-PCS	Bypass Sigmoid Colon to Rectum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1N4J4	Procedure	ICD-10-PCS	Bypass Sigmoid Colon to Cutaneous with Synthetic Substitute, Percutaneous Endoscopic Approach
0D1N4JN	Procedure	ICD-10-PCS	Bypass Sigmoid Colon to Sigmoid Colon with Synthetic Substitute, Percutaneous Endoscopic Approach
0D1N4JP	Procedure	ICD-10-PCS	Bypass Sigmoid Colon to Rectum with Synthetic Substitute, Percutaneous Endoscopic Approach
0D1N4K4	Procedure	ICD-10-PCS	Bypass Sigmoid Colon to Cutaneous with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1N4KN	Procedure	ICD-10-PCS	Bypass Sigmoid Colon to Sigmoid Colon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1N4KP	Procedure	ICD-10-PCS	Bypass Sigmoid Colon to Rectum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1N4Z4	Procedure	ICD-10-PCS	Bypass Sigmoid Colon to Cutaneous, Percutaneous Endoscopic Approach
0D1N4ZN	Procedure	ICD-10-PCS	Bypass Sigmoid Colon to Sigmoid Colon, Percutaneous Endoscopic Approach
0D1N4ZP	Procedure	ICD-10-PCS	Bypass Sigmoid Colon to Rectum, Percutaneous Endoscopic Approach
0D1N874	Procedure	ICD-10-PCS	Bypass Sigmoid Colon to Cutaneous with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1N87N	Procedure	ICD-10-PCS	Bypass Sigmoid Colon to Sigmoid Colon with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
0D1N87P	Procedure	ICD-10-PCS	Bypass Sigmoid Colon to Rectum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1N8J4	Procedure	ICD-10-PCS	Bypass Sigmoid Colon to Cutaneous with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D1N8JN	Procedure	ICD-10-PCS	Bypass Sigmoid Colon to Sigmoid Colon with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D1N8JP	Procedure	ICD-10-PCS	Bypass Sigmoid Colon to Rectum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D1N8K4	Procedure	ICD-10-PCS	Bypass Sigmoid Colon to Cutaneous with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1N8KN	Procedure	ICD-10-PCS	Bypass Sigmoid Colon to Sigmoid Colon with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1N8KP	Procedure	ICD-10-PCS	Bypass Sigmoid Colon to Rectum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D1N8Z4	Procedure	ICD-10-PCS	Bypass Sigmoid Colon to Cutaneous, Via Natural or Artificial Opening Endoscopic
0D1N8ZN	Procedure	ICD-10-PCS	Bypass Sigmoid Colon to Sigmoid Colon, Via Natural or Artificial Opening Endoscopic
0D1N8ZP	Procedure	ICD-10-PCS	Bypass Sigmoid Colon to Rectum, Via Natural or Artificial Opening Endoscopic
0D580ZZ	Procedure	ICD-10-PCS	Destruction of Small Intestine, Open Approach
0D583ZZ	Procedure	ICD-10-PCS	Destruction of Small Intestine, Percutaneous Approach
0D584ZZ	Procedure	ICD-10-PCS	Destruction of Small Intestine, Percutaneous Endoscopic Approach
0D587ZZ	Procedure	ICD-10-PCS	Destruction of Small Intestine, Via Natural or Artificial Opening
0D588ZZ	Procedure	ICD-10-PCS	Destruction of Small Intestine, Via Natural or Artificial Opening Endoscopic
0D590ZZ	Procedure	ICD-10-PCS	Destruction of Duodenum, Open Approach
0D593ZZ	Procedure	ICD-10-PCS	Destruction of Duodenum, Percutaneous Approach
0D594ZZ	Procedure	ICD-10-PCS	Destruction of Duodenum, Percutaneous Endoscopic Approach
0D597ZZ	Procedure	ICD-10-PCS	Destruction of Duodenum, Via Natural or Artificial Opening
0D598ZZ	Procedure	ICD-10-PCS	Destruction of Duodenum, Via Natural or Artificial Opening Endoscopic
0D5A0ZZ	Procedure	ICD-10-PCS	Destruction of Jejunum, Open Approach
0D5A3ZZ	Procedure	ICD-10-PCS	Destruction of Jejunum, Percutaneous Approach
0D5A4ZZ	Procedure	ICD-10-PCS	Destruction of Jejunum, Percutaneous Endoscopic Approach
0D5A7ZZ	Procedure	ICD-10-PCS	Destruction of Jejunum, Via Natural or Artificial Opening
0D5A8ZZ	Procedure	ICD-10-PCS	Destruction of Jejunum, Via Natural or Artificial Opening Endoscopic
0D5B0ZZ	Procedure	ICD-10-PCS	Destruction of Ileum, Open Approach
0D5B3ZZ	Procedure	ICD-10-PCS	Destruction of Ileum, Percutaneous Approach
0D5B4ZZ	Procedure	ICD-10-PCS	Destruction of Ileum, Percutaneous Endoscopic Approach
0D5B7ZZ	Procedure	ICD-10-PCS	Destruction of Ileum, Via Natural or Artificial Opening
0D5B8ZZ	Procedure	ICD-10-PCS	Destruction of Ileum, Via Natural or Artificial Opening Endoscopic
0D5C0ZZ	Procedure	ICD-10-PCS	Destruction of Ileocecal Valve, Open Approach
0D5C3ZZ	Procedure	ICD-10-PCS	Destruction of Ileocecal Valve, Percutaneous Approach
0D5C4ZZ	Procedure	ICD-10-PCS	Destruction of Ileocecal Valve, Percutaneous Endoscopic Approach
0D5C7ZZ	Procedure	ICD-10-PCS	Destruction of Ileocecal Valve, Via Natural or Artificial Opening

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
0D5C8ZZ	Procedure	ICD-10-PCS	Destruction of Ileocecal Valve, Via Natural or Artificial Opening Endoscopic
0D5E0ZZ	Procedure	ICD-10-PCS	Destruction of Large Intestine, Open Approach
0D5E3ZZ	Procedure	ICD-10-PCS	Destruction of Large Intestine, Percutaneous Approach
0D5E4ZZ	Procedure	ICD-10-PCS	Destruction of Large Intestine, Percutaneous Endoscopic Approach
0D5E7ZZ	Procedure	ICD-10-PCS	Destruction of Large Intestine, Via Natural or Artificial Opening
0D5E8ZZ	Procedure	ICD-10-PCS	Destruction of Large Intestine, Via Natural or Artificial Opening Endoscopic
0D5F0ZZ	Procedure	ICD-10-PCS	Destruction of Right Large Intestine, Open Approach
0D5F3ZZ	Procedure	ICD-10-PCS	Destruction of Right Large Intestine, Percutaneous Approach
0D5F4ZZ	Procedure	ICD-10-PCS	Destruction of Right Large Intestine, Percutaneous Endoscopic Approach
0D5F7ZZ	Procedure	ICD-10-PCS	Destruction of Right Large Intestine, Via Natural or Artificial Opening
0D5F8ZZ	Procedure	ICD-10-PCS	Destruction of Right Large Intestine, Via Natural or Artificial Opening Endoscopic
0D5G0ZZ	Procedure	ICD-10-PCS	Destruction of Left Large Intestine, Open Approach
0D5G3ZZ	Procedure	ICD-10-PCS	Destruction of Left Large Intestine, Percutaneous Approach
0D5G4ZZ	Procedure	ICD-10-PCS	Destruction of Left Large Intestine, Percutaneous Endoscopic Approach
0D5G7ZZ	Procedure	ICD-10-PCS	Destruction of Left Large Intestine, Via Natural or Artificial Opening
0D5G8ZZ	Procedure	ICD-10-PCS	Destruction of Left Large Intestine, Via Natural or Artificial Opening Endoscopic
0D5H0ZZ	Procedure	ICD-10-PCS	Destruction of Cecum, Open Approach
0D5H3ZZ	Procedure	ICD-10-PCS	Destruction of Cecum, Percutaneous Approach
0D5H4ZZ	Procedure	ICD-10-PCS	Destruction of Cecum, Percutaneous Endoscopic Approach
0D5H7ZZ	Procedure	ICD-10-PCS	Destruction of Cecum, Via Natural or Artificial Opening
0D5H8ZZ	Procedure	ICD-10-PCS	Destruction of Cecum, Via Natural or Artificial Opening Endoscopic
0D5K0ZZ	Procedure	ICD-10-PCS	Destruction of Ascending Colon, Open Approach
0D5K3ZZ	Procedure	ICD-10-PCS	Destruction of Ascending Colon, Percutaneous Approach
0D5K4ZZ	Procedure	ICD-10-PCS	Destruction of Ascending Colon, Percutaneous Endoscopic Approach
0D5K7ZZ	Procedure	ICD-10-PCS	Destruction of Ascending Colon, Via Natural or Artificial Opening
0D5K8ZZ	Procedure	ICD-10-PCS	Destruction of Ascending Colon, Via Natural or Artificial Opening Endoscopic
0D5L0ZZ	Procedure	ICD-10-PCS	Destruction of Transverse Colon, Open Approach
0D5L3ZZ	Procedure	ICD-10-PCS	Destruction of Transverse Colon, Percutaneous Approach
0D5L4ZZ	Procedure	ICD-10-PCS	Destruction of Transverse Colon, Percutaneous Endoscopic Approach
0D5L7ZZ	Procedure	ICD-10-PCS	Destruction of Transverse Colon, Via Natural or Artificial Opening
0D5L8ZZ	Procedure	ICD-10-PCS	Destruction of Transverse Colon, Via Natural or Artificial Opening Endoscopic
0D5M0ZZ	Procedure	ICD-10-PCS	Destruction of Descending Colon, Open Approach
0D5M3ZZ	Procedure	ICD-10-PCS	Destruction of Descending Colon, Percutaneous Approach
0D5M4ZZ	Procedure	ICD-10-PCS	Destruction of Descending Colon, Percutaneous Endoscopic Approach
0D5M7ZZ	Procedure	ICD-10-PCS	Destruction of Descending Colon, Via Natural or Artificial Opening
0D5M8ZZ	Procedure	ICD-10-PCS	Destruction of Descending Colon, Via Natural or Artificial Opening Endoscopic
0D5N0ZZ	Procedure	ICD-10-PCS	Destruction of Sigmoid Colon, Open Approach
0D5N3ZZ	Procedure	ICD-10-PCS	Destruction of Sigmoid Colon, Percutaneous Approach
0D5N4ZZ	Procedure	ICD-10-PCS	Destruction of Sigmoid Colon, Percutaneous Endoscopic Approach
0D5N7ZZ	Procedure	ICD-10-PCS	Destruction of Sigmoid Colon, Via Natural or Artificial Opening
0D5N8ZZ	Procedure	ICD-10-PCS	Destruction of Sigmoid Colon, Via Natural or Artificial Opening Endoscopic

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
0D918ZX	Procedure	ICD-10-PCS	Drainage of Upper Esophagus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D928ZX	Procedure	ICD-10-PCS	Drainage of Middle Esophagus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D938ZX	Procedure	ICD-10-PCS	Drainage of Lower Esophagus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D948ZX	Procedure	ICD-10-PCS	Drainage of Esophagogastric Junction, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D958ZX	Procedure	ICD-10-PCS	Drainage of Esophagus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D968ZX	Procedure	ICD-10-PCS	Drainage of Stomach, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D978ZX	Procedure	ICD-10-PCS	Drainage of Stomach, Pylorus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D9800Z	Procedure	ICD-10-PCS	Drainage of Small Intestine with Drainage Device, Open Approach
0D980ZX	Procedure	ICD-10-PCS	Drainage of Small Intestine, Open Approach, Diagnostic
0D980ZZ	Procedure	ICD-10-PCS	Drainage of Small Intestine, Open Approach
0D9830Z	Procedure	ICD-10-PCS	Drainage of Small Intestine with Drainage Device, Percutaneous Approach
0D983ZX	Procedure	ICD-10-PCS	Drainage of Small Intestine, Percutaneous Approach, Diagnostic
0D983ZZ	Procedure	ICD-10-PCS	Drainage of Small Intestine, Percutaneous Approach
0D9840Z	Procedure	ICD-10-PCS	Drainage of Small Intestine with Drainage Device, Percutaneous Endoscopic Approach
0D984ZX	Procedure	ICD-10-PCS	Drainage of Small Intestine, Percutaneous Endoscopic Approach, Diagnostic
0D984ZZ	Procedure	ICD-10-PCS	Drainage of Small Intestine, Percutaneous Endoscopic Approach
0D9870Z	Procedure	ICD-10-PCS	Drainage of Small Intestine with Drainage Device, Via Natural or Artificial Opening
0D987ZX	Procedure	ICD-10-PCS	Drainage of Small Intestine, Via Natural or Artificial Opening, Diagnostic
0D987ZZ	Procedure	ICD-10-PCS	Drainage of Small Intestine, Via Natural or Artificial Opening
0D9880Z	Procedure	ICD-10-PCS	Drainage of Small Intestine with Drainage Device, Via Natural or Artificial Opening Endoscopic
0D988ZX	Procedure	ICD-10-PCS	Drainage of Small Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D988ZZ	Procedure	ICD-10-PCS	Drainage of Small Intestine, Via Natural or Artificial Opening Endoscopic
0D9900Z	Procedure	ICD-10-PCS	Drainage of Duodenum with Drainage Device, Open Approach
0D990ZX	Procedure	ICD-10-PCS	Drainage of Duodenum, Open Approach, Diagnostic
0D990ZZ	Procedure	ICD-10-PCS	Drainage of Duodenum, Open Approach
0D993ZX	Procedure	ICD-10-PCS	Drainage of Duodenum, Percutaneous Approach, Diagnostic
0D9940Z	Procedure	ICD-10-PCS	Drainage of Duodenum with Drainage Device, Percutaneous Endoscopic Approach
0D994ZX	Procedure	ICD-10-PCS	Drainage of Duodenum, Percutaneous Endoscopic Approach, Diagnostic
0D994ZZ	Procedure	ICD-10-PCS	Drainage of Duodenum, Percutaneous Endoscopic Approach
0D997ZX	Procedure	ICD-10-PCS	Drainage of Duodenum, Via Natural or Artificial Opening, Diagnostic
0D997ZZ	Procedure	ICD-10-PCS	Drainage of Duodenum, Via Natural or Artificial Opening
0D998ZX	Procedure	ICD-10-PCS	Drainage of Duodenum, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D998ZZ	Procedure	ICD-10-PCS	Drainage of Duodenum, Via Natural or Artificial Opening Endoscopic
0D9A00Z	Procedure	ICD-10-PCS	Drainage of Jejunum with Drainage Device, Open Approach

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
0D9A0ZX	Procedure	ICD-10-PCS	Drainage of Jejunum, Open Approach, Diagnostic
0D9A0ZZ	Procedure	ICD-10-PCS	Drainage of Jejunum, Open Approach
0D9A3ZX	Procedure	ICD-10-PCS	Drainage of Jejunum, Percutaneous Approach, Diagnostic
0D9A40Z	Procedure	ICD-10-PCS	Drainage of Jejunum with Drainage Device, Percutaneous Endoscopic Approach
0D9A4ZX	Procedure	ICD-10-PCS	Drainage of Jejunum, Percutaneous Endoscopic Approach, Diagnostic
0D9A4ZZ	Procedure	ICD-10-PCS	Drainage of Jejunum, Percutaneous Endoscopic Approach
0D9A7ZX	Procedure	ICD-10-PCS	Drainage of Jejunum, Via Natural or Artificial Opening, Diagnostic
0D9A7ZZ	Procedure	ICD-10-PCS	Drainage of Jejunum, Via Natural or Artificial Opening
0D9A8ZX	Procedure	ICD-10-PCS	Drainage of Jejunum, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D9A8ZZ	Procedure	ICD-10-PCS	Drainage of Jejunum, Via Natural or Artificial Opening Endoscopic
0D9B00Z	Procedure	ICD-10-PCS	Drainage of Ileum with Drainage Device, Open Approach
0D9B0ZX	Procedure	ICD-10-PCS	Drainage of Ileum, Open Approach, Diagnostic
0D9B0ZZ	Procedure	ICD-10-PCS	Drainage of Ileum, Open Approach
0D9B3ZX	Procedure	ICD-10-PCS	Drainage of Ileum, Percutaneous Approach, Diagnostic
0D9B40Z	Procedure	ICD-10-PCS	Drainage of Ileum with Drainage Device, Percutaneous Endoscopic Approach
0D9B4ZX	Procedure	ICD-10-PCS	Drainage of Ileum, Percutaneous Endoscopic Approach, Diagnostic
0D9B4ZZ	Procedure	ICD-10-PCS	Drainage of Ileum, Percutaneous Endoscopic Approach
0D9B7ZX	Procedure	ICD-10-PCS	Drainage of Ileum, Via Natural or Artificial Opening, Diagnostic
0D9B7ZZ	Procedure	ICD-10-PCS	Drainage of Ileum, Via Natural or Artificial Opening
0D9B8ZX	Procedure	ICD-10-PCS	Drainage of Ileum, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D9B8ZZ	Procedure	ICD-10-PCS	Drainage of Ileum, Via Natural or Artificial Opening Endoscopic
0D9C00Z	Procedure	ICD-10-PCS	Drainage of Ileocecal Valve with Drainage Device, Open Approach
0D9C0ZX	Procedure	ICD-10-PCS	Drainage of Ileocecal Valve, Open Approach, Diagnostic
0D9C0ZZ	Procedure	ICD-10-PCS	Drainage of Ileocecal Valve, Open Approach
0D9C3ZX	Procedure	ICD-10-PCS	Drainage of Ileocecal Valve, Percutaneous Approach, Diagnostic
			Drainage of Ileocecal Valve with Drainage Device, Percutaneous Endoscopic
0D9C40Z	Procedure	ICD-10-PCS	Approach
0D9C4ZX	Procedure	ICD-10-PCS	Drainage of Ileocecal Valve, Percutaneous Endoscopic Approach, Diagnostic
0D9C4ZZ	Procedure	ICD-10-PCS	Drainage of Ileocecal Valve, Percutaneous Endoscopic Approach
0D9C70Z	Procedure	ICD-10-PCS	Drainage of Ileocecal Valve with Drainage Device, Via Natural or Artificial Opening
0D9C7ZX	Procedure	ICD-10-PCS	Drainage of Ileocecal Valve, Via Natural or Artificial Opening, Diagnostic
0D9C7ZZ	Procedure	ICD-10-PCS	Drainage of Ileocecal Valve, Via Natural or Artificial Opening
			Drainage of Ileocecal Valve with Drainage Device, Via Natural or Artificial Opening
0D9C80Z	Procedure	ICD-10-PCS	Endoscopic
0D9C8ZX	Procedure	ICD-10-PCS	Drainage of Ileocecal Valve, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D9C8ZZ	Procedure	ICD-10-PCS	Drainage of Ileocecal Valve, Via Natural or Artificial Opening Endoscopic
0D9E00Z	Procedure	ICD-10-PCS	Drainage of Large Intestine with Drainage Device, Open Approach
0D9E0ZX	Procedure	ICD-10-PCS	Drainage of Large Intestine, Open Approach, Diagnostic
0D9E0ZZ	Procedure	ICD-10-PCS	Drainage of Large Intestine, Open Approach
0D9E30Z	Procedure	ICD-10-PCS	Drainage of Large Intestine with Drainage Device, Percutaneous Approach
0D9E3ZX	Procedure	ICD-10-PCS	Drainage of Large Intestine, Percutaneous Approach, Diagnostic

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
0D9E3ZZ	Procedure	ICD-10-PCS	Drainage of Large Intestine, Percutaneous Approach Drainage of Large Intestine with Drainage Device, Percutaneous Endoscopic
0D9E40Z	Procedure	ICD-10-PCS	Approach
0D9E4ZX	Procedure	ICD-10-PCS	Drainage of Large Intestine, Percutaneous Endoscopic Approach, Diagnostic
0D9E4ZZ	Procedure	ICD-10-PCS	Drainage of Large Intestine, Percutaneous Endoscopic Approach
0D9E70Z	Procedure	ICD-10-PCS	Drainage of Large Intestine with Drainage Device, Via Natural or Artificial Opening
0D9E7ZX	Procedure	ICD-10-PCS	Drainage of Large Intestine, Via Natural or Artificial Opening, Diagnostic
0D9E7ZZ	Procedure	ICD-10-PCS	Drainage of Large Intestine, Via Natural or Artificial Opening Drainage of Large Intestine with Drainage Device, Via Natural or Artificial Opening
0D9E80Z	Procedure	ICD-10-PCS	Endoscopic
0D9E8ZX	Procedure	ICD-10-PCS	Drainage of Large Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D9E8ZZ	Procedure	ICD-10-PCS	Drainage of Large Intestine, Via Natural or Artificial Opening Endoscopic
0D9F00Z	Procedure	ICD-10-PCS	Drainage of Right Large Intestine with Drainage Device, Open Approach
0D9F0ZX	Procedure	ICD-10-PCS	Drainage of Right Large Intestine, Open Approach, Diagnostic
0D9F0ZZ	Procedure	ICD-10-PCS	Drainage of Right Large Intestine, Open Approach
0D9F3ZX	Procedure	ICD-10-PCS	Drainage of Right Large Intestine, Percutaneous Approach, Diagnostic Drainage of Right Large Intestine with Drainage Device, Percutaneous Endoscopic
0D9F40Z	Procedure	ICD-10-PCS	Approach
0D9F4ZX	Procedure	ICD-10-PCS	Drainage of Right Large Intestine, Percutaneous Endoscopic Approach, Diagnostic
0D9F4ZZ	Procedure	ICD-10-PCS	Drainage of Right Large Intestine, Percutaneous Endoscopic Approach
0D9F7ZX	Procedure	ICD-10-PCS	Drainage of Right Large Intestine, Via Natural or Artificial Opening, Diagnostic
0D9F7ZZ	Procedure	ICD-10-PCS	Drainage of Right Large Intestine, Via Natural or Artificial Opening Drainage of Right Large Intestine, Via Natural or Artificial Opening Endoscopic,
0D9F8ZX	Procedure	ICD-10-PCS	Diagnostic
0D9F8ZZ	Procedure	ICD-10-PCS	Drainage of Right Large Intestine, Via Natural or Artificial Opening Endoscopic
0D9G00Z	Procedure	ICD-10-PCS	Drainage of Left Large Intestine with Drainage Device, Open Approach
0D9G0ZX	Procedure	ICD-10-PCS	Drainage of Left Large Intestine, Open Approach, Diagnostic
0D9G0ZZ	Procedure	ICD-10-PCS	Drainage of Left Large Intestine, Open Approach
0D9G3ZX	Procedure	ICD-10-PCS	Drainage of Left Large Intestine, Percutaneous Approach, Diagnostic Drainage of Left Large Intestine with Drainage Device, Percutaneous Endoscopic
0D9G40Z	Procedure	ICD-10-PCS	Approach
0D9G4ZX	Procedure	ICD-10-PCS	Drainage of Left Large Intestine, Percutaneous Endoscopic Approach, Diagnostic
0D9G4ZZ	Procedure	ICD-10-PCS	Drainage of Left Large Intestine, Percutaneous Endoscopic Approach
0D9G7ZX	Procedure	ICD-10-PCS	Drainage of Left Large Intestine, Via Natural or Artificial Opening, Diagnostic
0D9G7ZZ	Procedure	ICD-10-PCS	Drainage of Left Large Intestine, Via Natural or Artificial Opening Drainage of Left Large Intestine, Via Natural or Artificial Opening Endoscopic,
0D9G8ZX	Procedure	ICD-10-PCS	Diagnostic
0D9G8ZZ	Procedure	ICD-10-PCS	Drainage of Left Large Intestine, Via Natural or Artificial Opening Endoscopic
0D9H00Z	Procedure	ICD-10-PCS	Drainage of Cecum with Drainage Device, Open Approach
0D9H0ZX	Procedure	ICD-10-PCS	Drainage of Cecum, Open Approach, Diagnostic
0D9H0ZZ	Procedure	ICD-10-PCS	Drainage of Cecum, Open Approach

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
0D9H3ZX	Procedure	ICD-10-PCS	Drainage of Cecum, Percutaneous Approach, Diagnostic
0D9H40Z	Procedure	ICD-10-PCS	Drainage of Cecum with Drainage Device, Percutaneous Endoscopic Approach
0D9H4ZX	Procedure	ICD-10-PCS	Drainage of Cecum, Percutaneous Endoscopic Approach, Diagnostic
0D9H4ZZ	Procedure	ICD-10-PCS	Drainage of Cecum, Percutaneous Endoscopic Approach
0D9H7ZX	Procedure	ICD-10-PCS	Drainage of Cecum, Via Natural or Artificial Opening, Diagnostic
0D9H7ZZ	Procedure	ICD-10-PCS	Drainage of Cecum, Via Natural or Artificial Opening
0D9H8ZX	Procedure	ICD-10-PCS	Drainage of Cecum, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D9H8ZZ	Procedure	ICD-10-PCS	Drainage of Cecum, Via Natural or Artificial Opening Endoscopic
0D9K00Z	Procedure	ICD-10-PCS	Drainage of Ascending Colon with Drainage Device, Open Approach
0D9K0ZX	Procedure	ICD-10-PCS	Drainage of Ascending Colon, Open Approach, Diagnostic
0D9K0ZZ	Procedure	ICD-10-PCS	Drainage of Ascending Colon, Open Approach
0D9K3ZX	Procedure	ICD-10-PCS	Drainage of Ascending Colon, Percutaneous Approach, Diagnostic
			Drainage of Ascending Colon with Drainage Device, Percutaneous Endoscopic
0D9K40Z	Procedure	ICD-10-PCS	Approach
0D9K4ZX	Procedure	ICD-10-PCS	Drainage of Ascending Colon, Percutaneous Endoscopic Approach, Diagnostic
0D9K4ZZ	Procedure	ICD-10-PCS	Drainage of Ascending Colon, Percutaneous Endoscopic Approach
0D9K7ZX	Procedure	ICD-10-PCS	Drainage of Ascending Colon, Via Natural or Artificial Opening, Diagnostic
0D9K7ZZ	Procedure	ICD-10-PCS	Drainage of Ascending Colon, Via Natural or Artificial Opening
			Drainage of Ascending Colon, Via Natural or Artificial Opening Endoscopic,
0D9K8ZX	Procedure	ICD-10-PCS	Diagnostic
0D9K8ZZ	Procedure	ICD-10-PCS	Drainage of Ascending Colon, Via Natural or Artificial Opening Endoscopic
0D9L00Z	Procedure	ICD-10-PCS	Drainage of Transverse Colon with Drainage Device, Open Approach
0D9L0ZX	Procedure	ICD-10-PCS	Drainage of Transverse Colon, Open Approach, Diagnostic
0D9L0ZZ	Procedure	ICD-10-PCS	Drainage of Transverse Colon, Open Approach
0D9L3ZX	Procedure	ICD-10-PCS	Drainage of Transverse Colon, Percutaneous Approach, Diagnostic
			Drainage of Transverse Colon with Drainage Device, Percutaneous Endoscopic
0D9L40Z	Procedure	ICD-10-PCS	Approach
0D9L4ZX	Procedure	ICD-10-PCS	Drainage of Transverse Colon, Percutaneous Endoscopic Approach, Diagnostic
0D9L4ZZ	Procedure	ICD-10-PCS	Drainage of Transverse Colon, Percutaneous Endoscopic Approach
0D9L7ZX	Procedure	ICD-10-PCS	Drainage of Transverse Colon, Via Natural or Artificial Opening, Diagnostic
0D9L7ZZ	Procedure	ICD-10-PCS	Drainage of Transverse Colon, Via Natural or Artificial Opening
			Drainage of Transverse Colon, Via Natural or Artificial Opening Endoscopic,
0D9L8ZX	Procedure	ICD-10-PCS	Diagnostic
0D9L8ZZ	Procedure	ICD-10-PCS	Drainage of Transverse Colon, Via Natural or Artificial Opening Endoscopic
0D9M00Z	Procedure	ICD-10-PCS	Drainage of Descending Colon with Drainage Device, Open Approach
0D9M0ZX	Procedure	ICD-10-PCS	Drainage of Descending Colon, Open Approach, Diagnostic
0D9M0ZZ	Procedure	ICD-10-PCS	Drainage of Descending Colon, Open Approach
0D9M3ZX	Procedure	ICD-10-PCS	Drainage of Descending Colon, Percutaneous Approach, Diagnostic
			Drainage of Descending Colon with Drainage Device, Percutaneous Endoscopic
0D9M40Z	Procedure	ICD-10-PCS	Approach
0D9M4ZX	Procedure	ICD-10-PCS	Drainage of Descending Colon, Percutaneous Endoscopic Approach, Diagnostic
0D9M4ZZ	Procedure	ICD-10-PCS	Drainage of Descending Colon, Percutaneous Endoscopic Approach

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
0D9M7ZX	Procedure	ICD-10-PCS	Drainage of Descending Colon, Via Natural or Artificial Opening, Diagnostic
0D9M7ZZ	Procedure	ICD-10-PCS	Drainage of Descending Colon, Via Natural or Artificial Opening
0D9M8ZX	Procedure	ICD-10-PCS	Drainage of Descending Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D9M8ZZ	Procedure	ICD-10-PCS	Drainage of Descending Colon, Via Natural or Artificial Opening Endoscopic
0D9N00Z	Procedure	ICD-10-PCS	Drainage of Sigmoid Colon with Drainage Device, Open Approach
0D9N0ZX	Procedure	ICD-10-PCS	Drainage of Sigmoid Colon, Open Approach, Diagnostic
0D9N0ZZ	Procedure	ICD-10-PCS	Drainage of Sigmoid Colon, Open Approach
0D9N3ZX	Procedure	ICD-10-PCS	Drainage of Sigmoid Colon, Percutaneous Approach, Diagnostic
0D9N40Z	Procedure	ICD-10-PCS	Drainage of Sigmoid Colon with Drainage Device, Percutaneous Endoscopic Approach
0D9N4ZX	Procedure	ICD-10-PCS	Drainage of Sigmoid Colon, Percutaneous Endoscopic Approach, Diagnostic
0D9N4ZZ	Procedure	ICD-10-PCS	Drainage of Sigmoid Colon, Percutaneous Endoscopic Approach
0D9N7ZX	Procedure	ICD-10-PCS	Drainage of Sigmoid Colon, Via Natural or Artificial Opening, Diagnostic
0D9N7ZZ	Procedure	ICD-10-PCS	Drainage of Sigmoid Colon, Via Natural or Artificial Opening
0D9N8ZX	Procedure	ICD-10-PCS	Drainage of Sigmoid Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D9N8ZZ	Procedure	ICD-10-PCS	Drainage of Sigmoid Colon, Via Natural or Artificial Opening Endoscopic
0DB80ZX	Procedure	ICD-10-PCS	Excision of Small Intestine, Open Approach, Diagnostic
0DB80ZZ	Procedure	ICD-10-PCS	Excision of Small Intestine, Open Approach
0DB83ZX	Procedure	ICD-10-PCS	Excision of Small Intestine, Percutaneous Approach, Diagnostic
0DB83ZZ	Procedure	ICD-10-PCS	Excision of Small Intestine, Percutaneous Approach
0DB84ZX	Procedure	ICD-10-PCS	Excision of Small Intestine, Percutaneous Endoscopic Approach, Diagnostic
0DB84ZZ	Procedure	ICD-10-PCS	Excision of Small Intestine, Percutaneous Endoscopic Approach
0DB87ZX	Procedure	ICD-10-PCS	Excision of Small Intestine, Via Natural or Artificial Opening, Diagnostic
0DB87ZZ	Procedure	ICD-10-PCS	Excision of Small Intestine, Via Natural or Artificial Opening
0DB88ZX	Procedure	ICD-10-PCS	Excision of Small Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DB88ZZ	Procedure	ICD-10-PCS	Excision of Small Intestine, Via Natural or Artificial Opening Endoscopic
0DB90ZX	Procedure	ICD-10-PCS	Excision of Duodenum, Open Approach, Diagnostic
0DB90ZZ	Procedure	ICD-10-PCS	Excision of Duodenum, Open Approach
0DB93ZX	Procedure	ICD-10-PCS	Excision of Duodenum, Percutaneous Approach, Diagnostic
0DB93ZZ	Procedure	ICD-10-PCS	Excision of Duodenum, Percutaneous Approach
0DB94ZX	Procedure	ICD-10-PCS	Excision of Duodenum, Percutaneous Endoscopic Approach, Diagnostic
0DB94ZZ	Procedure	ICD-10-PCS	Excision of Duodenum, Percutaneous Endoscopic Approach
0DB97ZX	Procedure	ICD-10-PCS	Excision of Duodenum, Via Natural or Artificial Opening, Diagnostic
0DB97ZZ	Procedure	ICD-10-PCS	Excision of Duodenum, Via Natural or Artificial Opening
0DB98ZX	Procedure	ICD-10-PCS	Excision of Duodenum, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DB98ZZ	Procedure	ICD-10-PCS	Excision of Duodenum, Via Natural or Artificial Opening Endoscopic
0DBA0ZX	Procedure	ICD-10-PCS	Excision of Jejunum, Open Approach, Diagnostic
0DBA0ZZ	Procedure	ICD-10-PCS	Excision of Jejunum, Open Approach
0DBA3ZX	Procedure	ICD-10-PCS	Excision of Jejunum, Percutaneous Approach, Diagnostic
0DBA3ZZ	Procedure	ICD-10-PCS	Excision of Jejunum, Percutaneous Approach
0DBA4ZX	Procedure	ICD-10-PCS	Excision of Jejunum, Percutaneous Endoscopic Approach, Diagnostic

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
ODBA4ZZ	Procedure	ICD-10-PCS	Excision of Jejunum, Percutaneous Endoscopic Approach
ODBA7ZX	Procedure	ICD-10-PCS	Excision of Jejunum, Via Natural or Artificial Opening, Diagnostic
ODBA7ZZ	Procedure	ICD-10-PCS	Excision of Jejunum, Via Natural or Artificial Opening
ODBA8ZX	Procedure	ICD-10-PCS	Excision of Jejunum, Via Natural or Artificial Opening Endoscopic, Diagnostic
ODBA8ZZ	Procedure	ICD-10-PCS	Excision of Jejunum, Via Natural or Artificial Opening Endoscopic
ODBB0ZX	Procedure	ICD-10-PCS	Excision of Ileum, Open Approach, Diagnostic
ODBB0ZZ	Procedure	ICD-10-PCS	Excision of Ileum, Open Approach
ODBB3ZX	Procedure	ICD-10-PCS	Excision of Ileum, Percutaneous Approach, Diagnostic
ODBB3ZZ	Procedure	ICD-10-PCS	Excision of Ileum, Percutaneous Approach
ODBB4ZX	Procedure	ICD-10-PCS	Excision of Ileum, Percutaneous Endoscopic Approach, Diagnostic
ODBB4ZZ	Procedure	ICD-10-PCS	Excision of Ileum, Percutaneous Endoscopic Approach
ODBB7ZX	Procedure	ICD-10-PCS	Excision of Ileum, Via Natural or Artificial Opening, Diagnostic
ODBB7ZZ	Procedure	ICD-10-PCS	Excision of Ileum, Via Natural or Artificial Opening
ODBB8ZX	Procedure	ICD-10-PCS	Excision of Ileum, Via Natural or Artificial Opening Endoscopic, Diagnostic
ODBB8ZZ	Procedure	ICD-10-PCS	Excision of Ileum, Via Natural or Artificial Opening Endoscopic
ODBC0ZX	Procedure	ICD-10-PCS	Excision of Ileocecal Valve, Open Approach, Diagnostic
ODBC0ZZ	Procedure	ICD-10-PCS	Excision of Ileocecal Valve, Open Approach
ODBC3ZX	Procedure	ICD-10-PCS	Excision of Ileocecal Valve, Percutaneous Approach, Diagnostic
ODBC3ZZ	Procedure	ICD-10-PCS	Excision of Ileocecal Valve, Percutaneous Approach
ODBC4ZX	Procedure	ICD-10-PCS	Excision of Ileocecal Valve, Percutaneous Endoscopic Approach, Diagnostic
ODBC4ZZ	Procedure	ICD-10-PCS	Excision of Ileocecal Valve, Percutaneous Endoscopic Approach
ODBC7ZX	Procedure	ICD-10-PCS	Excision of Ileocecal Valve, Via Natural or Artificial Opening, Diagnostic
ODBC7ZZ	Procedure	ICD-10-PCS	Excision of Ileocecal Valve, Via Natural or Artificial Opening
ODBC8ZX	Procedure	ICD-10-PCS	Excision of Ileocecal Valve, Via Natural or Artificial Opening Endoscopic, Diagnostic
ODBC8ZZ	Procedure	ICD-10-PCS	Excision of Ileocecal Valve, Via Natural or Artificial Opening Endoscopic
ODBE0ZX	Procedure	ICD-10-PCS	Excision of Large Intestine, Open Approach, Diagnostic
ODBE0ZZ	Procedure	ICD-10-PCS	Excision of Large Intestine, Open Approach
ODBE3ZX	Procedure	ICD-10-PCS	Excision of Large Intestine, Percutaneous Approach, Diagnostic
ODBE3ZZ	Procedure	ICD-10-PCS	Excision of Large Intestine, Percutaneous Approach
ODBE4ZX	Procedure	ICD-10-PCS	Excision of Large Intestine, Percutaneous Endoscopic Approach, Diagnostic
ODBE4ZZ	Procedure	ICD-10-PCS	Excision of Large Intestine, Percutaneous Endoscopic Approach
ODBE7ZX	Procedure	ICD-10-PCS	Excision of Large Intestine, Via Natural or Artificial Opening, Diagnostic
ODBE7ZZ	Procedure	ICD-10-PCS	Excision of Large Intestine, Via Natural or Artificial Opening
ODBE8ZX	Procedure	ICD-10-PCS	Excision of Large Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
ODBE8ZZ	Procedure	ICD-10-PCS	Excision of Large Intestine, Via Natural or Artificial Opening Endoscopic
ODBF0ZX	Procedure	ICD-10-PCS	Excision of Right Large Intestine, Open Approach, Diagnostic
ODBF0ZZ	Procedure	ICD-10-PCS	Excision of Right Large Intestine, Open Approach
ODBF3ZX	Procedure	ICD-10-PCS	Excision of Right Large Intestine, Percutaneous Approach, Diagnostic
ODBF3ZZ	Procedure	ICD-10-PCS	Excision of Right Large Intestine, Percutaneous Approach
ODBF4ZX	Procedure	ICD-10-PCS	Excision of Right Large Intestine, Percutaneous Endoscopic Approach, Diagnostic
ODBF7ZX	Procedure	ICD-10-PCS	Excision of Right Large Intestine, Via Natural or Artificial Opening, Diagnostic
ODBF7ZZ	Procedure	ICD-10-PCS	Excision of Right Large Intestine, Via Natural or Artificial Opening

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
0DBF8ZX	Procedure	ICD-10-PCS	Excision of Right Large Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DBF8ZZ	Procedure	ICD-10-PCS	Excision of Right Large Intestine, Via Natural or Artificial Opening Endoscopic
0DBG0ZX	Procedure	ICD-10-PCS	Excision of Left Large Intestine, Open Approach, Diagnostic
0DBG0ZZ	Procedure	ICD-10-PCS	Excision of Left Large Intestine, Open Approach
0DBG3ZX	Procedure	ICD-10-PCS	Excision of Left Large Intestine, Percutaneous Approach, Diagnostic
0DBG3ZZ	Procedure	ICD-10-PCS	Excision of Left Large Intestine, Percutaneous Approach
0DBG4ZX	Procedure	ICD-10-PCS	Excision of Left Large Intestine, Percutaneous Endoscopic Approach, Diagnostic
0DBG7ZX	Procedure	ICD-10-PCS	Excision of Left Large Intestine, Via Natural or Artificial Opening, Diagnostic
0DBG7ZZ	Procedure	ICD-10-PCS	Excision of Left Large Intestine, Via Natural or Artificial Opening
0DBG8ZX	Procedure	ICD-10-PCS	Excision of Left Large Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DBG8ZZ	Procedure	ICD-10-PCS	Excision of Left Large Intestine, Via Natural or Artificial Opening Endoscopic
0DBGFZZ	Procedure	ICD-10-PCS	Excision of Left Large Intestine, Via Natural or Artificial Opening With Percutaneous Endoscopic Assistance
0DBH0ZX	Procedure	ICD-10-PCS	Excision of Cecum, Open Approach, Diagnostic
0DBH0ZZ	Procedure	ICD-10-PCS	Excision of Cecum, Open Approach
0DBH3ZX	Procedure	ICD-10-PCS	Excision of Cecum, Percutaneous Approach, Diagnostic
0DBH3ZZ	Procedure	ICD-10-PCS	Excision of Cecum, Percutaneous Approach
0DBH4ZX	Procedure	ICD-10-PCS	Excision of Cecum, Percutaneous Endoscopic Approach, Diagnostic
0DBH7ZX	Procedure	ICD-10-PCS	Excision of Cecum, Via Natural or Artificial Opening, Diagnostic
0DBH7ZZ	Procedure	ICD-10-PCS	Excision of Cecum, Via Natural or Artificial Opening
0DBH8ZX	Procedure	ICD-10-PCS	Excision of Cecum, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DBH8ZZ	Procedure	ICD-10-PCS	Excision of Cecum, Via Natural or Artificial Opening Endoscopic
0DBK0ZX	Procedure	ICD-10-PCS	Excision of Ascending Colon, Open Approach, Diagnostic
0DBK0ZZ	Procedure	ICD-10-PCS	Excision of Ascending Colon, Open Approach
0DBK3ZX	Procedure	ICD-10-PCS	Excision of Ascending Colon, Percutaneous Approach, Diagnostic
0DBK3ZZ	Procedure	ICD-10-PCS	Excision of Ascending Colon, Percutaneous Approach
0DBK4ZX	Procedure	ICD-10-PCS	Excision of Ascending Colon, Percutaneous Endoscopic Approach, Diagnostic
0DBK7ZX	Procedure	ICD-10-PCS	Excision of Ascending Colon, Via Natural or Artificial Opening, Diagnostic
0DBK7ZZ	Procedure	ICD-10-PCS	Excision of Ascending Colon, Via Natural or Artificial Opening
0DBK8ZX	Procedure	ICD-10-PCS	Excision of Ascending Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DBK8ZZ	Procedure	ICD-10-PCS	Excision of Ascending Colon, Via Natural or Artificial Opening Endoscopic
0DBL0ZX	Procedure	ICD-10-PCS	Excision of Transverse Colon, Open Approach, Diagnostic
0DBL0ZZ	Procedure	ICD-10-PCS	Excision of Transverse Colon, Open Approach
0DBL3ZX	Procedure	ICD-10-PCS	Excision of Transverse Colon, Percutaneous Approach, Diagnostic
0DBL3ZZ	Procedure	ICD-10-PCS	Excision of Transverse Colon, Percutaneous Approach
0DBL4ZX	Procedure	ICD-10-PCS	Excision of Transverse Colon, Percutaneous Endoscopic Approach, Diagnostic
0DBL7ZX	Procedure	ICD-10-PCS	Excision of Transverse Colon, Via Natural or Artificial Opening, Diagnostic
0DBL7ZZ	Procedure	ICD-10-PCS	Excision of Transverse Colon, Via Natural or Artificial Opening

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
0DBL8ZX	Procedure	ICD-10-PCS	Excision of Transverse Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DBL8ZZ	Procedure	ICD-10-PCS	Excision of Transverse Colon, Via Natural or Artificial Opening Endoscopic
0DBLFZZ	Procedure	ICD-10-PCS	Excision of Transverse Colon, Via Natural or Artificial Opening With Percutaneous Endoscopic Assistance
0DBM0ZX	Procedure	ICD-10-PCS	Excision of Descending Colon, Open Approach, Diagnostic
0DBM0ZZ	Procedure	ICD-10-PCS	Excision of Descending Colon, Open Approach
0DBM3ZX	Procedure	ICD-10-PCS	Excision of Descending Colon, Percutaneous Approach, Diagnostic
0DBM3ZZ	Procedure	ICD-10-PCS	Excision of Descending Colon, Percutaneous Approach
0DBM4ZX	Procedure	ICD-10-PCS	Excision of Descending Colon, Percutaneous Endoscopic Approach, Diagnostic
0DBM7ZX	Procedure	ICD-10-PCS	Excision of Descending Colon, Via Natural or Artificial Opening, Diagnostic
0DBM7ZZ	Procedure	ICD-10-PCS	Excision of Descending Colon, Via Natural or Artificial Opening
0DBM8ZX	Procedure	ICD-10-PCS	Excision of Descending Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DBM8ZZ	Procedure	ICD-10-PCS	Excision of Descending Colon, Via Natural or Artificial Opening Endoscopic
0DBMFZZ	Procedure	ICD-10-PCS	Excision of Descending Colon, Via Natural or Artificial Opening With Percutaneous Endoscopic Assistance
0DBN0ZX	Procedure	ICD-10-PCS	Excision of Sigmoid Colon, Open Approach, Diagnostic
0DBN0ZZ	Procedure	ICD-10-PCS	Excision of Sigmoid Colon, Open Approach
0DBN3ZX	Procedure	ICD-10-PCS	Excision of Sigmoid Colon, Percutaneous Approach, Diagnostic
0DBN3ZZ	Procedure	ICD-10-PCS	Excision of Sigmoid Colon, Percutaneous Approach
0DBN4ZX	Procedure	ICD-10-PCS	Excision of Sigmoid Colon, Percutaneous Endoscopic Approach, Diagnostic
0DBN7ZX	Procedure	ICD-10-PCS	Excision of Sigmoid Colon, Via Natural or Artificial Opening, Diagnostic
0DBN7ZZ	Procedure	ICD-10-PCS	Excision of Sigmoid Colon, Via Natural or Artificial Opening
0DBN8ZX	Procedure	ICD-10-PCS	Excision of Sigmoid Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DBN8ZZ	Procedure	ICD-10-PCS	Excision of Sigmoid Colon, Via Natural or Artificial Opening Endoscopic
0DBNFZZ	Procedure	ICD-10-PCS	Excision of Sigmoid Colon, Via Natural or Artificial Opening With Percutaneous Endoscopic Assistance
0DC80ZZ	Procedure	ICD-10-PCS	Extirpation of Matter from Small Intestine, Open Approach
0DC83ZZ	Procedure	ICD-10-PCS	Extirpation of Matter from Small Intestine, Percutaneous Approach
0DC84ZZ	Procedure	ICD-10-PCS	Extirpation of Matter from Small Intestine, Percutaneous Endoscopic Approach
0DC87ZZ	Procedure	ICD-10-PCS	Extirpation of Matter from Small Intestine, Via Natural or Artificial Opening
0DC88ZZ	Procedure	ICD-10-PCS	Extirpation of Matter from Small Intestine, Via Natural or Artificial Opening Endoscopic
0DC90ZZ	Procedure	ICD-10-PCS	Extirpation of Matter from Duodenum, Open Approach
0DC93ZZ	Procedure	ICD-10-PCS	Extirpation of Matter from Duodenum, Percutaneous Approach
0DC94ZZ	Procedure	ICD-10-PCS	Extirpation of Matter from Duodenum, Percutaneous Endoscopic Approach
0DCA0ZZ	Procedure	ICD-10-PCS	Extirpation of Matter from Jejunum, Open Approach
0DCA3ZZ	Procedure	ICD-10-PCS	Extirpation of Matter from Jejunum, Percutaneous Approach
0DCA4ZZ	Procedure	ICD-10-PCS	Extirpation of Matter from Jejunum, Percutaneous Endoscopic Approach
0DCB0ZZ	Procedure	ICD-10-PCS	Extirpation of Matter from Ileum, Open Approach
0DCB3ZZ	Procedure	ICD-10-PCS	Extirpation of Matter from Ileum, Percutaneous Approach

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
0DCB4ZZ	Procedure	ICD-10-PCS	Extirpation of Matter from Ileum, Percutaneous Endoscopic Approach
0DCC0ZZ	Procedure	ICD-10-PCS	Extirpation of Matter from Ileocecal Valve, Open Approach
0DCC3ZZ	Procedure	ICD-10-PCS	Extirpation of Matter from Ileocecal Valve, Percutaneous Approach
0DCC4ZZ	Procedure	ICD-10-PCS	Extirpation of Matter from Ileocecal Valve, Percutaneous Endoscopic Approach
0DCE0ZZ	Procedure	ICD-10-PCS	Extirpation of Matter from Large Intestine, Open Approach
0DCE3ZZ	Procedure	ICD-10-PCS	Extirpation of Matter from Large Intestine, Percutaneous Approach
0DCE4ZZ	Procedure	ICD-10-PCS	Extirpation of Matter from Large Intestine, Percutaneous Endoscopic Approach
0DCE7ZZ	Procedure	ICD-10-PCS	Extirpation of Matter from Large Intestine, Via Natural or Artificial Opening
			Extirpation of Matter from Large Intestine, Via Natural or Artificial Opening
0DCE8ZZ	Procedure	ICD-10-PCS	Endoscopic
0DCF0ZZ	Procedure	ICD-10-PCS	Extirpation of Matter from Right Large Intestine, Open Approach
0DCF3ZZ	Procedure	ICD-10-PCS	Extirpation of Matter from Right Large Intestine, Percutaneous Approach
0DCF4ZZ	Procedure	ICD-10-PCS	Extirpation of Matter from Right Large Intestine, Percutaneous Endoscopic Approach
0DCG0ZZ	Procedure	ICD-10-PCS	Extirpation of Matter from Left Large Intestine, Open Approach
0DCG3ZZ	Procedure	ICD-10-PCS	Extirpation of Matter from Left Large Intestine, Percutaneous Approach
0DCG4ZZ	Procedure	ICD-10-PCS	Extirpation of Matter from Left Large Intestine, Percutaneous Endoscopic Approach
0DCH0ZZ	Procedure	ICD-10-PCS	Extirpation of Matter from Cecum, Open Approach
0DCH3ZZ	Procedure	ICD-10-PCS	Extirpation of Matter from Cecum, Percutaneous Approach
0DCH4ZZ	Procedure	ICD-10-PCS	Extirpation of Matter from Cecum, Percutaneous Endoscopic Approach
0DCK0ZZ	Procedure	ICD-10-PCS	Extirpation of Matter from Ascending Colon, Open Approach
0DCK3ZZ	Procedure	ICD-10-PCS	Extirpation of Matter from Ascending Colon, Percutaneous Approach
0DCK4ZZ	Procedure	ICD-10-PCS	Extirpation of Matter from Ascending Colon, Percutaneous Endoscopic Approach
0DCL0ZZ	Procedure	ICD-10-PCS	Extirpation of Matter from Transverse Colon, Open Approach
0DCL3ZZ	Procedure	ICD-10-PCS	Extirpation of Matter from Transverse Colon, Percutaneous Approach
0DCL4ZZ	Procedure	ICD-10-PCS	Extirpation of Matter from Transverse Colon, Percutaneous Endoscopic Approach
0DCM0ZZ	Procedure	ICD-10-PCS	Extirpation of Matter from Descending Colon, Open Approach
0DCM3ZZ	Procedure	ICD-10-PCS	Extirpation of Matter from Descending Colon, Percutaneous Approach
0DCM4ZZ	Procedure	ICD-10-PCS	Extirpation of Matter from Descending Colon, Percutaneous Endoscopic Approach
0DCN0ZZ	Procedure	ICD-10-PCS	Extirpation of Matter from Sigmoid Colon, Open Approach
0DCN3ZZ	Procedure	ICD-10-PCS	Extirpation of Matter from Sigmoid Colon, Percutaneous Approach
0DCN4ZZ	Procedure	ICD-10-PCS	Extirpation of Matter from Sigmoid Colon, Percutaneous Endoscopic Approach
0DD18ZX	Procedure	ICD-10-PCS	Extraction of Upper Esophagus, Via Natural or Artificial Opening Endoscopic, Diagnostic
			Extraction of Middle Esophagus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DD28ZX	Procedure	ICD-10-PCS	Extraction of Lower Esophagus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DD38ZX	Procedure	ICD-10-PCS	Extraction of Esophagogastric Junction, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DD48ZX	Procedure	ICD-10-PCS	Extraction of Esophagus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DD58ZX	Procedure	ICD-10-PCS	Extraction of Stomach, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DD68ZX	Procedure	ICD-10-PCS	Extraction of Stomach, Via Natural or Artificial Opening Endoscopic, Diagnostic

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
0DD78ZX	Procedure	ICD-10-PCS	Extraction of Stomach, Pylorus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DD83ZX	Procedure	ICD-10-PCS	Extraction of Small Intestine, Percutaneous Approach, Diagnostic
0DD84ZX	Procedure	ICD-10-PCS	Extraction of Small Intestine, Percutaneous Endoscopic Approach, Diagnostic
0DD88ZX	Procedure	ICD-10-PCS	Extraction of Small Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DD93ZX	Procedure	ICD-10-PCS	Extraction of Duodenum, Percutaneous Approach, Diagnostic
0DD94ZX	Procedure	ICD-10-PCS	Extraction of Duodenum, Percutaneous Endoscopic Approach, Diagnostic
0DD98ZX	Procedure	ICD-10-PCS	Extraction of Duodenum, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DDA3ZX	Procedure	ICD-10-PCS	Extraction of Jejunum, Percutaneous Approach, Diagnostic
0DDA4ZX	Procedure	ICD-10-PCS	Extraction of Jejunum, Percutaneous Endoscopic Approach, Diagnostic
0DDA8ZX	Procedure	ICD-10-PCS	Extraction of Jejunum, Via Natural or Artificial Opening Endoscopic, Diagnostic
0ddb3ZX	Procedure	ICD-10-PCS	Extraction of Ileum, Percutaneous Approach, Diagnostic
0ddb4ZX	Procedure	ICD-10-PCS	Extraction of Ileum, Percutaneous Endoscopic Approach, Diagnostic
0ddb8ZX	Procedure	ICD-10-PCS	Extraction of Ileum, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DDC3ZX	Procedure	ICD-10-PCS	Extraction of Ileocecal Valve, Percutaneous Approach, Diagnostic
0DDC4ZX	Procedure	ICD-10-PCS	Extraction of Ileocecal Valve, Percutaneous Endoscopic Approach, Diagnostic
0DDC8ZX	Procedure	ICD-10-PCS	Extraction of Ileocecal Valve, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DDE3ZX	Procedure	ICD-10-PCS	Extraction of Large Intestine, Percutaneous Approach, Diagnostic
0DDE4ZX	Procedure	ICD-10-PCS	Extraction of Large Intestine, Percutaneous Endoscopic Approach, Diagnostic
0DDE8ZX	Procedure	ICD-10-PCS	Extraction of Large Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DDF3ZX	Procedure	ICD-10-PCS	Extraction of Right Large Intestine, Percutaneous Approach, Diagnostic
0DDF4ZX	Procedure	ICD-10-PCS	Extraction of Right Large Intestine, Percutaneous Endoscopic Approach, Diagnostic
0DDF8ZX	Procedure	ICD-10-PCS	Extraction of Right Large Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DDG3ZX	Procedure	ICD-10-PCS	Extraction of Left Large Intestine, Percutaneous Approach, Diagnostic
0DDG4ZX	Procedure	ICD-10-PCS	Extraction of Left Large Intestine, Percutaneous Endoscopic Approach, Diagnostic
0DDG8ZX	Procedure	ICD-10-PCS	Extraction of Left Large Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DDH3ZX	Procedure	ICD-10-PCS	Extraction of Cecum, Percutaneous Approach, Diagnostic
0DDH4ZX	Procedure	ICD-10-PCS	Extraction of Cecum, Percutaneous Endoscopic Approach, Diagnostic
0DDH8ZX	Procedure	ICD-10-PCS	Extraction of Cecum, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DDK3ZX	Procedure	ICD-10-PCS	Extraction of Ascending Colon, Percutaneous Approach, Diagnostic
0DDK4ZX	Procedure	ICD-10-PCS	Extraction of Ascending Colon, Percutaneous Endoscopic Approach, Diagnostic
0DDK8ZX	Procedure	ICD-10-PCS	Extraction of Ascending Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DDL3ZX	Procedure	ICD-10-PCS	Extraction of Transverse Colon, Percutaneous Approach, Diagnostic
0DDL4ZX	Procedure	ICD-10-PCS	Extraction of Transverse Colon, Percutaneous Endoscopic Approach, Diagnostic
0DDL8ZX	Procedure	ICD-10-PCS	Extraction of Transverse Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
ODDM3ZX	Procedure	ICD-10-PCS	Extraction of Descending Colon, Percutaneous Approach, Diagnostic
ODDM4ZX	Procedure	ICD-10-PCS	Extraction of Descending Colon, Percutaneous Endoscopic Approach, Diagnostic
ODDM8ZX	Procedure	ICD-10-PCS	Extraction of Descending Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
ODDN3ZX	Procedure	ICD-10-PCS	Extraction of Sigmoid Colon, Percutaneous Approach, Diagnostic
ODDN4ZX	Procedure	ICD-10-PCS	Extraction of Sigmoid Colon, Percutaneous Endoscopic Approach, Diagnostic
ODDN8ZX	Procedure	ICD-10-PCS	Extraction of Sigmoid Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
ODH00YZ	Procedure	ICD-10-PCS	Insertion of Other Device into Upper Intestinal Tract, Open Approach
ODH03YZ	Procedure	ICD-10-PCS	Insertion of Other Device into Upper Intestinal Tract, Percutaneous Approach
ODH04YZ	Procedure	ICD-10-PCS	Insertion of Other Device into Upper Intestinal Tract, Percutaneous Endoscopic Approach
ODH802Z	Procedure	ICD-10-PCS	Insertion of Monitoring Device into Small Intestine, Open Approach
ODH803Z	Procedure	ICD-10-PCS	Insertion of Infusion Device into Small Intestine, Open Approach
ODH832Z	Procedure	ICD-10-PCS	Insertion of Monitoring Device into Small Intestine, Percutaneous Approach
ODH833Z	Procedure	ICD-10-PCS	Insertion of Infusion Device into Small Intestine, Percutaneous Approach
ODH842Z	Procedure	ICD-10-PCS	Insertion of Monitoring Device into Small Intestine, Percutaneous Endoscopic Approach
ODH843Z	Procedure	ICD-10-PCS	Insertion of Infusion Device into Small Intestine, Percutaneous Endoscopic Approach
ODH902Z	Procedure	ICD-10-PCS	Insertion of Monitoring Device into Duodenum, Open Approach
ODH903Z	Procedure	ICD-10-PCS	Insertion of Infusion Device into Duodenum, Open Approach
ODH932Z	Procedure	ICD-10-PCS	Insertion of Monitoring Device into Duodenum, Percutaneous Approach
ODH933Z	Procedure	ICD-10-PCS	Insertion of Infusion Device into Duodenum, Percutaneous Approach
ODH942Z	Procedure	ICD-10-PCS	Insertion of Monitoring Device into Duodenum, Percutaneous Endoscopic Approach
ODH943Z	Procedure	ICD-10-PCS	Insertion of Infusion Device into Duodenum, Percutaneous Endoscopic Approach
ODHA02Z	Procedure	ICD-10-PCS	Insertion of Monitoring Device into Jejunum, Open Approach
ODHA03Z	Procedure	ICD-10-PCS	Insertion of Infusion Device into Jejunum, Open Approach
ODHA32Z	Procedure	ICD-10-PCS	Insertion of Monitoring Device into Jejunum, Percutaneous Approach
ODHA33Z	Procedure	ICD-10-PCS	Insertion of Infusion Device into Jejunum, Percutaneous Approach
ODHA42Z	Procedure	ICD-10-PCS	Insertion of Monitoring Device into Jejunum, Percutaneous Endoscopic Approach
ODHA43Z	Procedure	ICD-10-PCS	Insertion of Infusion Device into Jejunum, Percutaneous Endoscopic Approach
ODHB02Z	Procedure	ICD-10-PCS	Insertion of Monitoring Device into Ileum, Open Approach
ODHB03Z	Procedure	ICD-10-PCS	Insertion of Infusion Device into Ileum, Open Approach
ODHB32Z	Procedure	ICD-10-PCS	Insertion of Monitoring Device into Ileum, Percutaneous Approach
ODHB33Z	Procedure	ICD-10-PCS	Insertion of Infusion Device into Ileum, Percutaneous Approach
ODHB42Z	Procedure	ICD-10-PCS	Insertion of Monitoring Device into Ileum, Percutaneous Endoscopic Approach
ODHB43Z	Procedure	ICD-10-PCS	Insertion of Infusion Device into Ileum, Percutaneous Endoscopic Approach
ODHD0YZ	Procedure	ICD-10-PCS	Insertion of Other Device into Lower Intestinal Tract, Open Approach
ODHD3YZ	Procedure	ICD-10-PCS	Insertion of Other Device into Lower Intestinal Tract, Percutaneous Approach
ODHD4YZ	Procedure	ICD-10-PCS	Insertion of Other Device into Lower Intestinal Tract, Percutaneous Endoscopic Approach

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
0DJ03ZZ	Procedure	ICD-10-PCS	Inspection of Upper Intestinal Tract, Percutaneous Approach
0DJ07ZZ	Procedure	ICD-10-PCS	Inspection of Upper Intestinal Tract, Via Natural or Artificial Opening
0DJ08ZZ	Procedure	ICD-10-PCS	Inspection of Upper Intestinal Tract, Via Natural or Artificial Opening Endoscopic
0DJD3ZZ	Procedure	ICD-10-PCS	Inspection of Lower Intestinal Tract, Percutaneous Approach
0DJD4ZZ	Procedure	ICD-10-PCS	Inspection of Lower Intestinal Tract, Percutaneous Endoscopic Approach
0DJD7ZZ	Procedure	ICD-10-PCS	Inspection of Lower Intestinal Tract, Via Natural or Artificial Opening
0DJD8ZZ	Procedure	ICD-10-PCS	Inspection of Lower Intestinal Tract, Via Natural or Artificial Opening Endoscopic
ODP000Z	Procedure	ICD-10-PCS	Removal of Drainage Device from Upper Intestinal Tract, Open Approach
ODP002Z	Procedure	ICD-10-PCS	Removal of Monitoring Device from Upper Intestinal Tract, Open Approach
ODP003Z	Procedure	ICD-10-PCS	Removal of Infusion Device from Upper Intestinal Tract, Open Approach
			Removal of Autologous Tissue Substitute from Upper Intestinal Tract, Open Approach
ODP007Z	Procedure	ICD-10-PCS	Removal of Extraluminal Device from Upper Intestinal Tract, Open Approach
ODP00CZ	Procedure	ICD-10-PCS	Removal of Intraluminal Device from Upper Intestinal Tract, Open Approach
ODP00DZ	Procedure	ICD-10-PCS	Removal of Synthetic Substitute from Upper Intestinal Tract, Open Approach
ODP00JZ	Procedure	ICD-10-PCS	Removal of Nonautologous Tissue Substitute from Upper Intestinal Tract, Open Approach
ODP00KZ	Procedure	ICD-10-PCS	Removal of Feeding Device from Upper Intestinal Tract, Open Approach
ODP00UZ	Procedure	ICD-10-PCS	Removal of Other Device from Upper Intestinal Tract, Open Approach
ODP030Z	Procedure	ICD-10-PCS	Removal of Drainage Device from Upper Intestinal Tract, Percutaneous Approach
ODP032Z	Procedure	ICD-10-PCS	Removal of Monitoring Device from Upper Intestinal Tract, Percutaneous Approach
ODP033Z	Procedure	ICD-10-PCS	Removal of Infusion Device from Upper Intestinal Tract, Percutaneous Approach
			Removal of Autologous Tissue Substitute from Upper Intestinal Tract, Percutaneous Approach
ODP037Z	Procedure	ICD-10-PCS	Removal of Extraluminal Device from Upper Intestinal Tract, Percutaneous Approach
ODP03CZ	Procedure	ICD-10-PCS	Removal of Intraluminal Device from Upper Intestinal Tract, Percutaneous Approach
ODP03DZ	Procedure	ICD-10-PCS	Removal of Synthetic Substitute from Upper Intestinal Tract, Percutaneous Approach
ODP03JZ	Procedure	ICD-10-PCS	Removal of Nonautologous Tissue Substitute from Upper Intestinal Tract, Percutaneous Approach
ODP03KZ	Procedure	ICD-10-PCS	Removal of Feeding Device from Upper Intestinal Tract, Percutaneous Approach
ODP03UZ	Procedure	ICD-10-PCS	Removal of Other Device from Upper Intestinal Tract, Percutaneous Approach
ODP03YZ	Procedure	ICD-10-PCS	Removal of Drainage Device from Upper Intestinal Tract, Percutaneous Endoscopic Approach
ODP040Z	Procedure	ICD-10-PCS	Removal of Monitoring Device from Upper Intestinal Tract, Percutaneous Endoscopic Approach
ODP042Z	Procedure	ICD-10-PCS	Removal of Infusion Device from Upper Intestinal Tract, Percutaneous Endoscopic Approach
ODP043Z	Procedure	ICD-10-PCS	Removal of Autologous Tissue Substitute from Upper Intestinal Tract, Percutaneous Endoscopic Approach
ODP047Z	Procedure	ICD-10-PCS	Removal of Extraluminal Device from Upper Intestinal Tract, Percutaneous Endoscopic Approach
ODP04CZ	Procedure	ICD-10-PCS	Removal of Intraluminal Device from Upper Intestinal Tract, Percutaneous Endoscopic Approach

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
ODP04DZ	Procedure	ICD-10-PCS	Removal of Intraluminal Device from Upper Intestinal Tract, Percutaneous Endoscopic Approach
ODP04JZ	Procedure	ICD-10-PCS	Removal of Synthetic Substitute from Upper Intestinal Tract, Percutaneous Endoscopic Approach
ODP04KZ	Procedure	ICD-10-PCS	Removal of Nonautologous Tissue Substitute from Upper Intestinal Tract, Percutaneous Endoscopic Approach
ODP04UZ	Procedure	ICD-10-PCS	Removal of Feeding Device from Upper Intestinal Tract, Percutaneous Endoscopic Approach
ODP04YZ	Procedure	ICD-10-PCS	Removal of Other Device from Upper Intestinal Tract, Percutaneous Endoscopic Approach
ODP077Z	Procedure	ICD-10-PCS	Removal of Autologous Tissue Substitute from Upper Intestinal Tract, Via Natural or Artificial Opening
ODP07CZ	Procedure	ICD-10-PCS	Removal of Extraluminal Device from Upper Intestinal Tract, Via Natural or Artificial Opening
ODP07JZ	Procedure	ICD-10-PCS	Removal of Synthetic Substitute from Upper Intestinal Tract, Via Natural or Artificial Opening
ODP07KZ	Procedure	ICD-10-PCS	Removal of Nonautologous Tissue Substitute from Upper Intestinal Tract, Via Natural or Artificial Opening
ODP07UZ	Procedure	ICD-10-PCS	Removal of Feeding Device from Upper Intestinal Tract, Via Natural or Artificial Opening
ODP087Z	Procedure	ICD-10-PCS	Removal of Autologous Tissue Substitute from Upper Intestinal Tract, Via Natural or Artificial Opening Endoscopic
ODP08CZ	Procedure	ICD-10-PCS	Removal of Extraluminal Device from Upper Intestinal Tract, Via Natural or Artificial Opening Endoscopic
ODP08JZ	Procedure	ICD-10-PCS	Removal of Synthetic Substitute from Upper Intestinal Tract, Via Natural or Artificial Opening Endoscopic
ODP08KZ	Procedure	ICD-10-PCS	Removal of Nonautologous Tissue Substitute from Upper Intestinal Tract, Via Natural or Artificial Opening Endoscopic
ODP08UZ	Procedure	ICD-10-PCS	Removal of Feeding Device from Upper Intestinal Tract, Via Natural or Artificial Opening Endoscopic
ODPD00Z	Procedure	ICD-10-PCS	Removal of Drainage Device from Lower Intestinal Tract, Open Approach
ODPD02Z	Procedure	ICD-10-PCS	Removal of Monitoring Device from Lower Intestinal Tract, Open Approach
ODPD03Z	Procedure	ICD-10-PCS	Removal of Infusion Device from Lower Intestinal Tract, Open Approach
ODPD07Z	Procedure	ICD-10-PCS	Removal of Autologous Tissue Substitute from Lower Intestinal Tract, Open Approach
ODPD0CZ	Procedure	ICD-10-PCS	Removal of Extraluminal Device from Lower Intestinal Tract, Open Approach
ODPD0DZ	Procedure	ICD-10-PCS	Removal of Intraluminal Device from Lower Intestinal Tract, Open Approach
ODPD0JZ	Procedure	ICD-10-PCS	Removal of Synthetic Substitute from Lower Intestinal Tract, Open Approach
ODPD0KZ	Procedure	ICD-10-PCS	Removal of Nonautologous Tissue Substitute from Lower Intestinal Tract, Open Approach
ODPD0UZ	Procedure	ICD-10-PCS	Removal of Feeding Device from Lower Intestinal Tract, Open Approach
ODPD0YZ	Procedure	ICD-10-PCS	Removal of Other Device from Lower Intestinal Tract, Open Approach

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
0DPD30Z	Procedure	ICD-10-PCS	Removal of Drainage Device from Lower Intestinal Tract, Percutaneous Approach
0DPD32Z	Procedure	ICD-10-PCS	Removal of Monitoring Device from Lower Intestinal Tract, Percutaneous Approach
0DPD33Z	Procedure	ICD-10-PCS	Removal of Infusion Device from Lower Intestinal Tract, Percutaneous Approach
0DPD37Z	Procedure	ICD-10-PCS	Removal of Autologous Tissue Substitute from Lower Intestinal Tract, Percutaneous Approach
0DPD3CZ	Procedure	ICD-10-PCS	Removal of Extraluminal Device from Lower Intestinal Tract, Percutaneous Approach
0DPD3DZ	Procedure	ICD-10-PCS	Removal of Intraluminal Device from Lower Intestinal Tract, Percutaneous Approach
0DPD3JZ	Procedure	ICD-10-PCS	Removal of Synthetic Substitute from Lower Intestinal Tract, Percutaneous Approach
0DPD3KZ	Procedure	ICD-10-PCS	Removal of Nonautologous Tissue Substitute from Lower Intestinal Tract, Percutaneous Approach
0DPD3UZ	Procedure	ICD-10-PCS	Removal of Feeding Device from Lower Intestinal Tract, Percutaneous Approach
0DPD3YZ	Procedure	ICD-10-PCS	Removal of Other Device from Lower Intestinal Tract, Percutaneous Approach
0DPD40Z	Procedure	ICD-10-PCS	Removal of Drainage Device from Lower Intestinal Tract, Percutaneous Endoscopic Approach
0DPD42Z	Procedure	ICD-10-PCS	Removal of Monitoring Device from Lower Intestinal Tract, Percutaneous Endoscopic Approach
0DPD43Z	Procedure	ICD-10-PCS	Removal of Infusion Device from Lower Intestinal Tract, Percutaneous Endoscopic Approach
0DPD47Z	Procedure	ICD-10-PCS	Removal of Autologous Tissue Substitute from Lower Intestinal Tract, Percutaneous Endoscopic Approach
0DPD4CZ	Procedure	ICD-10-PCS	Removal of Extraluminal Device from Lower Intestinal Tract, Percutaneous Endoscopic Approach
0DPD4DZ	Procedure	ICD-10-PCS	Removal of Intraluminal Device from Lower Intestinal Tract, Percutaneous Endoscopic Approach
0DPD4JZ	Procedure	ICD-10-PCS	Removal of Synthetic Substitute from Lower Intestinal Tract, Percutaneous Endoscopic Approach
0DPD4KZ	Procedure	ICD-10-PCS	Removal of Nonautologous Tissue Substitute from Lower Intestinal Tract, Percutaneous Endoscopic Approach
0DPD4UZ	Procedure	ICD-10-PCS	Removal of Feeding Device from Lower Intestinal Tract, Percutaneous Endoscopic Approach
0DPD4YZ	Procedure	ICD-10-PCS	Removal of Other Device from Lower Intestinal Tract, Percutaneous Endoscopic Approach
0DPD77Z	Procedure	ICD-10-PCS	Removal of Autologous Tissue Substitute from Lower Intestinal Tract, Via Natural or Artificial Opening
0DPD7CZ	Procedure	ICD-10-PCS	Removal of Extraluminal Device from Lower Intestinal Tract, Via Natural or Artificial Opening
0DPD7JZ	Procedure	ICD-10-PCS	Removal of Synthetic Substitute from Lower Intestinal Tract, Via Natural or Artificial Opening
0DPD7KZ	Procedure	ICD-10-PCS	Removal of Nonautologous Tissue Substitute from Lower Intestinal Tract, Via Natural or Artificial Opening
0DPD7UZ	Procedure	ICD-10-PCS	Removal of Feeding Device from Lower Intestinal Tract, Via Natural or Artificial Opening

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
ODPD87Z	Procedure	ICD-10-PCS	Removal of Autologous Tissue Substitute from Lower Intestinal Tract, Via Natural or Artificial Opening Endoscopic
ODPD8CZ	Procedure	ICD-10-PCS	Removal of Extraluminal Device from Lower Intestinal Tract, Via Natural or Artificial Opening Endoscopic
ODPD8JZ	Procedure	ICD-10-PCS	Removal of Synthetic Substitute from Lower Intestinal Tract, Via Natural or Artificial Opening Endoscopic
ODPD8KZ	Procedure	ICD-10-PCS	Removal of Nonautologous Tissue Substitute from Lower Intestinal Tract, Via Natural or Artificial Opening Endoscopic
ODPD8UZ	Procedure	ICD-10-PCS	Removal of Feeding Device from Lower Intestinal Tract, Via Natural or Artificial Opening Endoscopic
ODT80ZZ	Procedure	ICD-10-PCS	Resection of Small Intestine, Open Approach
ODT84ZZ	Procedure	ICD-10-PCS	Resection of Small Intestine, Percutaneous Endoscopic Approach
ODT87ZZ	Procedure	ICD-10-PCS	Resection of Small Intestine, Via Natural or Artificial Opening
ODT88ZZ	Procedure	ICD-10-PCS	Resection of Small Intestine, Via Natural or Artificial Opening Endoscopic
ODT90ZZ	Procedure	ICD-10-PCS	Resection of Duodenum, Open Approach
ODT94ZZ	Procedure	ICD-10-PCS	Resection of Duodenum, Percutaneous Endoscopic Approach
ODT97ZZ	Procedure	ICD-10-PCS	Resection of Duodenum, Via Natural or Artificial Opening
ODT98ZZ	Procedure	ICD-10-PCS	Resection of Duodenum, Via Natural or Artificial Opening Endoscopic
ODTA0ZZ	Procedure	ICD-10-PCS	Resection of Jejunum, Open Approach
ODTA4ZZ	Procedure	ICD-10-PCS	Resection of Jejunum, Percutaneous Endoscopic Approach
ODTA7ZZ	Procedure	ICD-10-PCS	Resection of Jejunum, Via Natural or Artificial Opening
ODTA8ZZ	Procedure	ICD-10-PCS	Resection of Jejunum, Via Natural or Artificial Opening Endoscopic
ODTB0ZZ	Procedure	ICD-10-PCS	Resection of Ileum, Open Approach
ODTB4ZZ	Procedure	ICD-10-PCS	Resection of Ileum, Percutaneous Endoscopic Approach
ODTB7ZZ	Procedure	ICD-10-PCS	Resection of Ileum, Via Natural or Artificial Opening
ODTB8ZZ	Procedure	ICD-10-PCS	Resection of Ileum, Via Natural or Artificial Opening Endoscopic
ODTC0ZZ	Procedure	ICD-10-PCS	Resection of Ileocecal Valve, Open Approach
ODTC4ZZ	Procedure	ICD-10-PCS	Resection of Ileocecal Valve, Percutaneous Endoscopic Approach
ODTC7ZZ	Procedure	ICD-10-PCS	Resection of Ileocecal Valve, Via Natural or Artificial Opening
ODTC8ZZ	Procedure	ICD-10-PCS	Resection of Ileocecal Valve, Via Natural or Artificial Opening Endoscopic
ODTE0ZZ	Procedure	ICD-10-PCS	Resection of Large Intestine, Open Approach
ODTE4ZZ	Procedure	ICD-10-PCS	Resection of Large Intestine, Percutaneous Endoscopic Approach
ODTE7ZZ	Procedure	ICD-10-PCS	Resection of Large Intestine, Via Natural or Artificial Opening
ODTE8ZZ	Procedure	ICD-10-PCS	Resection of Large Intestine, Via Natural or Artificial Opening Endoscopic
ODTF0ZZ	Procedure	ICD-10-PCS	Resection of Right Large Intestine, Open Approach
ODTF4ZZ	Procedure	ICD-10-PCS	Resection of Right Large Intestine, Percutaneous Endoscopic Approach
ODTF7ZZ	Procedure	ICD-10-PCS	Resection of Right Large Intestine, Via Natural or Artificial Opening
ODTF8ZZ	Procedure	ICD-10-PCS	Resection of Right Large Intestine, Via Natural or Artificial Opening Endoscopic
ODTG0ZZ	Procedure	ICD-10-PCS	Resection of Left Large Intestine, Open Approach
ODTG4ZZ	Procedure	ICD-10-PCS	Resection of Left Large Intestine, Percutaneous Endoscopic Approach
ODTG7ZZ	Procedure	ICD-10-PCS	Resection of Left Large Intestine, Via Natural or Artificial Opening
ODTG8ZZ	Procedure	ICD-10-PCS	Resection of Left Large Intestine, Via Natural or Artificial Opening Endoscopic

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
ODTGFZZ	Procedure	ICD-10-PCS	Resection of Left Large Intestine, Via Natural or Artificial Opening With Percutaneous Endoscopic Assistance
ODTH0ZZ	Procedure	ICD-10-PCS	Resection of Cecum, Open Approach
ODTH7ZZ	Procedure	ICD-10-PCS	Resection of Cecum, Via Natural or Artificial Opening
ODTH8ZZ	Procedure	ICD-10-PCS	Resection of Cecum, Via Natural or Artificial Opening Endoscopic
ODTK0ZZ	Procedure	ICD-10-PCS	Resection of Ascending Colon, Open Approach
ODTK7ZZ	Procedure	ICD-10-PCS	Resection of Ascending Colon, Via Natural or Artificial Opening
ODTK8ZZ	Procedure	ICD-10-PCS	Resection of Ascending Colon, Via Natural or Artificial Opening Endoscopic
ODTL0ZZ	Procedure	ICD-10-PCS	Resection of Transverse Colon, Open Approach
ODTL7ZZ	Procedure	ICD-10-PCS	Resection of Transverse Colon, Via Natural or Artificial Opening
ODTL8ZZ	Procedure	ICD-10-PCS	Resection of Transverse Colon, Via Natural or Artificial Opening Endoscopic
ODTLFZZ	Procedure	ICD-10-PCS	Resection of Transverse Colon, Via Natural or Artificial Opening With Percutaneous Endoscopic Assistance
ODTM0ZZ	Procedure	ICD-10-PCS	Resection of Descending Colon, Open Approach
ODTM7ZZ	Procedure	ICD-10-PCS	Resection of Descending Colon, Via Natural or Artificial Opening
ODTM8ZZ	Procedure	ICD-10-PCS	Resection of Descending Colon, Via Natural or Artificial Opening Endoscopic
ODTMFZZ	Procedure	ICD-10-PCS	Resection of Descending Colon, Via Natural or Artificial Opening With Percutaneous Endoscopic Assistance
ODTN0ZZ	Procedure	ICD-10-PCS	Resection of Sigmoid Colon, Open Approach
ODTN7ZZ	Procedure	ICD-10-PCS	Resection of Sigmoid Colon, Via Natural or Artificial Opening
ODTN8ZZ	Procedure	ICD-10-PCS	Resection of Sigmoid Colon, Via Natural or Artificial Opening Endoscopic
ODTNFZZ	Procedure	ICD-10-PCS	Resection of Sigmoid Colon, Via Natural or Artificial Opening With Percutaneous Endoscopic Assistance
ODTP0ZZ	Procedure	ICD-10-PCS	Resection of Rectum, Open Approach
ODTP4ZZ	Procedure	ICD-10-PCS	Resection of Rectum, Percutaneous Endoscopic Approach
ODW000Z	Procedure	ICD-10-PCS	Revision of Drainage Device in Upper Intestinal Tract, Open Approach
ODW002Z	Procedure	ICD-10-PCS	Revision of Monitoring Device in Upper Intestinal Tract, Open Approach
ODW003Z	Procedure	ICD-10-PCS	Revision of Infusion Device in Upper Intestinal Tract, Open Approach
ODW007Z	Procedure	ICD-10-PCS	Revision of Autologous Tissue Substitute in Upper Intestinal Tract, Open Approach
ODW00CZ	Procedure	ICD-10-PCS	Revision of Extraluminal Device in Upper Intestinal Tract, Open Approach
ODW00DZ	Procedure	ICD-10-PCS	Revision of Intraluminal Device in Upper Intestinal Tract, Open Approach
ODW00JZ	Procedure	ICD-10-PCS	Revision of Synthetic Substitute in Upper Intestinal Tract, Open Approach
ODW00KZ	Procedure	ICD-10-PCS	Revision of Nonautologous Tissue Substitute in Upper Intestinal Tract, Open Approach
ODW00UZ	Procedure	ICD-10-PCS	Revision of Feeding Device in Upper Intestinal Tract, Open Approach
ODW00YZ	Procedure	ICD-10-PCS	Revision of Other Device in Upper Intestinal Tract, Open Approach
ODW030Z	Procedure	ICD-10-PCS	Revision of Drainage Device in Upper Intestinal Tract, Percutaneous Approach
ODW032Z	Procedure	ICD-10-PCS	Revision of Monitoring Device in Upper Intestinal Tract, Percutaneous Approach
ODW033Z	Procedure	ICD-10-PCS	Revision of Infusion Device in Upper Intestinal Tract, Percutaneous Approach
ODW037Z	Procedure	ICD-10-PCS	Revision of Autologous Tissue Substitute in Upper Intestinal Tract, Percutaneous Approach
ODW03CZ	Procedure	ICD-10-PCS	Revision of Extraluminal Device in Upper Intestinal Tract, Percutaneous Approach

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
0DW03DZ	Procedure	ICD-10-PCS	Revision of Intraluminal Device in Upper Intestinal Tract, Percutaneous Approach
0DW03JZ	Procedure	ICD-10-PCS	Revision of Synthetic Substitute in Upper Intestinal Tract, Percutaneous Approach
0DW03KZ	Procedure	ICD-10-PCS	Revision of Nonautologous Tissue Substitute in Upper Intestinal Tract, Percutaneous Approach
0DW03UZ	Procedure	ICD-10-PCS	Revision of Feeding Device in Upper Intestinal Tract, Percutaneous Approach
0DW03YZ	Procedure	ICD-10-PCS	Revision of Other Device in Upper Intestinal Tract, Percutaneous Approach
0DW040Z	Procedure	ICD-10-PCS	Revision of Drainage Device in Upper Intestinal Tract, Percutaneous Endoscopic Approach
0DW042Z	Procedure	ICD-10-PCS	Revision of Monitoring Device in Upper Intestinal Tract, Percutaneous Endoscopic Approach
0DW043Z	Procedure	ICD-10-PCS	Revision of Infusion Device in Upper Intestinal Tract, Percutaneous Endoscopic Approach
0DW047Z	Procedure	ICD-10-PCS	Revision of Autologous Tissue Substitute in Upper Intestinal Tract, Percutaneous Endoscopic Approach
0DW04CZ	Procedure	ICD-10-PCS	Revision of Extraluminal Device in Upper Intestinal Tract, Percutaneous Endoscopic Approach
0DW04DZ	Procedure	ICD-10-PCS	Revision of Intraluminal Device in Upper Intestinal Tract, Percutaneous Endoscopic Approach
0DW04JZ	Procedure	ICD-10-PCS	Revision of Synthetic Substitute in Upper Intestinal Tract, Percutaneous Endoscopic Approach
0DW04KZ	Procedure	ICD-10-PCS	Revision of Nonautologous Tissue Substitute in Upper Intestinal Tract, Percutaneous Endoscopic Approach
0DW04YZ	Procedure	ICD-10-PCS	Revision of Other Device in Upper Intestinal Tract, Percutaneous Endoscopic Approach
0DW070Z	Procedure	ICD-10-PCS	Revision of Drainage Device in Upper Intestinal Tract, Via Natural or Artificial Opening
0DW072Z	Procedure	ICD-10-PCS	Revision of Monitoring Device in Upper Intestinal Tract, Via Natural or Artificial Opening
0DW073Z	Procedure	ICD-10-PCS	Revision of Infusion Device in Upper Intestinal Tract, Via Natural or Artificial Opening
0DW077Z	Procedure	ICD-10-PCS	Revision of Autologous Tissue Substitute in Upper Intestinal Tract, Via Natural or Artificial Opening
0DW07CZ	Procedure	ICD-10-PCS	Revision of Extraluminal Device in Upper Intestinal Tract, Via Natural or Artificial Opening
0DW07DZ	Procedure	ICD-10-PCS	Revision of Intraluminal Device in Upper Intestinal Tract, Via Natural or Artificial Opening
0DW07JZ	Procedure	ICD-10-PCS	Revision of Synthetic Substitute in Upper Intestinal Tract, Via Natural or Artificial Opening
0DW07KZ	Procedure	ICD-10-PCS	Revision of Nonautologous Tissue Substitute in Upper Intestinal Tract, Via Natural or Artificial Opening
0DW07UZ	Procedure	ICD-10-PCS	Revision of Feeding Device in Upper Intestinal Tract, Via Natural or Artificial Opening

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
0DW07YZ	Procedure	ICD-10-PCS	Revision of Other Device in Upper Intestinal Tract, Via Natural or Artificial Opening
0DW080Z	Procedure	ICD-10-PCS	Revision of Drainage Device in Upper Intestinal Tract, Via Natural or Artificial Opening Endoscopic
0DW082Z	Procedure	ICD-10-PCS	Revision of Monitoring Device in Upper Intestinal Tract, Via Natural or Artificial Opening Endoscopic
0DW083Z	Procedure	ICD-10-PCS	Revision of Infusion Device in Upper Intestinal Tract, Via Natural or Artificial Opening Endoscopic
0DW087Z	Procedure	ICD-10-PCS	Revision of Autologous Tissue Substitute in Upper Intestinal Tract, Via Natural or Artificial Opening Endoscopic
0DW08CZ	Procedure	ICD-10-PCS	Revision of Extraluminal Device in Upper Intestinal Tract, Via Natural or Artificial Opening Endoscopic
0DW08DZ	Procedure	ICD-10-PCS	Revision of Intraluminal Device in Upper Intestinal Tract, Via Natural or Artificial Opening Endoscopic
0DW08JZ	Procedure	ICD-10-PCS	Revision of Synthetic Substitute in Upper Intestinal Tract, Via Natural or Artificial Opening Endoscopic
0DW08KZ	Procedure	ICD-10-PCS	Revision of Nonautologous Tissue Substitute in Upper Intestinal Tract, Via Natural or Artificial Opening Endoscopic
0DW08UZ	Procedure	ICD-10-PCS	Revision of Feeding Device in Upper Intestinal Tract, Via Natural or Artificial Opening Endoscopic
0DW08YZ	Procedure	ICD-10-PCS	Revision of Other Device in Upper Intestinal Tract, Via Natural or Artificial Opening Endoscopic
0DWD00Z	Procedure	ICD-10-PCS	Revision of Drainage Device in Lower Intestinal Tract, Open Approach
0DWD02Z	Procedure	ICD-10-PCS	Revision of Monitoring Device in Lower Intestinal Tract, Open Approach
0DWD03Z	Procedure	ICD-10-PCS	Revision of Infusion Device in Lower Intestinal Tract, Open Approach
0DWD07Z	Procedure	ICD-10-PCS	Revision of Autologous Tissue Substitute in Lower Intestinal Tract, Open Approach
0DWD0CZ	Procedure	ICD-10-PCS	Revision of Extraluminal Device in Lower Intestinal Tract, Open Approach
0DWD0DZ	Procedure	ICD-10-PCS	Revision of Intraluminal Device in Lower Intestinal Tract, Open Approach
0DWD0JZ	Procedure	ICD-10-PCS	Revision of Synthetic Substitute in Lower Intestinal Tract, Open Approach
0DWD0KZ	Procedure	ICD-10-PCS	Revision of Nonautologous Tissue Substitute in Lower Intestinal Tract, Open Approach
0DWD0UZ	Procedure	ICD-10-PCS	Revision of Feeding Device in Lower Intestinal Tract, Open Approach
0DWD0YZ	Procedure	ICD-10-PCS	Revision of Other Device in Lower Intestinal Tract, Open Approach
0DWD30Z	Procedure	ICD-10-PCS	Revision of Drainage Device in Lower Intestinal Tract, Percutaneous Approach
0DWD32Z	Procedure	ICD-10-PCS	Revision of Monitoring Device in Lower Intestinal Tract, Percutaneous Approach
0DWD33Z	Procedure	ICD-10-PCS	Revision of Infusion Device in Lower Intestinal Tract, Percutaneous Approach
0DWD37Z	Procedure	ICD-10-PCS	Revision of Autologous Tissue Substitute in Lower Intestinal Tract, Percutaneous Approach
0DWD3CZ	Procedure	ICD-10-PCS	Revision of Extraluminal Device in Lower Intestinal Tract, Percutaneous Approach
0DWD3DZ	Procedure	ICD-10-PCS	Revision of Intraluminal Device in Lower Intestinal Tract, Percutaneous Approach
0DWD3JZ	Procedure	ICD-10-PCS	Revision of Synthetic Substitute in Lower Intestinal Tract, Percutaneous Approach
0DWD3KZ	Procedure	ICD-10-PCS	Revision of Nonautologous Tissue Substitute in Lower Intestinal Tract, Percutaneous Approach

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
0DWD3UZ	Procedure	ICD-10-PCS	Revision of Feeding Device in Lower Intestinal Tract, Percutaneous Approach
0DWD3YZ	Procedure	ICD-10-PCS	Revision of Other Device in Lower Intestinal Tract, Percutaneous Approach
0DWD4OZ	Procedure	ICD-10-PCS	Revision of Drainage Device in Lower Intestinal Tract, Percutaneous Endoscopic Approach
0DWD42Z	Procedure	ICD-10-PCS	Revision of Monitoring Device in Lower Intestinal Tract, Percutaneous Endoscopic Approach
0DWD43Z	Procedure	ICD-10-PCS	Revision of Infusion Device in Lower Intestinal Tract, Percutaneous Endoscopic Approach
0DWD47Z	Procedure	ICD-10-PCS	Revision of Autologous Tissue Substitute in Lower Intestinal Tract, Percutaneous Endoscopic Approach
0DWD4CZ	Procedure	ICD-10-PCS	Revision of Extraluminal Device in Lower Intestinal Tract, Percutaneous Endoscopic Approach
0DWD4DZ	Procedure	ICD-10-PCS	Revision of Intraluminal Device in Lower Intestinal Tract, Percutaneous Endoscopic Approach
0DWD4JZ	Procedure	ICD-10-PCS	Revision of Synthetic Substitute in Lower Intestinal Tract, Percutaneous Endoscopic Approach
0DWD4KZ	Procedure	ICD-10-PCS	Revision of Nonautologous Tissue Substitute in Lower Intestinal Tract, Percutaneous Endoscopic Approach
0DWD4UZ	Procedure	ICD-10-PCS	Revision of Feeding Device in Lower Intestinal Tract, Percutaneous Endoscopic Approach
0DWD4YZ	Procedure	ICD-10-PCS	Revision of Other Device in Lower Intestinal Tract, Percutaneous Endoscopic Approach
0DWD7OZ	Procedure	ICD-10-PCS	Revision of Drainage Device in Lower Intestinal Tract, Via Natural or Artificial Opening
0DWD72Z	Procedure	ICD-10-PCS	Revision of Monitoring Device in Lower Intestinal Tract, Via Natural or Artificial Opening
0DWD73Z	Procedure	ICD-10-PCS	Revision of Infusion Device in Lower Intestinal Tract, Via Natural or Artificial Opening
0DWD77Z	Procedure	ICD-10-PCS	Revision of Autologous Tissue Substitute in Lower Intestinal Tract, Via Natural or Artificial Opening
0DWD7CZ	Procedure	ICD-10-PCS	Revision of Extraluminal Device in Lower Intestinal Tract, Via Natural or Artificial Opening
0DWD7DZ	Procedure	ICD-10-PCS	Revision of Intraluminal Device in Lower Intestinal Tract, Via Natural or Artificial Opening
0DWD7JZ	Procedure	ICD-10-PCS	Revision of Synthetic Substitute in Lower Intestinal Tract, Via Natural or Artificial Opening
0DWD7KZ	Procedure	ICD-10-PCS	Revision of Nonautologous Tissue Substitute in Lower Intestinal Tract, Via Natural or Artificial Opening
0DWD7UZ	Procedure	ICD-10-PCS	Revision of Feeding Device in Lower Intestinal Tract, Via Natural or Artificial Opening
0DWD7YZ	Procedure	ICD-10-PCS	Revision of Other Device in Lower Intestinal Tract, Via Natural or Artificial Opening

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
0DWD80Z	Procedure	ICD-10-PCS	Revision of Drainage Device in Lower Intestinal Tract, Via Natural or Artificial Opening Endoscopic
0DWD82Z	Procedure	ICD-10-PCS	Revision of Monitoring Device in Lower Intestinal Tract, Via Natural or Artificial Opening Endoscopic
0DWD83Z	Procedure	ICD-10-PCS	Revision of Infusion Device in Lower Intestinal Tract, Via Natural or Artificial Opening Endoscopic
0DWD87Z	Procedure	ICD-10-PCS	Revision of Autologous Tissue Substitute in Lower Intestinal Tract, Via Natural or Artificial Opening Endoscopic
0DWD8CZ	Procedure	ICD-10-PCS	Revision of Extraluminal Device in Lower Intestinal Tract, Via Natural or Artificial Opening Endoscopic
0DWD8DZ	Procedure	ICD-10-PCS	Revision of Intraluminal Device in Lower Intestinal Tract, Via Natural or Artificial Opening Endoscopic
0DWD8JZ	Procedure	ICD-10-PCS	Revision of Synthetic Substitute in Lower Intestinal Tract, Via Natural or Artificial Opening Endoscopic
0DWD8KZ	Procedure	ICD-10-PCS	Revision of Nonautologous Tissue Substitute in Lower Intestinal Tract, Via Natural or Artificial Opening Endoscopic
0DWD8UZ	Procedure	ICD-10-PCS	Revision of Feeding Device in Lower Intestinal Tract, Via Natural or Artificial Opening Endoscopic
0DWD8YZ	Procedure	ICD-10-PCS	Revision of Other Device in Lower Intestinal Tract, Via Natural or Artificial Opening Endoscopic
0DXE0Z5	Procedure	ICD-10-PCS	Transfer Large Intestine to Esophagus, Open Approach
0T1607C	Procedure	ICD-10-PCS	Bypass Right Ureter to Ileocutaneous with Autologous Tissue Substitute, Open Approach
0T160JC	Procedure	ICD-10-PCS	Bypass Right Ureter to Ileocutaneous with Synthetic Substitute, Open Approach
0T160KC	Procedure	ICD-10-PCS	Bypass Right Ureter to Ileocutaneous with Nonautologous Tissue Substitute, Open Approach
0T160ZC	Procedure	ICD-10-PCS	Bypass Right Ureter to Ileocutaneous, Open Approach
0T1647C	Procedure	ICD-10-PCS	Bypass Right Ureter to Ileocutaneous with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0T164JC	Procedure	ICD-10-PCS	Bypass Right Ureter to Ileocutaneous with Synthetic Substitute, Percutaneous Endoscopic Approach
0T164KC	Procedure	ICD-10-PCS	Bypass Right Ureter to Ileocutaneous with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0T164ZC	Procedure	ICD-10-PCS	Bypass Right Ureter to Ileocutaneous, Percutaneous Endoscopic Approach
0T1707C	Procedure	ICD-10-PCS	Bypass Left Ureter to Ileocutaneous with Autologous Tissue Substitute, Open Approach
0T170JC	Procedure	ICD-10-PCS	Bypass Left Ureter to Ileocutaneous with Synthetic Substitute, Open Approach
0T170KC	Procedure	ICD-10-PCS	Bypass Left Ureter to Ileocutaneous with Nonautologous Tissue Substitute, Open Approach
0T170ZC	Procedure	ICD-10-PCS	Bypass Left Ureter to Ileocutaneous, Open Approach
0T1747C	Procedure	ICD-10-PCS	Bypass Left Ureter to Ileocutaneous with Autologous Tissue Substitute, Percutaneous Endoscopic Approach

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
OT174JC	Procedure	ICD-10-PCS	Bypass Left Ureter to Ileocutaneous with Synthetic Substitute, Percutaneous Endoscopic Approach
OT174KC	Procedure	ICD-10-PCS	Bypass Left Ureter to Ileocutaneous with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
OT174ZC	Procedure	ICD-10-PCS	Bypass Left Ureter to Ileocutaneous, Percutaneous Endoscopic Approach
OT1807C	Procedure	ICD-10-PCS	Bypass Bilateral Ureters to Ileocutaneous with Autologous Tissue Substitute, Open Approach
OT180JC	Procedure	ICD-10-PCS	Bypass Bilateral Ureters to Ileocutaneous with Synthetic Substitute, Open Approach
OT180KC	Procedure	ICD-10-PCS	Bypass Bilateral Ureters to Ileocutaneous with Nonautologous Tissue Substitute, Open Approach
OT180ZC	Procedure	ICD-10-PCS	Bypass Bilateral Ureters to Ileocutaneous, Open Approach
OT1847C	Procedure	ICD-10-PCS	Bypass Bilateral Ureters to Ileocutaneous with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
OT184JC	Procedure	ICD-10-PCS	Bypass Bilateral Ureters to Ileocutaneous with Synthetic Substitute, Percutaneous Endoscopic Approach
OT184KC	Procedure	ICD-10-PCS	Bypass Bilateral Ureters to Ileocutaneous with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
OT184ZC	Procedure	ICD-10-PCS	Bypass Bilateral Ureters to Ileocutaneous, Percutaneous Endoscopic Approach
G9613	Procedure	HCPCS	Documentation of postsurgical anatomy (e.g., right hemicolectomy, ileocecal resection, etc.)
G9711	Procedure	HCPCS	Patients with a diagnosis or past history of total colectomy or colorectal cancer
Ostomy Supplies			
A4364	Procedure	HCPCS	Adhesive, liquid or equal, any type, per oz
A5126	Procedure	HCPCS	Adhesive or nonadhesive; disk or foam pad
A4455	Procedure	HCPCS	Adhesive remover or solvent (for tape, cement or other adhesive), per oz
A4456	Procedure	HCPCS	Adhesive remover, wipes, any type, each
A5131	Procedure	HCPCS	Appliance cleaner, incontinence and ostomy appliances, per 16 oz
A5102	Procedure	HCPCS	Bedside drainage bottle with or without tubing, rigid or expandable, each
A4357	Procedure	HCPCS	Bedside drainage bag, day or night, with or without antireflux device, with or without tube, each
A5083	Procedure	HCPCS	Continent device, stoma absorptive cover for continent stoma
A5082	Procedure	HCPCS	Continent device; catheter for continent stoma
A4331	Procedure	HCPCS	Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each
A6216	Procedure	HCPCS	Gauze, nonimpregnated, nonsterile, pad size 16 sq in or less, without adhesive border, each dressing
A4402	Procedure	HCPCS	Lubricant, per oz
A9270	Procedure	HCPCS	Noncovered item or service
A4422	Procedure	HCPCS	Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each
A4417	Procedure	HCPCS	Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (one piece), each

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
A4423	Procedure	HCPCS	Ostomy pouch, closed; for use on barrier with locking flange, with filter (two piece), each
A4419	Procedure	HCPCS	Ostomy pouch, closed; for use on barrier with nonlocking flange, with filter (two piece), each
A4435	Procedure	HCPCS	Ostomy pouch, drainable, high output, with extended wear barrier (one-piece system), with or without filter, each
A5057	Procedure	HCPCS	Ostomy pouch, drainable, with extended wear barrier attached, with built in convexity, with filter, (one piece), each
A5056	Procedure	HCPCS	Ostomy pouch, drainable, with extended wear barrier attached, with filter, (one piece), each
A4388	Procedure	HCPCS	Ostomy pouch, drainable, with extended wear barrier attached, (one piece), each
A4426	Procedure	HCPCS	Ostomy pouch, drainable; for use on barrier with locking flange (two-piece system), each
A4425	Procedure	HCPCS	Ostomy pouch, drainable; for use on barrier with nonlocking flange, with filter (two-piece system), each
A4412	Procedure	HCPCS	Ostomy pouch, drainable, high output, for use on a barrier with flange (two-piece system), without filter, each
A4413	Procedure	HCPCS	Ostomy pouch, drainable, high output, for use on a barrier with flange (two-piece system), with filter, each
A4389	Procedure	HCPCS	Ostomy pouch, drainable, with barrier attached, with built-in convexity (one piece), each
A4390	Procedure	HCPCS	Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (one piece), each
A4427	Procedure	HCPCS	Ostomy pouch, drainable; for use on barrier with locking flange, with filter (two-piece system), each
A4429	Procedure	HCPCS	Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each
A4430	Procedure	HCPCS	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each
A4428	Procedure	HCPCS	Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (one piece), each
A4434	Procedure	HCPCS	Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (two piece), each
A4433	Procedure	HCPCS	Ostomy pouch, urinary; for use on barrier with locking flange (two piece), each
A4431	Procedure	HCPCS	Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (one piece), each
A4432	Procedure	HCPCS	Ostomy pouch, urinary; for use on barrier with nonlocking flange, with faucet-type tap with valve (two piece), each
A4372	Procedure	HCPCS	Ostomy skin barrier, solid 4 x 4 or equivalent, standard wear, with built-in convexity, each
A4410	Procedure	HCPCS	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 in, each

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
A4409	Procedure	HCPCS	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 in or smaller, each
A4373	Procedure	HCPCS	Ostomy skin barrier, with flange (solid, flexible or accordion), with built-in convexity, any size, each
A4385	Procedure	HCPCS	Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, without built-in convexity, each
A4411	Procedure	HCPCS	Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, with built-in convexity, each
A4408	Procedure	HCPCS	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 in, each
A4407	Procedure	HCPCS	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 in or smaller, each
A4415	Procedure	HCPCS	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x 4 in, each
A4414	Procedure	HCPCS	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 in or smaller, each
A5093	Procedure	HCPCS	Ostomy accessory; convex insert
A4367	Procedure	HCPCS	Ostomy belt, each
A4363	Procedure	HCPCS	Ostomy clamp, any type, replacement only, each
A4361	Procedure	HCPCS	Ostomy faceplate, each
A4384	Procedure	HCPCS	Ostomy faceplate equivalent, silicone ring, each
A4368	Procedure	HCPCS	Ostomy filter, any type, each
A4420	Procedure	HCPCS	Ostomy pouch, closed; for use on barrier with locking flange (two piece), each
A4418	Procedure	HCPCS	Ostomy pouch, closed; without barrier attached, with filter (one piece), each
A4387	Procedure	HCPCS	Ostomy pouch, closed, with barrier attached, with built-in convexity (one piece), each
A4416	Procedure	HCPCS	Ostomy pouch, closed, with barrier attached, with filter (one piece), each
A5053	Procedure	HCPCS	Ostomy pouch, closed; for use on faceplate, each
A5054	Procedure	HCPCS	Ostomy pouch, closed; for use on barrier with flange (two piece), each
A5051	Procedure	HCPCS	Ostomy pouch, closed; with barrier attached (one piece), each
A5052	Procedure	HCPCS	Ostomy pouch, closed; without barrier attached (one piece), each
A4377	Procedure	HCPCS	Ostomy pouch, drainable, for use on faceplate, plastic, each
A4378	Procedure	HCPCS	Ostomy pouch, drainable, for use on faceplate, rubber, each
A4424	Procedure	HCPCS	Ostomy pouch, drainable, with barrier attached, with filter (one piece), each
A4376	Procedure	HCPCS	Ostomy pouch, drainable, with faceplate attached, rubber, each
A4375	Procedure	HCPCS	Ostomy pouch, drainable, with faceplate attached, plastic, each
A5063	Procedure	HCPCS	Ostomy pouch, drainable; for use on barrier with flange (two-piece system), each
A5061	Procedure	HCPCS	Ostomy pouch, drainable; with barrier attached, (one piece), each
A5062	Procedure	HCPCS	Ostomy pouch, drainable; without barrier attached (one piece), each
A4382	Procedure	HCPCS	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each
A4381	Procedure	HCPCS	Ostomy pouch, urinary, for use on faceplate, plastic, each
A4383	Procedure	HCPCS	Ostomy pouch, urinary, for use on faceplate, rubber, each

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
A4379	Procedure	HCPCS	Ostomy pouch, urinary, with faceplate attached, plastic, each
A4380	Procedure	HCPCS	Ostomy pouch, urinary, with faceplate attached, rubber, each
A5073	Procedure	HCPCS	Ostomy pouch, urinary; for use on barrier with flange (two piece), each
A5071	Procedure	HCPCS	Ostomy pouch, urinary; with barrier attached (one piece), each
A5072	Procedure	HCPCS	Ostomy pouch, urinary; without barrier attached (one piece), each
A4404	Procedure	HCPCS	Ostomy ring, each
A4369	Procedure	HCPCS	Ostomy skin barrier, liquid (spray, brush, etc.), per oz
A4405	Procedure	HCPCS	Ostomy skin barrier, nonpectin-based, paste, per oz
A4406	Procedure	HCPCS	Ostomy skin barrier, pectin-based, paste, per oz
A4371	Procedure	HCPCS	Ostomy skin barrier, powder, per oz
A4421	Procedure	HCPCS	Ostomy supply; miscellaneous
A4366	Procedure	HCPCS	Ostomy vent, any type, each
A5120	Procedure	HCPCS	Skin barrier, wipes or swabs, each
A4362	Procedure	HCPCS	Skin barrier; solid, 4 x 4 or equivalent; each
A5121	Procedure	HCPCS	Skin barrier; solid, 6 x 6 or equivalent, each
A5122	Procedure	HCPCS	Skin barrier; solid, 8 x 8 or equivalent, each
A5055	Procedure	HCPCS	Stoma cap
A5081	Procedure	HCPCS	Stoma plug or seal, any type
A4450	Procedure	HCPCS	Tape, nonwaterproof, per 18 sq in
A4452	Procedure	HCPCS	Tape, waterproof, per 18 sq in
A4437	Procedure	HCPCS	Irrigation supply; sleeve, disposable, per month
A4436	Procedure	HCPCS	Irrigation supply; sleeve, reusable, per month
A4398	Procedure	HCPCS	Ostomy irrigation supply; bag, each
A4399	Procedure	HCPCS	Ostomy irrigation supply; cone/catheter, with or without brush
Endoscopy			
45.22	Procedure	ICD-9-PCS	Endoscopy of large intestine through artificial stoma
45.23	Procedure	ICD-9-PCS	Colonoscopy
45.24	Procedure	ICD-9-PCS	Flexible sigmoidoscopy
45.25	Procedure	ICD-9-PCS	Closed [endoscopic] biopsy of large intestine
48.22	Procedure	ICD-9-PCS	Proctosigmoidoscopy through artificial stoma
48.23	Procedure	ICD-9-PCS	Rigid proctosigmoidoscopy
49.21	Procedure	ICD-9-PCS	Anoscopy
0D9E3ZX	Procedure	ICD-10-PCS	Drainage of Large Intestine, Percutaneous Approach, Diagnostic
0D9E4ZX	Procedure	ICD-10-PCS	Drainage of Large Intestine, Percutaneous Endoscopic Approach, Diagnostic
0D9E7ZX	Procedure	ICD-10-PCS	Drainage of Large Intestine, Via Natural or Artificial Opening, Diagnostic
0D9E8ZX	Procedure	ICD-10-PCS	Drainage of Large Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D9F3ZX	Procedure	ICD-10-PCS	Drainage of Right Large Intestine, Percutaneous Approach, Diagnostic
0D9F4ZX	Procedure	ICD-10-PCS	Drainage of Right Large Intestine, Percutaneous Endoscopic Approach, Diagnostic
0D9F7ZX	Procedure	ICD-10-PCS	Drainage of Right Large Intestine, Via Natural or Artificial Opening, Diagnostic
0D9F8ZX	Procedure	ICD-10-PCS	Drainage of Right Large Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
0D9G3ZX	Procedure	ICD-10-PCS	Drainage of Left Large Intestine, Percutaneous Approach, Diagnostic
0D9G4ZX	Procedure	ICD-10-PCS	Drainage of Left Large Intestine, Percutaneous Endoscopic Approach, Diagnostic
0D9G7ZX	Procedure	ICD-10-PCS	Drainage of Left Large Intestine, Via Natural or Artificial Opening, Diagnostic
0D9G8ZX	Procedure	ICD-10-PCS	Drainage of Left Large Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D9H3ZX	Procedure	ICD-10-PCS	Drainage of Cecum, Percutaneous Approach, Diagnostic
0D9H4ZX	Procedure	ICD-10-PCS	Drainage of Cecum, Percutaneous Endoscopic Approach, Diagnostic
0D9H7ZX	Procedure	ICD-10-PCS	Drainage of Cecum, Via Natural or Artificial Opening, Diagnostic
0D9H8ZX	Procedure	ICD-10-PCS	Drainage of Cecum, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D9K3ZX	Procedure	ICD-10-PCS	Drainage of Ascending Colon, Percutaneous Approach, Diagnostic
0D9K4ZX	Procedure	ICD-10-PCS	Drainage of Ascending Colon, Percutaneous Endoscopic Approach, Diagnostic
0D9K7ZX	Procedure	ICD-10-PCS	Drainage of Ascending Colon, Via Natural or Artificial Opening, Diagnostic
0D9K8ZX	Procedure	ICD-10-PCS	Drainage of Ascending Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D9L3ZX	Procedure	ICD-10-PCS	Drainage of Transverse Colon, Percutaneous Approach, Diagnostic
0D9L4ZX	Procedure	ICD-10-PCS	Drainage of Transverse Colon, Percutaneous Endoscopic Approach, Diagnostic
0D9L7ZX	Procedure	ICD-10-PCS	Drainage of Transverse Colon, Via Natural or Artificial Opening, Diagnostic
0D9L8ZX	Procedure	ICD-10-PCS	Drainage of Transverse Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D9M3ZX	Procedure	ICD-10-PCS	Drainage of Descending Colon, Percutaneous Approach, Diagnostic
0D9M4ZX	Procedure	ICD-10-PCS	Drainage of Descending Colon, Percutaneous Endoscopic Approach, Diagnostic
0D9M7ZX	Procedure	ICD-10-PCS	Drainage of Descending Colon, Via Natural or Artificial Opening, Diagnostic
0D9M8ZX	Procedure	ICD-10-PCS	Drainage of Descending Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D9N3ZX	Procedure	ICD-10-PCS	Drainage of Sigmoid Colon, Percutaneous Approach, Diagnostic
0D9N4ZX	Procedure	ICD-10-PCS	Drainage of Sigmoid Colon, Percutaneous Endoscopic Approach, Diagnostic
0D9N7ZX	Procedure	ICD-10-PCS	Drainage of Sigmoid Colon, Via Natural or Artificial Opening, Diagnostic
0D9N8ZX	Procedure	ICD-10-PCS	Drainage of Sigmoid Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DB80ZX	Procedure	ICD-10-PCS	Excision of Small Intestine, Open Approach, Diagnostic
0DB83ZX	Procedure	ICD-10-PCS	Excision of Small Intestine, Percutaneous Approach, Diagnostic
0DB84ZX	Procedure	ICD-10-PCS	Excision of Small Intestine, Percutaneous Endoscopic Approach, Diagnostic
0DB87ZX	Procedure	ICD-10-PCS	Excision of Small Intestine, Via Natural or Artificial Opening, Diagnostic
0DB88ZX	Procedure	ICD-10-PCS	Excision of Small Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DBE0ZX	Procedure	ICD-10-PCS	Excision of Large Intestine, Open Approach, Diagnostic
0DBE3ZX	Procedure	ICD-10-PCS	Excision of Large Intestine, Percutaneous Approach, Diagnostic
0DBE4ZX	Procedure	ICD-10-PCS	Excision of Large Intestine, Percutaneous Endoscopic Approach, Diagnostic
0DBE7ZX	Procedure	ICD-10-PCS	Excision of Large Intestine, Via Natural or Artificial Opening, Diagnostic
0DBE8ZX	Procedure	ICD-10-PCS	Excision of Large Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DBF3ZX	Procedure	ICD-10-PCS	Excision of Right Large Intestine, Percutaneous Approach, Diagnostic
0DBF4ZX	Procedure	ICD-10-PCS	Excision of Right Large Intestine, Percutaneous Endoscopic Approach, Diagnostic
0DBF7ZX	Procedure	ICD-10-PCS	Excision of Right Large Intestine, Via Natural or Artificial Opening, Diagnostic

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
0DBF8ZX	Procedure	ICD-10-PCS	Excision of Right Large Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DBG3ZX	Procedure	ICD-10-PCS	Excision of Left Large Intestine, Percutaneous Approach, Diagnostic
0DBG4ZX	Procedure	ICD-10-PCS	Excision of Left Large Intestine, Percutaneous Endoscopic Approach, Diagnostic
0DBG7ZX	Procedure	ICD-10-PCS	Excision of Left Large Intestine, Via Natural or Artificial Opening, Diagnostic
0DBG8ZX	Procedure	ICD-10-PCS	Excision of Left Large Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DBH3ZX	Procedure	ICD-10-PCS	Excision of Cecum, Percutaneous Approach, Diagnostic
0DBH4ZX	Procedure	ICD-10-PCS	Excision of Cecum, Percutaneous Endoscopic Approach, Diagnostic
0DBH7ZX	Procedure	ICD-10-PCS	Excision of Cecum, Via Natural or Artificial Opening, Diagnostic
0DBH8ZX	Procedure	ICD-10-PCS	Excision of Cecum, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DBK3ZX	Procedure	ICD-10-PCS	Excision of Ascending Colon, Percutaneous Approach, Diagnostic
0DBK4ZX	Procedure	ICD-10-PCS	Excision of Ascending Colon, Percutaneous Endoscopic Approach, Diagnostic
0DBK7ZX	Procedure	ICD-10-PCS	Excision of Ascending Colon, Via Natural or Artificial Opening, Diagnostic
0DBK8ZX	Procedure	ICD-10-PCS	Excision of Ascending Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DBL3ZX	Procedure	ICD-10-PCS	Excision of Transverse Colon, Percutaneous Approach, Diagnostic
0DBL4ZX	Procedure	ICD-10-PCS	Excision of Transverse Colon, Percutaneous Endoscopic Approach, Diagnostic
0DBL7ZX	Procedure	ICD-10-PCS	Excision of Transverse Colon, Via Natural or Artificial Opening, Diagnostic
0DBL8ZX	Procedure	ICD-10-PCS	Excision of Transverse Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DBM3ZX	Procedure	ICD-10-PCS	Excision of Descending Colon, Percutaneous Approach, Diagnostic
0DBM4ZX	Procedure	ICD-10-PCS	Excision of Descending Colon, Percutaneous Endoscopic Approach, Diagnostic
0DBM7ZX	Procedure	ICD-10-PCS	Excision of Descending Colon, Via Natural or Artificial Opening, Diagnostic
0DBM8ZX	Procedure	ICD-10-PCS	Excision of Descending Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DBN3ZX	Procedure	ICD-10-PCS	Excision of Sigmoid Colon, Percutaneous Approach, Diagnostic
0DBN4ZX	Procedure	ICD-10-PCS	Excision of Sigmoid Colon, Percutaneous Endoscopic Approach, Diagnostic
0DBN7ZX	Procedure	ICD-10-PCS	Excision of Sigmoid Colon, Via Natural or Artificial Opening, Diagnostic
0DBN8ZX	Procedure	ICD-10-PCS	Excision of Sigmoid Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DD83ZX	Procedure	ICD-10-PCS	Extraction of Small Intestine, Percutaneous Approach, Diagnostic
0DD84ZX	Procedure	ICD-10-PCS	Extraction of Small Intestine, Percutaneous Endoscopic Approach, Diagnostic
0DD88ZX	Procedure	ICD-10-PCS	Extraction of Small Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DDE3ZX	Procedure	ICD-10-PCS	Extraction of Large Intestine, Percutaneous Approach, Diagnostic
0DDE4ZX	Procedure	ICD-10-PCS	Extraction of Large Intestine, Percutaneous Endoscopic Approach, Diagnostic
0DDE8ZX	Procedure	ICD-10-PCS	Extraction of Large Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DDF3ZX	Procedure	ICD-10-PCS	Extraction of Right Large Intestine, Percutaneous Approach, Diagnostic
0DDF4ZX	Procedure	ICD-10-PCS	Extraction of Right Large Intestine, Percutaneous Endoscopic Approach, Diagnostic
0DDF8ZX	Procedure	ICD-10-PCS	Extraction of Right Large Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
0DDG	Procedure	ICD-10-PCS	Extraction / Large Intestine, Left
0DDG3ZX	Procedure	ICD-10-PCS	Extraction of Left Large Intestine, Percutaneous Approach, Diagnostic
0DDG4ZX	Procedure	ICD-10-PCS	Extraction of Left Large Intestine, Percutaneous Endoscopic Approach, Diagnostic
0DDG8ZX	Procedure	ICD-10-PCS	Extraction of Left Large Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DDH3ZX	Procedure	ICD-10-PCS	Extraction of Cecum, Percutaneous Approach, Diagnostic
0DDH4ZX	Procedure	ICD-10-PCS	Extraction of Cecum, Percutaneous Endoscopic Approach, Diagnostic
0DDH8ZX	Procedure	ICD-10-PCS	Extraction of Cecum, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DDK3ZX	Procedure	ICD-10-PCS	Extraction of Ascending Colon, Percutaneous Approach, Diagnostic
0DDK4ZX	Procedure	ICD-10-PCS	Extraction of Ascending Colon, Percutaneous Endoscopic Approach, Diagnostic
0DDK8ZX	Procedure	ICD-10-PCS	Extraction of Ascending Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DDL3ZX	Procedure	ICD-10-PCS	Extraction of Transverse Colon, Percutaneous Approach, Diagnostic
0DDL4ZX	Procedure	ICD-10-PCS	Extraction of Transverse Colon, Percutaneous Endoscopic Approach, Diagnostic
0DDL8ZX	Procedure	ICD-10-PCS	Extraction of Transverse Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DDM3ZX	Procedure	ICD-10-PCS	Extraction of Descending Colon, Percutaneous Approach, Diagnostic
0DDM4ZX	Procedure	ICD-10-PCS	Extraction of Descending Colon, Percutaneous Endoscopic Approach, Diagnostic
0DDM8ZX	Procedure	ICD-10-PCS	Extraction of Descending Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DDN3ZX	Procedure	ICD-10-PCS	Extraction of Sigmoid Colon, Percutaneous Approach, Diagnostic
0DDN4ZX	Procedure	ICD-10-PCS	Extraction of Sigmoid Colon, Percutaneous Endoscopic Approach, Diagnostic
0DDN8ZX	Procedure	ICD-10-PCS	Extraction of Sigmoid Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DDP3ZX	Procedure	ICD-10-PCS	Extraction of Rectum, Percutaneous Approach, Diagnostic
0DDP4ZX	Procedure	ICD-10-PCS	Extraction of Rectum, Percutaneous Endoscopic Approach, Diagnostic
0DDP8ZX	Procedure	ICD-10-PCS	Extraction of Rectum, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DDQ3ZX	Procedure	ICD-10-PCS	Extraction of Anus, Percutaneous Approach, Diagnostic
0DDQ4ZX	Procedure	ICD-10-PCS	Extraction of Anus, Percutaneous Endoscopic Approach, Diagnostic
0DDQ8ZX	Procedure	ICD-10-PCS	Extraction of Anus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DDQXZX	Procedure	ICD-10-PCS	Extraction of Anus, External Approach, Diagnostic
0JD8ZZ	Procedure	ICD-10-PCS	Inspection of Lower Intestinal Tract, Via Natural or Artificial Opening Endoscopic
44388	Procedure	CPT-4	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
44389	Procedure	CPT-4	Colonoscopy through stoma; with biopsy, single or multiple
44390	Procedure	CPT-4	Colonoscopy through stoma; with removal of foreign body(s)
44391	Procedure	CPT-4	Colonoscopy through stoma; with control of bleeding, any method
44392	Procedure	CPT-4	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
44393	Procedure	CPT-4	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
44394	Procedure	CPT-4	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
44397	Procedure	CPT-4	Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)
44401	Procedure	CPT-4	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
44402	Procedure	CPT-4	Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)
44403	Procedure	CPT-4	Colonoscopy through stoma; with endoscopic mucosal resection
44404	Procedure	CPT-4	Colonoscopy through stoma; with directed submucosal injection(s), any substance
44405	Procedure	CPT-4	Colonoscopy through stoma; with transendoscopic balloon dilation
44406	Procedure	CPT-4	Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures
44407	Procedure	CPT-4	Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures
44408	Procedure	CPT-4	Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed
45355	Procedure	CPT-4	Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple
45378	Procedure	CPT-4	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
45379	Procedure	CPT-4	Colonoscopy, flexible; with removal of foreign body(s)
45380	Procedure	CPT-4	Colonoscopy, flexible; with biopsy, single or multiple
45381	Procedure	CPT-4	Colonoscopy, flexible; with directed submucosal injection(s), any substance
45382	Procedure	CPT-4	Colonoscopy, flexible; with control of bleeding, any method
45383	Procedure	CPT-4	Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
45384	Procedure	CPT-4	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
45385	Procedure	CPT-4	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45386	Procedure	CPT-4	Colonoscopy, flexible; with transendoscopic balloon dilation
45387	Procedure	CPT-4	Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)
45388	Procedure	CPT-4	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
45389	Procedure	CPT-4	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)
45390	Procedure	CPT-4	Colonoscopy, flexible; with endoscopic mucosal resection

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
45391	Procedure	CPT-4	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures
45392	Procedure	CPT-4	Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures
45393	Procedure	CPT-4	Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed
45398	Procedure	CPT-4	Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)
G0105	Procedure	HCPCS	Colorectal cancer screening; colonoscopy on individual at high risk
G0120	Procedure	HCPCS	Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema
G0121	Procedure	HCPCS	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk
G9659	Procedure	HCPCS	Patients greater than or equal to 86 years of age who underwent a screening colonoscopy and did not have a history of colorectal cancer or other valid medical reason for the colonoscopy, including: iron deficiency anemia, lower gastrointestinal bleeding, Crohn's disease (i.e., regional enteritis), familial adenomatous polyposis, Lynch syndrome (i.e., hereditary nonpolyposis colorectal cancer), inflammatory bowel disease, ulcerative colitis, abnormal finding of gastrointestinal tract, or changes in bowel habits
G9660	Procedure	HCPCS	Documentation of medical reason(s) for a colonoscopy performed on a patient greater than or equal to 86 years of age (e.g., iron deficiency anemia, lower gastrointestinal bleeding, Crohn's disease (i.e., regional enteritis), familial history of adenomatous polyposis, Lynch syndrome (i.e., hereditary nonpolyposis colorectal cancer), inflammatory bowel disease, ulcerative colitis, abnormal finding of gastrointestinal tract, or changes in bowel habits)
G9661	Procedure	HCPCS	Patients greater than or equal to 86 years of age who received a colonoscopy for an assessment of signs/symptoms of GI tract illness, and/or because the patient meets high risk criteria, and/or to follow-up on previously diagnosed advanced lesions
G9933	Procedure	HCPCS	Adenoma(s) or colorectal cancer detected during screening colonoscopy
G9935	Procedure	HCPCS	Adenoma(s) or colorectal cancer not detected during screening colonoscopy
G9936	Procedure	HCPCS	Surveillance colonoscopy - personal history of colonic polyps, colon cancer, or other malignant neoplasm of rectum, rectosigmoid junction, and anus
G9937	Procedure	HCPCS	Diagnostic colonoscopy
S0285	Procedure	HCPCS	Colonoscopy consultation performed prior to a screening colonoscopy procedure
45.11	Procedure	ICD-9-PCS	Transabdominal endoscopy of small intestine
45.21	Procedure	ICD-9-PCS	Transabdominal endoscopy of large intestine
48.21	Procedure	ICD-9-PCS	Transabdominal proctosigmoidoscopy
45300	Procedure	CPT-4	Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
45302	Procedure	CPT-4	PROCTOSIGMOIDOSCOPY; COLLECT SPECIMEN BRUSH/WASH
45303	Procedure	CPT-4	Proctosigmoidoscopy, rigid; with dilation (eg, balloon, guide wire, bougie)
45305	Procedure	CPT-4	Proctosigmoidoscopy, rigid; with biopsy, single or multiple
45307	Procedure	CPT-4	Proctosigmoidoscopy, rigid; with removal of foreign body
45308	Procedure	CPT-4	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery
45309	Procedure	CPT-4	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by snare technique
45310	Procedure	CPT-4	PROCTOSIGMOIDOSCOPY; REMOVAL POLYP/PAPILLOMA
45315	Procedure	CPT-4	Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique
45317	Procedure	CPT-4	Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
45320	Procedure	CPT-4	Proctosigmoidoscopy, rigid; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique (eg, laser)
45321	Procedure	CPT-4	Proctosigmoidoscopy, rigid; with decompression of volvulus
45327	Procedure	CPT-4	Proctosigmoidoscopy, rigid; with transendoscopic stent placement (includes predilation)
45330	Procedure	CPT-4	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
45331	Procedure	CPT-4	Sigmoidoscopy, flexible; with biopsy, single or multiple
45332	Procedure	CPT-4	Sigmoidoscopy, flexible; with removal of foreign body(s)
45333	Procedure	CPT-4	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
45334	Procedure	CPT-4	Sigmoidoscopy, flexible; with control of bleeding, any method
45335	Procedure	CPT-4	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance
45336	Procedure	CPT-4	SIGMOIDOSCOPY; ABLATE TUMOR MUCOSAL LESION
45338	Procedure	CPT-4	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45339	Procedure	CPT-4	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
45340	Procedure	CPT-4	Sigmoidoscopy, flexible; with transendoscopic balloon dilation
45341	Procedure	CPT-4	Sigmoidoscopy, flexible; with endoscopic ultrasound examination
45342	Procedure	CPT-4	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)
45345	Procedure	CPT-4	Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)
45346	Procedure	CPT-4	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
45347	Procedure	CPT-4	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
45349	Procedure	CPT-4	Sigmoidoscopy, flexible; with endoscopic mucosal resection
45350	Procedure	CPT-4	Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)
0D9N0ZX	Procedure	ICD-10-PCS	Drainage of Sigmoid Colon, Open Approach, Diagnostic
0DBN0ZX	Procedure	ICD-10-PCS	Excision of Sigmoid Colon, Open Approach, Diagnostic
45337	Procedure	CPT-4	Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed
G0104	Procedure	HCPCS	Colorectal cancer screening; flexible sigmoidoscopy
G0106	Procedure	HCPCS	Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema
G6022	Procedure	CPT-4	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesions(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
G6023	Procedure	CPT-4	Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)
45.27	Procedure	ICD-9-PCS	Intestinal biopsy, site unspecified
42.22	Procedure	ICD-9-PCS	Esophagoscopy through artificial stoma
42.23	Procedure	ICD-9-PCS	Other esophagoscopy
42.24	Procedure	ICD-9-PCS	Closed (endoscopic) biopsy of esophagus
44.14	Procedure	ICD-9-PCS	Closed [endoscopic] biopsy of stomach
45.13	Procedure	ICD-9-PCS	Other endoscopy of small intestine
45.14	Procedure	ICD-9-PCS	Closed [endoscopic] biopsy of small intestine
45.16	Procedure	ICD-9-PCS	Esophagogastroduodenoscopy (EGD) with closed biopsy
0DJ03ZZ	Procedure	ICD-10-PCS	Inspection of Upper Intestinal Tract, Percutaneous Approach
0DJ04ZZ	Procedure	ICD-10-PCS	Inspection of Upper Intestinal Tract, Percutaneous Endoscopic Approach
0DJ07ZZ	Procedure	ICD-10-PCS	Inspection of Upper Intestinal Tract, Via Natural or Artificial Opening
0DJ08ZZ	Procedure	ICD-10-PCS	Inspection of Upper Intestinal Tract, Via Natural or Artificial Opening Endoscopic
43200	Procedure	CPT-4	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
43235	Procedure	CPT-4	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
45.19	Procedure	ICD-9-PCS	Other diagnostic procedures on small intestine
91110	Procedure	CPT-4	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report
0355T	Procedure	CPT-3	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report
0651T	Procedure	CPT-3	Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report
0DJ00ZZ	Procedure	ICD-10-PCS	Inspection of Upper Intestinal Tract, Open Approach
0DJ0XZZ	Procedure	ICD-10-PCS	Inspection of Upper Intestinal Tract, External Approach
0DJD3ZZ	Procedure	ICD-10-PCS	Inspection of Lower Intestinal Tract, Percutaneous Approach
0DJD7ZZ	Procedure	ICD-10-PCS	Inspection of Lower Intestinal Tract, Via Natural or Artificial Opening
91111	Procedure	CPT-4	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report

Appendix E.1. List of Current Procedural Terminology, Third Edition (CPT-3), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Exclusion and Exposure Incidence Criteria in this Request

Code	Code Category	Code Type	Description
91113	Procedure	CPT-4	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report
44360	Procedure	CPT-4	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
44361	Procedure	CPT-4	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple
44363	Procedure	CPT-4	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body(s)
44364	Procedure	CPT-4	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
44365	Procedure	CPT-4	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
44366	Procedure	CPT-4	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
44369	Procedure	CPT-4	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
44370	Procedure	CPT-4	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes predilation)
44372	Procedure	CPT-4	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with placement of percutaneous jejunostomy tube
44373	Procedure	CPT-4	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube
44376	Procedure	CPT-4	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
44377	Procedure	CPT-4	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple
44378	Procedure	CPT-4	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
44379	Procedure	CPT-4	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with transendoscopic stent placement (includes predilation)

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

Generic Name	Brand Name
GLP-1 Agonists	
albiglutide	Tanzeum
dulaglutide	Trulicity
exenatide	Byetta
exenatide microspheres	Bydureon
exenatide microspheres	Bydureon BCise
insulin degludec/liraglutide	Xultophy 100/3.6
insulin glargine,human recombinant analog/lixisenatide	Soliqua 100/33
liraglutide	Saxenda
liraglutide	Victoza 2-Pak
liraglutide	Victoza 3-Pak
lixisenatide	Adlyxin
semaglutide	Ozempic
semaglutide	Rybelsus
semaglutide	Wegovy
tirzepatide	Mounjaro
Metformin	
alogliptin benzoate/metformin HCl	Kazano
alogliptin benzoate/metformin HCl	alogliptin-metformin
canagliflozin/metformin HCl	Invokamet
canagliflozin/metformin HCl	Invokamet XR
dapagliflozin propanediol/metformin HCl	Xigduo XR
empagliflozin/linagliptin/metformin HCl	Trijardy XR
empagliflozin/metformin HCl	Synjardy
empagliflozin/metformin HCl	Synjardy XR
ertugliflozin pidolate/metformin HCl	Segluromet
glipizide/metformin HCl	Metaglip
glipizide/metformin HCl	glipizide-metformin
glyburide/metformin HCl	Glucovance
glyburide/metformin HCl	glyburide-metformin
linagliptin/metformin HCl	Jentaduetto
linagliptin/metformin HCl	Jentaduetto XR
metformin HCl	Fortamet
metformin HCl	Glucophage
metformin HCl	Glucophage XR
metformin HCl	Glumetza
metformin HCl	Riomet
metformin HCl	Riomet ER
metformin HCl	metformin
metformin/amino acids no.7/herbal cmb.125/choline bitartrate Appformin-D	
metformin/cafeine/amino acids 7/herbal comb 125/choline bit Appformin	
pioglitazone HCl/metformin HCl	Actoplus MET
pioglitazone HCl/metformin HCl	Actoplus Met XR
pioglitazone HCl/metformin HCl	pioglitazone-metformin
repaglinide/metformin HCl	Prandimet
repaglinide/metformin HCl	repaglinide-metformin

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

Generic Name	Brand Name
rosiglitazone maleate/metformin HCl	Avandamet
saxagliptin HCl/metformin HCl	Kombiglyze XR
sitagliptin phosphate/metformin HCl	Janumet
sitagliptin phosphate/metformin HCl	Janumet XR
Sulfonylureas	
chlorpropamide	Diabinese
chlorpropamide	chlorpropamide
glimepiride	Amaryl
glimepiride	glimepiride
glipizide	Glucotrol
glipizide	Glucotrol XL
glipizide	glipizide
glipizide/metformin HCl	Metaglip
glipizide/metformin HCl	glipizide-metformin
glyburide	Diabeta
glyburide	Micronase
glyburide	glyburide
glyburide,micronized	Glycron
glyburide,micronized	Glynase
glyburide,micronized	glyburide micronized
glyburide/metformin HCl	Glucovance
glyburide/metformin HCl	glyburide-metformin
pioglitazone HCl/glimepiride	DUETACT
pioglitazone HCl/glimepiride	pioglitazone-glimepiride
rosiglitazone maleate/glimepiride	Avandaryl
tolazamide	tolazamide
tolbutamide	tolbutamide
DPP-4 Inhibitors	
alogliptin benzoate	Nesina
alogliptin benzoate	alogliptin
alogliptin benzoate/pioglitazone HCl	Oseni
alogliptin benzoate/pioglitazone HCl	alogliptin-pioglitazone
linagliptin	Tradjenta
saxagliptin HCl	Onglyza
sitagliptin phosphate	Januvia
sitagliptin phosphate/simvastatin	Juvisync
SGLT-2 Inhibitors	
canagliflozin	Invokana
dapagliflozin propanediol	Farxiga
empagliflozin	Jardiance
ertugliflozin pidolate	Steglatro
Long Acting Insulin	
insulin NPH human isophane	Humulin N NPH Insulin KwikPen
insulin NPH human isophane	Humulin N NPH U-100 Insulin
insulin NPH human isophane	Humulin N Pen
insulin NPH human isophane	Novolin N FlexPen
insulin NPH human isophane	Novolin N InnoLet
insulin NPH human isophane	Novolin N NPH U-100 Insulin

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

Generic Name	Brand Name
insulin NPH human isophane	Novolin N PenFill
insulin degludec	Tresiba FlexTouch U-100
insulin degludec	Tresiba FlexTouch U-200
insulin degludec	Tresiba U-100 Insulin
insulin degludec	insulin degludec
insulin degludec/liraglutide	Xultophy 100/3.6
insulin detemir	Levemir FlexPen
insulin detemir	Levemir FlexTouch U-100 Insuln
insulin detemir	Levemir Flexpen
insulin detemir	Levemir U-100 Insulin
insulin glargine,human recombinant analog	Basaglar KwikPen U-100 Insulin
insulin glargine,human recombinant analog	Basaglar Tempo Pen(U-100)Insln
insulin glargine,human recombinant analog	Lantus Solostar U-100 Insulin
insulin glargine,human recombinant analog	Lantus U-100 Insulin
insulin glargine,human recombinant analog	Semglee Pen U-100 Insulin
insulin glargine,human recombinant analog	Semglee U-100 Insulin
insulin glargine,human recombinant analog	Toujeo Max U-300 SoloStar
insulin glargine,human recombinant analog	Toujeo SoloStar U-300 Insulin
insulin glargine,human recombinant analog	insulin glargine
insulin glargine,human recombinant analog/lixisenatide	Soliqua 100/33
insulin glargine-yfgn	Semglee(insulin glarg-yfgn)Pen
insulin glargine-yfgn	Semglee(insulin glargine-yfgn)
insulin glargine-yfgn	insulin glargine-yfgn
Short or Rapid Acting Insulin	
Insulin Regular, Human/Insulin Release Unit/Chamber/Inhaler	Exubera Kit
insulin aspart	Novolog FlexPen U-100 Insulin
insulin aspart	Novolog PenFill U-100 Insulin
insulin aspart	Novolog U-100 Insulin aspart
insulin aspart	insulin aspart U-100
insulin aspart (niacinamide)	Fiasp FlexTouch U-100 Insulin
insulin aspart (niacinamide)	Fiasp Penfill U-100 Insulin
insulin aspart (niacinamide)	Fiasp U-100 Insulin
insulin glulisine	Apidra SoloStar U-100 Insulin
insulin glulisine	Apidra U-100 Insulin
insulin lispro	Admelog SoloStar U-100 Insulin
insulin lispro	Admelog U-100 Insulin lispro
insulin lispro	Humalog Junior KwikPen U-100
insulin lispro	Humalog KwikPen Insulin
insulin lispro	Humalog Pen
insulin lispro	Humalog Tempo Pen(U-100)Insuln
insulin lispro	Humalog U-100 Insulin
insulin lispro	insulin lispro
insulin lispro-aabc	Lyumjev KwikPen U-100 Insulin
insulin lispro-aabc	Lyumjev KwikPen U-200 Insulin
insulin lispro-aabc	Lyumjev Tempo Pen(U-100)Insuln
insulin lispro-aabc	Lyumjev U-100 Insulin
insulin regular, human	Afrezza
insulin regular, human	Humulin R Regular U-100 Insuln

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

Generic Name	Brand Name
insulin regular, human	Humulin R U-500 (Conc) Insulin
insulin regular, human	Humulin R U-500 (Conc) Kwikpen
insulin regular, human	Novolin R FlexPen
insulin regular, human	Novolin R InnoLet
insulin regular, human	Novolin R PenFill
insulin regular, human	Novolin R Regular U-100 Insulin
insulin regular, human in 0.9 % sodium chloride	Myxredlin
insulin regular, human/insulin release unit	Exubera Combination Pack 12
insulin regular, human/insulin release unit	Exubera Combination Pack 15
insulin regular, human/insulin release unit	Exubera Patient Pack
Combination Insulins	
insulin NPH human isophane/insulin regular, human	Humulin 50/50
insulin NPH human isophane/insulin regular, human	Humulin 70/30 Insulin Pen
insulin NPH human isophane/insulin regular, human	Humulin 70/30 U-100 Insulin
insulin NPH human isophane/insulin regular, human	Humulin 70/30 U-100 KwikPen
insulin NPH human isophane/insulin regular, human	Novolin 70-30 FlexPen U-100
insulin NPH human isophane/insulin regular, human	Novolin 70/30 InnoLet Insulin
insulin NPH human isophane/insulin regular, human	Novolin 70/30 PenFill
insulin NPH human isophane/insulin regular, human	Novolin 70/30 U-100 Insulin
insulin aspart protamine human/insulin aspart	Novolog Mix 70-30 U-100 Insulin
insulin aspart protamine human/insulin aspart	Novolog Mix 70-30FlexPen U-100
insulin aspart protamine human/insulin aspart	insulin asp prt-insulin aspart
insulin lispro protamine and insulin lispro	Humalog Mix 50-50 Insulin U-100
insulin lispro protamine and insulin lispro	Humalog Mix 50-50 KwikPen
insulin lispro protamine and insulin lispro	Humalog Mix 75-25 KwikPen
insulin lispro protamine and insulin lispro	Humalog Mix 75-25(U-100)Insulin
insulin lispro protamine and insulin lispro	insulin lispro protamin-lispro
A-glucosidase Inhibitors	
acarbose	Precose
acarbose	acarbose
miglitol	Glyset
miglitol	miglitol
Meglitinide	
nateglinide	Starlix
nateglinide	nateglinide
repaglinide	Prandin
repaglinide	repaglinide
repaglinide/metformin HCl	Prandimet
repaglinide/metformin HCl	repaglinide-metformin
ACE Inhibitors	
amlodipine besylate/benazepril HCl	Lotrel
amlodipine besylate/benazepril HCl	amlodipine-benazepril
benazepril HCl	Lotensin
benazepril HCl	benazepril
benazepril HCl/hydrochlorothiazide	Lotensin HCT
benazepril HCl/hydrochlorothiazide	benazepril-hydrochlorothiazide
captopril	Capoten
captopril	captopril

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

Generic Name	Brand Name
captopril/hydrochlorothiazide	Capozide
captopril/hydrochlorothiazide	captopril-hydrochlorothiazide
enalapril maleate	Epaned
enalapril maleate	Vasotec
enalapril maleate	enalapril maleate
enalapril maleate/felodipine	Lexxel
enalapril maleate/hydrochlorothiazide	Vaseretic
enalapril maleate/hydrochlorothiazide	enalapril-hydrochlorothiazide
enalaprilat dihydrate	enalaprilat
fosinopril sodium	Monopril
fosinopril sodium	fosinopril
fosinopril sodium/hydrochlorothiazide	Monopril HCT
fosinopril sodium/hydrochlorothiazide	fosinopril-hydrochlorothiazide
lisinopril	Prinivil
lisinopril	Qbrelis
lisinopril	Zestril
lisinopril	lisinopril
lisinopril/dietary supplement,comb.10	Lytensopril
lisinopril/dietary supplement,comb.10	Lytensopril-90
lisinopril/hydrochlorothiazide	Prinzide
lisinopril/hydrochlorothiazide	Zestoretic
lisinopril/hydrochlorothiazide	lisinopril-hydrochlorothiazide
moexipril HCl	Univasc
moexipril HCl	moexipril
moexipril HCl/hydrochlorothiazide	Uniretic
moexipril HCl/hydrochlorothiazide	moexipril-hydrochlorothiazide
perindopril arginine/amlodipine besylate	Prestalia
perindopril erbumine	Aceon
perindopril erbumine	perindopril erbumine
quinapril HCl	Accupril
quinapril HCl	quinapril
quinapril HCl/hydrochlorothiazide	Accuretic
quinapril HCl/hydrochlorothiazide	Quinaretic
quinapril HCl/hydrochlorothiazide	quinapril-hydrochlorothiazide
ramipril	Altace
ramipril	ramipril
trandolapril	Mavik
trandolapril	trandolapril
trandolapril/verapamil HCl	Tarka
trandolapril/verapamil HCl	trandolapril-verapamil
Angiotension II Receptor Blockers	
amlodipine besylate/olmesartan medoxomil	Azor
amlodipine besylate/olmesartan medoxomil	amlodipine-olmesartan
amlodipine besylate/valsartan	Exforge
amlodipine besylate/valsartan	amlodipine-valsartan
amlodipine besylate/valsartan/hydrochlorothiazide	Exforge HCT
amlodipine besylate/valsartan/hydrochlorothiazide	amlodipine-valsartan-hcthiazid
azilsartan medoxomil	Edarbi

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

Generic Name	Brand Name
azilsartan medoxomil/chlorthalidone	Edarbyclor
candesartan cilexetil	Atacand
candesartan cilexetil	candesartan
candesartan cilexetil/hydrochlorothiazide	Atacand HCT
candesartan cilexetil/hydrochlorothiazide	candesartan-hydrochlorothiazid
eprosartan mesylate	Teveten
eprosartan mesylate	eprosartan
eprosartan mesylate/hydrochlorothiazide	Teveten HCT
irbesartan	Avapro
irbesartan	irbesartan
irbesartan/hydrochlorothiazide	Avalide
irbesartan/hydrochlorothiazide	irbesartan-hydrochlorothiazide
losartan potassium	Cozaar
losartan potassium	losartan
losartan potassium/hydrochlorothiazide	Hyzaar
losartan potassium/hydrochlorothiazide	losartan-hydrochlorothiazide
nebivolol HCl/valsartan	Byvalson
olmesartan medoxomil	Benicar
olmesartan medoxomil	olmesartan
olmesartan medoxomil/amlodipine	
besylate/hydrochlorothiazide	Tribenzor
olmesartan medoxomil/amlodipine	
besylate/hydrochlorothiazide	olmesartan-amlodipin-hcthiazid
olmesartan medoxomil/hydrochlorothiazide	Benicar HCT
olmesartan medoxomil/hydrochlorothiazide	olmesartan-hydrochlorothiazide
sacubitril/valsartan	Entresto
telmisartan	Micardis
telmisartan	telmisartan
telmisartan/amlodipine besylate	Twynsta
telmisartan/amlodipine besylate	telmisartan-amlodipine
telmisartan/hydrochlorothiazide	Micardis HCT
telmisartan/hydrochlorothiazide	telmisartan-hydrochlorothiazid
valsartan	Diovan
valsartan	valsartan
valsartan/hydrochlorothiazide	Diovan HCT
valsartan/hydrochlorothiazide	valsartan-hydrochlorothiazide
Beta Blockers	
acebutolol HCl	Sectral
acebutolol HCl	acebutolol
atenolol	Tenormin
atenolol	atenolol
atenolol/chlorthalidone	Tenoretic 100
atenolol/chlorthalidone	Tenoretic 50
atenolol/chlorthalidone	atenolol-chlorthalidone
betaxolol HCl	Kerlone
betaxolol HCl	betaxolol
bisoprolol fumarate	Zebeta
bisoprolol fumarate	bisoprolol fumarate

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

Generic Name	Brand Name
bisoprolol fumarate/hydrochlorothiazide	Ziac
bisoprolol fumarate/hydrochlorothiazide	bisoprolol-hydrochlorothiazide
carvedilol	Coreg
carvedilol	carvedilol
carvedilol phosphate	Coreg CR
carvedilol phosphate	carvedilol phosphate
esmolol HCl	Brevibloc
esmolol HCl	esmolol
esmolol HCl in sodium chloride, iso-osmotic	Brevibloc in NaCl (iso-osm)
esmolol HCl in sodium chloride, iso-osmotic	esmolol in NaCl (iso-osm)
esmolol HCl in sterile water	esmolol in sterile water
labetalol HCl	Normodyne
labetalol HCl	Trandate
labetalol HCl	labetalol
labetalol HCl in dextrose, iso-osmotic	labetalol in dextrose,iso-osm
labetalol HCl in sodium chloride, iso-osmotic	labetalol in NaCl (iso-osmot)
labetalol in dextrose 5 % in water	labetalol in dextrose 5 %
metoprolol succinate	Kaspargo Sprinkle
metoprolol succinate	Toprol XL
metoprolol succinate	metoprolol succinate
metoprolol succinate/hydrochlorothiazide	Dutoprol
metoprolol succinate/hydrochlorothiazide	metoprolol su-hydrochlorothiaz
metoprolol tartrate	Lopressor
metoprolol tartrate	metoprolol tartrate
metoprolol tartrate/dietary supplement,comb.10	Hypertensolol
metoprolol tartrate/hydrochlorothiazide	Lopressor HCT
metoprolol tartrate/hydrochlorothiazide	metoprolol ta-hydrochlorothiaz
nadolol	Corgard
nadolol	nadolol
nadolol/bendroflumethiazide	Corzide
nadolol/bendroflumethiazide	nadolol-bendroflumethiazide
nebivolol HCl	Bystolic
nebivolol HCl	nebivolol
penbutolol sulfate	Levatol
pindolol	pindolol
propranolol HCl	Hemangeol
propranolol HCl	Inderal
propranolol HCl	Inderal LA
propranolol HCl	Inderal XL
propranolol HCl	InnoPran XL
propranolol HCl	propranolol
propranolol HCl/hydrochlorothiazide	Inderide
propranolol HCl/hydrochlorothiazide	propranolol-hydrochlorothiazid
sotalol HCl	Betapace
sotalol HCl	Betapace AF
sotalol HCl	Sorine
sotalol HCl	Sotalol AF
sotalol HCl	Sotylize

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

Generic Name	Brand Name
sotalol HCl	sotalol
timolol maleate	timolol maleate
Calcium Channel Blockers	
aliskiren hemifumarate/amlodipine besylate	Tekamlo
aliskiren hemifumarate/amlodipine/hydrochlorothiazide	Amturnide
amlodipine benzoate	Katerzia
amlodipine besylate	Norliqva
amlodipine besylate	Norvasc
amlodipine besylate	amlodipine
amlodipine besylate/atorvastatin calcium	Caduet
amlodipine besylate/atorvastatin calcium	amlodipine-atorvastatin
amlodipine besylate/benazepril HCl	Lotrel
amlodipine besylate/benazepril HCl	amlodipine-benazepril
amlodipine besylate/celecoxib	Consensi
amlodipine besylate/olmesartan medoxomil	Azor
amlodipine besylate/olmesartan medoxomil	amlodipine-olmesartan
amlodipine besylate/valsartan	Exforge
amlodipine besylate/valsartan	amlodipine-valsartan
amlodipine besylate/valsartan/hydrochlorothiazide	Exforge HCT
amlodipine besylate/valsartan/hydrochlorothiazide	amlodipine-valsartan-hcthiazid
clevidipine butyrate	Cleviprex
diltiazem HCl	Cardizem
diltiazem HCl	Cardizem CD
diltiazem HCl	Cardizem LA
diltiazem HCl	Cartia XT
diltiazem HCl	DILT-CD
diltiazem HCl	DILT-XR
diltiazem HCl	Dilacor XR
diltiazem HCl	Diltia XT
diltiazem HCl	Diltzac ER
diltiazem HCl	Matzim LA
diltiazem HCl	Taztia XT
diltiazem HCl	Tiadyt ER
diltiazem HCl	Tiazac
diltiazem HCl	diltiazem HCl
diltiazem HCl in 0.9 % sodium chloride	diltiazem HCl in 0.9% NaCl
diltiazem HCl/dextrose 5 % in water	diltiazem in dextrose 5 %
enalapril maleate/felodipine	Lexxel
felodipine	Plendil
felodipine	felodipine
isradipine	DynaCirc
isradipine	DynaCirc CR
isradipine	isradipine
levamlodipine maleate	Conjupri
levamlodipine maleate	levamlodipine
nicardipine HCl	Cardene IV
nicardipine HCl	Cardene SR
nicardipine HCl	nicardipine

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

Generic Name	Brand Name
nicardipine HCl in 0.9 % sodium chloride	nicardipine in 0.9 % sod chlor
nicardipine in 5 % dextrose in water	nicardipine in 5 % dextrose
nicardipine in dextrose, iso-osmotic	Cardene IV in dextrose
nicardipine in sodium chloride, iso-osmotic	Cardene IV in sodium chloride
nicardipine in sodium chloride, iso-osmotic	nicardipine in NaCl (iso-os)
nifedipine	Adalat CC
nifedipine	Afeditab CR
nifedipine	Nifediac CC
nifedipine	Nifedical XL
nifedipine	Procardia
nifedipine	Procardia XL
nifedipine	nifedipine
nimodipine	Nimotop
nimodipine	Nymalize
nimodipine	nimodipine
nisoldipine	Sular
nisoldipine	nisoldipine
olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide	Tribenzor
olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide	olmesartan-amlodipin-hcthiazid
perindopril arginine/amlodipine besylate	Prestalia
telmisartan/amlodipine besylate	Twynsta
telmisartan/amlodipine besylate	telmisartan-amlodipine
trandolapril/verapamil HCl	Tarka
trandolapril/verapamil HCl	trandolapril-verapamil
verapamil HCl	Calan
verapamil HCl	Calan SR
verapamil HCl	Covera-HS
verapamil HCl	Isoptin SR
verapamil HCl	Verelan
verapamil HCl	Verelan PM
verapamil HCl	verapamil
Statins	
amlodipine besylate/atorvastatin calcium	Caduet
amlodipine besylate/atorvastatin calcium	amlodipine-atorvastatin
atorvastatin calcium	Lipitor
atorvastatin calcium	atorvastatin
ezetimibe/atorvastatin calcium	Liptruzet
ezetimibe/atorvastatin calcium	ezetimibe-atorvastatin
ezetimibe/rosuvastatin calcium	Roszet
ezetimibe/rosuvastatin calcium	ezetimibe-rosuvastatin
ezetimibe/simvastatin	Vytorin 10-10
ezetimibe/simvastatin	Vytorin 10-20
ezetimibe/simvastatin	Vytorin 10-40
ezetimibe/simvastatin	Vytorin 10-80
ezetimibe/simvastatin	ezetimibe-simvastatin
fluvastatin sodium	Lescol

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

Generic Name	Brand Name
fluvastatin sodium	Lescol XL
fluvastatin sodium	fluvastatin
lovastatin	Altoprev
lovastatin	Mevacor
lovastatin	lovastatin
niacin/lovastatin	Advicor
niacin/simvastatin	Simcor
nystatin	nystatin
pitavastatin calcium	Livalo
pitavastatin magnesium	Zypitamag
pravastatin sodium	Pravachol
pravastatin sodium	pravastatin
rosuvastatin calcium	Crestor
rosuvastatin calcium	Ezallor Sprinkle
rosuvastatin calcium	rosuvastatin
simvastatin	FloLipid
simvastatin	Zocor
simvastatin	simvastatin
sitagliptin phosphate/simvastatin	Juvisync
Loop Diuretics	
bumetanide	Bumex
bumetanide	bumetanide
ethacrynate sodium	Sodium Edecrin
ethacrynate sodium	ethacrynate sodium
ethacrynic acid	Edecrin
ethacrynic acid	ethacrynic acid
furosemide	Furoscix
furosemide	Lasix
furosemide	furosemide
furosemide in 0.9 % sodium chloride	furosemide in 0.9 % NaCl
furosemide/dextrose 5 % in water	furosemide in dextrose 5 %
torsemide	Demadex
torsemide	Soaanz
torsemide	torsemide
Other Diuretics	
acetazolamide	Diamox Sequels
acetazolamide	acetazolamide
acetazolamide sodium	acetazolamide sodium
aliskiren hemifumarate/hydrochlorothiazide	Tekturna HCT
amiloride HCl	Midamor
amiloride HCl	amiloride
amiloride HCl/hydrochlorothiazide	amiloride-hydrochlorothiazide
amlodipine besylate/valsartan/hydrochlorothiazide	Exforge HCT
amlodipine besylate/valsartan/hydrochlorothiazide	amlodipine-valsartan-hcthiazid
ammonium chloride	ammonium chloride
atenolol/chlorthalidone	Tenoretic 100
atenolol/chlorthalidone	Tenoretic 50
atenolol/chlorthalidone	atenolol-chlorthalidone

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

Generic Name	Brand Name
azilsartan medoxomil/chlorthalidone	Edarbyclor
benazepril HCl/hydrochlorothiazide	Lotensin HCT
benazepril HCl/hydrochlorothiazide	benazepril-hydrochlorothiazide
bisoprolol fumarate/hydrochlorothiazide	Ziac
bisoprolol fumarate/hydrochlorothiazide	bisoprolol-hydrochlorothiazide
calcium/corn/buchu/couch grass/hydrangea	Diuretic
candesartan cilexetil/hydrochlorothiazide	Atacand HCT
candesartan cilexetil/hydrochlorothiazide	candesartan-hydrochlorothiazid
captopril/hydrochlorothiazide	Capozide
captopril/hydrochlorothiazide	captopril-hydrochlorothiazide
chlorothiazide	Diuril
chlorothiazide	chlorothiazide
chlorothiazide sodium	Diuril IV
chlorothiazide sodium	chlorothiazide sodium
chlorthalidone	Thalitone
chlorthalidone	chlorthalidone
clonidine HCl/chlorthalidone	Clorpres
conivaptan HCl	Vaprisol
conivaptan HCl/dextrose 5 % in water	Vaprisol in 5 % dextrose
enalapril maleate/hydrochlorothiazide	Vaseretic
enalapril maleate/hydrochlorothiazide	enalapril-hydrochlorothiazide
eplerenone	Inspra
eplerenone	eplerenone
eprosartan mesylate/hydrochlorothiazide	Teveten HCT
ethacrynate sodium	Sodium Edecrin
ethacrynate sodium	ethacrynate sodium
fosinopril sodium/hydrochlorothiazide	Monopril HCT
fosinopril sodium/hydrochlorothiazide	fosinopril-hydrochlorothiazide
glycerin	Introl
hydralazine HCl/hydrochlorothiazide	Hydra-Zide
hydrochlorothiazide	Microzide
hydrochlorothiazide	hydrochlorothiazide
indapamide	indapamide
irbesartan/hydrochlorothiazide	Avalide
irbesartan/hydrochlorothiazide	irbesartan-hydrochlorothiazide
lisinopril/hydrochlorothiazide	Prinzide
lisinopril/hydrochlorothiazide	Zestoretic
lisinopril/hydrochlorothiazide	lisinopril-hydrochlorothiazide
losartan potassium/hydrochlorothiazide	Hyzaar
losartan potassium/hydrochlorothiazide	losartan-hydrochlorothiazide
mannitol	Osmitrol 10 %
mannitol	Osmitrol 15 %
mannitol	Osmitrol 20 %
mannitol	Osmitrol 5 %
mannitol	mannitol 10 %
mannitol	mannitol 15 %
mannitol	mannitol 20 %
mannitol	mannitol 25 %

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

Generic Name	Brand Name
mannitol	mannitol 5 %
mannitol/sorbitol	Lollipop Base
methazolamide	Neptazane
methazolamide	methazolamide
methyclothiazide	Enduron
methyclothiazide	methyclothiazide
methyldopa/hydrochlorothiazide	methyldopa-hydrochlorothiazide
metolazone	Zaroxolyn
metolazone	metolazone
metoprolol succinate/hydrochlorothiazide	Dutoprol
metoprolol succinate/hydrochlorothiazide	metoprolol su-hydrochlorothiaz
metoprolol tartrate/hydrochlorothiazide	Lopressor HCT
metoprolol tartrate/hydrochlorothiazide	metoprolol ta-hydrochlorothiaz
moexipril HCl/hydrochlorothiazide	Uniretic
moexipril HCl/hydrochlorothiazide	moexipril-hydrochlorothiazide
nadolol/bendroflumethiazide	Corzide
nadolol/bendroflumethiazide	nadolol-bendroflumethiazide
olmesartan medoxomil/amlodipine	
besylate/hydrochlorothiazide	Tribenzor
olmesartan medoxomil/amlodipine	
besylate/hydrochlorothiazide	
olmesartan medoxomil/hydrochlorothiazide	olmesartan-amlodipin-hcthiazid
olmesartan medoxomil/hydrochlorothiazide	Benicar HCT
olmesartan medoxomil/hydrochlorothiazide	olmesartan-hydrochlorothiazide
pamabrom	Diuretic Softgels
pamabrom	Diurex Max
potassium sulfate/corn/buchu/couch grass/hydrangea	Natural Herbal Diuretic
propranolol HCl/hydrochlorothiazide	Inderide
propranolol HCl/hydrochlorothiazide	propranolol-hydrochlorothiazid
quinapril HCl/hydrochlorothiazide	Accuretic
quinapril HCl/hydrochlorothiazide	Quinaretic
quinapril HCl/hydrochlorothiazide	quinapril-hydrochlorothiazide
spironolactone	Aldactone
spironolactone	CaroSpir
spironolactone	spironolactone
spironolactone/hydrochlorothiazide	Aldactazide
spironolactone/hydrochlorothiazide	spironolacton-hydrochlorothiaz
telmisartan/hydrochlorothiazide	Micardis HCT
telmisartan/hydrochlorothiazide	telmisartan-hydrochlorothiazid
tolvaptan	Samsca
tolvaptan	tolvaptan
triamterene	Dyrenium
triamterene	triamterene
triamterene/hydrochlorothiazide	Dyazide
triamterene/hydrochlorothiazide	Maxzide
triamterene/hydrochlorothiazide	Maxzide-25mg
triamterene/hydrochlorothiazide	triamterene-hydrochlorothiazid
urea	Ure-Na
valsartan/hydrochlorothiazide	Diovan HCT

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Generic Name	Brand Name
valsartan/hydrochlorothiazide	valsartan-hydrochlorothiazide
NSAID	
Ibuprofen/Caffeine/Vitamins B1, B2, B6, & B12	IC400
Ibuprofen/Caffeine/Vitamins B1, B2, B6, & B12	IC800
amlodipine besylate/celecoxib	Consensi
bromfenac sodium	BromSite
bromfenac sodium	Bromday
bromfenac sodium	Bromday TwinPack
bromfenac sodium	Prolensa
bromfenac sodium	XIBROM
bromfenac sodium	bromfenac
celecoxib	Celebrex
celecoxib	Elyxyb
celecoxib	celecoxib
chlorpheniramine maleate/phenylephrine HCl/ibuprofen	Advil Allergy-Congestion Rlf
chlorpheniramine maleate/pseudoephedrine HCl/ibuprofen	Advil Allergy Sinus
chlorpheniramine maleate/pseudoephedrine HCl/ibuprofen	Advil Multi-Symptom Cold
dexamethasone sod ph/moxifloxacin HCl/ketorolac/sod chlor/PF	dexamet-moxifl-ketoro-NaCl(PF)
diclofenac epolamine	Flector
diclofenac epolamine	Licart
diclofenac epolamine	diclofenac epolamine
diclofenac potassium	Cambia
diclofenac potassium	Cataflam
diclofenac potassium	Lofena
diclofenac potassium	Zipsor
diclofenac potassium	diclofenac potassium
diclofenac sodium	Arthritis Pain (diclofenac)
diclofenac sodium	Aspercreme Arthritis Pain
diclofenac sodium	Diclo Gel
diclofenac sodium	Diclofono
diclofenac sodium	Dicloprep-100
diclofenac sodium	Diclozor
diclofenac sodium	Dyloject
diclofenac sodium	Klofensaid II
diclofenac sodium	Pennsaid
diclofenac sodium	Solaraze
diclofenac sodium	VennGel One
diclofenac sodium	Voltaren
diclofenac sodium	Voltaren-XR
diclofenac sodium	Vopac MDS
diclofenac sodium	diclofenac sodium
diclofenac sodium/benzalkonium chloride	DS Prep Pak
diclofenac sodium/capsaicin	CapsFenac Pak
diclofenac sodium/capsaicin	Dicloheal-60
diclofenac sodium/capsaicin	Diclopak
diclofenac sodium/capsaicin	NuDiclo SoluPAK
diclofenac sodium/capsaicin	Pennsaicin

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

Generic Name	Brand Name
diclofenac sodium/capsaicin	Ziclocin
diclofenac sodium/capsicum oleoresin	Capsinac
diclofenac sodium/capsicum oleoresin	DermacinRx Lexitral
diclofenac sodium/capsicum oleoresin	Diclofex DC
diclofenac sodium/capsicum oleoresin	Diclosaicin
diclofenac sodium/capsicum oleoresin	Diclotral
diclofenac sodium/capsicum oleoresin	Iclofenac CP
diclofenac sodium/capsicum oleoresin	Kapzin DC
diclofenac sodium/capsicum oleoresin	Lexitral PharmaPak II
diclofenac sodium/capsicum oleoresin	Sure Result DSS Premium Pack
diclofenac sodium/capsicum oleoresin	Xelital
diclofenac sodium/capsicum oleoresin	Ziclopro
diclofenac sodium/hyaluronate sodium/niacinamide	Roaoxia
diclofenac sodium/hyaluronate sodium/niacinamide	diclofenac-hyaluronate-niacin
diclofenac sodium/kinesiology tape	Clofenax
diclofenac sodium/kinesiology tape	Diclo Gel-Xrylix Sheet
diclofenac sodium/kinesiology tape	Lexixryl
diclofenac sodium/kinesiology tape	Profinac
diclofenac sodium/kinesiology tape	Xrylix (diclofenac-kines tape)
diclofenac sodium/kinesiology tape	Xrylix II
diclofenac sodium/lidocaine HCl/kinesiology tape	TriXylital
diclofenac sodium/lidocaine/methyl salicylate/camphor	Diclovix
diclofenac sodium/menthol	DiThol
diclofenac sodium/menthol/camphor	Diclorex
diclofenac sodium/menthol/camphor	Diclorex II
diclofenac sodium/menthol/kinesiology tape	DiMentho
diclofenac sodium/menthol/kinesiology tape	Diclovix M
diclofenac sodium/methyl salicylate/menthol	DicloPR
diclofenac sodium/methyl salicylate/menthol	Fenovar
diclofenac sodium/methyl salicylate/menthol	Varophen (diclofenac)
diclofenac sodium/methyl salicylate/menthol/camphor	Inflamma-K
diclofenac sodium/misoprostol	Arthrotec 50
diclofenac sodium/misoprostol	Arthrotec 75
diclofenac sodium/misoprostol	diclofenac-misoprostol
diclofenac sodium/silicone, adhesive	Solaravix
diclofenac submicronized	Zorvolex
diclofenac submicronized	diclofenac submicronized
etodolac	Lodine
etodolac	Lodine XL
etodolac	etodolac
fenoprofen calcium	Fenortho
fenoprofen calcium	Nalfon
fenoprofen calcium	ProFeno
fenoprofen calcium	fenoprofen
flurbiprofen	Ansaid
flurbiprofen	flurbiprofen
flurbiprofen sodium	Ocufen
flurbiprofen sodium	flurbiprofen sodium

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

Generic Name	Brand Name
hydrocodone/ibuprofen	Ibudone
hydrocodone/ibuprofen	Reprexain
hydrocodone/ibuprofen	Vicoprofen
hydrocodone/ibuprofen	Xylon 10
hydrocodone/ibuprofen	hydrocodone-ibuprofen
ibuprofen	Addaprin
ibuprofen	Advanced Pain Relief
ibuprofen	Advil
ibuprofen	Advil Junior Strength
ibuprofen	Advil Liqui-Gel
ibuprofen	Advil Migraine
ibuprofen	Caldolor
ibuprofen	Cap-Profen
ibuprofen	Child Ibuprofen
ibuprofen	Children's Advil
ibuprofen	Children's Ibu-Drops
ibuprofen	Children's Ibuprofen
ibuprofen	Children's Medi-Profen
ibuprofen	Children's Motrin
ibuprofen	Children's Motrin Jr Strength
ibuprofen	Children's Profen IB
ibuprofen	Genpril
ibuprofen	I-Prin
ibuprofen	IBU
ibuprofen	IBU-200
ibuprofen	Ibu-Drops
ibuprofen	Ibupain-200
ibuprofen	Ibuprofen IB
ibuprofen	Ibuprofen Jr Strength
ibuprofen	Ibuprofen M
ibuprofen	Ibutab
ibuprofen	Infant's Advil
ibuprofen	Infant's Ibuprofen
ibuprofen	Infant's Medi-Profen
ibuprofen	Infant's Motrin
ibuprofen	Infants Ibu-Drops
ibuprofen	Infants ProfenIB
ibuprofen	Medi-Profen
ibuprofen	Motrin
ibuprofen	Motrin IB
ibuprofen	Motrin Junior Strength
ibuprofen	Nuprin
ibuprofen	Profen IB
ibuprofen	Provil
ibuprofen	Wal-Profen
ibuprofen	Yaprofen
ibuprofen	ibuprofen
ibuprofen lysine/PF	NeoProfen (ibuprofen lysn)(PF)

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

Generic Name	Brand Name
ibuprofen lysine/PF	ibuprofen lysine (PF)
ibuprofen/acetaminophen	Advil Dual Action
ibuprofen/dietary supplement,misc. cb.11	Theraprofen-60
ibuprofen/dietary supplement,misc. cb.11	Theraprofen-90
ibuprofen/diphenhydramine HCl	Advil PM Liqui-Gels
ibuprofen/diphenhydramine HCl	Ibuprofen PM
ibuprofen/diphenhydramine HCl	ibuprofen-diphenhydramine HCl
ibuprofen/diphenhydramine citrate	Advil PM
ibuprofen/diphenhydramine citrate	Ibuprofen PM
ibuprofen/diphenhydramine citrate	Motrin PM
ibuprofen/diphenhydramine citrate	ibuprofen-diphenhydramine cit
ibuprofen/famotidine	Duexis
ibuprofen/famotidine	ibuprofen-famotidine
ibuprofen/glycerin	Ibupak
ibuprofen/oxycodone HCl	Combunox
ibuprofen/oxycodone HCl	ibuprofen-oxycodone
ibuprofen/phenylephrine HCl	Advil Congestion Relief
ibuprofen/phenylephrine HCl	Advil Sinus Congestion-Pain
ibuprofen/phenylephrine HCl	Congestion Relief (ibuprof-PE)
ibuprofen/phenylephrine HCl	Sudafed PE Head Congestn-Pain
ibuprofen/pseudoephedrine HCl	Advil Cold and Sinus
ibuprofen/pseudoephedrine HCl	Children's Motrin Cold
ibuprofen/pseudoephedrine HCl	Cold and Sinus Pain Relief
ibuprofen/pseudoephedrine HCl	Cold-Sinus Relief
ibuprofen/pseudoephedrine HCl	Cold-Sinus Relief (ibuprofen)
ibuprofen/pseudoephedrine HCl	Ibup Sinus
ibuprofen/pseudoephedrine HCl	Ibuprofen Cold
ibuprofen/pseudoephedrine HCl	Ibuprofen Cold-Sinus(with PSE)
ibuprofen/pseudoephedrine HCl	Profen IB Cold And Sinus
ibuprofen/pseudoephedrine HCl	Wal-Profen Cold-Sinus
ibuprofen/pseudoephedrine HCl	Wal-Profen D Cold and Sinus
ibuprofen/pseudoephedrine HCl	pseudoephedrine-ibuprofen
indomethacin	Indocin
indomethacin	Indocin SR
indomethacin	indomethacin
indomethacin sodium	Indocin I.V.
indomethacin sodium	indomethacin sodium
indomethacin, submicronized	Tivorbex
indomethacin, submicronized	indomethacin submicronized
ketoprofen	Frotek
ketoprofen	Orudis KT
ketoprofen	Oruvail
ketoprofen	ketoprofen
ketoprofen, micronized	Frotek
ketorolac tromethamine	Acular
ketorolac tromethamine	Acular LS
ketorolac tromethamine	Acular PF
ketorolac tromethamine	ReadySharp ketorolac

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

Generic Name	Brand Name
ketorolac tromethamine	Sprix
ketorolac tromethamine	Toradol
ketorolac tromethamine	ketorolac
ketorolac tromethamine/PF	Acuvail (PF)
lansoprazole/naproxen	PREVACID NapraPAC
meclofenamate sodium	meclofenamate
mefenamic acid	Ponstel
mefenamic acid	mefenamic acid
meloxicam	Anjeso
meloxicam	Mobic
meloxicam	Qmiiz ODT
meloxicam	meloxicam
meloxicam, submicronized	Vivlodex
meloxicam, submicronized	meloxicam submicronized
nabumetone	Relafen
nabumetone	Relafen DS
nabumetone	nabumetone
naproxen	EC-Naprosyn
naproxen	EC-Naproxen
naproxen	Naprosyn
naproxen	naproxen
naproxen sodium	Aleve
naproxen sodium	All Day Pain Relief
naproxen sodium	All Day Relief
naproxen sodium	Anaprox
naproxen sodium	Anaprox DS
naproxen sodium	Flanax (naproxen)
naproxen sodium	Mediproxen
naproxen sodium	Midol (naproxen)
naproxen sodium	Naprelan
naproxen sodium	Naprelan CR
naproxen sodium	Naprelan CR Dose Card
naproxen sodium	Wal-Proxen
naproxen sodium	naproxen sodium
naproxen sodium/diphenhydramine HCl	Aleve PM
naproxen sodium/diphenhydramine HCl	Naproxen PM
naproxen sodium/pseudoephedrine HCl	Aleve Cold and Sinus
naproxen sodium/pseudoephedrine HCl	Aleve Sinus and Headache
naproxen sodium/pseudoephedrine HCl	Aleve-D Sinus and Cold
naproxen sodium/pseudoephedrine HCl	Aleve-D Sinus and Headache
naproxen sodium/pseudoephedrine HCl	All Day Cold and Sinus
naproxen sodium/pseudoephedrine HCl	All Day Pain Relief Sinus,Cold
naproxen sodium/pseudoephedrine HCl	Cold and Sinus
naproxen sodium/pseudoephedrine HCl	Sinus and Cold-D
naproxen sodium/pseudoephedrine HCl	Sudafed 12 Hr Pressure-Pain
naproxen sodium/pseudoephedrine HCl	Sudafed 12 Hr Sinus-Pain
naproxen sodium/pseudoephedrine HCl	Sudafed Sinus 12Hr Pressr-Pain
naproxen/dietary supplement,misc. cb.11	Theraproxen

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

Generic Name	Brand Name
naproxen/dietary supplement, misc. cb.11	Theraproxen-90
naproxen/esomeprazole magnesium	Vimovo
naproxen/esomeprazole magnesium	naproxen-esomeprazole
nepafenac	Ilevro
nepafenac	Nevanac
oxaprozin	Daypro
oxaprozin	oxaprozin
phenylephrine HCl/ketorolac tromethamine	Omidria
piroxicam	Feldene
piroxicam	piroxicam
piroxicam/dietary supplement, misc. cb.11	Therafeldamine
prednisolone acetate/bromfenac sodium	prednisolone acetate-bromfenac
prednisolone acetate/gatifloxacin/bromfenac sodium	prednisol ace-gatiflox-bromfen
prednisolone acetate/gatifloxacin/nepafenac	prednisolone-gatiflox-nepafen
prednisolone acetate/moxifloxacin HCl/bromfenac sodium	prednisolone-moxiflox-bromfen
prednisolone acetate/moxifloxacin HCl/nepafenac	prednisolone-moxiflo-nepafenac
prednisolone acetate/nepafenac	prednisolone acetate-nepafenac
prednisolone sodium phosphate/bromfenac sodium	prednisolone sod ph-bromfenac
prednisolone sodium phosphate/gatifloxacin/bromfenac sodium	prednisoln sp-gatiflox-bromfen
prednisolone sodium phosphate/moxifloxacin HCl/bromfenac sod	prednisoln sp-moxiflox-bromfen
sulindac	Clinoril
sulindac	sulindac
sumatriptan succinate/naproxen sodium	Treximet
sumatriptan succinate/naproxen sodium	sumatriptan-naproxen
tolmetin sodium	tolmetin
tramadol HCl/celecoxib	Seglents
tropicamide/proparacaine/phenylephrine/ketorolac in water	Mydriatic4(trop-prop-PE-ktrlc)
tropicamide/proparacaine/phenylephrine/ketorolac in water	tropic-proparacai-pe-ketor-wat
Aspirin	
aspirin	Adult Aspirin EC Low Strength
aspirin	Adult Aspirin Regimen
aspirin	Adult Low Dose Aspirin
aspirin	Analgesic
aspirin	AsperDrink
aspirin	Aspir-81
aspirin	Aspir-Low
aspirin	Aspir-Trin
aspirin	Aspirin Childrens
aspirin	Aspirin Extra Strength
aspirin	Aspirin Low-Strength
aspirin	Aspirina
aspirin	Baby Aspirin
aspirin	Bayer Advanced
aspirin	Bayer Aspirin
aspirin	Bayer Chewable Aspirin
aspirin	Bayer Low Dose Aspirin

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

Generic Name	Brand Name
aspirin	Child Aspirin
aspirin	Children's Aspirin
aspirin	Durlaza
aspirin	E.C. Prin
aspirin	EC Aspirin
aspirin	Easprin
aspirin	Eco-10
aspirin	Eco-5
aspirin	Ecotrin
aspirin	Ecotrin Low Strength
aspirin	Ecotrin Maximum Strength
aspirin	Enteric Coated Aspirin
aspirin	Extra Strength Bayer
aspirin	Genacote
aspirin	Halfprin
aspirin	Lite Coat Aspirin
aspirin	Lo-Dose Aspirin
aspirin	Low-Dose Aspirin
aspirin	Miniprin
aspirin	Ninoprin
aspirin	St Joseph Aspirin
aspirin	St. Joseph Aspirin
aspirin	St. Joseph Low-Dose Aspirin
aspirin	Stanback Headache Powder
aspirin	Tasprin
aspirin	Vazalore
aspirin	Zorprin
aspirin	aspirin
aspirin/acetaminophen	Goody's BODY PAIN
aspirin/acetaminophen	Goody's Back and Body Pain
aspirin/acetaminophen/caffeine	Added Strength Headache Relief
aspirin/acetaminophen/caffeine	Added Strength Pain Relief
aspirin/acetaminophen/caffeine	Added Strength Pain Reliever
aspirin/acetaminophen/caffeine	BC Max Strength
aspirin/acetaminophen/caffeine	Ex-Pain
aspirin/acetaminophen/caffeine	Excedrin Extra Strength
aspirin/acetaminophen/caffeine	Excedrin Menstrual Complete
aspirin/acetaminophen/caffeine	Excedrin Migraine
aspirin/acetaminophen/caffeine	Extra Pain Relief
aspirin/acetaminophen/caffeine	Extra Strength Pain Reliever
aspirin/acetaminophen/caffeine	Extraprin
aspirin/acetaminophen/caffeine	Genaced
aspirin/acetaminophen/caffeine	Goody's Extra Strength
aspirin/acetaminophen/caffeine	Goody's Migraine Relief
aspirin/acetaminophen/caffeine	Headache Formula
aspirin/acetaminophen/caffeine	Headache Formula Added Str
aspirin/acetaminophen/caffeine	Headache Relief (ASA-acet-caf)
aspirin/acetaminophen/caffeine	Migraine

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

Generic Name	Brand Name
aspirin/acetaminophen/caffeine	Migraine Formula
aspirin/acetaminophen/caffeine	Migraine Pain Reliever
aspirin/acetaminophen/caffeine	Migraine Relief
aspirin/acetaminophen/caffeine	Pain Relief (acetamin-asp-caf)
aspirin/acetaminophen/caffeine	Pain Relief Plus
aspirin/acetaminophen/caffeine	Pain Reliever (acetam-aspirin)
aspirin/acetaminophen/caffeine	Pain Reliever Added Strength
aspirin/acetaminophen/caffeine	Pain Reliever Plus
aspirin/acetaminophen/caffeine	Pain-Off
aspirin/acetaminophen/caffeine	Painaid Extra Strength Formula
aspirin/acetaminophen/caffeine	Pamprin Max
aspirin/acetaminophen/caffeine	Super Pain Relief
aspirin/acetaminophen/caffeine	Super Strength Reliever
aspirin/acetaminophen/caffeine	Vanquish
aspirin/acetaminophen/caffeine	aspirin-acetaminophen-caffeine
aspirin/acetaminophen/caffeine/potassium	Goody's Headache Powder
aspirin/acetaminophen/calcium carbonate	Excedrin Back and Body
aspirin/acetaminophen/diphenhydramine citrate	Pain Relief PM (w-aspirin)
aspirin/caffeine	Adult Strength Analgesic
aspirin/caffeine	Anacin
aspirin/caffeine	Anacin Maximum Strength
aspirin/caffeine	Analgesic (aspirin/caffeine)
aspirin/caffeine	Analgesic Adult Strength
aspirin/caffeine	BC Arthritis
aspirin/caffeine	BC Pain Relief
aspirin/caffeine	Back and Body Pain Reliever
aspirin/caffeine	Bayer Aspirin (with caffeine)
aspirin/caffeine	Bayer Back and Body
aspirin/caffeine	Goody's Hangover
aspirin/caffeine	Pain Relief Fast Acting
aspirin/caffeine	Stanback
aspirin/caffeine	aspirin-caffeine
aspirin/caffeine/dihydrocodeine	Synalgos-DC
aspirin/caffeine/dihydrocodeine bitartrate	Synalgos-DC
aspirin/caffeine/dihydrocodeine bitartrate	aspirin-caffeine-dihydrocodein
aspirin/calcium carbonate	Aspirin Regimen Bayer/Calcium
aspirin/calcium carbonate	Women's Aspirin with Calcium
aspirin/calcium carbonate/magnesium	Aspir-Mox
aspirin/calcium carbonate/magnesium	Aspirin Tri-Buffered
aspirin/calcium carbonate/magnesium	Buffered Aspirin
aspirin/calcium carbonate/magnesium	Bufferin
aspirin/calcium carbonate/magnesium	Bufferin Analgesic
aspirin/calcium carbonate/magnesium	Bufferin Arthritis Strength
aspirin/calcium carbonate/magnesium	Bufferin Extra Strength
aspirin/calcium carbonate/magnesium	Tri-Buffered Aspirin
aspirin/calcium carbonate/magnesium	Tri-Buffered Bufferin
aspirin/calcium carbonate/magnesium	aspirin,buffd-calcium carb-mag
aspirin/calcium carbonate/magnesium/aluminum hydroxide	ASA-calcium carb-mag-aluminum

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

Generic Name	Brand Name
aspirin/calcium carbonate/magnesium/aluminum hydroxide	Ascriptin
aspirin/calcium carbonate/magnesium/aluminum hydroxide	Aspir-Mox IB
aspirin/calcium carbonate/magnesium/aluminum hydroxide	Aspirin AD/Antacid
aspirin/calcium carbonate/magnesium/aluminum hydroxide	Aspirin Plus Antacid
aspirin/calcium carbonate/magnesium/aluminum hydroxide	Aspirin Tri Buffered
aspirin/calcium carbonate/magnesium/aluminum hydroxide	Aspidrox
aspirin/calcium carbonate/magnesium/aluminum hydroxide	Asprimox
aspirin/calcium carbonate/magnesium/aluminum hydroxide	Asprimox ID
aspirin/calcium carbonate/magnesium/aluminum hydroxide	Bayer Plus Extra Strength
aspirin/calcium carbonate/magnesium/aluminum hydroxide	Bufferin Extra Str (al hydrox)
aspirin/codeine phosphate	Aspirin-Codeine #3
aspirin/codeine phosphate	Aspirin-Codeine #4
aspirin/codeine phosphate	aspirin-codeine
aspirin/diphenhydramine citrate	Bayer PM
aspirin/diphenhydramine/sodium bicarbonate/citric acid	Alka-Seltzer PM
aspirin/dipyridamole	Aggrenox
aspirin/dipyridamole	aspirin-dipyridamole
aspirin/magnesium hydroxide/aluminum hydroxide	Arthritis Pain Formula
aspirin/magnesium hydroxide/aluminum hydroxide	Arthritis Pain Formula Max St
aspirin/magnesium hydroxide/aluminum hydroxide/caffeine	Cope
aspirin/meprobamate	Equagesic
aspirin/meprobamate	meprobamate-aspirin
aspirin/omeprazole	Yosprala
aspirin/omeprazole	aspirin-omeprazole
aspirin/salicylamide/acetaminophen/caffeine	Levacet
aspirin/salicylamide/acetaminophen/caffeine	Pain Relief(with salicylamide)
aspirin/salicylamide/acetaminophen/caffeine	Painaid
aspirin/salicylamide/acetaminophen/caffeine	Saleto
aspirin/salicylamide/caffeine	Arthritis Strength BC Powder
aspirin/salicylamide/caffeine	BC Headache Powder
aspirin/sodium bicarbonate/citric acid	Alka-Seltzer
aspirin/sodium bicarbonate/citric acid	Alka-Seltzer Extra Strength
aspirin/sodium bicarbonate/citric acid	Alka-Seltzer Original
aspirin/sodium bicarbonate/citric acid	Antacid and Pain Relief
aspirin/sodium bicarbonate/citric acid	Efferves Pain Relief Antacid
aspirin/sodium bicarbonate/citric acid	Efferves Pain-Antacid Relief
aspirin/sodium bicarbonate/citric acid	Effervescent
aspirin/sodium bicarbonate/citric acid	Effervescent Antacid
aspirin/sodium bicarbonate/citric acid	Effervescent Pain Relief
aspirin/sodium bicarbonate/citric acid	Effervescent Pain Reliever
aspirin/sodium bicarbonate/citric acid	Medi-Seltzer
aspirin/sodium bicarbonate/citric acid	Zee-Seltzer
butalbital/aspirin/caffeine	Butalbital Compound
butalbital/aspirin/caffeine	Farbital
butalbital/aspirin/caffeine	Fiorinal
butalbital/aspirin/caffeine	Fortabs
butalbital/aspirin/caffeine	butalbital-aspirin-caffeine
carisoprodol/aspirin	Carisoprodol Compound

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

Generic Name	Brand Name
carisoprodol/aspirin	Soma Compound
carisoprodol/aspirin	carisoprodol-aspirin
carisoprodol/aspirin/codeine phosphate	Carisoprodol Compound-Codeine
carisoprodol/aspirin/codeine phosphate	Soma Compound with Codeine
carisoprodol/aspirin/codeine phosphate	carisoprodol-aspirin-codeine
chlorpheniramine mal/phenylephrine/d-methorphan Hb/aspirin	Alka-Seltzer Plus C/C(PE,DM)
chlorpheniramine maleate/phenylephrine bitartrate/aspirin	Alka-Seltzer Plus Cold (PE)
chlorpheniramine maleate/phenylephrine bitartrate/aspirin	Cold Relief
chlorpheniramine maleate/phenylephrine bitartrate/aspirin	Cold Relief Plus
cinnamedrine HCl/aspirin/caffeine	Menstrual
codeine phosphate/butalbital/aspirin/caffeine	Ascomp with Codeine
codeine phosphate/butalbital/aspirin/caffeine	Butalbital Compound W/Codeine
codeine phosphate/butalbital/aspirin/caffeine	Butalbital Compound-Codeine
codeine phosphate/butalbital/aspirin/caffeine	Fiorinal-Codeine #3
codeine phosphate/butalbital/aspirin/caffeine	codeine-bitalbital-ASA-caff
orphenadrine citrate/aspirin/caffeine	Norgesic
orphenadrine citrate/aspirin/caffeine	Norgesic Forte
orphenadrine citrate/aspirin/caffeine	Orphenadrine Compound
orphenadrine citrate/aspirin/caffeine	Orphenadrine Compound Forte
orphenadrine citrate/aspirin/caffeine	Orphenadrine Compound-DS
orphenadrine citrate/aspirin/caffeine	Orphengesic Forte
orphenadrine citrate/aspirin/caffeine	orphenadrine-ASA-caffeine
oxycodone HCl/aspirin	Endodan
oxycodone HCl/aspirin	Percodan
oxycodone HCl/aspirin	oxycodone-aspirin
oxycodone HCl/oxycodone terephthalate/aspirin	oxycodone HCl-oxycodone-ASA
propoxyphene HCl/aspirin/caffeine	Darvon Compound-65
propoxyphene HCl/aspirin/caffeine	Propoxyphene Compound-65
pseudoephedrine HCl/aspirin/chlorpheniramine	Effervescent Plus Cold Relief
Smoking	
bupropion HCl	Buproban
bupropion HCl	Zyban
bupropion HCl	bupropion HCl (smoking deter)
nicotine	NTS Step 1
nicotine	NTS Step 2
nicotine	Nicoderm CQ
nicotine	Nicotrol
nicotine	Nicotrol NS
nicotine	nicotine
nicotine polacrilex	Commit
nicotine polacrilex	Nicorelief
nicotine polacrilex	Nicorette
nicotine polacrilex	Nicorette Refill
nicotine polacrilex	Quit 2
nicotine polacrilex	Quit 4
nicotine polacrilex	Stop Smoking Aid
nicotine polacrilex	Thrive Nicotine

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

Generic Name	Brand Name
nicotine polacrilex	nicotine (polacrilex)
varenicline tartrate	Chantix
varenicline tartrate	Chantix Continuing Month Box
varenicline tartrate	Chantix Continuing Month Pak
varenicline tartrate	Chantix Starting Month Box
varenicline tartrate	Chantix Starting Month Pak
varenicline tartrate	varenicline
Influenza Vaccine	
influenza vaccine quadrivalent 2020-21 (65 yr up)/MF59C.1/PF	Fluad Quad 2020-21(65y up)(PF)
influenza vaccine quadrivalent 2021-22 (65 yr up)/MF59C.1/PF	Fluad Quad 2021-22(65y up)(PF)
influenza vaccine quadrivalent 2022-23 (65 yr up)/MF59C.1/PF	Fluad Quad 2022-23(65y up)(PF)
influenza vaccine quadrivalent live 2014-2015 (2 yrs-49 yrs)	Flumist Quad 2014-2015
influenza vaccine quadrivalent live 2015-2016 (2 yrs-49 yrs)	Flumist Quad 2015-2016
influenza vaccine quadrivalent live 2016-2017 (2 yrs-49 yrs)	Flumist Quad 2016-2017
influenza vaccine quadrivalent live 2017-2018 (2 yrs-49 yrs)	Flumist Quad 2017-2018
influenza vaccine quadrivalent live 2018-2019 (2 yrs-49 yrs)	Flumist Quad 2018-2019
influenza vaccine quadrivalent live 2019-2020 (2 yrs-49 yrs)	Flumist Quad 2019-2020
influenza vaccine quadrivalent live 2020-2021 (2 yrs-49 yrs)	Flumist Quad 2020-2021
influenza vaccine quadrivalent live 2021-2022 (2 yrs-49 yrs)	Flumist Quad 2021-2022
influenza vaccine quadrivalent live 2022-2023 (2 yrs-49 yrs)	Flumist Quad 2022-2023
influenza vaccine tri-splt 2012-13(18 yr +)cell derived/PF	Flucelvax (PF)
influenza vaccine trivalent 2015-16(18 yr,up)cell derived/PF	EZ Flu 2015-16(Flucelvax)(PF)
influenza vaccine trivalent 2015-16(18 yr,up)cell derived/PF	Flucelvax 2015-2016 (PF)
influenza vaccine tv split 2013-14(18 yr,up) cell derived/PF	Flucelvax 2013-2014 (PF)
influenza vaccine tv split 2014-15 (18 yr,up)cell derived/PF	Flucelvax 2014-2015 (PF)
influenza vaccine tv split 2014-15 (18 yr,up)cell derived/PF	Single Use EZ Flu 2014-15(PF)
influenza vaccine tvs 2015-16 (65 yr,up)/adjuvant MF59C.1/PF	Fluad 2015-16(65yr+)(PF)
influenza vaccine tvs 2016-17 (65 yr up)/adjuvant MF59C.1/PF	Fluad 2016-2017 (65 yr up)(PF)
influenza vaccine tvs 2017-18 (65 yr up)/adjuvant MF59C.1/PF	Fluad 2017-2018 (65 yr up)(PF)
influenza vaccine tvs 2018-19 (65 yr up)/adjuvant MF59C.1/PF	Fluad 2018-2019 (65 yr up)(PF)
influenza vaccine tvs 2019-20 (65 yr up)/adjuvant MF59C.1/PF	Fluad 2019-2020 (65 yr up)(PF)
influenza vaccine tvs 2020-21 (65 yr up)/adjuvant MF59C.1/PF	Fluad 2020-2021 (65 yr up)(PF)

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code			
Code	Category	Code Type	Description
Retinopathy			
250.5	Diagnosis	ICD-9-CM	Diabetes with ophthalmic manifestations
361	Diagnosis	ICD-9-CM	Retinal detachments and defects
361	Diagnosis	ICD-9-CM	Retinal detachment with retinal defect
361.01	Diagnosis	ICD-9-CM	Recent retinal detachment, partial, with single defect
361.02	Diagnosis	ICD-9-CM	Recent retinal detachment, partial, with multiple defects
361.03	Diagnosis	ICD-9-CM	Recent retinal detachment, partial, with giant tear
361.04	Diagnosis	ICD-9-CM	Recent retinal detachment, partial, with retinal dialysis
361.05	Diagnosis	ICD-9-CM	Recent retinal detachment, total or subtotal
361.06	Diagnosis	ICD-9-CM	Old retinal detachment, partial
361.07	Diagnosis	ICD-9-CM	Old retinal detachment, total or subtotal
361.1	Diagnosis	ICD-9-CM	Retinoschisis and retinal cysts
361.1	Diagnosis	ICD-9-CM	Unspecified retinoschisis
361.11	Diagnosis	ICD-9-CM	Flat retinoschisis
361.12	Diagnosis	ICD-9-CM	Bullous retinoschisis
361.13	Diagnosis	ICD-9-CM	Primary retinal cysts
361.14	Diagnosis	ICD-9-CM	Secondary retinal cysts
361.19	Diagnosis	ICD-9-CM	Other retinoschisis and retinal cysts
361.2	Diagnosis	ICD-9-CM	Serous retinal detachment
361.3	Diagnosis	ICD-9-CM	Retinal defects without detachment
361.3	Diagnosis	ICD-9-CM	Unspecified retinal defect
361.31	Diagnosis	ICD-9-CM	Round hole of retina without detachment
361.32	Diagnosis	ICD-9-CM	Horseshoe tear of retina without detachment
361.33	Diagnosis	ICD-9-CM	Multiple defects of retina without detachment
361.8	Diagnosis	ICD-9-CM	Other forms of retinal detachment
361.89	Diagnosis	ICD-9-CM	Other forms of retinal detachment
361.9	Diagnosis	ICD-9-CM	Unspecified retinal detachment
362.1	Diagnosis	ICD-9-CM	Other background retinopathy and retinal vascular changes
362.13	Diagnosis	ICD-9-CM	Changes in vascular appearance of retina
362.14	Diagnosis	ICD-9-CM	Retinal microaneurysms NOS
362.15	Diagnosis	ICD-9-CM	Retinal telangiectasia
362.16	Diagnosis	ICD-9-CM	Retinal neovascularization NOS
362.17	Diagnosis	ICD-9-CM	Other intraretinal microvascular abnormalities
362.18	Diagnosis	ICD-9-CM	Retinal vasculitis
362.53	Diagnosis	ICD-9-CM	Cystoid macular degeneration of retina
362.8	Diagnosis	ICD-9-CM	Other retinal disorders
362.81	Diagnosis	ICD-9-CM	Retinal hemorrhage
362.82	Diagnosis	ICD-9-CM	Retinal exudates and deposits
362.83	Diagnosis	ICD-9-CM	Retinal edema
362.84	Diagnosis	ICD-9-CM	Retinal ischemia
362.85	Diagnosis	ICD-9-CM	Retinal nerve fiber bundle defects
362.89	Diagnosis	ICD-9-CM	Other retinal disorders

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code		Code		Description
Code	Category	Code Type		
369	Diagnosis	ICD-9-CM		Profound impairment, both eyes
369	Diagnosis	ICD-9-CM		Blindness of both eyes, impairment level not further specified
369.01	Diagnosis	ICD-9-CM		Better eye: total vision impairment; lesser eye: total vision impairment
369.02	Diagnosis	ICD-9-CM		Better eye: near-total vision impairment; lesser eye: not further specified
369.03	Diagnosis	ICD-9-CM		Better eye: near-total vision impairment; lesser eye: total vision impairment
369.04	Diagnosis	ICD-9-CM		Better eye: near-total vision impairment; lesser eye: near-total vision impairment
369.05	Diagnosis	ICD-9-CM		Better eye: profound vision impairment; lesser eye: not further specified
369.06	Diagnosis	ICD-9-CM		Better eye: profound vision impairment; lesser eye: total vision impairment
369.07	Diagnosis	ICD-9-CM		Better eye: profound vision impairment; lesser eye: near-total vision impairment
369.08	Diagnosis	ICD-9-CM		Better eye: profound vision impairment; lesser eye: profound vision impairment
369.1	Diagnosis	ICD-9-CM		Moderate or severe impairment, better eye; profound vision impairment of lesser eye
369.1	Diagnosis	ICD-9-CM		Profound, moderate or severe vision impairment, not further specified
369.11	Diagnosis	ICD-9-CM		Better eye: severe vision impairment; lesser eye: blind, not further specified
369.12	Diagnosis	ICD-9-CM		Better eye: severe vision impairment; lesser eye: total vision impairment
369.13	Diagnosis	ICD-9-CM		Better eye: severe vision impairment; lesser eye: near-total vision impairment
369.14	Diagnosis	ICD-9-CM		Better eye: severe vision impairment; lesser eye: profound vision impairment
369.15	Diagnosis	ICD-9-CM		Better eye: moderate vision impairment; lesser eye: blind, not further specified
369.16	Diagnosis	ICD-9-CM		Better eye: moderate vision impairment; lesser eye: total vision impairment
369.17	Diagnosis	ICD-9-CM		Better eye: moderate vision impairment; lesser eye: near-total vision impairment
369.18	Diagnosis	ICD-9-CM		Better eye: moderate vision impairment; lesser eye: profound vision impairment
369.2	Diagnosis	ICD-9-CM		Moderate or severe vision impairment, both eyes
369.2	Diagnosis	ICD-9-CM		Vision impairment, both eyes, impairment level not further specified
369.21	Diagnosis	ICD-9-CM		Better eye: severe vision impairment; lesser eye; impairment not further specified
369.22	Diagnosis	ICD-9-CM		Better eye: severe vision impairment; lesser eye: severe vision impairment
369.23	Diagnosis	ICD-9-CM		Better eye: moderate vision impairment; lesser eye: impairment not further specified
369.24	Diagnosis	ICD-9-CM		Better eye: moderate vision impairment; lesser eye: severe vision impairment
369.25	Diagnosis	ICD-9-CM		Better eye: moderate vision impairment; lesser eye: moderate vision impairment
369.3	Diagnosis	ICD-9-CM		Unqualified visual loss, both eyes
369.4	Diagnosis	ICD-9-CM		Legal blindness, as defined in USA
369.6	Diagnosis	ICD-9-CM		Profound vision impairment, one eye
369.6	Diagnosis	ICD-9-CM		Impairment level not further specified
369.61	Diagnosis	ICD-9-CM		One eye: total vision impairment; other eye: not specified
369.62	Diagnosis	ICD-9-CM		One eye: total vision impairment; other eye: near-normal vision
369.63	Diagnosis	ICD-9-CM		One eye: total vision impairment; other eye: normal vision
369.64	Diagnosis	ICD-9-CM		One eye: near-total vision impairment; other eye: vision not specified
369.65	Diagnosis	ICD-9-CM		One eye: near-total vision impairment; other eye: near-normal vision
369.66	Diagnosis	ICD-9-CM		One eye: near-total vision impairment; other eye: normal vision
369.67	Diagnosis	ICD-9-CM		One eye: profound vision impairment; other eye: vision not specified
369.68	Diagnosis	ICD-9-CM		One eye: profound vision impairment; other eye: near-normal vision
369.69	Diagnosis	ICD-9-CM		One eye: profound vision impairment; other eye: normal vision
369.7	Diagnosis	ICD-9-CM		Moderate or severe vision impairment, one eye
369.7	Diagnosis	ICD-9-CM		Low vision, one eye, not otherwise specified

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
369.71	Diagnosis	ICD-9-CM	One eye: severe vision impairment; other eye: vision not specified
369.72	Diagnosis	ICD-9-CM	One eye: severe vision impairment; other eye: near-normal vision
369.73	Diagnosis	ICD-9-CM	One eye: severe vision impairment; other eye: normal vision
369.74	Diagnosis	ICD-9-CM	One eye: moderate vision impairment; other eye: vision not specified
369.75	Diagnosis	ICD-9-CM	One eye: moderate vision impairment; other eye: near-normal vision
369.76	Diagnosis	ICD-9-CM	One eye: moderate vision impairment; other eye: normal vision
369.8	Diagnosis	ICD-9-CM	Unqualified visual loss, one eye
369.9	Diagnosis	ICD-9-CM	Unspecified visual loss
379.23	Diagnosis	ICD-9-CM	Vitreous hemorrhage
E10.36	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with diabetic cataract
E10.37X1	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E10.37X2	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E10.37X3	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E10.37X9	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
E10.39	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with other diabetic ophthalmic complication
E11.36	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with diabetic cataract
E11.37X1	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E11.37X2	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E11.37X3	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E11.37X9	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
E11.39	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with other diabetic ophthalmic complication
E13.36	Diagnosis	ICD-10-CM	Other specified diabetes mellitus with diabetic cataract
E13.37X1	Diagnosis	ICD-10-CM	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E13.37X2	Diagnosis	ICD-10-CM	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E13.37X3	Diagnosis	ICD-10-CM	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E13.37X9	Diagnosis	ICD-10-CM	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
E13.39	Diagnosis	ICD-10-CM	Other specified diabetes mellitus with other diabetic ophthalmic complication
H33.001	Diagnosis	ICD-10-CM	Unspecified retinal detachment with retinal break, right eye
H33.002	Diagnosis	ICD-10-CM	Unspecified retinal detachment with retinal break, left eye
H33.003	Diagnosis	ICD-10-CM	Unspecified retinal detachment with retinal break, bilateral

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
H33.009	Diagnosis	ICD-10-CM	Unspecified retinal detachment with retinal break, unspecified eye
H33.011	Diagnosis	ICD-10-CM	Retinal detachment with single break, right eye
H33.012	Diagnosis	ICD-10-CM	Retinal detachment with single break, left eye
H33.013	Diagnosis	ICD-10-CM	Retinal detachment with single break, bilateral
H33.019	Diagnosis	ICD-10-CM	Retinal detachment with single break, unspecified eye
H33.021	Diagnosis	ICD-10-CM	Retinal detachment with multiple breaks, right eye
H33.022	Diagnosis	ICD-10-CM	Retinal detachment with multiple breaks, left eye
H33.023	Diagnosis	ICD-10-CM	Retinal detachment with multiple breaks, bilateral
H33.029	Diagnosis	ICD-10-CM	Retinal detachment with multiple breaks, unspecified eye
H33.031	Diagnosis	ICD-10-CM	Retinal detachment with giant retinal tear, right eye
H33.032	Diagnosis	ICD-10-CM	Retinal detachment with giant retinal tear, left eye
H33.033	Diagnosis	ICD-10-CM	Retinal detachment with giant retinal tear, bilateral
H33.039	Diagnosis	ICD-10-CM	Retinal detachment with giant retinal tear, unspecified eye
H33.041	Diagnosis	ICD-10-CM	Retinal detachment with retinal dialysis, right eye
H33.042	Diagnosis	ICD-10-CM	Retinal detachment with retinal dialysis, left eye
H33.043	Diagnosis	ICD-10-CM	Retinal detachment with retinal dialysis, bilateral
H33.049	Diagnosis	ICD-10-CM	Retinal detachment with retinal dialysis, unspecified eye
H33.051	Diagnosis	ICD-10-CM	Total retinal detachment, right eye
H33.052	Diagnosis	ICD-10-CM	Total retinal detachment, left eye
H33.053	Diagnosis	ICD-10-CM	Total retinal detachment, bilateral
H33.059	Diagnosis	ICD-10-CM	Total retinal detachment, unspecified eye
H33.101	Diagnosis	ICD-10-CM	Unspecified retinoschisis, right eye
H33.102	Diagnosis	ICD-10-CM	Unspecified retinoschisis, left eye
H33.103	Diagnosis	ICD-10-CM	Unspecified retinoschisis, bilateral
H33.109	Diagnosis	ICD-10-CM	Unspecified retinoschisis, unspecified eye
H33.111	Diagnosis	ICD-10-CM	Cyst of ora serrata, right eye
H33.112	Diagnosis	ICD-10-CM	Cyst of ora serrata, left eye
H33.113	Diagnosis	ICD-10-CM	Cyst of ora serrata, bilateral
H33.119	Diagnosis	ICD-10-CM	Cyst of ora serrata, unspecified eye
H33.191	Diagnosis	ICD-10-CM	Other retinoschisis and retinal cysts, right eye
H33.192	Diagnosis	ICD-10-CM	Other retinoschisis and retinal cysts, left eye
H33.193	Diagnosis	ICD-10-CM	Other retinoschisis and retinal cysts, bilateral
H33.199	Diagnosis	ICD-10-CM	Other retinoschisis and retinal cysts, unspecified eye
H33.20	Diagnosis	ICD-10-CM	Serous retinal detachment, unspecified eye
H33.21	Diagnosis	ICD-10-CM	Serous retinal detachment, right eye
H33.22	Diagnosis	ICD-10-CM	Serous retinal detachment, left eye
H33.23	Diagnosis	ICD-10-CM	Serous retinal detachment, bilateral
H33.301	Diagnosis	ICD-10-CM	Unspecified retinal break, right eye
H33.302	Diagnosis	ICD-10-CM	Unspecified retinal break, left eye
H33.303	Diagnosis	ICD-10-CM	Unspecified retinal break, bilateral
H33.309	Diagnosis	ICD-10-CM	Unspecified retinal break, unspecified eye
H33.311	Diagnosis	ICD-10-CM	Horseshoe tear of retina without detachment, right eye

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
H33.312	Diagnosis	ICD-10-CM	Horseshoe tear of retina without detachment, left eye
H33.313	Diagnosis	ICD-10-CM	Horseshoe tear of retina without detachment, bilateral
H33.319	Diagnosis	ICD-10-CM	Horseshoe tear of retina without detachment, unspecified eye
H33.321	Diagnosis	ICD-10-CM	Round hole, right eye
H33.322	Diagnosis	ICD-10-CM	Round hole, left eye
H33.323	Diagnosis	ICD-10-CM	Round hole, bilateral
H33.329	Diagnosis	ICD-10-CM	Round hole, unspecified eye
H33.331	Diagnosis	ICD-10-CM	Multiple defects of retina without detachment, right eye
H33.332	Diagnosis	ICD-10-CM	Multiple defects of retina without detachment, left eye
H33.333	Diagnosis	ICD-10-CM	Multiple defects of retina without detachment, bilateral
H33.339	Diagnosis	ICD-10-CM	Multiple defects of retina without detachment, unspecified eye
H33.40	Diagnosis	ICD-10-CM	Traction detachment of retina, unspecified eye
H33.41	Diagnosis	ICD-10-CM	Traction detachment of retina, right eye
H33.42	Diagnosis	ICD-10-CM	Traction detachment of retina, left eye
H33.43	Diagnosis	ICD-10-CM	Traction detachment of retina, bilateral
H33.8	Diagnosis	ICD-10-CM	Other retinal detachments
H35.011	Diagnosis	ICD-10-CM	Changes in retinal vascular appearance, right eye
H35.012	Diagnosis	ICD-10-CM	Changes in retinal vascular appearance, left eye
H35.013	Diagnosis	ICD-10-CM	Changes in retinal vascular appearance, bilateral
H35.019	Diagnosis	ICD-10-CM	Changes in retinal vascular appearance, unspecified eye
H35.041	Diagnosis	ICD-10-CM	Retinal micro-aneurysms, unspecified, right eye
H35.042	Diagnosis	ICD-10-CM	Retinal micro-aneurysms, unspecified, left eye
H35.043	Diagnosis	ICD-10-CM	Retinal micro-aneurysms, unspecified, bilateral
H35.049	Diagnosis	ICD-10-CM	Retinal micro-aneurysms, unspecified, unspecified eye
H35.051	Diagnosis	ICD-10-CM	Retinal neovascularization, unspecified, right eye
H35.052	Diagnosis	ICD-10-CM	Retinal neovascularization, unspecified, left eye
H35.053	Diagnosis	ICD-10-CM	Retinal neovascularization, unspecified, bilateral
H35.059	Diagnosis	ICD-10-CM	Retinal neovascularization, unspecified, unspecified eye
H35.061	Diagnosis	ICD-10-CM	Retinal vasculitis, right eye
H35.062	Diagnosis	ICD-10-CM	Retinal vasculitis, left eye
H35.063	Diagnosis	ICD-10-CM	Retinal vasculitis, bilateral
H35.069	Diagnosis	ICD-10-CM	Retinal vasculitis, unspecified eye
H35.071	Diagnosis	ICD-10-CM	Retinal telangiectasis, right eye
H35.072	Diagnosis	ICD-10-CM	Retinal telangiectasis, left eye
H35.073	Diagnosis	ICD-10-CM	Retinal telangiectasis, bilateral
H35.079	Diagnosis	ICD-10-CM	Retinal telangiectasis, unspecified eye
H35.09	Diagnosis	ICD-10-CM	Other intraretinal microvascular abnormalities
H35.351	Diagnosis	ICD-10-CM	Cystoid macular degeneration, right eye
H35.352	Diagnosis	ICD-10-CM	Cystoid macular degeneration, left eye
H35.353	Diagnosis	ICD-10-CM	Cystoid macular degeneration, bilateral
H35.359	Diagnosis	ICD-10-CM	Cystoid macular degeneration, unspecified eye
H35.60	Diagnosis	ICD-10-CM	Retinal hemorrhage, unspecified eye

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
H35.61	Diagnosis	ICD-10-CM	Retinal hemorrhage, right eye
H35.62	Diagnosis	ICD-10-CM	Retinal hemorrhage, left eye
H35.63	Diagnosis	ICD-10-CM	Retinal hemorrhage, bilateral
H35.81	Diagnosis	ICD-10-CM	Retinal edema
H35.82	Diagnosis	ICD-10-CM	Retinal ischemia
H35.89	Diagnosis	ICD-10-CM	Other specified retinal disorders
H43.10	Diagnosis	ICD-10-CM	Vitreous hemorrhage, unspecified eye
H43.11	Diagnosis	ICD-10-CM	Vitreous hemorrhage, right eye
H43.12	Diagnosis	ICD-10-CM	Vitreous hemorrhage, left eye
H43.13	Diagnosis	ICD-10-CM	Vitreous hemorrhage, bilateral
H44.2C1	Diagnosis	ICD-10-CM	Degenerative myopia with retinal detachment, right eye
H44.2C2	Diagnosis	ICD-10-CM	Degenerative myopia with retinal detachment, left eye
H44.2C3	Diagnosis	ICD-10-CM	Degenerative myopia with retinal detachment, bilateral eye
H44.2C9	Diagnosis	ICD-10-CM	Degenerative myopia with retinal detachment, unspecified eye
H54.0X33	Diagnosis	ICD-10-CM	Blindness right eye category 3, blindness left eye category 3
H54.0X34	Diagnosis	ICD-10-CM	Blindness right eye category 3, blindness left eye category 4
H54.0X35	Diagnosis	ICD-10-CM	Blindness right eye category 3, blindness left eye category 5
H54.0X43	Diagnosis	ICD-10-CM	Blindness right eye category 4, blindness left eye category 3
H54.0X44	Diagnosis	ICD-10-CM	Blindness right eye category 4, blindness left eye category 4
H54.0X45	Diagnosis	ICD-10-CM	Blindness right eye category 4, blindness left eye category 5
H54.0X53	Diagnosis	ICD-10-CM	Blindness right eye category 5, blindness left eye category 3
H54.0X54	Diagnosis	ICD-10-CM	Blindness right eye category 5, blindness left eye category 4
H54.0X55	Diagnosis	ICD-10-CM	Blindness right eye category 5, blindness left eye category 5
H54.10	Diagnosis	ICD-10-CM	Blindness, one eye, low vision other eye, unspecified eyes
H54.1131	Diagnosis	ICD-10-CM	Blindness right eye category 3, low vision left eye category 1
H54.1132	Diagnosis	ICD-10-CM	Blindness right eye category 3, low vision left eye category 2
H54.1141	Diagnosis	ICD-10-CM	Blindness right eye category 4, low vision left eye category 1
H54.1142	Diagnosis	ICD-10-CM	Blindness right eye category 4, low vision left eye category 2
H54.1151	Diagnosis	ICD-10-CM	Blindness right eye category 5, low vision left eye category 1
H54.1152	Diagnosis	ICD-10-CM	Blindness right eye category 5, low vision left eye category 2
H54.1213	Diagnosis	ICD-10-CM	Low vision right eye category 1, blindness left eye category 3
H54.1214	Diagnosis	ICD-10-CM	Low vision right eye category 1, blindness left eye category 4
H54.1215	Diagnosis	ICD-10-CM	Low vision right eye category 1, blindness left eye category 5
H54.1223	Diagnosis	ICD-10-CM	Low vision right eye category 2, blindness left eye category 3
H54.1224	Diagnosis	ICD-10-CM	Low vision right eye category 2, blindness left eye category 4
H54.1225	Diagnosis	ICD-10-CM	Low vision right eye category 2, blindness left eye category 5
H54.2X11	Diagnosis	ICD-10-CM	Low vision right eye category 1, low vision left eye category 1
H54.2X12	Diagnosis	ICD-10-CM	Low vision right eye category 1, low vision left eye category 2
H54.2X21	Diagnosis	ICD-10-CM	Low vision right eye category 2, low vision left eye category 1
H54.2X22	Diagnosis	ICD-10-CM	Low vision right eye category 2, low vision left eye category 2
H54.3	Diagnosis	ICD-10-CM	Unqualified visual loss, both eyes
H54.40	Diagnosis	ICD-10-CM	Blindness, one eye, unspecified eye

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code		Code		Description
Code	Category	Code Type		
H54.413A	Diagnosis	ICD-10-CM	Blindness right eye category 3, normal vision left eye	
H54.414A	Diagnosis	ICD-10-CM	Blindness right eye category 4, normal vision left eye	
H54.415A	Diagnosis	ICD-10-CM	Blindness right eye category 5, normal vision left eye	
H54.42A3	Diagnosis	ICD-10-CM	Blindness left eye category 3, normal vision right eye	
H54.42A4	Diagnosis	ICD-10-CM	Blindness left eye category 4, normal vision right eye	
H54.42A5	Diagnosis	ICD-10-CM	Blindness left eye category 5, normal vision right eye	
H54.50	Diagnosis	ICD-10-CM	Low vision, one eye, unspecified eye	
H54.511A	Diagnosis	ICD-10-CM	Low vision right eye category 1, normal vision left eye	
H54.512A	Diagnosis	ICD-10-CM	Low vision right eye category 2, normal vision left eye	
H54.52A1	Diagnosis	ICD-10-CM	Low vision left eye category 1, normal vision right eye	
H54.52A2	Diagnosis	ICD-10-CM	Low vision left eye category 2, normal vision right eye	
H54.60	Diagnosis	ICD-10-CM	Unqualified visual loss, one eye, unspecified	
H54.61	Diagnosis	ICD-10-CM	Unqualified visual loss, right eye, normal vision left eye	
H54.62	Diagnosis	ICD-10-CM	Unqualified visual loss, left eye, normal vision right eye	
H54.7	Diagnosis	ICD-10-CM	Unspecified visual loss	
H54.8	Diagnosis	ICD-10-CM	Legal blindness, as defined in USA	
Nephropathy				
250.4	Diagnosis	ICD-9-CM	Diabetes with renal manifestations	
580	Diagnosis	ICD-9-CM	Acute glomerulonephritis	
580	Diagnosis	ICD-9-CM	Acute glomerulonephritis with lesion of proliferative glomerulonephritis	
580.4	Diagnosis	ICD-9-CM	Acute glomerulonephritis with lesion of rapidly progressive glomerulonephritis	
580.8	Diagnosis	ICD-9-CM	Acute glomerulonephritis with other specified pathological lesion in kidney	
			Acute glomerulonephritis with other specified pathological lesion in kidney in disease	
580.81	Diagnosis	ICD-9-CM	classified elsewhere	
580.89	Diagnosis	ICD-9-CM	Other acute glomerulonephritis with other specified pathological lesion in kidney	
580.9	Diagnosis	ICD-9-CM	Acute glomerulonephritis with unspecified pathological lesion in kidney	
581	Diagnosis	ICD-9-CM	Nephrotic syndrome	
581	Diagnosis	ICD-9-CM	Nephrotic syndrome with lesion of proliferative glomerulonephritis	
581.1	Diagnosis	ICD-9-CM	Nephrotic syndrome with lesion of membranous glomerulonephritis	
581.2	Diagnosis	ICD-9-CM	Nephrotic syndrome with lesion of membranoproliferative glomerulonephritis	
581.3	Diagnosis	ICD-9-CM	Nephrotic syndrome with lesion of minimal change glomerulonephritis	
581.8	Diagnosis	ICD-9-CM	Nephrotic syndrome with other specified pathological lesion in kidney	
581.89	Diagnosis	ICD-9-CM	Other nephrotic syndrome with specified pathological lesion in kidney	
581.9	Diagnosis	ICD-9-CM	Nephrotic syndrome with unspecified pathological lesion in kidney	
582	Diagnosis	ICD-9-CM	Chronic glomerulonephritis	
582	Diagnosis	ICD-9-CM	Chronic glomerulonephritis with lesion of proliferative glomerulonephritis	
582.1	Diagnosis	ICD-9-CM	Chronic glomerulonephritis with lesion of membranous glomerulonephritis	
582.2	Diagnosis	ICD-9-CM	Chronic glomerulonephritis with lesion of membranoproliferative glomerulonephritis	
582.4	Diagnosis	ICD-9-CM	Chronic glomerulonephritis with lesion of rapidly progressive glomerulonephritis	
582.8	Diagnosis	ICD-9-CM	Chronic glomerulonephritis with other specified pathological lesion in kidney	
			Chronic glomerulonephritis with other specified pathological lesion in kidney in diseases	
582.81	Diagnosis	ICD-9-CM	classified elsewhere	

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code			
Code	Category	Code Type	Description
582.89	Diagnosis	ICD-9-CM	Other chronic glomerulonephritis with specified pathological lesion in kidney
582.9	Diagnosis	ICD-9-CM	Chronic glomerulonephritis with unspecified pathological lesion in kidney
583	Diagnosis	ICD-9-CM	Nephritis and nephropathy, not specified as acute or chronic
583	Diagnosis	ICD-9-CM	Nephritis and nephropathy, not specified as acute or chronic, with lesion of proliferative glomerulonephritis
583.4	Diagnosis	ICD-9-CM	Nephritis and nephropathy, not specified as acute or chronic, with lesion of rapidly progressive glomerulonephritis
583.6	Diagnosis	ICD-9-CM	Nephritis and nephropathy, not specified as acute or chronic, with lesion of renal cortical necrosis
583.7	Diagnosis	ICD-9-CM	Nephritis and nephropathy, not specified as acute or chronic, with lesion of renal medullary necrosis
583.8	Diagnosis	ICD-9-CM	Nephritis and nephropathy, not specified as acute or chronic, with other specified pathological lesion in kidney
584	Diagnosis	ICD-9-CM	Acute kidney failure
584.5	Diagnosis	ICD-9-CM	Acute kidney failure with lesion of tubular necrosis
584.6	Diagnosis	ICD-9-CM	Acute kidney failure with lesion of renal cortical necrosis
584.7	Diagnosis	ICD-9-CM	Acute kidney failure with lesion of medullary [papillary] necrosis
584.8	Diagnosis	ICD-9-CM	Acute kidney failure with other specified pathological lesion in kidney
584.9	Diagnosis	ICD-9-CM	Acute kidney failure, unspecified
585	Diagnosis	ICD-9-CM	Chronic kidney disease (CKD)
585.1	Diagnosis	ICD-9-CM	Chronic kidney disease, Stage I
585.2	Diagnosis	ICD-9-CM	Chronic kidney disease, Stage II (mild)
585.3	Diagnosis	ICD-9-CM	Chronic kidney disease, Stage III (moderate)
585.4	Diagnosis	ICD-9-CM	Chronic kidney disease, Stage IV (severe)
585.5	Diagnosis	ICD-9-CM	Chronic kidney disease, Stage V
585.6	Diagnosis	ICD-9-CM	End stage renal disease
585.9	Diagnosis	ICD-9-CM	Chronic kidney disease, unspecified
586	Diagnosis	ICD-9-CM	Unspecified renal failure
587	Diagnosis	ICD-9-CM	Unspecified renal sclerosis
588	Diagnosis	ICD-9-CM	Disorders resulting from impaired renal function
588	Diagnosis	ICD-9-CM	Renal osteodystrophy
588.8	Diagnosis	ICD-9-CM	Other specified disorder resulting from impaired renal function
588.81	Diagnosis	ICD-9-CM	Secondary hyperparathyroidism (of renal origin)
588.89	Diagnosis	ICD-9-CM	Other specified disorders resulting from impaired renal function
588.9	Diagnosis	ICD-9-CM	Unspecified disorder resulting from impaired renal function
589	Diagnosis	ICD-9-CM	Small kidney of unknown cause
589	Diagnosis	ICD-9-CM	Unilateral small kidney
589.1	Diagnosis	ICD-9-CM	Bilateral small kidneys
589.9	Diagnosis	ICD-9-CM	Unspecified small kidney
590.2	Diagnosis	ICD-9-CM	Renal and perinephric abscess
590.81	Diagnosis	ICD-9-CM	Pyelitis or pyelonephritis in diseases classified elsewhere
590.9	Diagnosis	ICD-9-CM	Unspecified infection of kidney

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
593.9	Diagnosis	ICD-9-CM	Unspecified disorder of kidney and ureter
E08.22	Diagnosis	ICD-10-CM	Diabetes mellitus due to underlying condition with diabetic chronic kidney disease
E08.29	Diagnosis	ICD-10-CM	Diabetes mellitus due to underlying condition with other diabetic kidney complication
E09.22	Diagnosis	ICD-10-CM	Drug or chemical induced diabetes mellitus with diabetic chronic kidney disease
E09.29	Diagnosis	ICD-10-CM	Drug or chemical induced diabetes mellitus with other diabetic kidney complication
E10.22	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with diabetic chronic kidney disease
E10.29	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with other diabetic kidney complication
E11.22	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with diabetic chronic kidney disease
E11.29	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with other diabetic kidney complication
E13.22	Diagnosis	ICD-10-CM	Other specified diabetes mellitus with diabetic chronic kidney disease
E13.29	Diagnosis	ICD-10-CM	Other specified diabetes mellitus with other diabetic kidney complication
M32.14	Diagnosis	ICD-10-CM	Glomerular disease in systemic lupus erythematosus
N00.0	Diagnosis	ICD-10-CM	Acute nephritic syndrome with minor glomerular abnormality
N00.1	Diagnosis	ICD-10-CM	Acute nephritic syndrome with focal and segmental glomerular lesions
N00.2	Diagnosis	ICD-10-CM	Acute nephritic syndrome with diffuse membranous glomerulonephritis
N00.3	Diagnosis	ICD-10-CM	Acute nephritic syndrome with diffuse mesangial proliferative glomerulonephritis
N00.4	Diagnosis	ICD-10-CM	Acute nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis
N00.5	Diagnosis	ICD-10-CM	Acute nephritic syndrome with diffuse mesangiocapillary glomerulonephritis
N00.6	Diagnosis	ICD-10-CM	Acute nephritic syndrome with dense deposit disease
N00.7	Diagnosis	ICD-10-CM	Acute nephritic syndrome with diffuse crescentic glomerulonephritis
N00.8	Diagnosis	ICD-10-CM	Acute nephritic syndrome with other morphologic changes
N00.9	Diagnosis	ICD-10-CM	Acute nephritic syndrome with unspecified morphologic changes
N01.0	Diagnosis	ICD-10-CM	Rapidly progressive nephritic syndrome with minor glomerular abnormality
N01.1	Diagnosis	ICD-10-CM	Rapidly progressive nephritic syndrome with focal and segmental glomerular lesions
N01.2	Diagnosis	ICD-10-CM	Rapidly progressive nephritic syndrome with diffuse membranous glomerulonephritis
N01.3	Diagnosis	ICD-10-CM	Rapidly progressive nephritic syndrome with diffuse mesangial proliferative glomerulonephritis
N01.4	Diagnosis	ICD-10-CM	Rapidly progressive nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis
N01.5	Diagnosis	ICD-10-CM	Rapidly progressive nephritic syndrome with diffuse mesangiocapillary glomerulonephritis
N01.6	Diagnosis	ICD-10-CM	Rapidly progressive nephritic syndrome with dense deposit disease
N01.7	Diagnosis	ICD-10-CM	Rapidly progressive nephritic syndrome with diffuse crescentic glomerulonephritis
N01.8	Diagnosis	ICD-10-CM	Rapidly progressive nephritic syndrome with other morphologic changes
N01.9	Diagnosis	ICD-10-CM	Rapidly progressive nephritic syndrome with unspecified morphologic changes
N02.0	Diagnosis	ICD-10-CM	Recurrent and persistent hematuria with minor glomerular abnormality
N02.1	Diagnosis	ICD-10-CM	Recurrent and persistent hematuria with focal and segmental glomerular lesions
N02.2	Diagnosis	ICD-10-CM	Recurrent and persistent hematuria with diffuse membranous glomerulonephritis
N02.3	Diagnosis	ICD-10-CM	Recurrent and persistent hematuria with diffuse mesangial proliferative glomerulonephritis
N02.4	Diagnosis	ICD-10-CM	Recurrent and persistent hematuria with diffuse endocapillary proliferative glomerulonephritis

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
N02.5	Diagnosis	ICD-10-CM	Recurrent and persistent hematuria with diffuse mesangiocapillary glomerulonephritis
N02.6	Diagnosis	ICD-10-CM	Recurrent and persistent hematuria with dense deposit disease
N02.7	Diagnosis	ICD-10-CM	Recurrent and persistent hematuria with diffuse crescentic glomerulonephritis
N02.8	Diagnosis	ICD-10-CM	Recurrent and persistent hematuria with other morphologic changes
N02.9	Diagnosis	ICD-10-CM	Recurrent and persistent hematuria with unspecified morphologic changes
N03.0	Diagnosis	ICD-10-CM	Chronic nephritic syndrome with minor glomerular abnormality
N03.1	Diagnosis	ICD-10-CM	Chronic nephritic syndrome with focal and segmental glomerular lesions
N03.2	Diagnosis	ICD-10-CM	Chronic nephritic syndrome with diffuse membranous glomerulonephritis
N03.3	Diagnosis	ICD-10-CM	Chronic nephritic syndrome with diffuse mesangial proliferative glomerulonephritis
N03.4	Diagnosis	ICD-10-CM	Chronic nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis
N03.5	Diagnosis	ICD-10-CM	Chronic nephritic syndrome with diffuse mesangiocapillary glomerulonephritis
N03.6	Diagnosis	ICD-10-CM	Chronic nephritic syndrome with dense deposit disease
N03.7	Diagnosis	ICD-10-CM	Chronic nephritic syndrome with diffuse crescentic glomerulonephritis
N03.8	Diagnosis	ICD-10-CM	Chronic nephritic syndrome with other morphologic changes
N03.9	Diagnosis	ICD-10-CM	Chronic nephritic syndrome with unspecified morphologic changes
N04.0	Diagnosis	ICD-10-CM	Nephrotic syndrome with minor glomerular abnormality
N04.1	Diagnosis	ICD-10-CM	Nephrotic syndrome with focal and segmental glomerular lesions
N04.2	Diagnosis	ICD-10-CM	Nephrotic syndrome with diffuse membranous glomerulonephritis
N04.3	Diagnosis	ICD-10-CM	Nephrotic syndrome with diffuse mesangial proliferative glomerulonephritis
N04.4	Diagnosis	ICD-10-CM	Nephrotic syndrome with diffuse endocapillary proliferative glomerulonephritis
N04.5	Diagnosis	ICD-10-CM	Nephrotic syndrome with diffuse mesangiocapillary glomerulonephritis
N04.6	Diagnosis	ICD-10-CM	Nephrotic syndrome with dense deposit disease
N04.7	Diagnosis	ICD-10-CM	Nephrotic syndrome with diffuse crescentic glomerulonephritis
N04.8	Diagnosis	ICD-10-CM	Nephrotic syndrome with other morphologic changes
N04.9	Diagnosis	ICD-10-CM	Nephrotic syndrome with unspecified morphologic changes
N05.0	Diagnosis	ICD-10-CM	Unspecified nephritic syndrome with minor glomerular abnormality
N05.1	Diagnosis	ICD-10-CM	Unspecified nephritic syndrome with focal and segmental glomerular lesions
N05.2	Diagnosis	ICD-10-CM	Unspecified nephritic syndrome with diffuse membranous glomerulonephritis
N05.3	Diagnosis	ICD-10-CM	Unspecified nephritic syndrome with diffuse mesangial proliferative glomerulonephritis
N05.4	Diagnosis	ICD-10-CM	Unspecified nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis
N05.5	Diagnosis	ICD-10-CM	Unspecified nephritic syndrome with diffuse mesangiocapillary glomerulonephritis
N05.6	Diagnosis	ICD-10-CM	Unspecified nephritic syndrome with dense deposit disease
N05.7	Diagnosis	ICD-10-CM	Unspecified nephritic syndrome with diffuse crescentic glomerulonephritis
N05.8	Diagnosis	ICD-10-CM	Unspecified nephritic syndrome with other morphologic changes
N05.9	Diagnosis	ICD-10-CM	Unspecified nephritic syndrome with unspecified morphologic changes
N06.0	Diagnosis	ICD-10-CM	Isolated proteinuria with minor glomerular abnormality
N06.1	Diagnosis	ICD-10-CM	Isolated proteinuria with focal and segmental glomerular lesions
N06.2	Diagnosis	ICD-10-CM	Isolated proteinuria with diffuse membranous glomerulonephritis
N06.3	Diagnosis	ICD-10-CM	Isolated proteinuria with diffuse mesangial proliferative glomerulonephritis
N06.4	Diagnosis	ICD-10-CM	Isolated proteinuria with diffuse endocapillary proliferative glomerulonephritis
N06.5	Diagnosis	ICD-10-CM	Isolated proteinuria with diffuse mesangiocapillary glomerulonephritis

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
N06.6	Diagnosis	ICD-10-CM	Isolated proteinuria with dense deposit disease
N06.7	Diagnosis	ICD-10-CM	Isolated proteinuria with diffuse crescentic glomerulonephritis
N06.8	Diagnosis	ICD-10-CM	Isolated proteinuria with other morphologic lesion
N06.9	Diagnosis	ICD-10-CM	Isolated proteinuria with unspecified morphologic lesion
N08	Diagnosis	ICD-10-CM	Glomerular disorders in diseases classified elsewhere
N15.8	Diagnosis	ICD-10-CM	Other specified renal tubulo-interstitial diseases
N15.9	Diagnosis	ICD-10-CM	Renal tubulo-interstitial disease, unspecified
N16	Diagnosis	ICD-10-CM	Renal tubulo-interstitial disorders in diseases classified elsewhere
N17.0	Diagnosis	ICD-10-CM	Acute kidney failure with tubular necrosis
N17.1	Diagnosis	ICD-10-CM	Acute kidney failure with acute cortical necrosis
N17.2	Diagnosis	ICD-10-CM	Acute kidney failure with medullary necrosis
N17.8	Diagnosis	ICD-10-CM	Other acute kidney failure
N17.9	Diagnosis	ICD-10-CM	Acute kidney failure, unspecified
N18.1	Diagnosis	ICD-10-CM	Chronic kidney disease, stage 1
N18.2	Diagnosis	ICD-10-CM	Chronic kidney disease, stage 2 (mild)
N18.3	Diagnosis	ICD-10-CM	Chronic kidney disease, stage 3 (moderate)
N18.4	Diagnosis	ICD-10-CM	Chronic kidney disease, stage 4 (severe)
N18.5	Diagnosis	ICD-10-CM	Chronic kidney disease, stage 5
N18.6	Diagnosis	ICD-10-CM	End stage renal disease
N18.9	Diagnosis	ICD-10-CM	Chronic kidney disease, unspecified
N19	Diagnosis	ICD-10-CM	Unspecified kidney failure
N25.0	Diagnosis	ICD-10-CM	Renal osteodystrophy
N25.1	Diagnosis	ICD-10-CM	Nephrogenic diabetes insipidus
N25.81	Diagnosis	ICD-10-CM	Secondary hyperparathyroidism of renal origin
N25.89	Diagnosis	ICD-10-CM	Other disorders resulting from impaired renal tubular function
N25.9	Diagnosis	ICD-10-CM	Disorder resulting from impaired renal tubular function, unspecified
N26.1	Diagnosis	ICD-10-CM	Atrophy of kidney (terminal)
N26.9	Diagnosis	ICD-10-CM	Renal sclerosis, unspecified
N27.0	Diagnosis	ICD-10-CM	Small kidney, unilateral
N27.1	Diagnosis	ICD-10-CM	Small kidney, bilateral
N27.9	Diagnosis	ICD-10-CM	Small kidney, unspecified
N28.9	Diagnosis	ICD-10-CM	Disorder of kidney and ureter, unspecified
N29	Diagnosis	ICD-10-CM	Other disorders of kidney and ureter in diseases classified elsewhere
Neuropathy			
94	Diagnosis	ICD-9-CM	Tabes dorsalis
250.6	Diagnosis	ICD-9-CM	Diabetes with neurological manifestations
349.89	Diagnosis	ICD-9-CM	Other specified disorder of nervous system
353.5	Diagnosis	ICD-9-CM	Neuralgic amyotrophy
354	Diagnosis	ICD-9-CM	Carpal tunnel syndrome
354.1	Diagnosis	ICD-9-CM	Other lesion of median nerve
354.2	Diagnosis	ICD-9-CM	Lesion of ulnar nerve
354.3	Diagnosis	ICD-9-CM	Lesion of radial nerve

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
354.4	Diagnosis	ICD-9-CM	Causalgia of upper limb
354.5	Diagnosis	ICD-9-CM	Mononeuritis multiplex
355	Diagnosis	ICD-9-CM	Lesion of sciatic nerve
355.1	Diagnosis	ICD-9-CM	Meralgia paresthetica
355.2	Diagnosis	ICD-9-CM	Other lesion of femoral nerve
355.3	Diagnosis	ICD-9-CM	Lesion of lateral popliteal nerve
355.4	Diagnosis	ICD-9-CM	Lesion of medial popliteal nerve
355.5	Diagnosis	ICD-9-CM	Tarsal tunnel syndrome
355.6	Diagnosis	ICD-9-CM	Lesion of plantar nerve
355.7	Diagnosis	ICD-9-CM	Other mononeuritis of lower limb
355.71	Diagnosis	ICD-9-CM	Causalgia of lower limb
355.79	Diagnosis	ICD-9-CM	Other mononeuritis of lower limb
358.1	Diagnosis	ICD-9-CM	Myasthenic syndromes in diseases classified elsewhere
713.5	Diagnosis	ICD-9-CM	Arthropathy associated with neurological disorders
951	Diagnosis	ICD-9-CM	Injury to oculomotor nerve
951.1	Diagnosis	ICD-9-CM	Injury to trochlear nerve
951.3	Diagnosis	ICD-9-CM	Injury to abducens nerve
A52.16	Diagnosis	ICD-10-CM	Charcot's arthropathy (tabetic)
E08.610	Diagnosis	ICD-10-CM	Diabetes mellitus due to underlying condition with diabetic neuropathic arthropathy
E09.610	Diagnosis	ICD-10-CM	Drug or chemical induced diabetes mellitus with diabetic neuropathic arthropathy
E10.44	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with diabetic amyotrophy
E10.49	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with other diabetic neurological complication
E10.610	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with diabetic neuropathic arthropathy
E11.44	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with diabetic amyotrophy
E11.49	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with other diabetic neurological complication
E11.610	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with diabetic neuropathic arthropathy
E13.44	Diagnosis	ICD-10-CM	Other specified diabetes mellitus with diabetic amyotrophy
E13.49	Diagnosis	ICD-10-CM	Other specified diabetes mellitus with other diabetic neurological complication
E13.610	Diagnosis	ICD-10-CM	Other specified diabetes mellitus with diabetic neuropathic arthropathy
G56.00	Diagnosis	ICD-10-CM	Carpal tunnel syndrome, unspecified upper limb
G56.01	Diagnosis	ICD-10-CM	Carpal tunnel syndrome, right upper limb
G56.02	Diagnosis	ICD-10-CM	Carpal tunnel syndrome, left upper limb
G56.03	Diagnosis	ICD-10-CM	Carpal tunnel syndrome, bilateral upper limbs
G56.10	Diagnosis	ICD-10-CM	Other lesions of median nerve, unspecified upper limb
G56.11	Diagnosis	ICD-10-CM	Other lesions of median nerve, right upper limb
G56.12	Diagnosis	ICD-10-CM	Other lesions of median nerve, left upper limb
G56.13	Diagnosis	ICD-10-CM	Other lesions of median nerve, bilateral upper limbs
G56.20	Diagnosis	ICD-10-CM	Lesion of ulnar nerve, unspecified upper limb
G56.21	Diagnosis	ICD-10-CM	Lesion of ulnar nerve, right upper limb
G56.22	Diagnosis	ICD-10-CM	Lesion of ulnar nerve, left upper limb
G56.23	Diagnosis	ICD-10-CM	Lesion of ulnar nerve, bilateral upper limbs
G56.30	Diagnosis	ICD-10-CM	Lesion of radial nerve, unspecified upper limb

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
G56.31	Diagnosis	ICD-10-CM	Lesion of radial nerve, right upper limb
G56.32	Diagnosis	ICD-10-CM	Lesion of radial nerve, left upper limb
G56.33	Diagnosis	ICD-10-CM	Lesion of radial nerve, bilateral upper limbs
G56.40	Diagnosis	ICD-10-CM	Causalgia of unspecified upper limb
G56.41	Diagnosis	ICD-10-CM	Causalgia of right upper limb
G56.42	Diagnosis	ICD-10-CM	Causalgia of left upper limb
G56.43	Diagnosis	ICD-10-CM	Causalgia of bilateral upper limbs
G56.80	Diagnosis	ICD-10-CM	Other specified mononeuropathies of unspecified upper limb
G56.81	Diagnosis	ICD-10-CM	Other specified mononeuropathies of right upper limb
G56.82	Diagnosis	ICD-10-CM	Other specified mononeuropathies of left upper limb
G56.83	Diagnosis	ICD-10-CM	Other specified mononeuropathies of bilateral upper limbs
G57.00	Diagnosis	ICD-10-CM	Lesion of sciatic nerve, unspecified lower limb
G57.01	Diagnosis	ICD-10-CM	Lesion of sciatic nerve, right lower limb
G57.02	Diagnosis	ICD-10-CM	Lesion of sciatic nerve, left lower limb
G57.03	Diagnosis	ICD-10-CM	Lesion of sciatic nerve, bilateral lower limbs
G57.10	Diagnosis	ICD-10-CM	Meralgia paresthetica, unspecified lower limb
G57.11	Diagnosis	ICD-10-CM	Meralgia paresthetica, right lower limb
G57.12	Diagnosis	ICD-10-CM	Meralgia paresthetica, left lower limb
G57.13	Diagnosis	ICD-10-CM	Meralgia paresthetica, bilateral lower limbs
G57.20	Diagnosis	ICD-10-CM	Lesion of femoral nerve, unspecified lower limb
G57.21	Diagnosis	ICD-10-CM	Lesion of femoral nerve, right lower limb
G57.22	Diagnosis	ICD-10-CM	Lesion of femoral nerve, left lower limb
G57.23	Diagnosis	ICD-10-CM	Lesion of femoral nerve, bilateral lower limbs
G57.30	Diagnosis	ICD-10-CM	Lesion of lateral popliteal nerve, unspecified lower limb
G57.31	Diagnosis	ICD-10-CM	Lesion of lateral popliteal nerve, right lower limb
G57.32	Diagnosis	ICD-10-CM	Lesion of lateral popliteal nerve, left lower limb
G57.40	Diagnosis	ICD-10-CM	Lesion of medial popliteal nerve, unspecified lower limb
G57.41	Diagnosis	ICD-10-CM	Lesion of medial popliteal nerve, right lower limb
G57.42	Diagnosis	ICD-10-CM	Lesion of medial popliteal nerve, left lower limb
G57.43	Diagnosis	ICD-10-CM	Lesion of medial popliteal nerve, bilateral lower limbs
G57.50	Diagnosis	ICD-10-CM	Tarsal tunnel syndrome, unspecified lower limb
G57.51	Diagnosis	ICD-10-CM	Tarsal tunnel syndrome, right lower limb
G57.52	Diagnosis	ICD-10-CM	Tarsal tunnel syndrome, left lower limb
G57.53	Diagnosis	ICD-10-CM	Tarsal tunnel syndrome, bilateral lower limbs
G57.60	Diagnosis	ICD-10-CM	Lesion of plantar nerve, unspecified lower limb
G57.61	Diagnosis	ICD-10-CM	Lesion of plantar nerve, right lower limb
G57.62	Diagnosis	ICD-10-CM	Lesion of plantar nerve, left lower limb
G57.63	Diagnosis	ICD-10-CM	Lesion of plantar nerve, bilateral lower limbs
G57.70	Diagnosis	ICD-10-CM	Causalgia of unspecified lower limb
G57.71	Diagnosis	ICD-10-CM	Causalgia of right lower limb
G57.72	Diagnosis	ICD-10-CM	Causalgia of left lower limb
G57.73	Diagnosis	ICD-10-CM	Causalgia of bilateral lower limbs

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code		Code		Description
Code	Category	Code Type		
G57.80	Diagnosis	ICD-10-CM		Other specified mononeuropathies of unspecified lower limb
G57.81	Diagnosis	ICD-10-CM		Other specified mononeuropathies of right lower limb
G57.82	Diagnosis	ICD-10-CM		Other specified mononeuropathies of left lower limb
G57.83	Diagnosis	ICD-10-CM		Other specified mononeuropathies of bilateral lower limbs
G58.7	Diagnosis	ICD-10-CM		Mononeuritis multiplex
G58.8	Diagnosis	ICD-10-CM		Other specified mononeuropathies
G73.3	Diagnosis	ICD-10-CM		Myasthenic syndromes in other diseases classified elsewhere
M14.60	Diagnosis	ICD-10-CM		Charcot's joint, unspecified site
M14.611	Diagnosis	ICD-10-CM		Charcot's joint, right shoulder
M14.612	Diagnosis	ICD-10-CM		Charcot's joint, left shoulder
M14.619	Diagnosis	ICD-10-CM		Charcot's joint, unspecified shoulder
M14.621	Diagnosis	ICD-10-CM		Charcot's joint, right elbow
M14.622	Diagnosis	ICD-10-CM		Charcot's joint, left elbow
M14.629	Diagnosis	ICD-10-CM		Charcot's joint, unspecified elbow
M14.631	Diagnosis	ICD-10-CM		Charcot's joint, right wrist
M14.632	Diagnosis	ICD-10-CM		Charcot's joint, left wrist
M14.639	Diagnosis	ICD-10-CM		Charcot's joint, unspecified wrist
M14.641	Diagnosis	ICD-10-CM		Charcot's joint, right hand
M14.642	Diagnosis	ICD-10-CM		Charcot's joint, left hand
M14.649	Diagnosis	ICD-10-CM		Charcot's joint, unspecified hand
M14.651	Diagnosis	ICD-10-CM		Charcot's joint, right hip
M14.652	Diagnosis	ICD-10-CM		Charcot's joint, left hip
M14.659	Diagnosis	ICD-10-CM		Charcot's joint, unspecified hip
M14.661	Diagnosis	ICD-10-CM		Charcot's joint, right knee
M14.662	Diagnosis	ICD-10-CM		Charcot's joint, left knee
M14.669	Diagnosis	ICD-10-CM		Charcot's joint, unspecified knee
M14.671	Diagnosis	ICD-10-CM		Charcot's joint, right ankle and foot
M14.672	Diagnosis	ICD-10-CM		Charcot's joint, left ankle and foot
M14.679	Diagnosis	ICD-10-CM		Charcot's joint, unspecified ankle and foot
M14.68	Diagnosis	ICD-10-CM		Charcot's joint, vertebrae
M14.69	Diagnosis	ICD-10-CM		Charcot's joint, multiple sites
S04.10XA	Diagnosis	ICD-10-CM		Injury of oculomotor nerve, unspecified side, initial encounter
S04.11XA	Diagnosis	ICD-10-CM		Injury of oculomotor nerve, right side, initial encounter
S04.12XA	Diagnosis	ICD-10-CM		Injury of oculomotor nerve, left side, initial encounter
S04.20XA	Diagnosis	ICD-10-CM		Injury of trochlear nerve, unspecified side, initial encounter
S04.21XA	Diagnosis	ICD-10-CM		Injury of trochlear nerve, right side, initial encounter
S04.22XA	Diagnosis	ICD-10-CM		Injury of trochlear nerve, left side, initial encounter
S04.40XA	Diagnosis	ICD-10-CM		Injury of abducent nerve, unspecified side, initial encounter
S04.41XA	Diagnosis	ICD-10-CM		Injury of abducent nerve, right side, initial encounter
S04.42XA	Diagnosis	ICD-10-CM		Injury of abducent nerve, left side, initial encounter
Psoriasis				
L40	Diagnosis	ICD-10-CM		Psoriasis

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
L40.0	Diagnosis	ICD-10-CM	Psoriasis vulgaris
L40.1	Diagnosis	ICD-10-CM	Generalized pustular psoriasis
L40.4	Diagnosis	ICD-10-CM	Guttate psoriasis
L40.5	Diagnosis	ICD-10-CM	Arthropathic psoriasis
L40.50	Diagnosis	ICD-10-CM	Arthropathic psoriasis, unspecified
L40.8	Diagnosis	ICD-10-CM	Other psoriasis
L40.9	Diagnosis	ICD-10-CM	Psoriasis, unspecified
L41	Diagnosis	ICD-10-CM	Parapsoriasis
L41.3	Diagnosis	ICD-10-CM	Small plaque parapsoriasis
L41.4	Diagnosis	ICD-10-CM	Large plaque parapsoriasis
L41.5	Diagnosis	ICD-10-CM	Retiform parapsoriasis
L41.8	Diagnosis	ICD-10-CM	Other parapsoriasis
L41.9	Diagnosis	ICD-10-CM	Parapsoriasis, unspecified
694.3	Diagnosis	ICD-9-CM	Impetigo herpetiformis
696.1	Diagnosis	ICD-9-CM	Other psoriasis
696.2	Diagnosis	ICD-9-CM	Parapsoriasis
696	Diagnosis	ICD-9-CM	Psoriatic arthropathy
Rheumatoid Arthritis			
M05	Diagnosis	ICD-10-CM	Rheumatoid arthritis with rheumatoid factor
M05.1	Diagnosis	ICD-10-CM	Rheumatoid lung disease with rheumatoid arthritis
M05.10	Diagnosis	ICD-10-CM	Rheumatoid lung disease with rheumatoid arthritis of unspecified site
M05.11	Diagnosis	ICD-10-CM	Rheumatoid lung disease with rheumatoid arthritis of shoulder
M05.111	Diagnosis	ICD-10-CM	Rheumatoid lung disease with rheumatoid arthritis of right shoulder
M05.112	Diagnosis	ICD-10-CM	Rheumatoid lung disease with rheumatoid arthritis of left shoulder
M05.119	Diagnosis	ICD-10-CM	Rheumatoid lung disease with rheumatoid arthritis of unspecified shoulder
M05.12	Diagnosis	ICD-10-CM	Rheumatoid lung disease with rheumatoid arthritis of elbow
M05.121	Diagnosis	ICD-10-CM	Rheumatoid lung disease with rheumatoid arthritis of right elbow
M05.122	Diagnosis	ICD-10-CM	Rheumatoid lung disease with rheumatoid arthritis of left elbow
M05.129	Diagnosis	ICD-10-CM	Rheumatoid lung disease with rheumatoid arthritis of unspecified elbow
M05.13	Diagnosis	ICD-10-CM	Rheumatoid lung disease with rheumatoid arthritis of wrist
M05.131	Diagnosis	ICD-10-CM	Rheumatoid lung disease with rheumatoid arthritis of right wrist
M05.132	Diagnosis	ICD-10-CM	Rheumatoid lung disease with rheumatoid arthritis of left wrist
M05.139	Diagnosis	ICD-10-CM	Rheumatoid lung disease with rheumatoid arthritis of unspecified wrist
M05.14	Diagnosis	ICD-10-CM	Rheumatoid lung disease with rheumatoid arthritis of hand
M05.141	Diagnosis	ICD-10-CM	Rheumatoid lung disease with rheumatoid arthritis of right hand
M05.142	Diagnosis	ICD-10-CM	Rheumatoid lung disease with rheumatoid arthritis of left hand
M05.149	Diagnosis	ICD-10-CM	Rheumatoid lung disease with rheumatoid arthritis of unspecified hand
M05.15	Diagnosis	ICD-10-CM	Rheumatoid lung disease with rheumatoid arthritis of hip
M05.151	Diagnosis	ICD-10-CM	Rheumatoid lung disease with rheumatoid arthritis of right hip
M05.152	Diagnosis	ICD-10-CM	Rheumatoid lung disease with rheumatoid arthritis of left hip
M05.159	Diagnosis	ICD-10-CM	Rheumatoid lung disease with rheumatoid arthritis of unspecified hip
M05.16	Diagnosis	ICD-10-CM	Rheumatoid lung disease with rheumatoid arthritis of knee

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
M05.161	Diagnosis	ICD-10-CM	Rheumatoid lung disease with rheumatoid arthritis of right knee
M05.162	Diagnosis	ICD-10-CM	Rheumatoid lung disease with rheumatoid arthritis of left knee
M05.169	Diagnosis	ICD-10-CM	Rheumatoid lung disease with rheumatoid arthritis of unspecified knee
M05.17	Diagnosis	ICD-10-CM	Rheumatoid lung disease with rheumatoid arthritis of ankle and foot
M05.171	Diagnosis	ICD-10-CM	Rheumatoid lung disease with rheumatoid arthritis of right ankle and foot
M05.172	Diagnosis	ICD-10-CM	Rheumatoid lung disease with rheumatoid arthritis of left ankle and foot
M05.179	Diagnosis	ICD-10-CM	Rheumatoid lung disease with rheumatoid arthritis of unspecified ankle and foot
M05.19	Diagnosis	ICD-10-CM	Rheumatoid lung disease with rheumatoid arthritis of multiple sites
M05.2	Diagnosis	ICD-10-CM	Rheumatoid vasculitis with rheumatoid arthritis
M05.20	Diagnosis	ICD-10-CM	Rheumatoid vasculitis with rheumatoid arthritis of unspecified site
M05.21	Diagnosis	ICD-10-CM	Rheumatoid vasculitis with rheumatoid arthritis of shoulder
M05.211	Diagnosis	ICD-10-CM	Rheumatoid vasculitis with rheumatoid arthritis of right shoulder
M05.212	Diagnosis	ICD-10-CM	Rheumatoid vasculitis with rheumatoid arthritis of left shoulder
M05.219	Diagnosis	ICD-10-CM	Rheumatoid vasculitis with rheumatoid arthritis of unspecified shoulder
M05.22	Diagnosis	ICD-10-CM	Rheumatoid vasculitis with rheumatoid arthritis of elbow
M05.221	Diagnosis	ICD-10-CM	Rheumatoid vasculitis with rheumatoid arthritis of right elbow
M05.222	Diagnosis	ICD-10-CM	Rheumatoid vasculitis with rheumatoid arthritis of left elbow
M05.229	Diagnosis	ICD-10-CM	Rheumatoid vasculitis with rheumatoid arthritis of unspecified elbow
M05.23	Diagnosis	ICD-10-CM	Rheumatoid vasculitis with rheumatoid arthritis of wrist
M05.231	Diagnosis	ICD-10-CM	Rheumatoid vasculitis with rheumatoid arthritis of right wrist
M05.232	Diagnosis	ICD-10-CM	Rheumatoid vasculitis with rheumatoid arthritis of left wrist
M05.239	Diagnosis	ICD-10-CM	Rheumatoid vasculitis with rheumatoid arthritis of unspecified wrist
M05.24	Diagnosis	ICD-10-CM	Rheumatoid vasculitis with rheumatoid arthritis of hand
M05.241	Diagnosis	ICD-10-CM	Rheumatoid vasculitis with rheumatoid arthritis of right hand
M05.242	Diagnosis	ICD-10-CM	Rheumatoid vasculitis with rheumatoid arthritis of left hand
M05.249	Diagnosis	ICD-10-CM	Rheumatoid vasculitis with rheumatoid arthritis of unspecified hand
M05.25	Diagnosis	ICD-10-CM	Rheumatoid vasculitis with rheumatoid arthritis of hip
M05.251	Diagnosis	ICD-10-CM	Rheumatoid vasculitis with rheumatoid arthritis of right hip
M05.252	Diagnosis	ICD-10-CM	Rheumatoid vasculitis with rheumatoid arthritis of left hip
M05.259	Diagnosis	ICD-10-CM	Rheumatoid vasculitis with rheumatoid arthritis of unspecified hip
M05.26	Diagnosis	ICD-10-CM	Rheumatoid vasculitis with rheumatoid arthritis of knee
M05.261	Diagnosis	ICD-10-CM	Rheumatoid vasculitis with rheumatoid arthritis of right knee
M05.262	Diagnosis	ICD-10-CM	Rheumatoid vasculitis with rheumatoid arthritis of left knee
M05.269	Diagnosis	ICD-10-CM	Rheumatoid vasculitis with rheumatoid arthritis of unspecified knee
M05.27	Diagnosis	ICD-10-CM	Rheumatoid vasculitis with rheumatoid arthritis of ankle and foot
M05.271	Diagnosis	ICD-10-CM	Rheumatoid vasculitis with rheumatoid arthritis of right ankle and foot
M05.272	Diagnosis	ICD-10-CM	Rheumatoid vasculitis with rheumatoid arthritis of left ankle and foot
M05.279	Diagnosis	ICD-10-CM	Rheumatoid vasculitis with rheumatoid arthritis of unspecified ankle and foot
M05.29	Diagnosis	ICD-10-CM	Rheumatoid vasculitis with rheumatoid arthritis of multiple sites
M05.3	Diagnosis	ICD-10-CM	Rheumatoid heart disease with rheumatoid arthritis
M05.30	Diagnosis	ICD-10-CM	Rheumatoid heart disease with rheumatoid arthritis of unspecified site
M05.31	Diagnosis	ICD-10-CM	Rheumatoid heart disease with rheumatoid arthritis of shoulder

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code		Code		Description
Code	Category	Code Type		
M05.311	Diagnosis	ICD-10-CM	Rheumatoid heart disease with rheumatoid arthritis of right shoulder	
M05.312	Diagnosis	ICD-10-CM	Rheumatoid heart disease with rheumatoid arthritis of left shoulder	
M05.319	Diagnosis	ICD-10-CM	Rheumatoid heart disease with rheumatoid arthritis of unspecified shoulder	
M05.32	Diagnosis	ICD-10-CM	Rheumatoid heart disease with rheumatoid arthritis of elbow	
M05.321	Diagnosis	ICD-10-CM	Rheumatoid heart disease with rheumatoid arthritis of right elbow	
M05.322	Diagnosis	ICD-10-CM	Rheumatoid heart disease with rheumatoid arthritis of left elbow	
M05.329	Diagnosis	ICD-10-CM	Rheumatoid heart disease with rheumatoid arthritis of unspecified elbow	
M05.33	Diagnosis	ICD-10-CM	Rheumatoid heart disease with rheumatoid arthritis of wrist	
M05.331	Diagnosis	ICD-10-CM	Rheumatoid heart disease with rheumatoid arthritis of right wrist	
M05.332	Diagnosis	ICD-10-CM	Rheumatoid heart disease with rheumatoid arthritis of left wrist	
M05.339	Diagnosis	ICD-10-CM	Rheumatoid heart disease with rheumatoid arthritis of unspecified wrist	
M05.34	Diagnosis	ICD-10-CM	Rheumatoid heart disease with rheumatoid arthritis of hand	
M05.341	Diagnosis	ICD-10-CM	Rheumatoid heart disease with rheumatoid arthritis of right hand	
M05.342	Diagnosis	ICD-10-CM	Rheumatoid heart disease with rheumatoid arthritis of left hand	
M05.349	Diagnosis	ICD-10-CM	Rheumatoid heart disease with rheumatoid arthritis of unspecified hand	
M05.35	Diagnosis	ICD-10-CM	Rheumatoid heart disease with rheumatoid arthritis of hip	
M05.351	Diagnosis	ICD-10-CM	Rheumatoid heart disease with rheumatoid arthritis of right hip	
M05.352	Diagnosis	ICD-10-CM	Rheumatoid heart disease with rheumatoid arthritis of left hip	
M05.359	Diagnosis	ICD-10-CM	Rheumatoid heart disease with rheumatoid arthritis of unspecified hip	
M05.36	Diagnosis	ICD-10-CM	Rheumatoid heart disease with rheumatoid arthritis of knee	
M05.361	Diagnosis	ICD-10-CM	Rheumatoid heart disease with rheumatoid arthritis of right knee	
M05.362	Diagnosis	ICD-10-CM	Rheumatoid heart disease with rheumatoid arthritis of left knee	
M05.369	Diagnosis	ICD-10-CM	Rheumatoid heart disease with rheumatoid arthritis of unspecified knee	
M05.37	Diagnosis	ICD-10-CM	Rheumatoid heart disease with rheumatoid arthritis of ankle and foot	
M05.371	Diagnosis	ICD-10-CM	Rheumatoid heart disease with rheumatoid arthritis of right ankle and foot	
M05.372	Diagnosis	ICD-10-CM	Rheumatoid heart disease with rheumatoid arthritis of left ankle and foot	
M05.379	Diagnosis	ICD-10-CM	Rheumatoid heart disease with rheumatoid arthritis of unspecified ankle and foot	
M05.39	Diagnosis	ICD-10-CM	Rheumatoid heart disease with rheumatoid arthritis of multiple sites	
M05.4	Diagnosis	ICD-10-CM	Rheumatoid myopathy with rheumatoid arthritis	
M05.40	Diagnosis	ICD-10-CM	Rheumatoid myopathy with rheumatoid arthritis of unspecified site	
M05.41	Diagnosis	ICD-10-CM	Rheumatoid myopathy with rheumatoid arthritis of shoulder	
M05.411	Diagnosis	ICD-10-CM	Rheumatoid myopathy with rheumatoid arthritis of right shoulder	
M05.412	Diagnosis	ICD-10-CM	Rheumatoid myopathy with rheumatoid arthritis of left shoulder	
M05.419	Diagnosis	ICD-10-CM	Rheumatoid myopathy with rheumatoid arthritis of unspecified shoulder	
M05.42	Diagnosis	ICD-10-CM	Rheumatoid myopathy with rheumatoid arthritis of elbow	
M05.421	Diagnosis	ICD-10-CM	Rheumatoid myopathy with rheumatoid arthritis of right elbow	
M05.422	Diagnosis	ICD-10-CM	Rheumatoid myopathy with rheumatoid arthritis of left elbow	
M05.429	Diagnosis	ICD-10-CM	Rheumatoid myopathy with rheumatoid arthritis of unspecified elbow	
M05.43	Diagnosis	ICD-10-CM	Rheumatoid myopathy with rheumatoid arthritis of wrist	
M05.431	Diagnosis	ICD-10-CM	Rheumatoid myopathy with rheumatoid arthritis of right wrist	
M05.432	Diagnosis	ICD-10-CM	Rheumatoid myopathy with rheumatoid arthritis of left wrist	
M05.439	Diagnosis	ICD-10-CM	Rheumatoid myopathy with rheumatoid arthritis of unspecified wrist	

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
M05.44	Diagnosis	ICD-10-CM	Rheumatoid myopathy with rheumatoid arthritis of hand
M05.441	Diagnosis	ICD-10-CM	Rheumatoid myopathy with rheumatoid arthritis of right hand
M05.442	Diagnosis	ICD-10-CM	Rheumatoid myopathy with rheumatoid arthritis of left hand
M05.449	Diagnosis	ICD-10-CM	Rheumatoid myopathy with rheumatoid arthritis of unspecified hand
M05.45	Diagnosis	ICD-10-CM	Rheumatoid myopathy with rheumatoid arthritis of hip
M05.451	Diagnosis	ICD-10-CM	Rheumatoid myopathy with rheumatoid arthritis of right hip
M05.452	Diagnosis	ICD-10-CM	Rheumatoid myopathy with rheumatoid arthritis of left hip
M05.459	Diagnosis	ICD-10-CM	Rheumatoid myopathy with rheumatoid arthritis of unspecified hip
M05.46	Diagnosis	ICD-10-CM	Rheumatoid myopathy with rheumatoid arthritis of knee
M05.461	Diagnosis	ICD-10-CM	Rheumatoid myopathy with rheumatoid arthritis of right knee
M05.462	Diagnosis	ICD-10-CM	Rheumatoid myopathy with rheumatoid arthritis of left knee
M05.469	Diagnosis	ICD-10-CM	Rheumatoid myopathy with rheumatoid arthritis of unspecified knee
M05.47	Diagnosis	ICD-10-CM	Rheumatoid myopathy with rheumatoid arthritis of ankle and foot
M05.471	Diagnosis	ICD-10-CM	Rheumatoid myopathy with rheumatoid arthritis of right ankle and foot
M05.472	Diagnosis	ICD-10-CM	Rheumatoid myopathy with rheumatoid arthritis of left ankle and foot
M05.479	Diagnosis	ICD-10-CM	Rheumatoid myopathy with rheumatoid arthritis of unspecified ankle and foot
M05.49	Diagnosis	ICD-10-CM	Rheumatoid myopathy with rheumatoid arthritis of multiple sites
M05.5	Diagnosis	ICD-10-CM	Rheumatoid polyneuropathy with rheumatoid arthritis
M05.50	Diagnosis	ICD-10-CM	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified site
M05.51	Diagnosis	ICD-10-CM	Rheumatoid polyneuropathy with rheumatoid arthritis of shoulder
M05.511	Diagnosis	ICD-10-CM	Rheumatoid polyneuropathy with rheumatoid arthritis of right shoulder
M05.512	Diagnosis	ICD-10-CM	Rheumatoid polyneuropathy with rheumatoid arthritis of left shoulder
M05.519	Diagnosis	ICD-10-CM	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified shoulder
M05.52	Diagnosis	ICD-10-CM	Rheumatoid polyneuropathy with rheumatoid arthritis of elbow
M05.521	Diagnosis	ICD-10-CM	Rheumatoid polyneuropathy with rheumatoid arthritis of right elbow
M05.522	Diagnosis	ICD-10-CM	Rheumatoid polyneuropathy with rheumatoid arthritis of left elbow
M05.529	Diagnosis	ICD-10-CM	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified elbow
M05.53	Diagnosis	ICD-10-CM	Rheumatoid polyneuropathy with rheumatoid arthritis of wrist
M05.531	Diagnosis	ICD-10-CM	Rheumatoid polyneuropathy with rheumatoid arthritis of right wrist
M05.532	Diagnosis	ICD-10-CM	Rheumatoid polyneuropathy with rheumatoid arthritis of left wrist
M05.539	Diagnosis	ICD-10-CM	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified wrist
M05.54	Diagnosis	ICD-10-CM	Rheumatoid polyneuropathy with rheumatoid arthritis of hand
M05.541	Diagnosis	ICD-10-CM	Rheumatoid polyneuropathy with rheumatoid arthritis of right hand
M05.542	Diagnosis	ICD-10-CM	Rheumatoid polyneuropathy with rheumatoid arthritis of left hand
M05.549	Diagnosis	ICD-10-CM	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified hand
M05.55	Diagnosis	ICD-10-CM	Rheumatoid polyneuropathy with rheumatoid arthritis of hip
M05.551	Diagnosis	ICD-10-CM	Rheumatoid polyneuropathy with rheumatoid arthritis of right hip
M05.552	Diagnosis	ICD-10-CM	Rheumatoid polyneuropathy with rheumatoid arthritis of left hip
M05.559	Diagnosis	ICD-10-CM	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified hip
M05.56	Diagnosis	ICD-10-CM	Rheumatoid polyneuropathy with rheumatoid arthritis of knee
M05.561	Diagnosis	ICD-10-CM	Rheumatoid polyneuropathy with rheumatoid arthritis of right knee
M05.562	Diagnosis	ICD-10-CM	Rheumatoid polyneuropathy with rheumatoid arthritis of left knee

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code		Code		Description
Code	Category	Code Type		
M05.569	Diagnosis	ICD-10-CM	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified knee	
M05.57	Diagnosis	ICD-10-CM	Rheumatoid polyneuropathy with rheumatoid arthritis of ankle and foot	
M05.571	Diagnosis	ICD-10-CM	Rheumatoid polyneuropathy with rheumatoid arthritis of right ankle and foot	
M05.572	Diagnosis	ICD-10-CM	Rheumatoid polyneuropathy with rheumatoid arthritis of left ankle and foot	
M05.579	Diagnosis	ICD-10-CM	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified ankle and foot	
M05.59	Diagnosis	ICD-10-CM	Rheumatoid polyneuropathy with rheumatoid arthritis of multiple sites	
M05.6	Diagnosis	ICD-10-CM	Rheumatoid arthritis with involvement of other organs and systems	
M05.60	Diagnosis	ICD-10-CM	Rheumatoid arthritis of unspecified site with involvement of other organs and systems	
M05.61	Diagnosis	ICD-10-CM	Rheumatoid arthritis of shoulder with involvement of other organs and systems	
M05.611	Diagnosis	ICD-10-CM	Rheumatoid arthritis of right shoulder with involvement of other organs and systems	
M05.612	Diagnosis	ICD-10-CM	Rheumatoid arthritis of left shoulder with involvement of other organs and systems	
			Rheumatoid arthritis of unspecified shoulder with involvement of other organs and systems	
M05.619	Diagnosis	ICD-10-CM	systems	
M05.62	Diagnosis	ICD-10-CM	Rheumatoid arthritis of elbow with involvement of other organs and systems	
M05.621	Diagnosis	ICD-10-CM	Rheumatoid arthritis of right elbow with involvement of other organs and systems	
M05.622	Diagnosis	ICD-10-CM	Rheumatoid arthritis of left elbow with involvement of other organs and systems	
M05.629	Diagnosis	ICD-10-CM	Rheumatoid arthritis of unspecified elbow with involvement of other organs and systems	
M05.63	Diagnosis	ICD-10-CM	Rheumatoid arthritis of wrist with involvement of other organs and systems	
M05.631	Diagnosis	ICD-10-CM	Rheumatoid arthritis of right wrist with involvement of other organs and systems	
M05.632	Diagnosis	ICD-10-CM	Rheumatoid arthritis of left wrist with involvement of other organs and systems	
M05.639	Diagnosis	ICD-10-CM	Rheumatoid arthritis of unspecified wrist with involvement of other organs and systems	
M05.64	Diagnosis	ICD-10-CM	Rheumatoid arthritis of hand with involvement of other organs and systems	
M05.641	Diagnosis	ICD-10-CM	Rheumatoid arthritis of right hand with involvement of other organs and systems	
M05.642	Diagnosis	ICD-10-CM	Rheumatoid arthritis of left hand with involvement of other organs and systems	
M05.649	Diagnosis	ICD-10-CM	Rheumatoid arthritis of unspecified hand with involvement of other organs and systems	
M05.65	Diagnosis	ICD-10-CM	Rheumatoid arthritis of hip with involvement of other organs and systems	
M05.651	Diagnosis	ICD-10-CM	Rheumatoid arthritis of right hip with involvement of other organs and systems	
M05.652	Diagnosis	ICD-10-CM	Rheumatoid arthritis of left hip with involvement of other organs and systems	
M05.659	Diagnosis	ICD-10-CM	Rheumatoid arthritis of unspecified hip with involvement of other organs and systems	
M05.66	Diagnosis	ICD-10-CM	Rheumatoid arthritis of knee with involvement of other organs and systems	
M05.661	Diagnosis	ICD-10-CM	Rheumatoid arthritis of right knee with involvement of other organs and systems	
M05.662	Diagnosis	ICD-10-CM	Rheumatoid arthritis of left knee with involvement of other organs and systems	
M05.669	Diagnosis	ICD-10-CM	Rheumatoid arthritis of unspecified knee with involvement of other organs and systems	
M05.67	Diagnosis	ICD-10-CM	Rheumatoid arthritis of ankle and foot with involvement of other organs and systems	
			Rheumatoid arthritis of right ankle and foot with involvement of other organs and systems	
M05.671	Diagnosis	ICD-10-CM	systems	
M05.672	Diagnosis	ICD-10-CM	Rheumatoid arthritis of left ankle and foot with involvement of other organs and systems	
			Rheumatoid arthritis of unspecified ankle and foot with involvement of other organs and systems	
M05.679	Diagnosis	ICD-10-CM	systems	
M05.69	Diagnosis	ICD-10-CM	Rheumatoid arthritis of multiple sites with involvement of other organs and systems	
M05.7	Diagnosis	ICD-10-CM	Rheumatoid arthritis with rheumatoid factor without organ or systems involvement	

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
M05.70	Diagnosis	ICD-10-CM	Rheumatoid arthritis with rheumatoid factor of unspecified site without organ or systems involvement
M05.71	Diagnosis	ICD-10-CM	Rheumatoid arthritis with rheumatoid factor of shoulder without organ or systems involvement
M05.711	Diagnosis	ICD-10-CM	Rheumatoid arthritis with rheumatoid factor of right shoulder without organ or systems involvement
M05.712	Diagnosis	ICD-10-CM	Rheumatoid arthritis with rheumatoid factor of left shoulder without organ or systems involvement
M05.719	Diagnosis	ICD-10-CM	Rheumatoid arthritis with rheumatoid factor of unspecified shoulder without organ or systems involvement
M05.72	Diagnosis	ICD-10-CM	Rheumatoid arthritis with rheumatoid factor of elbow without organ or systems involvement
M05.721	Diagnosis	ICD-10-CM	Rheumatoid arthritis with rheumatoid factor of right elbow without organ or systems involvement
M05.722	Diagnosis	ICD-10-CM	Rheumatoid arthritis with rheumatoid factor of left elbow without organ or systems involvement
M05.729	Diagnosis	ICD-10-CM	Rheumatoid arthritis with rheumatoid factor of unspecified elbow without organ or systems involvement
M05.73	Diagnosis	ICD-10-CM	Rheumatoid arthritis with rheumatoid factor of wrist without organ or systems involvement
M05.731	Diagnosis	ICD-10-CM	Rheumatoid arthritis with rheumatoid factor of right wrist without organ or systems involvement
M05.732	Diagnosis	ICD-10-CM	Rheumatoid arthritis with rheumatoid factor of left wrist without organ or systems involvement
M05.739	Diagnosis	ICD-10-CM	Rheumatoid arthritis with rheumatoid factor of unspecified wrist without organ or systems involvement
M05.74	Diagnosis	ICD-10-CM	Rheumatoid arthritis with rheumatoid factor of hand without organ or systems involvement
M05.741	Diagnosis	ICD-10-CM	Rheumatoid arthritis with rheumatoid factor of right hand without organ or systems involvement
M05.742	Diagnosis	ICD-10-CM	Rheumatoid arthritis with rheumatoid factor of left hand without organ or systems involvement
M05.749	Diagnosis	ICD-10-CM	Rheumatoid arthritis with rheumatoid factor of unspecified hand without organ or systems involvement
M05.75	Diagnosis	ICD-10-CM	Rheumatoid arthritis with rheumatoid factor of hip without organ or systems involvement
M05.751	Diagnosis	ICD-10-CM	Rheumatoid arthritis with rheumatoid factor of right hip without organ or systems involvement
M05.752	Diagnosis	ICD-10-CM	Rheumatoid arthritis with rheumatoid factor of left hip without organ or systems involvement
M05.759	Diagnosis	ICD-10-CM	Rheumatoid arthritis with rheumatoid factor of unspecified hip without organ or systems involvement

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
M05.76	Diagnosis	ICD-10-CM	Rheumatoid arthritis with rheumatoid factor of knee without organ or systems involvement
M05.761	Diagnosis	ICD-10-CM	Rheumatoid arthritis with rheumatoid factor of right knee without organ or systems involvement
M05.762	Diagnosis	ICD-10-CM	Rheumatoid arthritis with rheumatoid factor of left knee without organ or systems involvement
M05.769	Diagnosis	ICD-10-CM	Rheumatoid arthritis with rheumatoid factor of unspecified knee without organ or systems involvement
M05.77	Diagnosis	ICD-10-CM	Rheumatoid arthritis with rheumatoid factor of ankle and foot without organ or systems involvement
M05.771	Diagnosis	ICD-10-CM	Rheumatoid arthritis with rheumatoid factor of right ankle and foot without organ or systems involvement
M05.772	Diagnosis	ICD-10-CM	Rheumatoid arthritis with rheumatoid factor of left ankle and foot without organ or systems involvement
M05.779	Diagnosis	ICD-10-CM	Rheumatoid arthritis with rheumatoid factor of unspecified ankle and foot without organ or systems involvement
M05.79	Diagnosis	ICD-10-CM	Rheumatoid arthritis with rheumatoid factor of multiple sites without organ or systems involvement
M05.7A	Diagnosis	ICD-10-CM	Rheumatoid arthritis with rheumatoid factor of other specified site without organ or systems involvement
M05.8	Diagnosis	ICD-10-CM	Other rheumatoid arthritis with rheumatoid factor
M05.80	Diagnosis	ICD-10-CM	Other rheumatoid arthritis with rheumatoid factor of unspecified site
M05.81	Diagnosis	ICD-10-CM	Other rheumatoid arthritis with rheumatoid factor of shoulder
M05.811	Diagnosis	ICD-10-CM	Other rheumatoid arthritis with rheumatoid factor of right shoulder
M05.812	Diagnosis	ICD-10-CM	Other rheumatoid arthritis with rheumatoid factor of left shoulder
M05.819	Diagnosis	ICD-10-CM	Other rheumatoid arthritis with rheumatoid factor of unspecified shoulder
M05.82	Diagnosis	ICD-10-CM	Other rheumatoid arthritis with rheumatoid factor of elbow
M05.821	Diagnosis	ICD-10-CM	Other rheumatoid arthritis with rheumatoid factor of right elbow
M05.822	Diagnosis	ICD-10-CM	Other rheumatoid arthritis with rheumatoid factor of left elbow
M05.829	Diagnosis	ICD-10-CM	Other rheumatoid arthritis with rheumatoid factor of unspecified elbow
M05.83	Diagnosis	ICD-10-CM	Other rheumatoid arthritis with rheumatoid factor of wrist
M05.831	Diagnosis	ICD-10-CM	Other rheumatoid arthritis with rheumatoid factor of right wrist
M05.832	Diagnosis	ICD-10-CM	Other rheumatoid arthritis with rheumatoid factor of left wrist
M05.839	Diagnosis	ICD-10-CM	Other rheumatoid arthritis with rheumatoid factor of unspecified wrist
M05.84	Diagnosis	ICD-10-CM	Other rheumatoid arthritis with rheumatoid factor of hand
M05.841	Diagnosis	ICD-10-CM	Other rheumatoid arthritis with rheumatoid factor of right hand
M05.842	Diagnosis	ICD-10-CM	Other rheumatoid arthritis with rheumatoid factor of left hand
M05.849	Diagnosis	ICD-10-CM	Other rheumatoid arthritis with rheumatoid factor of unspecified hand
M05.85	Diagnosis	ICD-10-CM	Other rheumatoid arthritis with rheumatoid factor of hip
M05.851	Diagnosis	ICD-10-CM	Other rheumatoid arthritis with rheumatoid factor of right hip
M05.852	Diagnosis	ICD-10-CM	Other rheumatoid arthritis with rheumatoid factor of left hip
M05.859	Diagnosis	ICD-10-CM	Other rheumatoid arthritis with rheumatoid factor of unspecified hip

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
M05.86	Diagnosis	ICD-10-CM	Other rheumatoid arthritis with rheumatoid factor of knee
M05.861	Diagnosis	ICD-10-CM	Other rheumatoid arthritis with rheumatoid factor of right knee
M05.862	Diagnosis	ICD-10-CM	Other rheumatoid arthritis with rheumatoid factor of left knee
M05.869	Diagnosis	ICD-10-CM	Other rheumatoid arthritis with rheumatoid factor of unspecified knee
M05.87	Diagnosis	ICD-10-CM	Other rheumatoid arthritis with rheumatoid factor of ankle and foot
M05.871	Diagnosis	ICD-10-CM	Other rheumatoid arthritis with rheumatoid factor of right ankle and foot
M05.872	Diagnosis	ICD-10-CM	Other rheumatoid arthritis with rheumatoid factor of left ankle and foot
M05.879	Diagnosis	ICD-10-CM	Other rheumatoid arthritis with rheumatoid factor of unspecified ankle and foot
M05.89	Diagnosis	ICD-10-CM	Other rheumatoid arthritis with rheumatoid factor of multiple sites
M05.8A	Diagnosis	ICD-10-CM	Other rheumatoid arthritis with rheumatoid factor of other specified site
M05.9	Diagnosis	ICD-10-CM	Rheumatoid arthritis with rheumatoid factor, unspecified
M06	Diagnosis	ICD-10-CM	Other rheumatoid arthritis
M06.0	Diagnosis	ICD-10-CM	Rheumatoid arthritis without rheumatoid factor
M06.00	Diagnosis	ICD-10-CM	Rheumatoid arthritis without rheumatoid factor, unspecified site
M06.01	Diagnosis	ICD-10-CM	Rheumatoid arthritis without rheumatoid factor, shoulder
M06.011	Diagnosis	ICD-10-CM	Rheumatoid arthritis without rheumatoid factor, right shoulder
M06.012	Diagnosis	ICD-10-CM	Rheumatoid arthritis without rheumatoid factor, left shoulder
M06.019	Diagnosis	ICD-10-CM	Rheumatoid arthritis without rheumatoid factor, unspecified shoulder
M06.02	Diagnosis	ICD-10-CM	Rheumatoid arthritis without rheumatoid factor, elbow
M06.021	Diagnosis	ICD-10-CM	Rheumatoid arthritis without rheumatoid factor, right elbow
M06.022	Diagnosis	ICD-10-CM	Rheumatoid arthritis without rheumatoid factor, left elbow
M06.029	Diagnosis	ICD-10-CM	Rheumatoid arthritis without rheumatoid factor, unspecified elbow
M06.03	Diagnosis	ICD-10-CM	Rheumatoid arthritis without rheumatoid factor, wrist
M06.031	Diagnosis	ICD-10-CM	Rheumatoid arthritis without rheumatoid factor, right wrist
M06.032	Diagnosis	ICD-10-CM	Rheumatoid arthritis without rheumatoid factor, left wrist
M06.039	Diagnosis	ICD-10-CM	Rheumatoid arthritis without rheumatoid factor, unspecified wrist
M06.04	Diagnosis	ICD-10-CM	Rheumatoid arthritis without rheumatoid factor, hand
M06.041	Diagnosis	ICD-10-CM	Rheumatoid arthritis without rheumatoid factor, right hand
M06.042	Diagnosis	ICD-10-CM	Rheumatoid arthritis without rheumatoid factor, left hand
M06.049	Diagnosis	ICD-10-CM	Rheumatoid arthritis without rheumatoid factor, unspecified hand
M06.05	Diagnosis	ICD-10-CM	Rheumatoid arthritis without rheumatoid factor, hip
M06.051	Diagnosis	ICD-10-CM	Rheumatoid arthritis without rheumatoid factor, right hip
M06.052	Diagnosis	ICD-10-CM	Rheumatoid arthritis without rheumatoid factor, left hip
M06.059	Diagnosis	ICD-10-CM	Rheumatoid arthritis without rheumatoid factor, unspecified hip
M06.06	Diagnosis	ICD-10-CM	Rheumatoid arthritis without rheumatoid factor, knee
M06.061	Diagnosis	ICD-10-CM	Rheumatoid arthritis without rheumatoid factor, right knee
M06.062	Diagnosis	ICD-10-CM	Rheumatoid arthritis without rheumatoid factor, left knee
M06.069	Diagnosis	ICD-10-CM	Rheumatoid arthritis without rheumatoid factor, unspecified knee
M06.07	Diagnosis	ICD-10-CM	Rheumatoid arthritis without rheumatoid factor, ankle and foot
M06.071	Diagnosis	ICD-10-CM	Rheumatoid arthritis without rheumatoid factor, right ankle and foot
M06.072	Diagnosis	ICD-10-CM	Rheumatoid arthritis without rheumatoid factor, left ankle and foot
M06.079	Diagnosis	ICD-10-CM	Rheumatoid arthritis without rheumatoid factor, unspecified ankle and foot

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
M06.08	Diagnosis	ICD-10-CM	Rheumatoid arthritis without rheumatoid factor, vertebrae
M06.09	Diagnosis	ICD-10-CM	Rheumatoid arthritis without rheumatoid factor, multiple sites
M06.0A	Diagnosis	ICD-10-CM	Rheumatoid arthritis without rheumatoid factor, other specified site
M06.8	Diagnosis	ICD-10-CM	Other specified rheumatoid arthritis
M06.80	Diagnosis	ICD-10-CM	Other specified rheumatoid arthritis, unspecified site
M06.81	Diagnosis	ICD-10-CM	Other specified rheumatoid arthritis, shoulder
M06.811	Diagnosis	ICD-10-CM	Other specified rheumatoid arthritis, right shoulder
M06.812	Diagnosis	ICD-10-CM	Other specified rheumatoid arthritis, left shoulder
M06.819	Diagnosis	ICD-10-CM	Other specified rheumatoid arthritis, unspecified shoulder
M06.82	Diagnosis	ICD-10-CM	Other specified rheumatoid arthritis, elbow
M06.821	Diagnosis	ICD-10-CM	Other specified rheumatoid arthritis, right elbow
M06.822	Diagnosis	ICD-10-CM	Other specified rheumatoid arthritis, left elbow
M06.829	Diagnosis	ICD-10-CM	Other specified rheumatoid arthritis, unspecified elbow
M06.83	Diagnosis	ICD-10-CM	Other specified rheumatoid arthritis, wrist
M06.831	Diagnosis	ICD-10-CM	Other specified rheumatoid arthritis, right wrist
M06.832	Diagnosis	ICD-10-CM	Other specified rheumatoid arthritis, left wrist
M06.839	Diagnosis	ICD-10-CM	Other specified rheumatoid arthritis, unspecified wrist
M06.84	Diagnosis	ICD-10-CM	Other specified rheumatoid arthritis, hand
M06.841	Diagnosis	ICD-10-CM	Other specified rheumatoid arthritis, right hand
M06.842	Diagnosis	ICD-10-CM	Other specified rheumatoid arthritis, left hand
M06.849	Diagnosis	ICD-10-CM	Other specified rheumatoid arthritis, unspecified hand
M06.85	Diagnosis	ICD-10-CM	Other specified rheumatoid arthritis, hip
M06.851	Diagnosis	ICD-10-CM	Other specified rheumatoid arthritis, right hip
M06.852	Diagnosis	ICD-10-CM	Other specified rheumatoid arthritis, left hip
M06.859	Diagnosis	ICD-10-CM	Other specified rheumatoid arthritis, unspecified hip
M06.86	Diagnosis	ICD-10-CM	Other specified rheumatoid arthritis, knee
M06.861	Diagnosis	ICD-10-CM	Other specified rheumatoid arthritis, right knee
M06.862	Diagnosis	ICD-10-CM	Other specified rheumatoid arthritis, left knee
M06.869	Diagnosis	ICD-10-CM	Other specified rheumatoid arthritis, unspecified knee
M06.87	Diagnosis	ICD-10-CM	Other specified rheumatoid arthritis, ankle and foot
M06.871	Diagnosis	ICD-10-CM	Other specified rheumatoid arthritis, right ankle and foot
M06.872	Diagnosis	ICD-10-CM	Other specified rheumatoid arthritis, left ankle and foot
M06.879	Diagnosis	ICD-10-CM	Other specified rheumatoid arthritis, unspecified ankle and foot
M06.88	Diagnosis	ICD-10-CM	Other specified rheumatoid arthritis, vertebrae
M06.89	Diagnosis	ICD-10-CM	Other specified rheumatoid arthritis, multiple sites
M06.8A	Diagnosis	ICD-10-CM	Other specified rheumatoid arthritis, other specified site
M06.9	Diagnosis	ICD-10-CM	Rheumatoid arthritis, unspecified
714	Diagnosis	ICD-9-CM	Rheumatoid arthritis
714.2	Diagnosis	ICD-9-CM	Other rheumatoid arthritis with visceral or systemic involvement
714.3	Diagnosis	ICD-9-CM	Polyarticular juvenile rheumatoid arthritis, chronic or unspecified
714.32	Diagnosis	ICD-9-CM	Pauciarticular juvenile rheumatoid arthritis
714.33	Diagnosis	ICD-9-CM	Monoarticular juvenile rheumatoid arthritis

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
714.81	Diagnosis	ICD-9-CM	Rheumatoid lung
M06.372	Diagnosis	ICD-10-CM	Rheumatoid nodule, left ankle and foot
M06.322	Diagnosis	ICD-10-CM	Rheumatoid nodule, left elbow
M06.342	Diagnosis	ICD-10-CM	Rheumatoid nodule, left hand
M06.352	Diagnosis	ICD-10-CM	Rheumatoid nodule, left hip
M06.362	Diagnosis	ICD-10-CM	Rheumatoid nodule, left knee
M06.312	Diagnosis	ICD-10-CM	Rheumatoid nodule, left shoulder
M06.332	Diagnosis	ICD-10-CM	Rheumatoid nodule, left wrist
M06.39	Diagnosis	ICD-10-CM	Rheumatoid nodule, multiple sites
M06.371	Diagnosis	ICD-10-CM	Rheumatoid nodule, right ankle and foot
M06.321	Diagnosis	ICD-10-CM	Rheumatoid nodule, right elbow
M06.341	Diagnosis	ICD-10-CM	Rheumatoid nodule, right hand
M06.351	Diagnosis	ICD-10-CM	Rheumatoid nodule, right hip
M06.361	Diagnosis	ICD-10-CM	Rheumatoid nodule, right knee
M06.311	Diagnosis	ICD-10-CM	Rheumatoid nodule, right shoulder
M06.331	Diagnosis	ICD-10-CM	Rheumatoid nodule, right wrist
M06.379	Diagnosis	ICD-10-CM	Rheumatoid nodule, unspecified ankle and foot
M06.329	Diagnosis	ICD-10-CM	Rheumatoid nodule, unspecified elbow
M06.349	Diagnosis	ICD-10-CM	Rheumatoid nodule, unspecified hand
M06.359	Diagnosis	ICD-10-CM	Rheumatoid nodule, unspecified hip
M06.369	Diagnosis	ICD-10-CM	Rheumatoid nodule, unspecified knee
M06.319	Diagnosis	ICD-10-CM	Rheumatoid nodule, unspecified shoulder
M06.30	Diagnosis	ICD-10-CM	Rheumatoid nodule, unspecified site
M06.339	Diagnosis	ICD-10-CM	Rheumatoid nodule, unspecified wrist
M06.38	Diagnosis	ICD-10-CM	Rheumatoid nodule, vertebrae
Systemic Lupus Erythematosus			
M32	Diagnosis	ICD-10-CM	Systemic lupus erythematosus (SLE)
M32.0	Diagnosis	ICD-10-CM	Drug-induced systemic lupus erythematosus
M32.1	Diagnosis	ICD-10-CM	Systemic lupus erythematosus with organ or system involvement
M32.10	Diagnosis	ICD-10-CM	Systemic lupus erythematosus, organ or system involvement unspecified
M32.11	Diagnosis	ICD-10-CM	Endocarditis in systemic lupus erythematosus
M32.12	Diagnosis	ICD-10-CM	Pericarditis in systemic lupus erythematosus
M32.13	Diagnosis	ICD-10-CM	Lung involvement in systemic lupus erythematosus
M32.14	Diagnosis	ICD-10-CM	Glomerular disease in systemic lupus erythematosus
M32.15	Diagnosis	ICD-10-CM	Tubulo-interstitial nephropathy in systemic lupus erythematosus
M32.19	Diagnosis	ICD-10-CM	Other organ or system involvement in systemic lupus erythematosus
M32.8	Diagnosis	ICD-10-CM	Other forms of systemic lupus erythematosus
M32.9	Diagnosis	ICD-10-CM	Systemic lupus erythematosus, unspecified
710	Diagnosis	ICD-9-CM	Systemic lupus erythematosus
Sjogren Syndrome			
M35.0	Diagnosis	ICD-10-CM	Sjogren syndrome
M35.00	Diagnosis	ICD-10-CM	Sjogren syndrome, unspecified

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
M35.01	Diagnosis	ICD-10-CM	Sjogren syndrome with keratoconjunctivitis
M35.02	Diagnosis	ICD-10-CM	Sjogren syndrome with lung involvement
M35.03	Diagnosis	ICD-10-CM	Sjogren syndrome with myopathy
M35.04	Diagnosis	ICD-10-CM	Sjogren syndrome with tubulo-interstitial nephropathy
M35.05	Diagnosis	ICD-10-CM	Sjogren syndrome with inflammatory arthritis
M35.06	Diagnosis	ICD-10-CM	Sjogren syndrome with peripheral nervous system involvement
M35.07	Diagnosis	ICD-10-CM	Sjogren syndrome with central nervous system involvement
M35.08	Diagnosis	ICD-10-CM	Sjogren syndrome with gastrointestinal involvement
M35.09	Diagnosis	ICD-10-CM	Sjogren syndrome with other organ involvement
M35.0A	Diagnosis	ICD-10-CM	Sjogren syndrome with glomerular disease
M35.0B	Diagnosis	ICD-10-CM	Sjogren syndrome with vasculitis
M35.0C	Diagnosis	ICD-10-CM	Sjogren syndrome with dental involvement
Celiac Disease			
K90.0	Diagnosis	ICD-10-CM	Celiac disease
579	Diagnosis	ICD-9-CM	Celiac disease
D69.0	Diagnosis	ICD-10-CM	Allergic purpura
M30.0	Diagnosis	ICD-10-CM	Polyarteritis nodosa
M31.7	Diagnosis	ICD-10-CM	Microscopic polyangiitis
M31.0	Diagnosis	ICD-10-CM	Hypersensitivity angiitis
M31.5	Diagnosis	ICD-10-CM	Giant cell arteritis with polymyalgia rheumatica
M31.6	Diagnosis	ICD-10-CM	Other giant cell arteritis
M31.4	Diagnosis	ICD-10-CM	Aortic arch syndrome [Takayasu]
M31.8	Diagnosis	ICD-10-CM	Other specified necrotizing vasculopathies
M31.9	Diagnosis	ICD-10-CM	Necrotizing vasculopathy, unspecified
M31.3	Diagnosis	ICD-10-CM	Wegener's granulomatosis
447.6	Diagnosis	ICD-9-CM	Unspecified arteritis
446.7	Diagnosis	ICD-9-CM	Takayasu's disease
446.5	Diagnosis	ICD-9-CM	Giant cell arteritis
446.4	Diagnosis	ICD-9-CM	Wegener's granulomatosis
446.2	Diagnosis	ICD-9-CM	Hypersensitivity angiitis
446	Diagnosis	ICD-9-CM	Polyarteritis nodosa
M35.2	Diagnosis	ICD-10-CM	Behcet's disease
136.1	Diagnosis	ICD-9-CM	Behcet's syndrome
711.2	Diagnosis	ICD-9-CM	Arthropathy in Behcet's syndrome, site unspecified
711.21	Diagnosis	ICD-9-CM	Arthropathy in Behcet's syndrome, shoulder region
711.22	Diagnosis	ICD-9-CM	Arthropathy in Behcet's syndrome, upper arm
711.23	Diagnosis	ICD-9-CM	Arthropathy in Behcet's syndrome, forearm
711.24	Diagnosis	ICD-9-CM	Arthropathy in Behcet's syndrome, hand
711.25	Diagnosis	ICD-9-CM	Arthropathy in Behcet's syndrome, pelvic region and thigh
711.26	Diagnosis	ICD-9-CM	Arthropathy in Behcet's syndrome, lower leg
711.27	Diagnosis	ICD-9-CM	Arthropathy in Behcet's syndrome, ankle and foot
711.28	Diagnosis	ICD-9-CM	Arthropathy in Behcet's syndrome, other specified sites

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
711.29	Diagnosis	ICD-9-CM	Arthropathy in Behcet's syndrome, multiple sites
I73.1	Diagnosis	ICD-10-CM	Thromboangiitis obliterans [Buerger's disease]
443.1	Diagnosis	ICD-9-CM	Thromboangiitis obliterans (Buerger's disease)
M30.1	Diagnosis	ICD-10-CM	Polyarteritis with lung involvement [Churg-Strauss]
D89.1	Diagnosis	ICD-10-CM	Cryoglobulinemia
M31.30	Diagnosis	ICD-10-CM	Wegener's granulomatosis without renal involvement
M31.31	Diagnosis	ICD-10-CM	Wegener's granulomatosis with renal involvement
L95	Diagnosis	ICD-10-CM	Vasculitis limited to skin, not elsewhere classified
287	Diagnosis	ICD-9-CM	Allergic purpura
M30.3	Diagnosis	ICD-10-CM	Mucocutaneous lymph node syndrome [Kawasaki]
446.1	Diagnosis	ICD-9-CM	Acute febrile mucocutaneous lymph node syndrome (MCLS)
Esophagus Stomach and Duodenum Disease			
530	Diagnosis	ICD-9-CM	Achalasia and cardiospasm
530.1	Diagnosis	ICD-9-CM	Unspecified esophagitis
530.11	Diagnosis	ICD-9-CM	Reflux esophagitis
530.12	Diagnosis	ICD-9-CM	Acute esophagitis
530.13	Diagnosis	ICD-9-CM	Eosinophilic esophagitis
530.19	Diagnosis	ICD-9-CM	Other esophagitis
530.2	Diagnosis	ICD-9-CM	Ulcer of esophagus without bleeding
530.21	Diagnosis	ICD-9-CM	Ulcer of esophagus with bleeding
530.3	Diagnosis	ICD-9-CM	Stricture and stenosis of esophagus
530.4	Diagnosis	ICD-9-CM	Perforation of esophagus
530.5	Diagnosis	ICD-9-CM	Dyskinesia of esophagus
530.6	Diagnosis	ICD-9-CM	Diverticulum of esophagus, acquired
530.7	Diagnosis	ICD-9-CM	Gastroesophageal laceration-hemorrhage syndrome
530.81	Diagnosis	ICD-9-CM	Esophageal reflux
530.82	Diagnosis	ICD-9-CM	Esophageal hemorrhage
530.83	Diagnosis	ICD-9-CM	Esophageal leukoplakia
530.85	Diagnosis	ICD-9-CM	Barrett's esophagus
530.89	Diagnosis	ICD-9-CM	Other specified disorder of the esophagus
530.9	Diagnosis	ICD-9-CM	Unspecified disorder of esophagus
533	Diagnosis	ICD-9-CM	Acute peptic ulcer, unspecified site, with hemorrhage, without mention of obstruction
533.01	Diagnosis	ICD-9-CM	Acute peptic ulcer, unspecified site, with hemorrhage and obstruction
533.1	Diagnosis	ICD-9-CM	Acute peptic ulcer, unspecified site, with perforation, without mention of obstruction
533.11	Diagnosis	ICD-9-CM	Acute peptic ulcer, unspecified site, with perforation and obstruction
			Acute peptic ulcer, unspecified site, with hemorrhage and perforation, without mention of obstruction
533.2	Diagnosis	ICD-9-CM	Acute peptic ulcer, unspecified site, with hemorrhage, perforation, and obstruction
533.21	Diagnosis	ICD-9-CM	Acute peptic ulcer, unspecified site, without mention of hemorrhage, perforation, or obstruction
533.3	Diagnosis	ICD-9-CM	Acute peptic ulcer, unspecified site, without mention of hemorrhage and perforation, with obstruction
533.31	Diagnosis	ICD-9-CM	

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
533.4	Diagnosis	ICD-9-CM	Chronic or unspecified peptic ulcer, unspecified site, with hemorrhage, without mention of obstruction
533.41	Diagnosis	ICD-9-CM	Chronic or unspecified peptic ulcer, unspecified site, with hemorrhage and obstruction
533.5	Diagnosis	ICD-9-CM	Chronic or unspecified peptic ulcer, unspecified site, with perforation, without mention of obstruction
533.51	Diagnosis	ICD-9-CM	Chronic or unspecified peptic ulcer, unspecified site, with perforation and obstruction
533.6	Diagnosis	ICD-9-CM	Chronic or unspecified peptic ulcer, unspecified site, with hemorrhage and perforation, without mention of obstruction
533.61	Diagnosis	ICD-9-CM	Chronic or unspecified peptic ulcer, unspecified site, with hemorrhage, perforation, and obstruction
533.7	Diagnosis	ICD-9-CM	Chronic peptic ulcer, unspecified site, without mention of hemorrhage, perforation, or obstruction
533.71	Diagnosis	ICD-9-CM	Chronic peptic ulcer of unspecified site without mention of hemorrhage or perforation, with obstruction
533.9	Diagnosis	ICD-9-CM	Peptic ulcer, unspecified site, unspecified as acute or chronic, without mention of hemorrhage, perforation, or obstruction
533.91	Diagnosis	ICD-9-CM	Peptic ulcer, unspecified site, unspecified as acute or chronic, without mention of hemorrhage or perforation, with obstruction
533.9	Diagnosis	ICD-9-CM	Peptic ulcer, unspecified site, unspecified as acute or chronic, without mention of hemorrhage or perforation
533.7	Diagnosis	ICD-9-CM	Chronic peptic ulcer, unspecified site, without mention of hemorrhage or perforation
533.6	Diagnosis	ICD-9-CM	Chronic or unspecified peptic ulcer, unspecified site, with hemorrhage and perforation
533.5	Diagnosis	ICD-9-CM	Chronic or unspecified peptic ulcer, unspecified site, with perforation
533.4	Diagnosis	ICD-9-CM	Chronic or unspecified peptic ulcer, unspecified site, with hemorrhage
533.3	Diagnosis	ICD-9-CM	Acute peptic ulcer, unspecified site, without mention of hemorrhage and perforation
533.2	Diagnosis	ICD-9-CM	Acute peptic ulcer, unspecified site, with hemorrhage and perforation
533.1	Diagnosis	ICD-9-CM	Acute peptic ulcer, unspecified site, with perforation
533	Diagnosis	ICD-9-CM	Acute peptic ulcer, unspecified site, with hemorrhage
533	Diagnosis	ICD-9-CM	Peptic ulcer, site unspecified
530.87	Diagnosis	ICD-9-CM	Mechanical complication of esophagostomy
530.86	Diagnosis	ICD-9-CM	Infection of esophagostomy
530.84	Diagnosis	ICD-9-CM	Tracheoesophageal fistula
530.8	Diagnosis	ICD-9-CM	Other specified disorders of esophagus
530.2	Diagnosis	ICD-9-CM	Ulcer of esophagus
530.1	Diagnosis	ICD-9-CM	Esophagitis
530	Diagnosis	ICD-9-CM	Diseases of esophagus
531	Diagnosis	ICD-9-CM	Acute gastric ulcer with hemorrhage, without mention of obstruction
531.01	Diagnosis	ICD-9-CM	Acute gastric ulcer with hemorrhage and obstruction
531.1	Diagnosis	ICD-9-CM	Acute gastric ulcer with perforation, without mention of obstruction
531.11	Diagnosis	ICD-9-CM	Acute gastric ulcer with perforation and obstruction
531.2	Diagnosis	ICD-9-CM	Acute gastric ulcer with hemorrhage and perforation, without mention of obstruction
531.21	Diagnosis	ICD-9-CM	Acute gastric ulcer with hemorrhage, perforation, and obstruction

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
531.3	Diagnosis	ICD-9-CM	Acute gastric ulcer without mention of hemorrhage, perforation, or obstruction
531.31	Diagnosis	ICD-9-CM	Acute gastric ulcer without mention of hemorrhage or perforation, with obstruction
531.4	Diagnosis	ICD-9-CM	Chronic or unspecified gastric ulcer with hemorrhage, without mention of obstruction
531.41	Diagnosis	ICD-9-CM	Chronic or unspecified gastric ulcer with hemorrhage and obstruction
531.5	Diagnosis	ICD-9-CM	Chronic or unspecified gastric ulcer with perforation, without mention of obstruction
531.51	Diagnosis	ICD-9-CM	Chronic or unspecified gastric ulcer with perforation and obstruction
531.6	Diagnosis	ICD-9-CM	Chronic or unspecified gastric ulcer with hemorrhage and perforation, without mention of obstruction
531.61	Diagnosis	ICD-9-CM	Chronic or unspecified gastric ulcer with hemorrhage, perforation, and obstruction
531.7	Diagnosis	ICD-9-CM	Chronic gastric ulcer without mention of hemorrhage, perforation, without mention of obstruction
531.71	Diagnosis	ICD-9-CM	Chronic gastric ulcer without mention of hemorrhage or perforation, with obstruction
531.9	Diagnosis	ICD-9-CM	Gastric ulcer, unspecified as acute or chronic, without mention of hemorrhage, perforation, or obstruction
531.91	Diagnosis	ICD-9-CM	Gastric ulcer, unspecified as acute or chronic, without mention of hemorrhage or perforation, with obstruction
532	Diagnosis	ICD-9-CM	Acute duodenal ulcer with hemorrhage, without mention of obstruction
532.01	Diagnosis	ICD-9-CM	Acute duodenal ulcer with hemorrhage and obstruction
532.1	Diagnosis	ICD-9-CM	Acute duodenal ulcer with perforation, without mention of obstruction
532.11	Diagnosis	ICD-9-CM	Acute duodenal ulcer with perforation and obstruction
532.2	Diagnosis	ICD-9-CM	Acute duodenal ulcer with hemorrhage and perforation, without mention of obstruction
532.21	Diagnosis	ICD-9-CM	Acute duodenal ulcer with hemorrhage, perforation, and obstruction
532.3	Diagnosis	ICD-9-CM	Acute duodenal ulcer without mention of hemorrhage, perforation, or obstruction
532.31	Diagnosis	ICD-9-CM	Acute duodenal ulcer without mention of hemorrhage or perforation, with obstruction
532.4	Diagnosis	ICD-9-CM	Duodenal ulcer, chronic or unspecified, with hemorrhage, without mention of obstruction
532.41	Diagnosis	ICD-9-CM	Chronic or unspecified duodenal ulcer with hemorrhage and obstruction
532.5	Diagnosis	ICD-9-CM	Chronic or unspecified duodenal ulcer with perforation, without mention of obstruction
532.51	Diagnosis	ICD-9-CM	Chronic or unspecified duodenal ulcer with perforation and obstruction
532.6	Diagnosis	ICD-9-CM	Chronic or unspecified duodenal ulcer with hemorrhage and perforation, without mention of obstruction
532.61	Diagnosis	ICD-9-CM	Chronic or unspecified duodenal ulcer with hemorrhage, perforation, and obstruction
532.7	Diagnosis	ICD-9-CM	Chronic duodenal ulcer without mention of hemorrhage, perforation, or obstruction
532.71	Diagnosis	ICD-9-CM	Chronic duodenal ulcer without mention of hemorrhage or perforation, with obstruction
532.9	Diagnosis	ICD-9-CM	Duodenal ulcer, unspecified as acute or chronic, without hemorrhage, perforation, or obstruction
532.91	Diagnosis	ICD-9-CM	Duodenal ulcer, unspecified as acute or chronic, without mention of hemorrhage or perforation, with obstruction
534	Diagnosis	ICD-9-CM	Acute gastrojejunal ulcer with hemorrhage, without mention of obstruction
534.01	Diagnosis	ICD-9-CM	Acute gastrojejunal ulcer, with hemorrhage and obstruction
534.1	Diagnosis	ICD-9-CM	Acute gastrojejunal ulcer with perforation, without mention of obstruction
534.11	Diagnosis	ICD-9-CM	Acute gastrojejunal ulcer with perforation and obstruction

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
534.2	Diagnosis	ICD-9-CM	Acute gastrojejunal ulcer with hemorrhage and perforation, without mention of obstruction
534.21	Diagnosis	ICD-9-CM	Acute gastrojejunal ulcer with hemorrhage, perforation, and obstruction
534.3	Diagnosis	ICD-9-CM	Acute gastrojejunal ulcer without mention of hemorrhage, perforation, or obstruction
534.31	Diagnosis	ICD-9-CM	Acute gastrojejunal ulcer without mention of hemorrhage or perforation, with obstruction
534.4	Diagnosis	ICD-9-CM	Chronic or unspecified gastrojejunal ulcer with hemorrhage, without mention of obstruction
534.41	Diagnosis	ICD-9-CM	Chronic or unspecified gastrojejunal ulcer, with hemorrhage and obstruction
534.5	Diagnosis	ICD-9-CM	Chronic or unspecified gastrojejunal ulcer with perforation, without mention of obstruction
534.51	Diagnosis	ICD-9-CM	Chronic or unspecified gastrojejunal ulcer with perforation and obstruction
534.6	Diagnosis	ICD-9-CM	Chronic or unspecified gastrojejunal ulcer with hemorrhage and perforation, without mention of obstruction
534.61	Diagnosis	ICD-9-CM	Chronic or unspecified gastrojejunal ulcer with hemorrhage, perforation, and obstruction
534.7	Diagnosis	ICD-9-CM	Chronic gastrojejunal ulcer without mention of hemorrhage, perforation, or obstruction
534.71	Diagnosis	ICD-9-CM	Chronic gastrojejunal ulcer without mention of hemorrhage or perforation, with obstruction
534.9	Diagnosis	ICD-9-CM	Gastrojejunal ulcer, unspecified as acute or chronic, without mention of hemorrhage, perforation, or obstruction
534.91	Diagnosis	ICD-9-CM	Gastrojejunal ulcer, unspecified as acute or chronic, without mention of hemorrhage or perforation, with obstruction
535	Diagnosis	ICD-9-CM	Acute gastritis without mention of hemorrhage
535.01	Diagnosis	ICD-9-CM	Acute gastritis with hemorrhage
535.1	Diagnosis	ICD-9-CM	Atrophic gastritis without mention of hemorrhage
535.11	Diagnosis	ICD-9-CM	Atrophic gastritis with hemorrhage
535.2	Diagnosis	ICD-9-CM	Gastric mucosal hypertrophy without mention of hemorrhage
535.21	Diagnosis	ICD-9-CM	Gastric mucosal hypertrophy with hemorrhage
535.3	Diagnosis	ICD-9-CM	Alcoholic gastritis without mention of hemorrhage
535.31	Diagnosis	ICD-9-CM	Alcoholic gastritis with hemorrhage
535.4	Diagnosis	ICD-9-CM	Other specified gastritis without mention of hemorrhage
535.41	Diagnosis	ICD-9-CM	Other specified gastritis with hemorrhage
535.5	Diagnosis	ICD-9-CM	Unspecified gastritis and gastroduodenitis without mention of hemorrhage
535.51	Diagnosis	ICD-9-CM	Unspecified gastritis and gastroduodenitis with hemorrhage
535.6	Diagnosis	ICD-9-CM	Duodenitis without mention of hemorrhage
535.61	Diagnosis	ICD-9-CM	Duodenitis with hemorrhage
536	Diagnosis	ICD-9-CM	Achlorhydria
536.1	Diagnosis	ICD-9-CM	Acute dilatation of stomach
536.3	Diagnosis	ICD-9-CM	Gastroparesis
536.8	Diagnosis	ICD-9-CM	Dyspepsia and other specified disorders of function of stomach
536.9	Diagnosis	ICD-9-CM	Unspecified functional disorder of stomach

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
537	Diagnosis	ICD-9-CM	Acquired hypertrophic pyloric stenosis
537.1	Diagnosis	ICD-9-CM	Gastric diverticulum
537.2	Diagnosis	ICD-9-CM	Chronic duodenal ileus
537.3	Diagnosis	ICD-9-CM	Other obstruction of duodenum
537.4	Diagnosis	ICD-9-CM	Fistula of stomach or duodenum
537.5	Diagnosis	ICD-9-CM	Gastroptosis
537.6	Diagnosis	ICD-9-CM	Hourglass stricture or stenosis of stomach
537.82	Diagnosis	ICD-9-CM	Angiodysplasia of stomach and duodenum (without mention of hemorrhage)
537.83	Diagnosis	ICD-9-CM	Angiodysplasia of stomach and duodenum with hemorrhage
537.84	Diagnosis	ICD-9-CM	Dieulafoy lesion (hemorrhagic) of stomach and duodenum
537.89	Diagnosis	ICD-9-CM	Other specified disorder of stomach and duodenum
537.9	Diagnosis	ICD-9-CM	Unspecified disorder of stomach and duodenum
539.89	Diagnosis	ICD-9-CM	Other complications of other bariatric procedure
539.81	Diagnosis	ICD-9-CM	Infection due to other bariatric procedure
539.8	Diagnosis	ICD-9-CM	Complications of other bariatric procedure
539.09	Diagnosis	ICD-9-CM	Other complications of gastric band procedure
539.01	Diagnosis	ICD-9-CM	Infection due to gastric band procedure
539	Diagnosis	ICD-9-CM	Complications of gastric band procedure
539	Diagnosis	ICD-9-CM	Complications of bariatric procedures
538	Diagnosis	ICD-9-CM	Gastrointestinal mucositis (ulcerative)
537.8	Diagnosis	ICD-9-CM	Other specified disorders of stomach and duodenum
537	Diagnosis	ICD-9-CM	Other disorders of stomach and duodenum
536.49	Diagnosis	ICD-9-CM	Other gastrostomy complications
536.42	Diagnosis	ICD-9-CM	Mechanical complication of gastrostomy
536.41	Diagnosis	ICD-9-CM	Infection of gastrostomy
536.4	Diagnosis	ICD-9-CM	Unspecified gastrostomy complication
536.4	Diagnosis	ICD-9-CM	Gastrostomy complications
536.2	Diagnosis	ICD-9-CM	Persistent vomiting
536	Diagnosis	ICD-9-CM	Disorders of function of stomach
535.71	Diagnosis	ICD-9-CM	Eosinophilic gastritis with hemorrhage
535.7	Diagnosis	ICD-9-CM	Eosinophilic gastritis without mention of hemorrhage
535.7	Diagnosis	ICD-9-CM	Eosinophilic gastritis
535.6	Diagnosis	ICD-9-CM	Duodenitis
535.5	Diagnosis	ICD-9-CM	Unspecified gastritis and gastroduodenitis
535.4	Diagnosis	ICD-9-CM	Other specified gastritis
535.3	Diagnosis	ICD-9-CM	Alcoholic gastritis
535.2	Diagnosis	ICD-9-CM	Gastric mucosal hypertrophy
535.1	Diagnosis	ICD-9-CM	Atrophic gastritis
535	Diagnosis	ICD-9-CM	Acute gastritis
535	Diagnosis	ICD-9-CM	Gastritis and duodenitis
534.9	Diagnosis	ICD-9-CM	Gastrojejunal ulcer, unspecified as acute or chronic, without mention of hemorrhage or perforation

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
534.7	Diagnosis	ICD-9-CM	Chronic gastrojejunal ulcer without mention of hemorrhage or perforation
534.6	Diagnosis	ICD-9-CM	Chronic or unspecified gastrojejunal ulcer with hemorrhage and perforation
534.5	Diagnosis	ICD-9-CM	Chronic or unspecified gastrojejunal ulcer with perforation
534.4	Diagnosis	ICD-9-CM	Chronic or unspecified gastrojejunal ulcer with hemorrhage
534.3	Diagnosis	ICD-9-CM	Acute gastrojejunal ulcer without mention of hemorrhage or perforation
534.2	Diagnosis	ICD-9-CM	Acute gastrojejunal ulcer with hemorrhage and perforation
534.1	Diagnosis	ICD-9-CM	Acute gastrojejunal ulcer with perforation
534	Diagnosis	ICD-9-CM	Acute gastrojejunal ulcer with hemorrhage
534	Diagnosis	ICD-9-CM	Gastrojejunal ulcer
			Duodenal ulcer, unspecified as acute or chronic, without mention of hemorrhage or perforation
532.9	Diagnosis	ICD-9-CM	
532.7	Diagnosis	ICD-9-CM	Chronic duodenal ulcer without mention of hemorrhage or perforation
532.6	Diagnosis	ICD-9-CM	Chronic or unspecified duodenal ulcer with hemorrhage and perforation
532.5	Diagnosis	ICD-9-CM	Chronic or unspecified duodenal ulcer with perforation
532.4	Diagnosis	ICD-9-CM	Chronic or unspecified duodenal ulcer with hemorrhage
532.3	Diagnosis	ICD-9-CM	Acute duodenal ulcer without mention of hemorrhage or perforation
532.2	Diagnosis	ICD-9-CM	Acute duodenal ulcer with hemorrhage and perforation
532.1	Diagnosis	ICD-9-CM	Acute duodenal ulcer with perforation
532	Diagnosis	ICD-9-CM	Acute duodenal ulcer with hemorrhage
532	Diagnosis	ICD-9-CM	Duodenal ulcer
			Gastric ulcer, unspecified as acute or chronic, without mention of hemorrhage or perforation
531.9	Diagnosis	ICD-9-CM	
531.7	Diagnosis	ICD-9-CM	Chronic gastric ulcer without mention of hemorrhage or perforation
531.6	Diagnosis	ICD-9-CM	Chronic or unspecified gastric ulcer with hemorrhage and perforation
531.5	Diagnosis	ICD-9-CM	Chronic or unspecified gastric ulcer with perforation
531.4	Diagnosis	ICD-9-CM	Chronic or unspecified gastric ulcer with hemorrhage
531.3	Diagnosis	ICD-9-CM	Acute gastric ulcer without mention of hemorrhage or perforation
531.2	Diagnosis	ICD-9-CM	Acute gastric ulcer with hemorrhage and perforation
531.1	Diagnosis	ICD-9-CM	Acute gastric ulcer with perforation
531	Diagnosis	ICD-9-CM	Acute gastric ulcer with hemorrhage
531	Diagnosis	ICD-9-CM	Gastric ulcer
K20	Diagnosis	ICD-10-CM	Esophagitis
K20.0	Diagnosis	ICD-10-CM	Eosinophilic esophagitis
K20.8	Diagnosis	ICD-10-CM	Other esophagitis
K20.80	Diagnosis	ICD-10-CM	Other esophagitis without bleeding
K20.81	Diagnosis	ICD-10-CM	Other esophagitis with bleeding
K20.9	Diagnosis	ICD-10-CM	Esophagitis, unspecified
K20.90	Diagnosis	ICD-10-CM	Esophagitis, unspecified without bleeding
K20.91	Diagnosis	ICD-10-CM	Esophagitis, unspecified with bleeding
K21	Diagnosis	ICD-10-CM	Gastro-esophageal reflux disease
K21.0	Diagnosis	ICD-10-CM	Gastro-esophageal reflux disease with esophagitis
K21.00	Diagnosis	ICD-10-CM	Gastro-esophageal reflux disease with esophagitis, without bleeding

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
K21.01	Diagnosis	ICD-10-CM	Gastro-esophageal reflux disease with esophagitis, with bleeding
K21.9	Diagnosis	ICD-10-CM	Gastro-esophageal reflux disease without esophagitis
K22	Diagnosis	ICD-10-CM	Other diseases of esophagus
K22.0	Diagnosis	ICD-10-CM	Achalasia of cardia
K22.1	Diagnosis	ICD-10-CM	Ulcer of esophagus
K22.10	Diagnosis	ICD-10-CM	Ulcer of esophagus without bleeding
K22.11	Diagnosis	ICD-10-CM	Ulcer of esophagus with bleeding
K22.2	Diagnosis	ICD-10-CM	Esophageal obstruction
K22.3	Diagnosis	ICD-10-CM	Perforation of esophagus
K22.4	Diagnosis	ICD-10-CM	Dyskinesia of esophagus
K22.5	Diagnosis	ICD-10-CM	Diverticulum of esophagus, acquired
K22.6	Diagnosis	ICD-10-CM	Gastro-esophageal laceration-hemorrhage syndrome
K22.7	Diagnosis	ICD-10-CM	Barrett's esophagus
K22.70	Diagnosis	ICD-10-CM	Barrett's esophagus without dysplasia
K22.71	Diagnosis	ICD-10-CM	Barrett's esophagus with dysplasia
K22.710	Diagnosis	ICD-10-CM	Barrett's esophagus with low grade dysplasia
K22.711	Diagnosis	ICD-10-CM	Barrett's esophagus with high grade dysplasia
K22.719	Diagnosis	ICD-10-CM	Barrett's esophagus with dysplasia, unspecified
K22.8	Diagnosis	ICD-10-CM	Other specified diseases of esophagus
K22.81	Diagnosis	ICD-10-CM	Esophageal polyp
K22.82	Diagnosis	ICD-10-CM	Esophagogastric junction polyp
K22.89	Diagnosis	ICD-10-CM	Other specified disease of esophagus
K22.9	Diagnosis	ICD-10-CM	Disease of esophagus, unspecified
K23	Diagnosis	ICD-10-CM	Disorders of esophagus in diseases classified elsewhere
K27	Diagnosis	ICD-10-CM	Peptic ulcer, site unspecified
K27.0	Diagnosis	ICD-10-CM	Acute peptic ulcer, site unspecified, with hemorrhage
K27.1	Diagnosis	ICD-10-CM	Acute peptic ulcer, site unspecified, with perforation
K27.2	Diagnosis	ICD-10-CM	Acute peptic ulcer, site unspecified, with both hemorrhage and perforation
K27.3	Diagnosis	ICD-10-CM	Acute peptic ulcer, site unspecified, without hemorrhage or perforation
K27.4	Diagnosis	ICD-10-CM	Chronic or unspecified peptic ulcer, site unspecified, with hemorrhage
K27.5	Diagnosis	ICD-10-CM	Chronic or unspecified peptic ulcer, site unspecified, with perforation
K27.6	Diagnosis	ICD-10-CM	Chronic or unspecified peptic ulcer, site unspecified, with both hemorrhage and perforation
K27.7	Diagnosis	ICD-10-CM	Chronic peptic ulcer, site unspecified, without hemorrhage or perforation
K27.9	Diagnosis	ICD-10-CM	Peptic ulcer, site unspecified, unspecified as acute or chronic, without hemorrhage or perforation
K28	Diagnosis	ICD-10-CM	Gastrojejunal ulcer
K28.0	Diagnosis	ICD-10-CM	Acute gastrojejunal ulcer with hemorrhage
K28.1	Diagnosis	ICD-10-CM	Acute gastrojejunal ulcer with perforation
K28.2	Diagnosis	ICD-10-CM	Acute gastrojejunal ulcer with both hemorrhage and perforation
K28.3	Diagnosis	ICD-10-CM	Acute gastrojejunal ulcer without hemorrhage or perforation
K28.4	Diagnosis	ICD-10-CM	Chronic or unspecified gastrojejunal ulcer with hemorrhage

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code		Code		Description
Code	Category	Code Type		
K28.5	Diagnosis	ICD-10-CM	Chronic or unspecified gastrojejunal ulcer with perforation	
K28.6	Diagnosis	ICD-10-CM	Chronic or unspecified gastrojejunal ulcer with both hemorrhage and perforation	
K28.7	Diagnosis	ICD-10-CM	Chronic gastrojejunal ulcer without hemorrhage or perforation	
K28.9	Diagnosis	ICD-10-CM	Gastrojejunal ulcer, unspecified as acute or chronic, without hemorrhage or perforation	
K25	Diagnosis	ICD-10-CM	Gastric ulcer	
K25.0	Diagnosis	ICD-10-CM	Acute gastric ulcer with hemorrhage	
K25.1	Diagnosis	ICD-10-CM	Acute gastric ulcer with perforation	
K25.2	Diagnosis	ICD-10-CM	Acute gastric ulcer with both hemorrhage and perforation	
K25.3	Diagnosis	ICD-10-CM	Acute gastric ulcer without hemorrhage or perforation	
K25.4	Diagnosis	ICD-10-CM	Chronic or unspecified gastric ulcer with hemorrhage	
K25.5	Diagnosis	ICD-10-CM	Chronic or unspecified gastric ulcer with perforation	
K25.6	Diagnosis	ICD-10-CM	Chronic or unspecified gastric ulcer with both hemorrhage and perforation	
K25.7	Diagnosis	ICD-10-CM	Chronic gastric ulcer without hemorrhage or perforation	
K25.9	Diagnosis	ICD-10-CM	Gastric ulcer, unspecified as acute or chronic, without hemorrhage or perforation	
K26	Diagnosis	ICD-10-CM	Duodenal ulcer	
K26.0	Diagnosis	ICD-10-CM	Acute duodenal ulcer with hemorrhage	
K26.1	Diagnosis	ICD-10-CM	Acute duodenal ulcer with perforation	
K26.2	Diagnosis	ICD-10-CM	Acute duodenal ulcer with both hemorrhage and perforation	
K26.3	Diagnosis	ICD-10-CM	Acute duodenal ulcer without hemorrhage or perforation	
K26.4	Diagnosis	ICD-10-CM	Chronic or unspecified duodenal ulcer with hemorrhage	
K26.5	Diagnosis	ICD-10-CM	Chronic or unspecified duodenal ulcer with perforation	
K26.6	Diagnosis	ICD-10-CM	Chronic or unspecified duodenal ulcer with both hemorrhage and perforation	
K26.7	Diagnosis	ICD-10-CM	Chronic duodenal ulcer without hemorrhage or perforation	
K26.9	Diagnosis	ICD-10-CM	Duodenal ulcer, unspecified as acute or chronic, without hemorrhage or perforation	
K29	Diagnosis	ICD-10-CM	Gastritis and duodenitis	
K29.0	Diagnosis	ICD-10-CM	Acute gastritis	
K29.00	Diagnosis	ICD-10-CM	Acute gastritis without bleeding	
K29.01	Diagnosis	ICD-10-CM	Acute gastritis with bleeding	
K29.2	Diagnosis	ICD-10-CM	Alcoholic gastritis	
K29.20	Diagnosis	ICD-10-CM	Alcoholic gastritis without bleeding	
K29.21	Diagnosis	ICD-10-CM	Alcoholic gastritis with bleeding	
K29.3	Diagnosis	ICD-10-CM	Chronic superficial gastritis	
K29.30	Diagnosis	ICD-10-CM	Chronic superficial gastritis without bleeding	
K29.31	Diagnosis	ICD-10-CM	Chronic superficial gastritis with bleeding	
K29.4	Diagnosis	ICD-10-CM	Chronic atrophic gastritis	
K29.40	Diagnosis	ICD-10-CM	Chronic atrophic gastritis without bleeding	
K29.41	Diagnosis	ICD-10-CM	Chronic atrophic gastritis with bleeding	
K29.5	Diagnosis	ICD-10-CM	Unspecified chronic gastritis	
K29.50	Diagnosis	ICD-10-CM	Unspecified chronic gastritis without bleeding	
K29.51	Diagnosis	ICD-10-CM	Unspecified chronic gastritis with bleeding	
K29.6	Diagnosis	ICD-10-CM	Other gastritis	
K29.60	Diagnosis	ICD-10-CM	Other gastritis without bleeding	

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
K29.61	Diagnosis	ICD-10-CM	Other gastritis with bleeding
K29.7	Diagnosis	ICD-10-CM	Gastritis, unspecified
K29.70	Diagnosis	ICD-10-CM	Gastritis, unspecified, without bleeding
K29.71	Diagnosis	ICD-10-CM	Gastritis, unspecified, with bleeding
K29.8	Diagnosis	ICD-10-CM	Duodenitis
K29.80	Diagnosis	ICD-10-CM	Duodenitis without bleeding
K29.81	Diagnosis	ICD-10-CM	Duodenitis with bleeding
K29.9	Diagnosis	ICD-10-CM	Gastroduodenitis, unspecified
K29.90	Diagnosis	ICD-10-CM	Gastroduodenitis, unspecified, without bleeding
K29.91	Diagnosis	ICD-10-CM	Gastroduodenitis, unspecified, with bleeding
K30	Diagnosis	ICD-10-CM	Functional dyspepsia
K31	Diagnosis	ICD-10-CM	Other diseases of stomach and duodenum
K31.0	Diagnosis	ICD-10-CM	Acute dilatation of stomach
K31.1	Diagnosis	ICD-10-CM	Adult hypertrophic pyloric stenosis
K31.2	Diagnosis	ICD-10-CM	Hourglass stricture and stenosis of stomach
K31.4	Diagnosis	ICD-10-CM	Gastric diverticulum
K31.5	Diagnosis	ICD-10-CM	Obstruction of duodenum
K31.6	Diagnosis	ICD-10-CM	Fistula of stomach and duodenum
K31.7	Diagnosis	ICD-10-CM	Polyp of stomach and duodenum
K31.8	Diagnosis	ICD-10-CM	Other specified diseases of stomach and duodenum
K31.81	Diagnosis	ICD-10-CM	Angiodysplasia of stomach and duodenum
K31.811	Diagnosis	ICD-10-CM	Angiodysplasia of stomach and duodenum with bleeding
K31.819	Diagnosis	ICD-10-CM	Angiodysplasia of stomach and duodenum without bleeding
K31.82	Diagnosis	ICD-10-CM	Dieulafoy lesion (hemorrhagic) of stomach and duodenum
K31.83	Diagnosis	ICD-10-CM	Achlorhydria
K31.84	Diagnosis	ICD-10-CM	Gastroparesis
K31.89	Diagnosis	ICD-10-CM	Other diseases of stomach and duodenum
K31.9	Diagnosis	ICD-10-CM	Disease of stomach and duodenum, unspecified
K31.A	Diagnosis	ICD-10-CM	Gastric intestinal metaplasia
K31.A0	Diagnosis	ICD-10-CM	Gastric intestinal metaplasia, unspecified
K31.A1	Diagnosis	ICD-10-CM	Gastric intestinal metaplasia without dysplasia
K31.A11	Diagnosis	ICD-10-CM	Gastric intestinal metaplasia without dysplasia, involving the antrum
K31.A12	Diagnosis	ICD-10-CM	Gastric intestinal metaplasia without dysplasia, involving the body (corpus)
K31.A13	Diagnosis	ICD-10-CM	Gastric intestinal metaplasia without dysplasia, involving the fundus
K31.A14	Diagnosis	ICD-10-CM	Gastric intestinal metaplasia without dysplasia, involving the cardia
K31.A15	Diagnosis	ICD-10-CM	Gastric intestinal metaplasia without dysplasia, involving multiple sites
K31.A19	Diagnosis	ICD-10-CM	Gastric intestinal metaplasia without dysplasia, unspecified site
K31.A2	Diagnosis	ICD-10-CM	Gastric intestinal metaplasia with dysplasia
K31.A21	Diagnosis	ICD-10-CM	Gastric intestinal metaplasia with low grade dysplasia
K31.A22	Diagnosis	ICD-10-CM	Gastric intestinal metaplasia with high grade dysplasia
K31.A29	Diagnosis	ICD-10-CM	Gastric intestinal metaplasia with dysplasia, unspecified
K52.81	Diagnosis	ICD-10-CM	Eosinophilic gastritis or gastroenteritis

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
K92.81	Diagnosis	ICD-10-CM	Gastrointestinal mucositis (ulcerative)
Appendicitis			
K35	Diagnosis	ICD-10-CM	Acute appendicitis
K35.2	Diagnosis	ICD-10-CM	Acute appendicitis with generalized peritonitis
K35.20	Diagnosis	ICD-10-CM	Acute appendicitis with generalized peritonitis, without abscess
K35.21	Diagnosis	ICD-10-CM	Acute appendicitis with generalized peritonitis, with abscess
K35.3	Diagnosis	ICD-10-CM	Acute appendicitis with localized peritonitis
K35.30	Diagnosis	ICD-10-CM	Acute appendicitis with localized peritonitis, without perforation or gangrene
K35.31	Diagnosis	ICD-10-CM	Acute appendicitis with localized peritonitis and gangrene, without perforation
K35.32	Diagnosis	ICD-10-CM	Acute appendicitis with perforation, localized peritonitis, and gangrene, without abscess
K35.33	Diagnosis	ICD-10-CM	Acute appendicitis with perforation, localized peritonitis, and gangrene, with abscess
K35.8	Diagnosis	ICD-10-CM	Other and unspecified acute appendicitis
K35.80	Diagnosis	ICD-10-CM	Unspecified acute appendicitis
K35.89	Diagnosis	ICD-10-CM	Other acute appendicitis
K35.890	Diagnosis	ICD-10-CM	Other acute appendicitis without perforation or gangrene
K35.891	Diagnosis	ICD-10-CM	Other acute appendicitis without perforation, with gangrene
K36	Diagnosis	ICD-10-CM	Other appendicitis
K37	Diagnosis	ICD-10-CM	Unspecified appendicitis
540	Diagnosis	ICD-9-CM	Acute appendicitis with generalized peritonitis
540.1	Diagnosis	ICD-9-CM	Acute appendicitis with peritoneal abscess
540.9	Diagnosis	ICD-9-CM	Acute appendicitis without mention of peritonitis
541	Diagnosis	ICD-9-CM	Appendicitis, unqualified
542	Diagnosis	ICD-9-CM	Other appendicitis
543.9	Diagnosis	ICD-9-CM	Other and unspecified diseases of appendix
543	Diagnosis	ICD-9-CM	Hyperplasia of appendix (lymphoid)
543	Diagnosis	ICD-9-CM	Other diseases of appendix
540	Diagnosis	ICD-9-CM	Acute appendicitis
K38.8	Diagnosis	ICD-10-CM	Other specified diseases of appendix
K38.9	Diagnosis	ICD-10-CM	Disease of appendix, unspecified
Hernia of Abnormal Cavity			
K45	Diagnosis	ICD-10-CM	Other abdominal hernia
K45.0	Diagnosis	ICD-10-CM	Other specified abdominal hernia with obstruction, without gangrene
K45.1	Diagnosis	ICD-10-CM	Other specified abdominal hernia with gangrene
K45.8	Diagnosis	ICD-10-CM	Other specified abdominal hernia without obstruction or gangrene
K46	Diagnosis	ICD-10-CM	Unspecified abdominal hernia
K46.0	Diagnosis	ICD-10-CM	Unspecified abdominal hernia with obstruction, without gangrene
K46.1	Diagnosis	ICD-10-CM	Unspecified abdominal hernia with gangrene
K46.9	Diagnosis	ICD-10-CM	Unspecified abdominal hernia without obstruction or gangrene
551.8	Diagnosis	ICD-9-CM	Hernia of other specified sites, with gangrene
551.9	Diagnosis	ICD-9-CM	Hernia of unspecified site, with gangrene
552.8	Diagnosis	ICD-9-CM	Hernia of other specified site, with obstruction
552.9	Diagnosis	ICD-9-CM	Hernia of unspecified site, with obstruction

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
553.29	Diagnosis	ICD-9-CM	Other ventral hernia without mention of obstruction or gangrene
553.8	Diagnosis	ICD-9-CM	Hernia of other specified sites of abdominal cavity without mention of obstruction or gangrene
553.9	Diagnosis	ICD-9-CM	Hernia of unspecified site of abdominal cavity without mention of obstruction or gangrene
553.3	Diagnosis	ICD-9-CM	Diaphragmatic hernia without mention of obstruction or gangrene
553.21	Diagnosis	ICD-9-CM	Incisional hernia without mention of obstruction or gangrene
553.2	Diagnosis	ICD-9-CM	Unspecified ventral hernia without mention of obstruction or gangrene
553.2	Diagnosis	ICD-9-CM	Ventral hernia without mention of obstruction or gangrene
553.1	Diagnosis	ICD-9-CM	Umbilical hernia without mention of obstruction or gangrene
553.03	Diagnosis	ICD-9-CM	Femoral hernia without mention of obstruction or gangrene, recurrent bilateral
553.02	Diagnosis	ICD-9-CM	Femoral hernia without mention of obstruction or gangrene, bilateral
553.01	Diagnosis	ICD-9-CM	Femoral hernia without mention of obstruction or gangrene, recurrent unilateral or unspecified
553	Diagnosis	ICD-9-CM	Unilateral or unspecified femoral hernia without mention of obstruction or gangrene, unilateral or unspecified
553	Diagnosis	ICD-9-CM	Femoral hernia without mention of obstruction or gangrene
553	Diagnosis	ICD-9-CM	Other hernia of abdominal cavity without mention of obstruction or gangrene
552.3	Diagnosis	ICD-9-CM	Diaphragmatic hernia with obstruction
552.29	Diagnosis	ICD-9-CM	Other ventral hernia with obstruction
552.21	Diagnosis	ICD-9-CM	Incisional hernia with obstruction
552.2	Diagnosis	ICD-9-CM	Unspecified ventral hernia with obstruction
552.2	Diagnosis	ICD-9-CM	Ventral hernia with obstruction
552.1	Diagnosis	ICD-9-CM	Umbilical hernia with obstruction
552.03	Diagnosis	ICD-9-CM	Recurrent bilateral femoral hernia with obstruction
552.02	Diagnosis	ICD-9-CM	Bilateral femoral hernia with obstruction
552.01	Diagnosis	ICD-9-CM	Recurrent unilateral or unspecified femoral hernia with obstruction
552	Diagnosis	ICD-9-CM	Unilateral or unspecified femoral hernia with obstruction
552	Diagnosis	ICD-9-CM	Femoral hernia with obstruction
552	Diagnosis	ICD-9-CM	Other hernia of abdominal cavity, with obstruction, but without mention of gangrene
551.3	Diagnosis	ICD-9-CM	Diaphragmatic hernia with gangrene
551.29	Diagnosis	ICD-9-CM	Other ventral hernia with gangrene
551.21	Diagnosis	ICD-9-CM	Incisional ventral hernia, with gangrene
551.2	Diagnosis	ICD-9-CM	Unspecified ventral hernia with gangrene
551.2	Diagnosis	ICD-9-CM	Ventral hernia with gangrene
551.1	Diagnosis	ICD-9-CM	Umbilical hernia with gangrene
551.03	Diagnosis	ICD-9-CM	Femoral hernia with gangrene, recurrent bilateral
551.02	Diagnosis	ICD-9-CM	Femoral hernia with gangrene, bilateral, (not specified as recurrent)
551.01	Diagnosis	ICD-9-CM	Femoral hernia with gangrene, recurrent unilateral or unspecified
551	Diagnosis	ICD-9-CM	Femoral hernia with gangrene, unilateral or unspecified (not specified as recurrent)
551	Diagnosis	ICD-9-CM	Femoral hernia with gangrene
551	Diagnosis	ICD-9-CM	Other hernia of abdominal cavity, with gangrene

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
550.93	Diagnosis	ICD-9-CM	Inguinal hernia without mention of obstruction or gangrene, recurrent bilateral
550.92	Diagnosis	ICD-9-CM	Inguinal hernia without mention of obstruction or gangrene, bilateral, (not specified as recurrent)
550.91	Diagnosis	ICD-9-CM	Inguinal hernia without mention of obstruction or gangrene, recurrent unilateral or unspecified
550.9	Diagnosis	ICD-9-CM	Inguinal hernia without mention of obstruction or gangrene, unilateral or unspecified, (not specified as recurrent)
550.9	Diagnosis	ICD-9-CM	Inguinal hernia, without mention of obstruction or gangrene
550.13	Diagnosis	ICD-9-CM	Inguinal hernia with obstruction, without mention of gangrene, recurrent bilateral
550.12	Diagnosis	ICD-9-CM	Inguinal hernia with obstruction, without mention gangrene, bilateral, (not specified as recurrent)
550.11	Diagnosis	ICD-9-CM	Inguinal hernia with obstruction, without mention of gangrene, recurrent unilateral or unspecified
550.1	Diagnosis	ICD-9-CM	Inguinal hernia with obstruction, without mention of gangrene, unilateral or unspecified, (not specified as recurrent)
550.1	Diagnosis	ICD-9-CM	Inguinal hernia, with obstruction, without mention of gangrene
550.03	Diagnosis	ICD-9-CM	Inguinal hernia with gangrene, recurrent bilateral
550.02	Diagnosis	ICD-9-CM	Inguinal hernia with gangrene, bilateral
550.01	Diagnosis	ICD-9-CM	Inguinal hernia with gangrene, recurrent unilateral or unspecified inguinal hernia
550	Diagnosis	ICD-9-CM	Inguinal hernia with gangrene, unilateral or unspecified, (not specified as recurrent)
550	Diagnosis	ICD-9-CM	Inguinal hernia, with gangrene
550	Diagnosis	ICD-9-CM	Inguinal hernia
K40.40	Diagnosis	ICD-10-CM	Unilateral inguinal hernia, with gangrene, not specified as recurrent
K40.41	Diagnosis	ICD-10-CM	Unilateral inguinal hernia, with gangrene, recurrent
K40.10	Diagnosis	ICD-10-CM	Bilateral inguinal hernia, with gangrene, not specified as recurrent
K40.11	Diagnosis	ICD-10-CM	Bilateral inguinal hernia, with gangrene, recurrent
K40.30	Diagnosis	ICD-10-CM	Unilateral inguinal hernia, with obstruction, without gangrene, not specified as recurrent
K40.31	Diagnosis	ICD-10-CM	Unilateral inguinal hernia, with obstruction, without gangrene, recurrent
K40.00	Diagnosis	ICD-10-CM	Bilateral inguinal hernia, with obstruction, without gangrene, not specified as recurrent
K40.01	Diagnosis	ICD-10-CM	Bilateral inguinal hernia, with obstruction, without gangrene, recurrent
K40.90	Diagnosis	ICD-10-CM	Unilateral inguinal hernia, without obstruction or gangrene, not specified as recurrent
K40.91	Diagnosis	ICD-10-CM	Unilateral inguinal hernia, without obstruction or gangrene, recurrent
K40.20	Diagnosis	ICD-10-CM	Bilateral inguinal hernia, without obstruction or gangrene, not specified as recurrent
K40.21	Diagnosis	ICD-10-CM	Bilateral inguinal hernia, without obstruction or gangrene, recurrent
K41.40	Diagnosis	ICD-10-CM	Unilateral femoral hernia, with gangrene, not specified as recurrent
K41.41	Diagnosis	ICD-10-CM	Unilateral femoral hernia, with gangrene, recurrent
K41.10	Diagnosis	ICD-10-CM	Bilateral femoral hernia, with gangrene, not specified as recurrent
K41.11	Diagnosis	ICD-10-CM	Bilateral femoral hernia, with gangrene, recurrent
K42.1	Diagnosis	ICD-10-CM	Umbilical hernia with gangrene
K43.7	Diagnosis	ICD-10-CM	Other and unspecified ventral hernia with gangrene
K43.1	Diagnosis	ICD-10-CM	Incisional hernia with gangrene
K43.4	Diagnosis	ICD-10-CM	Parastomal hernia with gangrene

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
K44.1	Diagnosis	ICD-10-CM	Diaphragmatic hernia with gangrene
K41.30	Diagnosis	ICD-10-CM	Unilateral femoral hernia, with obstruction, without gangrene, not specified as recurrent
K41.31	Diagnosis	ICD-10-CM	Unilateral femoral hernia, with obstruction, without gangrene, recurrent
K41.00	Diagnosis	ICD-10-CM	Bilateral femoral hernia, with obstruction, without gangrene, not specified as recurrent
K41.01	Diagnosis	ICD-10-CM	Bilateral femoral hernia, with obstruction, without gangrene, recurrent
K42.0	Diagnosis	ICD-10-CM	Umbilical hernia with obstruction, without gangrene
K43.6	Diagnosis	ICD-10-CM	Other and unspecified ventral hernia with obstruction, without gangrene
K43.0	Diagnosis	ICD-10-CM	Incisional hernia with obstruction, without gangrene
K43.3	Diagnosis	ICD-10-CM	Parastomal hernia with obstruction, without gangrene
K44.0	Diagnosis	ICD-10-CM	Diaphragmatic hernia with obstruction, without gangrene
K41.90	Diagnosis	ICD-10-CM	Unilateral femoral hernia, without obstruction or gangrene, not specified as recurrent
K41.91	Diagnosis	ICD-10-CM	Unilateral femoral hernia, without obstruction or gangrene, recurrent
K41.20	Diagnosis	ICD-10-CM	Bilateral femoral hernia, without obstruction or gangrene, not specified as recurrent
K41.21	Diagnosis	ICD-10-CM	Bilateral femoral hernia, without obstruction or gangrene, recurrent
K42.9	Diagnosis	ICD-10-CM	Umbilical hernia without obstruction or gangrene
K43.9	Diagnosis	ICD-10-CM	Ventral hernia without obstruction or gangrene
K43.2	Diagnosis	ICD-10-CM	Incisional hernia without obstruction or gangrene
K43.5	Diagnosis	ICD-10-CM	Parastomal hernia without obstruction or gangrene
K44.9	Diagnosis	ICD-10-CM	Diaphragmatic hernia without obstruction or gangrene
Noninfective Enteritis and Colitis			
555	Diagnosis	ICD-9-CM	Regional enteritis of small intestine
555.1	Diagnosis	ICD-9-CM	Regional enteritis of large intestine
555.2	Diagnosis	ICD-9-CM	Regional enteritis of small intestine with large intestine
555.9	Diagnosis	ICD-9-CM	Regional enteritis of unspecified site
558.1	Diagnosis	ICD-9-CM	Gastroenteritis and colitis due to radiation
558.2	Diagnosis	ICD-9-CM	Toxic gastroenteritis and colitis
558.3	Diagnosis	ICD-9-CM	Gastroenteritis and colitis, allergic
558.41	Diagnosis	ICD-9-CM	Eosinophilic gastroenteritis
558.42	Diagnosis	ICD-9-CM	Eosinophilic colitis
558.9	Diagnosis	ICD-9-CM	Other and unspecified noninfectious gastroenteritis and colitis
557	Diagnosis	ICD-9-CM	Acute vascular insufficiency of intestine
558.4	Diagnosis	ICD-9-CM	Eosinophilic gastroenteritis and colitis
558	Diagnosis	ICD-9-CM	Other noninfectious gastroenteritis and colitis
557.9	Diagnosis	ICD-9-CM	Unspecified vascular insufficiency of intestine
557.1	Diagnosis	ICD-9-CM	Chronic vascular insufficiency of intestine
557	Diagnosis	ICD-9-CM	Vascular insufficiency of intestine
555	Diagnosis	ICD-9-CM	Regional enteritis
K52	Diagnosis	ICD-10-CM	Other and unspecified noninfective gastroenteritis and colitis
K52.0	Diagnosis	ICD-10-CM	Gastroenteritis and colitis due to radiation
K52.1	Diagnosis	ICD-10-CM	Toxic gastroenteritis and colitis
K52.2	Diagnosis	ICD-10-CM	Allergic and dietetic gastroenteritis and colitis
K52.21	Diagnosis	ICD-10-CM	Food protein-induced enterocolitis syndrome

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
K52.22	Diagnosis	ICD-10-CM	Food protein-induced enteropathy
K52.29	Diagnosis	ICD-10-CM	Other allergic and dietetic gastroenteritis and colitis
K52.8	Diagnosis	ICD-10-CM	Other specified noninfective gastroenteritis and colitis
K52.81	Diagnosis	ICD-10-CM	Eosinophilic gastritis or gastroenteritis
K52.82	Diagnosis	ICD-10-CM	Eosinophilic colitis
K52.83	Diagnosis	ICD-10-CM	Microscopic colitis
K52.831	Diagnosis	ICD-10-CM	Collagenous colitis
K52.832	Diagnosis	ICD-10-CM	Lymphocytic colitis
K52.838	Diagnosis	ICD-10-CM	Other microscopic colitis
K52.839	Diagnosis	ICD-10-CM	Microscopic colitis, unspecified
K52.89	Diagnosis	ICD-10-CM	Other specified noninfective gastroenteritis and colitis
K52.9	Diagnosis	ICD-10-CM	Noninfective gastroenteritis and colitis, unspecified
K55.011	Diagnosis	ICD-10-CM	Focal (segmental) acute (reversible) ischemia of small intestine
K55.012	Diagnosis	ICD-10-CM	Diffuse acute (reversible) ischemia of small intestine
K55.019	Diagnosis	ICD-10-CM	Acute (reversible) ischemia of small intestine, extent unspecified
K55.021	Diagnosis	ICD-10-CM	Focal (segmental) acute infarction of small intestine
K55.022	Diagnosis	ICD-10-CM	Diffuse acute infarction of small intestine
K55.029	Diagnosis	ICD-10-CM	Acute infarction of small intestine, extent unspecified
K55.031	Diagnosis	ICD-10-CM	Focal (segmental) acute (reversible) ischemia of large intestine
K55.032	Diagnosis	ICD-10-CM	Diffuse acute (reversible) ischemia of large intestine
K55.039	Diagnosis	ICD-10-CM	Acute (reversible) ischemia of large intestine, extent unspecified
K55.041	Diagnosis	ICD-10-CM	Focal (segmental) acute infarction of large intestine
K55.042	Diagnosis	ICD-10-CM	Diffuse acute infarction of large intestine
K55.049	Diagnosis	ICD-10-CM	Acute infarction of large intestine, extent unspecified
K55.051	Diagnosis	ICD-10-CM	Focal (segmental) acute (reversible) ischemia of intestine, part unspecified
K55.052	Diagnosis	ICD-10-CM	Diffuse acute (reversible) ischemia of intestine, part unspecified
K55.059	Diagnosis	ICD-10-CM	Acute (reversible) ischemia of intestine, part and extent unspecified
K55.061	Diagnosis	ICD-10-CM	Focal (segmental) acute infarction of intestine, part unspecified
K55.062	Diagnosis	ICD-10-CM	Diffuse acute infarction of intestine, part unspecified
K55.069	Diagnosis	ICD-10-CM	Acute infarction of intestine, part and extent unspecified
K55.1	Diagnosis	ICD-10-CM	Chronic vascular disorders of intestine
K55.8	Diagnosis	ICD-10-CM	Other vascular disorders of intestine
K55.9	Diagnosis	ICD-10-CM	Vascular disorder of intestine, unspecified
Other Diseases of Intestines and Peritoneum			
560	Diagnosis	ICD-9-CM	Intussusception
560.1	Diagnosis	ICD-9-CM	Paralytic ileus
560.2	Diagnosis	ICD-9-CM	Volvulus
560.3	Diagnosis	ICD-9-CM	Unspecified impaction of intestine
560.31	Diagnosis	ICD-9-CM	Gallstone ileus
560.32	Diagnosis	ICD-9-CM	Fecal impaction
560.39	Diagnosis	ICD-9-CM	Impaction of intestine, other
560.81	Diagnosis	ICD-9-CM	Intestinal or peritoneal adhesions with obstruction (postoperative) (postinfection)

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
560.89	Diagnosis	ICD-9-CM	Other specified intestinal obstruction
560.9	Diagnosis	ICD-9-CM	Unspecified intestinal obstruction
562	Diagnosis	ICD-9-CM	Diverticulosis of small intestine (without mention of hemorrhage)
562.01	Diagnosis	ICD-9-CM	Diverticulitis of small intestine (without mention of hemorrhage)
562.02	Diagnosis	ICD-9-CM	Diverticulosis of small intestine with hemorrhage
562.03	Diagnosis	ICD-9-CM	Diverticulitis of small intestine with hemorrhage
562.1	Diagnosis	ICD-9-CM	Diverticulosis of colon (without mention of hemorrhage)
562.11	Diagnosis	ICD-9-CM	Diverticulitis of colon (without mention of hemorrhage)
562.12	Diagnosis	ICD-9-CM	Diverticulosis of colon with hemorrhage
562.13	Diagnosis	ICD-9-CM	Diverticulitis of colon with hemorrhage
564	Diagnosis	ICD-9-CM	Unspecified constipation
564.01	Diagnosis	ICD-9-CM	Slow transit constipation
564.02	Diagnosis	ICD-9-CM	Outlet dysfunction constipation
564.09	Diagnosis	ICD-9-CM	Other constipation
564.1	Diagnosis	ICD-9-CM	Irritable bowel syndrome
564.3	Diagnosis	ICD-9-CM	Vomiting following gastrointestinal surgery
564.5	Diagnosis	ICD-9-CM	Functional diarrhea
564.6	Diagnosis	ICD-9-CM	Anal spasm
564.7	Diagnosis	ICD-9-CM	Megacolon, other than Hirschsprung's
564.81	Diagnosis	ICD-9-CM	Neurogenic bowel
564.89	Diagnosis	ICD-9-CM	Other functional disorders of intestine
564.9	Diagnosis	ICD-9-CM	Unspecified functional disorder of intestine
565	Diagnosis	ICD-9-CM	Anal fissure
565.1	Diagnosis	ICD-9-CM	Anal fistula
566	Diagnosis	ICD-9-CM	Abscess of anal and rectal regions
569	Diagnosis	ICD-9-CM	Anal and rectal polyp
569.1	Diagnosis	ICD-9-CM	Rectal prolapse
569.2	Diagnosis	ICD-9-CM	Stenosis of rectum and anus
569.3	Diagnosis	ICD-9-CM	Hemorrhage of rectum and anus
569.41	Diagnosis	ICD-9-CM	Ulcer of anus and rectum
569.42	Diagnosis	ICD-9-CM	Anal or rectal pain
569.43	Diagnosis	ICD-9-CM	Anal sphincter tear (healed) (old)
569.44	Diagnosis	ICD-9-CM	Dysplasia of anus
569.49	Diagnosis	ICD-9-CM	Other specified disorder of rectum and anus
569.5	Diagnosis	ICD-9-CM	Abscess of intestine
569.79	Diagnosis	ICD-9-CM	Other complications of intestinal pouch
569.81	Diagnosis	ICD-9-CM	Fistula of intestine, excluding rectum and anus
569.82	Diagnosis	ICD-9-CM	Ulceration of intestine
569.83	Diagnosis	ICD-9-CM	Perforation of intestine
569.84	Diagnosis	ICD-9-CM	Angiodysplasia of intestine (without mention of hemorrhage)
569.85	Diagnosis	ICD-9-CM	Angiodysplasia of intestine with hemorrhage
569.86	Diagnosis	ICD-9-CM	Dieulafoy lesion (hemorrhagic) of intestine

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
569.89	Diagnosis	ICD-9-CM	Other specified disorder of intestines
569.9	Diagnosis	ICD-9-CM	Unspecified disorder of intestine
567	Diagnosis	ICD-9-CM	Peritonitis in infectious diseases classified elsewhere
567.21	Diagnosis	ICD-9-CM	Peritonitis (acute) generalized
567.22	Diagnosis	ICD-9-CM	Peritoneal abscess
567.23	Diagnosis	ICD-9-CM	Spontaneous bacterial peritonitis
567.29	Diagnosis	ICD-9-CM	Other suppurative peritonitis
567.31	Diagnosis	ICD-9-CM	Psoas muscle abscess
567.38	Diagnosis	ICD-9-CM	Other retroperitoneal abscess
567.39	Diagnosis	ICD-9-CM	Other retroperitoneal infections
567.81	Diagnosis	ICD-9-CM	Choleperitonitis
567.82	Diagnosis	ICD-9-CM	Sclerosing mesenteritis
567.89	Diagnosis	ICD-9-CM	Other specified peritonitis
567.9	Diagnosis	ICD-9-CM	Unspecified peritonitis
568	Diagnosis	ICD-9-CM	Peritoneal adhesions (postoperative) (postinfection)
568.81	Diagnosis	ICD-9-CM	Hemoperitoneum (nontraumatic)
568.89	Diagnosis	ICD-9-CM	Other specified disorder of peritoneum
568.9	Diagnosis	ICD-9-CM	Unspecified disorder of peritoneum
567.1	Diagnosis	ICD-9-CM	Pneumococcal peritonitis
569.87	Diagnosis	ICD-9-CM	Vomiting of fecal matter
569.8	Diagnosis	ICD-9-CM	Other specified disorders of intestine
569.71	Diagnosis	ICD-9-CM	Pouchitis
569.7	Diagnosis	ICD-9-CM	Complications of intestinal pouch
569.69	Diagnosis	ICD-9-CM	Other complication of colostomy or enterostomy
569.62	Diagnosis	ICD-9-CM	Mechanical complication of colostomy and enterostomy
569.61	Diagnosis	ICD-9-CM	Infection of colostomy or enterostomy
569.6	Diagnosis	ICD-9-CM	Unspecified complication of colostomy or enterostomy
569.6	Diagnosis	ICD-9-CM	Colostomy and enterostomy complications
569.4	Diagnosis	ICD-9-CM	Other specified disorders of rectum and anus
569	Diagnosis	ICD-9-CM	Other disorders of intestine
568.82	Diagnosis	ICD-9-CM	Peritoneal effusion (chronic)
568.8	Diagnosis	ICD-9-CM	Other specified disorders of peritoneum
568	Diagnosis	ICD-9-CM	Other disorders of peritoneum
567.8	Diagnosis	ICD-9-CM	Other specified peritonitis
567.3	Diagnosis	ICD-9-CM	Retroperitoneal infections
567.2	Diagnosis	ICD-9-CM	Other suppurative peritonitis
567	Diagnosis	ICD-9-CM	Peritonitis and retroperitoneal infections
565	Diagnosis	ICD-9-CM	Anal fissure and fistula
564.8	Diagnosis	ICD-9-CM	Other specified functional disorders of intestine
564.4	Diagnosis	ICD-9-CM	Other postoperative functional disorders
564.2	Diagnosis	ICD-9-CM	Postgastric surgery syndromes
564	Diagnosis	ICD-9-CM	Constipation

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
564	Diagnosis	ICD-9-CM	Functional digestive disorders, not elsewhere classified
562.1	Diagnosis	ICD-9-CM	Diverticula of colon
562	Diagnosis	ICD-9-CM	Diverticula of small intestine
562	Diagnosis	ICD-9-CM	Diverticula of intestine
560.8	Diagnosis	ICD-9-CM	Other specified intestinal obstruction
560.3	Diagnosis	ICD-9-CM	Impaction of intestine
560	Diagnosis	ICD-9-CM	Intestinal obstruction without mention of hernia
K56	Diagnosis	ICD-10-CM	Paralytic ileus and intestinal obstruction without hernia
K56.0	Diagnosis	ICD-10-CM	Paralytic ileus
K56.1	Diagnosis	ICD-10-CM	Intussusception
K56.2	Diagnosis	ICD-10-CM	Volvulus
K56.3	Diagnosis	ICD-10-CM	Gallstone ileus
K56.4	Diagnosis	ICD-10-CM	Other impaction of intestine
K56.41	Diagnosis	ICD-10-CM	Fecal impaction
K56.49	Diagnosis	ICD-10-CM	Other impaction of intestine
K56.5	Diagnosis	ICD-10-CM	Intestinal adhesions [bands] with obstruction (postinfection)
K56.50	Diagnosis	ICD-10-CM	Intestinal adhesions [bands], unspecified as to partial versus complete obstruction
K56.51	Diagnosis	ICD-10-CM	Intestinal adhesions [bands], with partial obstruction
K56.52	Diagnosis	ICD-10-CM	Intestinal adhesions [bands] with complete obstruction
K56.6	Diagnosis	ICD-10-CM	Other and unspecified intestinal obstruction
K56.60	Diagnosis	ICD-10-CM	Unspecified intestinal obstruction
K56.600	Diagnosis	ICD-10-CM	Partial intestinal obstruction, unspecified as to cause
K56.601	Diagnosis	ICD-10-CM	Complete intestinal obstruction, unspecified as to cause
K56.609	Diagnosis	ICD-10-CM	Unspecified intestinal obstruction, unspecified as to partial versus complete obstruction
K56.69	Diagnosis	ICD-10-CM	Other intestinal obstruction
K56.690	Diagnosis	ICD-10-CM	Other partial intestinal obstruction
K56.691	Diagnosis	ICD-10-CM	Other complete intestinal obstruction
K56.699	Diagnosis	ICD-10-CM	Other intestinal obstruction unspecified as to partial versus complete obstruction
K56.7	Diagnosis	ICD-10-CM	Ileus, unspecified
K57	Diagnosis	ICD-10-CM	Diverticular disease of intestine
K57.0	Diagnosis	ICD-10-CM	Diverticulitis of small intestine with perforation and abscess
K57.00	Diagnosis	ICD-10-CM	Diverticulitis of small intestine with perforation and abscess without bleeding
K57.01	Diagnosis	ICD-10-CM	Diverticulitis of small intestine with perforation and abscess with bleeding
K57.1	Diagnosis	ICD-10-CM	Diverticular disease of small intestine without perforation or abscess
K57.10	Diagnosis	ICD-10-CM	Diverticulosis of small intestine without perforation or abscess without bleeding
K57.11	Diagnosis	ICD-10-CM	Diverticulosis of small intestine without perforation or abscess with bleeding
K57.12	Diagnosis	ICD-10-CM	Diverticulitis of small intestine without perforation or abscess without bleeding
K57.13	Diagnosis	ICD-10-CM	Diverticulitis of small intestine without perforation or abscess with bleeding
K57.2	Diagnosis	ICD-10-CM	Diverticulitis of large intestine with perforation and abscess
K57.20	Diagnosis	ICD-10-CM	Diverticulitis of large intestine with perforation and abscess without bleeding
K57.21	Diagnosis	ICD-10-CM	Diverticulitis of large intestine with perforation and abscess with bleeding
K57.3	Diagnosis	ICD-10-CM	Diverticular disease of large intestine without perforation or abscess

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
K57.30	Diagnosis	ICD-10-CM	Diverticulosis of large intestine without perforation or abscess without bleeding
K57.31	Diagnosis	ICD-10-CM	Diverticulosis of large intestine without perforation or abscess with bleeding
K57.32	Diagnosis	ICD-10-CM	Diverticulitis of large intestine without perforation or abscess without bleeding
K57.33	Diagnosis	ICD-10-CM	Diverticulitis of large intestine without perforation or abscess with bleeding
K57.4	Diagnosis	ICD-10-CM	Diverticulitis of both small and large intestine with perforation and abscess
K57.40	Diagnosis	ICD-10-CM	Diverticulitis of both small and large intestine with perforation and abscess without bleeding
K57.41	Diagnosis	ICD-10-CM	Diverticulitis of both small and large intestine with perforation and abscess with bleeding
K57.5	Diagnosis	ICD-10-CM	Diverticular disease of both small and large intestine without perforation or abscess
K57.50	Diagnosis	ICD-10-CM	Diverticulosis of both small and large intestine without perforation or abscess without bleeding
K57.51	Diagnosis	ICD-10-CM	Diverticulosis of both small and large intestine without perforation or abscess with bleeding
K57.52	Diagnosis	ICD-10-CM	Diverticulitis of both small and large intestine without perforation or abscess without bleeding
K57.53	Diagnosis	ICD-10-CM	Diverticulitis of both small and large intestine without perforation or abscess with bleeding
K57.8	Diagnosis	ICD-10-CM	Diverticulitis of intestine, part unspecified, with perforation and abscess
K57.80	Diagnosis	ICD-10-CM	Diverticulitis of intestine, part unspecified, with perforation and abscess without bleeding
K57.81	Diagnosis	ICD-10-CM	Diverticulitis of intestine, part unspecified, with perforation and abscess with bleeding
K57.9	Diagnosis	ICD-10-CM	Diverticular disease of intestine, part unspecified, without perforation or abscess
K57.90	Diagnosis	ICD-10-CM	Diverticulosis of intestine, part unspecified, without perforation or abscess without bleeding
K57.91	Diagnosis	ICD-10-CM	Diverticulosis of intestine, part unspecified, without perforation or abscess with bleeding
K57.92	Diagnosis	ICD-10-CM	Diverticulitis of intestine, part unspecified, without perforation or abscess without bleeding
K57.93	Diagnosis	ICD-10-CM	Diverticulitis of intestine, part unspecified, without perforation or abscess with bleeding
K58	Diagnosis	ICD-10-CM	Irritable bowel syndrome
K58.0	Diagnosis	ICD-10-CM	Irritable bowel syndrome with diarrhea
K58.1	Diagnosis	ICD-10-CM	Irritable bowel syndrome with constipation
K58.2	Diagnosis	ICD-10-CM	Mixed irritable bowel syndrome
K58.8	Diagnosis	ICD-10-CM	Other irritable bowel syndrome
K58.9	Diagnosis	ICD-10-CM	Irritable bowel syndrome without diarrhea
K59	Diagnosis	ICD-10-CM	Other functional intestinal disorders
K59.0	Diagnosis	ICD-10-CM	Constipation
K59.00	Diagnosis	ICD-10-CM	Constipation, unspecified
K59.01	Diagnosis	ICD-10-CM	Slow transit constipation
K59.02	Diagnosis	ICD-10-CM	Outlet dysfunction constipation
K59.03	Diagnosis	ICD-10-CM	Drug induced constipation

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
K59.04	Diagnosis	ICD-10-CM	Chronic idiopathic constipation
K59.09	Diagnosis	ICD-10-CM	Other constipation
K59.1	Diagnosis	ICD-10-CM	Functional diarrhea
K59.2	Diagnosis	ICD-10-CM	Neurogenic bowel, not elsewhere classified
K59.3	Diagnosis	ICD-10-CM	Megacolon, not elsewhere classified
K59.31	Diagnosis	ICD-10-CM	Toxic megacolon
K59.39	Diagnosis	ICD-10-CM	Other megacolon
K59.4	Diagnosis	ICD-10-CM	Anal spasm
K59.8	Diagnosis	ICD-10-CM	Other specified functional intestinal disorders
K59.81	Diagnosis	ICD-10-CM	Ogilvie syndrome
K59.89	Diagnosis	ICD-10-CM	Other specified functional intestinal disorders
K59.9	Diagnosis	ICD-10-CM	Functional intestinal disorder, unspecified
K60	Diagnosis	ICD-10-CM	Fissure and fistula of anal and rectal regions
K60.0	Diagnosis	ICD-10-CM	Acute anal fissure
K60.1	Diagnosis	ICD-10-CM	Chronic anal fissure
K60.2	Diagnosis	ICD-10-CM	Anal fissure, unspecified
K60.3	Diagnosis	ICD-10-CM	Anal fistula
K60.4	Diagnosis	ICD-10-CM	Rectal fistula
K60.5	Diagnosis	ICD-10-CM	Anorectal fistula
K61	Diagnosis	ICD-10-CM	Abscess of anal and rectal regions
K61.0	Diagnosis	ICD-10-CM	Anal abscess
K61.1	Diagnosis	ICD-10-CM	Rectal abscess
K61.2	Diagnosis	ICD-10-CM	Anorectal abscess
K61.3	Diagnosis	ICD-10-CM	Ischiorectal abscess
K61.31	Diagnosis	ICD-10-CM	Horseshoe abscess
K61.39	Diagnosis	ICD-10-CM	Other ischiorectal abscess
K61.4	Diagnosis	ICD-10-CM	Intrasphincteric abscess
K61.5	Diagnosis	ICD-10-CM	Suprlevator abscess
K62	Diagnosis	ICD-10-CM	Other diseases of anus and rectum
K62.0	Diagnosis	ICD-10-CM	Anal polyp
K62.1	Diagnosis	ICD-10-CM	Rectal polyp
K62.2	Diagnosis	ICD-10-CM	Anal prolapse
K62.3	Diagnosis	ICD-10-CM	Rectal prolapse
K62.4	Diagnosis	ICD-10-CM	Stenosis of anus and rectum
K62.5	Diagnosis	ICD-10-CM	Hemorrhage of anus and rectum
K62.6	Diagnosis	ICD-10-CM	Ulcer of anus and rectum
K62.7	Diagnosis	ICD-10-CM	Radiation proctitis
K62.8	Diagnosis	ICD-10-CM	Other specified diseases of anus and rectum
K62.81	Diagnosis	ICD-10-CM	Anal sphincter tear (healed) (nontraumatic) (old)
K62.82	Diagnosis	ICD-10-CM	Dysplasia of anus
K62.89	Diagnosis	ICD-10-CM	Other specified diseases of anus and rectum
K62.9	Diagnosis	ICD-10-CM	Disease of anus and rectum, unspecified

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
K63	Diagnosis	ICD-10-CM	Other diseases of intestine
K63.0	Diagnosis	ICD-10-CM	Abscess of intestine
K63.1	Diagnosis	ICD-10-CM	Perforation of intestine (nontraumatic)
K63.2	Diagnosis	ICD-10-CM	Fistula of intestine
K63.3	Diagnosis	ICD-10-CM	Ulcer of intestine
K63.4	Diagnosis	ICD-10-CM	Enteroptosis
K63.5	Diagnosis	ICD-10-CM	Polyp of colon
K63.8	Diagnosis	ICD-10-CM	Other specified diseases of intestine
K63.81	Diagnosis	ICD-10-CM	Dieulafoy lesion of intestine
K63.89	Diagnosis	ICD-10-CM	Other specified diseases of intestine
K63.9	Diagnosis	ICD-10-CM	Disease of intestine, unspecified
K91.0	Diagnosis	ICD-10-CM	Vomiting following gastrointestinal surgery
K91.3	Diagnosis	ICD-10-CM	Postprocedural intestinal obstruction
K91.30	Diagnosis	ICD-10-CM	Postprocedural intestinal obstruction, unspecified as to partial versus complete
K91.31	Diagnosis	ICD-10-CM	Postprocedural partial intestinal obstruction
K91.32	Diagnosis	ICD-10-CM	Postprocedural complete intestinal obstruction
K91.85	Diagnosis	ICD-10-CM	Complications of intestinal pouch
K91.858	Diagnosis	ICD-10-CM	Other complications of intestinal pouch
N32.1	Diagnosis	ICD-10-CM	Vesicointestinal fistula
K65	Diagnosis	ICD-10-CM	Peritonitis
K65.0	Diagnosis	ICD-10-CM	Generalized (acute) peritonitis
K65.1	Diagnosis	ICD-10-CM	Peritoneal abscess
K65.2	Diagnosis	ICD-10-CM	Spontaneous bacterial peritonitis
K65.3	Diagnosis	ICD-10-CM	Choleperitonitis
K65.4	Diagnosis	ICD-10-CM	Sclerosing mesenteritis
K65.8	Diagnosis	ICD-10-CM	Other peritonitis
K65.9	Diagnosis	ICD-10-CM	Peritonitis, unspecified
K66	Diagnosis	ICD-10-CM	Other disorders of peritoneum
K66.0	Diagnosis	ICD-10-CM	Peritoneal adhesions (postprocedural) (postinfection)
K66.1	Diagnosis	ICD-10-CM	Hemoperitoneum
K66.8	Diagnosis	ICD-10-CM	Other specified disorders of peritoneum
K66.9	Diagnosis	ICD-10-CM	Disorder of peritoneum, unspecified
K67	Diagnosis	ICD-10-CM	Disorders of peritoneum in infectious diseases classified elsewhere
K68	Diagnosis	ICD-10-CM	Disorders of retroperitoneum
K68.1	Diagnosis	ICD-10-CM	Retroperitoneal abscess
K68.11	Diagnosis	ICD-10-CM	Postprocedural retroperitoneal abscess
K68.12	Diagnosis	ICD-10-CM	Psoas muscle abscess
K68.19	Diagnosis	ICD-10-CM	Other retroperitoneal abscess
K68.9	Diagnosis	ICD-10-CM	Other disorders of retroperitoneum
Other Diseases of Digestive System			
570	Diagnosis	ICD-9-CM	Acute and subacute necrosis of liver
571	Diagnosis	ICD-9-CM	Alcoholic fatty liver

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
571.1	Diagnosis	ICD-9-CM	Acute alcoholic hepatitis
571.2	Diagnosis	ICD-9-CM	Alcoholic cirrhosis of liver
571.3	Diagnosis	ICD-9-CM	Unspecified alcoholic liver damage
571.4	Diagnosis	ICD-9-CM	Unspecified chronic hepatitis
571.41	Diagnosis	ICD-9-CM	Chronic persistent hepatitis
571.42	Diagnosis	ICD-9-CM	Autoimmune hepatitis
571.49	Diagnosis	ICD-9-CM	Other chronic hepatitis
571.5	Diagnosis	ICD-9-CM	Cirrhosis of liver without mention of alcohol
571.6	Diagnosis	ICD-9-CM	Biliary cirrhosis
571.8	Diagnosis	ICD-9-CM	Other chronic nonalcoholic liver disease
571.9	Diagnosis	ICD-9-CM	Unspecified chronic liver disease without mention of alcohol
572	Diagnosis	ICD-9-CM	Abscess of liver
572.1	Diagnosis	ICD-9-CM	Portal pyemia
572.2	Diagnosis	ICD-9-CM	Hepatic encephalopathy
572.3	Diagnosis	ICD-9-CM	Portal hypertension
572.4	Diagnosis	ICD-9-CM	Hepatorenal syndrome
572.8	Diagnosis	ICD-9-CM	Other sequelae of chronic liver disease
573	Diagnosis	ICD-9-CM	Chronic passive congestion of liver
573.1	Diagnosis	ICD-9-CM	Hepatitis in viral diseases classified elsewhere
573.2	Diagnosis	ICD-9-CM	Hepatitis in other infectious diseases classified elsewhere
573.3	Diagnosis	ICD-9-CM	Unspecified hepatitis
573.4	Diagnosis	ICD-9-CM	Hepatic infarction
573.5	Diagnosis	ICD-9-CM	Hepatopulmonary syndrome
573.8	Diagnosis	ICD-9-CM	Other specified disorders of liver
573.9	Diagnosis	ICD-9-CM	Unspecified disorder of liver
574	Diagnosis	ICD-9-CM	Calculus of gallbladder with acute cholecystitis, without mention of obstruction
574.01	Diagnosis	ICD-9-CM	Calculus of gallbladder with acute cholecystitis and obstruction
574.1	Diagnosis	ICD-9-CM	Calculus of gallbladder with other cholecystitis, without mention of obstruction
574.11	Diagnosis	ICD-9-CM	Calculus of gallbladder with other cholecystitis and obstruction
574.2	Diagnosis	ICD-9-CM	Calculus of gallbladder without mention of cholecystitis or obstruction
574.21	Diagnosis	ICD-9-CM	Calculus of gallbladder without mention of cholecystitis, with obstruction
574.3	Diagnosis	ICD-9-CM	Calculus of bile duct with acute cholecystitis without mention of obstruction
574.31	Diagnosis	ICD-9-CM	Calculus of bile duct with acute cholecystitis and obstruction
574.4	Diagnosis	ICD-9-CM	Calculus of bile duct with other cholecystitis, without mention of obstruction
574.41	Diagnosis	ICD-9-CM	Calculus of bile duct with other cholecystitis and obstruction
574.5	Diagnosis	ICD-9-CM	Calculus of bile duct without mention of cholecystitis or obstruction
574.51	Diagnosis	ICD-9-CM	Calculus of bile duct without mention of cholecystitis, with obstruction
574.6	Diagnosis	ICD-9-CM	Calculus of gallbladder and bile duct with acute cholecystitis, without mention of obstruction
574.61	Diagnosis	ICD-9-CM	Calculus of gallbladder and bile duct with acute cholecystitis, with obstruction
574.7	Diagnosis	ICD-9-CM	Calculus of gallbladder and bile duct with other cholecystitis, without mention of obstruction

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
574.71	Diagnosis	ICD-9-CM	Calculus of gallbladder and bile duct with other cholecystitis, with obstruction
574.8	Diagnosis	ICD-9-CM	Calculus of gallbladder and bile duct with acute and chronic cholecystitis, without mention of obstruction
574.81	Diagnosis	ICD-9-CM	Calculus of gallbladder and bile duct with acute and chronic cholecystitis, with obstruction
574.9	Diagnosis	ICD-9-CM	Calculus of gallbladder and bile duct without cholecystitis, without mention of obstruction
574.91	Diagnosis	ICD-9-CM	Calculus of gallbladder and bile duct without cholecystitis, with obstruction
575	Diagnosis	ICD-9-CM	Acute cholecystitis
575.1	Diagnosis	ICD-9-CM	Cholecystitis, unspecified
575.11	Diagnosis	ICD-9-CM	Chronic cholecystitis
575.12	Diagnosis	ICD-9-CM	Acute and chronic cholecystitis
575.2	Diagnosis	ICD-9-CM	Obstruction of gallbladder
575.3	Diagnosis	ICD-9-CM	Hydrops of gallbladder
575.4	Diagnosis	ICD-9-CM	Perforation of gallbladder
575.5	Diagnosis	ICD-9-CM	Fistula of gallbladder
575.6	Diagnosis	ICD-9-CM	Cholesterolosis of gallbladder
575.8	Diagnosis	ICD-9-CM	Other specified disorder of gallbladder
575.9	Diagnosis	ICD-9-CM	Unspecified disorder of gallbladder
576	Diagnosis	ICD-9-CM	Postcholecystectomy syndrome
576.1	Diagnosis	ICD-9-CM	Cholangitis
576.2	Diagnosis	ICD-9-CM	Obstruction of bile duct
576.3	Diagnosis	ICD-9-CM	Perforation of bile duct
576.4	Diagnosis	ICD-9-CM	Fistula of bile duct
576.5	Diagnosis	ICD-9-CM	Spasm of sphincter of Oddi
576.8	Diagnosis	ICD-9-CM	Other specified disorders of biliary tract
576.9	Diagnosis	ICD-9-CM	Unspecified disorder of biliary tract
577	Diagnosis	ICD-9-CM	Acute pancreatitis
577.1	Diagnosis	ICD-9-CM	Chronic pancreatitis
577.2	Diagnosis	ICD-9-CM	Cyst and pseudocyst of pancreas
577.8	Diagnosis	ICD-9-CM	Other specified disease of pancreas
577.9	Diagnosis	ICD-9-CM	Unspecified disease of pancreas
578	Diagnosis	ICD-9-CM	Hematemesis
578.1	Diagnosis	ICD-9-CM	Blood in stool
578.9	Diagnosis	ICD-9-CM	Hemorrhage of gastrointestinal tract, unspecified
579	Diagnosis	ICD-9-CM	Celiac disease
579.1	Diagnosis	ICD-9-CM	Tropical sprue
579.2	Diagnosis	ICD-9-CM	Blind loop syndrome
579.3	Diagnosis	ICD-9-CM	Other and unspecified postsurgical nonabsorption
579.4	Diagnosis	ICD-9-CM	Pancreatic steatorrhea
579.8	Diagnosis	ICD-9-CM	Other specified intestinal malabsorption
579.9	Diagnosis	ICD-9-CM	Unspecified intestinal malabsorption

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code		Code		Description
Code	Category	Code Type		
579	Diagnosis	ICD-9-CM	Intestinal malabsorption	
578	Diagnosis	ICD-9-CM	Gastrointestinal hemorrhage	
577	Diagnosis	ICD-9-CM	Diseases of pancreas	
576	Diagnosis	ICD-9-CM	Other disorders of biliary tract	
575.1	Diagnosis	ICD-9-CM	Other cholecystitis	
575	Diagnosis	ICD-9-CM	Other disorders of gallbladder	
574.9	Diagnosis	ICD-9-CM	Calculus of gallbladder and bile duct without cholecystitis	
574.8	Diagnosis	ICD-9-CM	Calculus of gallbladder and bile duct with acute and chronic cholecystitis	
574.7	Diagnosis	ICD-9-CM	Calculus of gallbladder and bile duct with other cholecystitis	
574.6	Diagnosis	ICD-9-CM	Calculus of gallbladder and bile duct with acute cholecystitis	
574.5	Diagnosis	ICD-9-CM	Calculus of bile duct without mention of cholecystitis	
574.4	Diagnosis	ICD-9-CM	Calculus of bile duct with other cholecystitis	
574.3	Diagnosis	ICD-9-CM	Calculus of bile duct with acute cholecystitis	
574.2	Diagnosis	ICD-9-CM	Calculus of gallbladder without mention of cholecystitis	
574.1	Diagnosis	ICD-9-CM	Calculus of gallbladder with other cholecystitis	
574	Diagnosis	ICD-9-CM	Calculus of gallbladder with acute cholecystitis	
574	Diagnosis	ICD-9-CM	Cholelithiasis	
573	Diagnosis	ICD-9-CM	Other disorders of liver	
572	Diagnosis	ICD-9-CM	Liver abscess and sequelae of chronic liver disease	
571.4	Diagnosis	ICD-9-CM	Chronic hepatitis	
571	Diagnosis	ICD-9-CM	Chronic liver disease and cirrhosis	
K70	Diagnosis	ICD-10-CM	Alcoholic liver disease	
K70.0	Diagnosis	ICD-10-CM	Alcoholic fatty liver	
K70.1	Diagnosis	ICD-10-CM	Alcoholic hepatitis	
K70.10	Diagnosis	ICD-10-CM	Alcoholic hepatitis without ascites	
K70.11	Diagnosis	ICD-10-CM	Alcoholic hepatitis with ascites	
K70.2	Diagnosis	ICD-10-CM	Alcoholic fibrosis and sclerosis of liver	
K70.3	Diagnosis	ICD-10-CM	Alcoholic cirrhosis of liver	
K70.30	Diagnosis	ICD-10-CM	Alcoholic cirrhosis of liver without ascites	
K70.31	Diagnosis	ICD-10-CM	Alcoholic cirrhosis of liver with ascites	
K70.4	Diagnosis	ICD-10-CM	Alcoholic hepatic failure	
K70.40	Diagnosis	ICD-10-CM	Alcoholic hepatic failure without coma	
K70.41	Diagnosis	ICD-10-CM	Alcoholic hepatic failure with coma	
K70.9	Diagnosis	ICD-10-CM	Alcoholic liver disease, unspecified	
K71	Diagnosis	ICD-10-CM	Toxic liver disease	
K71.0	Diagnosis	ICD-10-CM	Toxic liver disease with cholestasis	
K71.1	Diagnosis	ICD-10-CM	Toxic liver disease with hepatic necrosis	
K71.10	Diagnosis	ICD-10-CM	Toxic liver disease with hepatic necrosis, without coma	
K71.11	Diagnosis	ICD-10-CM	Toxic liver disease with hepatic necrosis, with coma	
K71.2	Diagnosis	ICD-10-CM	Toxic liver disease with acute hepatitis	
K71.3	Diagnosis	ICD-10-CM	Toxic liver disease with chronic persistent hepatitis	
K71.4	Diagnosis	ICD-10-CM	Toxic liver disease with chronic lobular hepatitis	

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
K71.5	Diagnosis	ICD-10-CM	Toxic liver disease with chronic active hepatitis
K71.50	Diagnosis	ICD-10-CM	Toxic liver disease with chronic active hepatitis without ascites
K71.51	Diagnosis	ICD-10-CM	Toxic liver disease with chronic active hepatitis with ascites
K71.6	Diagnosis	ICD-10-CM	Toxic liver disease with hepatitis, not elsewhere classified
K71.7	Diagnosis	ICD-10-CM	Toxic liver disease with fibrosis and cirrhosis of liver
K71.8	Diagnosis	ICD-10-CM	Toxic liver disease with other disorders of liver
K71.9	Diagnosis	ICD-10-CM	Toxic liver disease, unspecified
K72	Diagnosis	ICD-10-CM	Hepatic failure, not elsewhere classified
K72.0	Diagnosis	ICD-10-CM	Acute and subacute hepatic failure
K72.00	Diagnosis	ICD-10-CM	Acute and subacute hepatic failure without coma
K72.01	Diagnosis	ICD-10-CM	Acute and subacute hepatic failure with coma
K72.1	Diagnosis	ICD-10-CM	Chronic hepatic failure
K72.10	Diagnosis	ICD-10-CM	Chronic hepatic failure without coma
K72.11	Diagnosis	ICD-10-CM	Chronic hepatic failure with coma
K72.9	Diagnosis	ICD-10-CM	Hepatic failure, unspecified
K72.90	Diagnosis	ICD-10-CM	Hepatic failure, unspecified without coma
K72.91	Diagnosis	ICD-10-CM	Hepatic failure, unspecified with coma
K73	Diagnosis	ICD-10-CM	Chronic hepatitis, not elsewhere classified
K73.0	Diagnosis	ICD-10-CM	Chronic persistent hepatitis, not elsewhere classified
K73.1	Diagnosis	ICD-10-CM	Chronic lobular hepatitis, not elsewhere classified
K73.2	Diagnosis	ICD-10-CM	Chronic active hepatitis, not elsewhere classified
K73.8	Diagnosis	ICD-10-CM	Other chronic hepatitis, not elsewhere classified
K73.9	Diagnosis	ICD-10-CM	Chronic hepatitis, unspecified
K74	Diagnosis	ICD-10-CM	Fibrosis and cirrhosis of liver
K74.0	Diagnosis	ICD-10-CM	Hepatic fibrosis
K74.00	Diagnosis	ICD-10-CM	Hepatic fibrosis, unspecified
K74.01	Diagnosis	ICD-10-CM	Hepatic fibrosis, early fibrosis
K74.02	Diagnosis	ICD-10-CM	Hepatic fibrosis, advanced fibrosis
K74.1	Diagnosis	ICD-10-CM	Hepatic sclerosis
K74.2	Diagnosis	ICD-10-CM	Hepatic fibrosis with hepatic sclerosis
K74.3	Diagnosis	ICD-10-CM	Primary biliary cirrhosis
K74.4	Diagnosis	ICD-10-CM	Secondary biliary cirrhosis
K74.5	Diagnosis	ICD-10-CM	Biliary cirrhosis, unspecified
K74.6	Diagnosis	ICD-10-CM	Other and unspecified cirrhosis of liver
K74.60	Diagnosis	ICD-10-CM	Unspecified cirrhosis of liver
K74.69	Diagnosis	ICD-10-CM	Other cirrhosis of liver
K75	Diagnosis	ICD-10-CM	Other inflammatory liver diseases
K75.0	Diagnosis	ICD-10-CM	Abscess of liver
K75.1	Diagnosis	ICD-10-CM	Phlebitis of portal vein
K75.2	Diagnosis	ICD-10-CM	Nonspecific reactive hepatitis
K75.3	Diagnosis	ICD-10-CM	Granulomatous hepatitis, not elsewhere classified
K75.4	Diagnosis	ICD-10-CM	Autoimmune hepatitis

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
K75.8	Diagnosis	ICD-10-CM	Other specified inflammatory liver diseases
K75.81	Diagnosis	ICD-10-CM	Nonalcoholic steatohepatitis (NASH)
K75.89	Diagnosis	ICD-10-CM	Other specified inflammatory liver diseases
K75.9	Diagnosis	ICD-10-CM	Inflammatory liver disease, unspecified
K76	Diagnosis	ICD-10-CM	Other diseases of liver
K76.0	Diagnosis	ICD-10-CM	Fatty (change of) liver, not elsewhere classified
K76.1	Diagnosis	ICD-10-CM	Chronic passive congestion of liver
K76.2	Diagnosis	ICD-10-CM	Central hemorrhagic necrosis of liver
K76.3	Diagnosis	ICD-10-CM	Infarction of liver
K76.4	Diagnosis	ICD-10-CM	Peliosis hepatis
K76.5	Diagnosis	ICD-10-CM	Hepatic veno-occlusive disease
K76.6	Diagnosis	ICD-10-CM	Portal hypertension
K76.7	Diagnosis	ICD-10-CM	Hepatorenal syndrome
K76.8	Diagnosis	ICD-10-CM	Other specified diseases of liver
K76.81	Diagnosis	ICD-10-CM	Hepatopulmonary syndrome
K76.89	Diagnosis	ICD-10-CM	Other specified diseases of liver
K76.9	Diagnosis	ICD-10-CM	Liver disease, unspecified
K77	Diagnosis	ICD-10-CM	Liver disorders in diseases classified elsewhere
K80	Diagnosis	ICD-10-CM	Cholelithiasis
K80.0	Diagnosis	ICD-10-CM	Calculus of gallbladder with acute cholecystitis
K80.00	Diagnosis	ICD-10-CM	Calculus of gallbladder with acute cholecystitis without obstruction
K80.01	Diagnosis	ICD-10-CM	Calculus of gallbladder with acute cholecystitis with obstruction
K80.1	Diagnosis	ICD-10-CM	Calculus of gallbladder with other cholecystitis
K80.10	Diagnosis	ICD-10-CM	Calculus of gallbladder with chronic cholecystitis without obstruction
K80.11	Diagnosis	ICD-10-CM	Calculus of gallbladder with chronic cholecystitis with obstruction
K80.12	Diagnosis	ICD-10-CM	Calculus of gallbladder with acute and chronic cholecystitis without obstruction
K80.13	Diagnosis	ICD-10-CM	Calculus of gallbladder with acute and chronic cholecystitis with obstruction
K80.18	Diagnosis	ICD-10-CM	Calculus of gallbladder with other cholecystitis without obstruction
K80.19	Diagnosis	ICD-10-CM	Calculus of gallbladder with other cholecystitis with obstruction
K80.2	Diagnosis	ICD-10-CM	Calculus of gallbladder without cholecystitis
K80.20	Diagnosis	ICD-10-CM	Calculus of gallbladder without cholecystitis without obstruction
K80.21	Diagnosis	ICD-10-CM	Calculus of gallbladder without cholecystitis with obstruction
K80.3	Diagnosis	ICD-10-CM	Calculus of bile duct with cholangitis
K80.30	Diagnosis	ICD-10-CM	Calculus of bile duct with cholangitis, unspecified, without obstruction
K80.31	Diagnosis	ICD-10-CM	Calculus of bile duct with cholangitis, unspecified, with obstruction
K80.32	Diagnosis	ICD-10-CM	Calculus of bile duct with acute cholangitis without obstruction
K80.33	Diagnosis	ICD-10-CM	Calculus of bile duct with acute cholangitis with obstruction
K80.34	Diagnosis	ICD-10-CM	Calculus of bile duct with chronic cholangitis without obstruction
K80.35	Diagnosis	ICD-10-CM	Calculus of bile duct with chronic cholangitis with obstruction
K80.36	Diagnosis	ICD-10-CM	Calculus of bile duct with acute and chronic cholangitis without obstruction
K80.37	Diagnosis	ICD-10-CM	Calculus of bile duct with acute and chronic cholangitis with obstruction
K80.4	Diagnosis	ICD-10-CM	Calculus of bile duct with cholecystitis

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code			
Code	Category	Code Type	Description
K80.40	Diagnosis	ICD-10-CM	Calculus of bile duct with cholecystitis, unspecified, without obstruction
K80.41	Diagnosis	ICD-10-CM	Calculus of bile duct with cholecystitis, unspecified, with obstruction
K80.42	Diagnosis	ICD-10-CM	Calculus of bile duct with acute cholecystitis without obstruction
K80.43	Diagnosis	ICD-10-CM	Calculus of bile duct with acute cholecystitis with obstruction
K80.44	Diagnosis	ICD-10-CM	Calculus of bile duct with chronic cholecystitis without obstruction
K80.45	Diagnosis	ICD-10-CM	Calculus of bile duct with chronic cholecystitis with obstruction
K80.46	Diagnosis	ICD-10-CM	Calculus of bile duct with acute and chronic cholecystitis without obstruction
K80.47	Diagnosis	ICD-10-CM	Calculus of bile duct with acute and chronic cholecystitis with obstruction
K80.5	Diagnosis	ICD-10-CM	Calculus of bile duct without cholangitis or cholecystitis
K80.50	Diagnosis	ICD-10-CM	Calculus of bile duct without cholangitis or cholecystitis without obstruction
K80.51	Diagnosis	ICD-10-CM	Calculus of bile duct without cholangitis or cholecystitis with obstruction
K80.6	Diagnosis	ICD-10-CM	Calculus of gallbladder and bile duct with cholecystitis
K80.60	Diagnosis	ICD-10-CM	Calculus of gallbladder and bile duct with cholecystitis, unspecified, without obstruction
K80.61	Diagnosis	ICD-10-CM	Calculus of gallbladder and bile duct with cholecystitis, unspecified, with obstruction
K80.62	Diagnosis	ICD-10-CM	Calculus of gallbladder and bile duct with acute cholecystitis without obstruction
K80.63	Diagnosis	ICD-10-CM	Calculus of gallbladder and bile duct with acute cholecystitis with obstruction
K80.64	Diagnosis	ICD-10-CM	Calculus of gallbladder and bile duct with chronic cholecystitis without obstruction
K80.65	Diagnosis	ICD-10-CM	Calculus of gallbladder and bile duct with chronic cholecystitis with obstruction
K80.66	Diagnosis	ICD-10-CM	Calculus of gallbladder and bile duct with acute and chronic cholecystitis without obstruction
K80.67	Diagnosis	ICD-10-CM	Calculus of gallbladder and bile duct with acute and chronic cholecystitis with obstruction
K80.7	Diagnosis	ICD-10-CM	Calculus of gallbladder and bile duct without cholecystitis
K80.70	Diagnosis	ICD-10-CM	Calculus of gallbladder and bile duct without cholecystitis without obstruction
K80.71	Diagnosis	ICD-10-CM	Calculus of gallbladder and bile duct without cholecystitis with obstruction
K80.8	Diagnosis	ICD-10-CM	Other cholelithiasis
K80.80	Diagnosis	ICD-10-CM	Other cholelithiasis without obstruction
K80.81	Diagnosis	ICD-10-CM	Other cholelithiasis with obstruction
K81	Diagnosis	ICD-10-CM	Cholecystitis
K81.0	Diagnosis	ICD-10-CM	Acute cholecystitis
K81.1	Diagnosis	ICD-10-CM	Chronic cholecystitis
K81.2	Diagnosis	ICD-10-CM	Acute cholecystitis with chronic cholecystitis
K81.9	Diagnosis	ICD-10-CM	Cholecystitis, unspecified
K82	Diagnosis	ICD-10-CM	Other diseases of gallbladder
K82.0	Diagnosis	ICD-10-CM	Obstruction of gallbladder
K82.1	Diagnosis	ICD-10-CM	Hydrops of gallbladder
K82.2	Diagnosis	ICD-10-CM	Perforation of gallbladder
K82.3	Diagnosis	ICD-10-CM	Fistula of gallbladder
K82.4	Diagnosis	ICD-10-CM	Cholesterolosis of gallbladder
K82.8	Diagnosis	ICD-10-CM	Other specified diseases of gallbladder
K82.9	Diagnosis	ICD-10-CM	Disease of gallbladder, unspecified
K82.A	Diagnosis	ICD-10-CM	Disorders of gallbladder in diseases classified elsewhere

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
K82.A1	Diagnosis	ICD-10-CM	Gangrene of gallbladder in cholecystitis
K82.A2	Diagnosis	ICD-10-CM	Perforation of gallbladder in cholecystitis
K83	Diagnosis	ICD-10-CM	Other diseases of biliary tract
K83.0	Diagnosis	ICD-10-CM	Cholangitis
K83.01	Diagnosis	ICD-10-CM	Primary sclerosing cholangitis
K83.09	Diagnosis	ICD-10-CM	Other cholangitis
K83.1	Diagnosis	ICD-10-CM	Obstruction of bile duct
K83.2	Diagnosis	ICD-10-CM	Perforation of bile duct
K83.3	Diagnosis	ICD-10-CM	Fistula of bile duct
K83.4	Diagnosis	ICD-10-CM	Spasm of sphincter of Oddi
K83.5	Diagnosis	ICD-10-CM	Biliary cyst
K83.8	Diagnosis	ICD-10-CM	Other specified diseases of biliary tract
K83.9	Diagnosis	ICD-10-CM	Disease of biliary tract, unspecified
K85	Diagnosis	ICD-10-CM	Acute pancreatitis
K85.0	Diagnosis	ICD-10-CM	Idiopathic acute pancreatitis
K85.00	Diagnosis	ICD-10-CM	Idiopathic acute pancreatitis without necrosis or infection
K85.01	Diagnosis	ICD-10-CM	Idiopathic acute pancreatitis with uninfected necrosis
K85.02	Diagnosis	ICD-10-CM	Idiopathic acute pancreatitis with infected necrosis
K85.1	Diagnosis	ICD-10-CM	Biliary acute pancreatitis
K85.10	Diagnosis	ICD-10-CM	Biliary acute pancreatitis without necrosis or infection
K85.11	Diagnosis	ICD-10-CM	Biliary acute pancreatitis with uninfected necrosis
K85.12	Diagnosis	ICD-10-CM	Biliary acute pancreatitis with infected necrosis
K85.2	Diagnosis	ICD-10-CM	Alcohol induced acute pancreatitis
K85.20	Diagnosis	ICD-10-CM	Alcohol induced acute pancreatitis without necrosis or infection
K85.21	Diagnosis	ICD-10-CM	Alcohol induced acute pancreatitis with uninfected necrosis
K85.22	Diagnosis	ICD-10-CM	Alcohol induced acute pancreatitis with infected necrosis
K85.3	Diagnosis	ICD-10-CM	Drug induced acute pancreatitis
K85.30	Diagnosis	ICD-10-CM	Drug induced acute pancreatitis without necrosis or infection
K85.31	Diagnosis	ICD-10-CM	Drug induced acute pancreatitis with uninfected necrosis
K85.32	Diagnosis	ICD-10-CM	Drug induced acute pancreatitis with infected necrosis
K85.8	Diagnosis	ICD-10-CM	Other acute pancreatitis
K85.80	Diagnosis	ICD-10-CM	Other acute pancreatitis without necrosis or infection
K85.81	Diagnosis	ICD-10-CM	Other acute pancreatitis with uninfected necrosis
K85.82	Diagnosis	ICD-10-CM	Other acute pancreatitis with infected necrosis
K85.9	Diagnosis	ICD-10-CM	Acute pancreatitis, unspecified
K85.90	Diagnosis	ICD-10-CM	Acute pancreatitis without necrosis or infection, unspecified
K85.91	Diagnosis	ICD-10-CM	Acute pancreatitis with uninfected necrosis, unspecified
K85.92	Diagnosis	ICD-10-CM	Acute pancreatitis with infected necrosis, unspecified
K86	Diagnosis	ICD-10-CM	Other diseases of pancreas
K86.0	Diagnosis	ICD-10-CM	Alcohol-induced chronic pancreatitis
K86.1	Diagnosis	ICD-10-CM	Other chronic pancreatitis
K86.2	Diagnosis	ICD-10-CM	Cyst of pancreas

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
K86.3	Diagnosis	ICD-10-CM	Pseudocyst of pancreas
K86.8	Diagnosis	ICD-10-CM	Other specified diseases of pancreas
K86.81	Diagnosis	ICD-10-CM	Exocrine pancreatic insufficiency
K86.89	Diagnosis	ICD-10-CM	Other specified diseases of pancreas
K86.9	Diagnosis	ICD-10-CM	Disease of pancreas, unspecified
K87	Diagnosis	ICD-10-CM	Disorders of gallbladder, biliary tract and pancreas in diseases classified elsewhere
K90	Diagnosis	ICD-10-CM	Intestinal malabsorption
K90.0	Diagnosis	ICD-10-CM	Celiac disease
K90.1	Diagnosis	ICD-10-CM	Tropical sprue
K90.2	Diagnosis	ICD-10-CM	Blind loop syndrome, not elsewhere classified
K90.3	Diagnosis	ICD-10-CM	Pancreatic steatorrhea
K90.4	Diagnosis	ICD-10-CM	Other malabsorption due to intolerance
K90.41	Diagnosis	ICD-10-CM	Non-celiac gluten sensitivity
K90.49	Diagnosis	ICD-10-CM	Malabsorption due to intolerance, not elsewhere classified
K90.8	Diagnosis	ICD-10-CM	Other intestinal malabsorption
K90.81	Diagnosis	ICD-10-CM	Whipple's disease
K90.89	Diagnosis	ICD-10-CM	Other intestinal malabsorption
K90.9	Diagnosis	ICD-10-CM	Intestinal malabsorption, unspecified
K92	Diagnosis	ICD-10-CM	Other diseases of digestive system
K92.0	Diagnosis	ICD-10-CM	Hematemesis
K92.1	Diagnosis	ICD-10-CM	Melena
K92.2	Diagnosis	ICD-10-CM	Gastrointestinal hemorrhage, unspecified
K92.8	Diagnosis	ICD-10-CM	Other specified diseases of the digestive system
K92.81	Diagnosis	ICD-10-CM	Gastrointestinal mucositis (ulcerative)
K92.89	Diagnosis	ICD-10-CM	Other specified diseases of the digestive system
K92.9	Diagnosis	ICD-10-CM	Disease of digestive system, unspecified
Hypertension			
I10	Diagnosis	ICD-10-CM	Essential (primary) hypertension
I15.0	Diagnosis	ICD-10-CM	Renovascular hypertension
I15.1	Diagnosis	ICD-10-CM	Hypertension secondary to other renal disorders
I15.2	Diagnosis	ICD-10-CM	Hypertension secondary to endocrine disorders
I15.8	Diagnosis	ICD-10-CM	Other secondary hypertension
I15.9	Diagnosis	ICD-10-CM	Secondary hypertension, unspecified
401	Diagnosis	ICD-9-CM	Essential hypertension, malignant
401.1	Diagnosis	ICD-9-CM	Essential hypertension, benign
401.9	Diagnosis	ICD-9-CM	Unspecified essential hypertension
405.01	Diagnosis	ICD-9-CM	Secondary renovascular hypertension, malignant
405.09	Diagnosis	ICD-9-CM	Other secondary hypertension, malignant
405.11	Diagnosis	ICD-9-CM	Secondary renovascular hypertension, benign
405.19	Diagnosis	ICD-9-CM	Other secondary hypertension, benign
405.91	Diagnosis	ICD-9-CM	Secondary renovascular hypertension, unspecified
405.99	Diagnosis	ICD-9-CM	Other secondary hypertension, unspecified

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
401	Diagnosis	ICD-9-CM	Essential hypertension
402	Diagnosis	ICD-9-CM	Hypertensive heart disease
402	Diagnosis	ICD-9-CM	Malignant hypertensive heart disease
402	Diagnosis	ICD-9-CM	Malignant hypertensive heart disease without heart failure
402.01	Diagnosis	ICD-9-CM	Malignant hypertensive heart disease with heart failure
402.1	Diagnosis	ICD-9-CM	Benign hypertensive heart disease
402.1	Diagnosis	ICD-9-CM	Benign hypertensive heart disease without heart failure
402.11	Diagnosis	ICD-9-CM	Benign hypertensive heart disease with heart failure
402.9	Diagnosis	ICD-9-CM	Unspecified hypertensive heart disease
402.9	Diagnosis	ICD-9-CM	Unspecified hypertensive heart disease without heart failure
402.91	Diagnosis	ICD-9-CM	Hypertensive heart disease, unspecified, with heart failure
403	Diagnosis	ICD-9-CM	Hypertensive chronic kidney disease
403	Diagnosis	ICD-9-CM	Hypertensive chronic kidney disease, malignant
403	Diagnosis	ICD-9-CM	Hypertensive chronic kidney disease, malignant, with chronic kidney disease stage I through stage IV, or unspecified
403	Diagnosis	ICD-9-CM	Hypertensive chronic kidney disease, malignant, with chronic kidney disease stage V or end stage renal disease
403.01	Diagnosis	ICD-9-CM	Hypertensive chronic kidney disease, benign
403.1	Diagnosis	ICD-9-CM	Hypertensive chronic kidney disease, benign, with chronic kidney disease stage I through stage IV, or unspecified
403.1	Diagnosis	ICD-9-CM	Hypertensive chronic kidney disease, benign, with chronic kidney disease stage V or end stage renal disease
403.11	Diagnosis	ICD-9-CM	Hypertensive chronic kidney disease, unspecified
403.9	Diagnosis	ICD-9-CM	Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage I through stage IV, or unspecified
403.9	Diagnosis	ICD-9-CM	Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage V or end stage renal disease
403.91	Diagnosis	ICD-9-CM	Hypertensive heart and chronic kidney disease
404	Diagnosis	ICD-9-CM	Hypertensive heart and chronic kidney disease, malignant
404	Diagnosis	ICD-9-CM	Hypertensive heart and chronic kidney disease, malignant, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified
404	Diagnosis	ICD-9-CM	Hypertensive heart and chronic kidney disease, malignant, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified
404.01	Diagnosis	ICD-9-CM	Hypertensive heart and chronic kidney disease, malignant, without heart failure and with chronic kidney disease stage V or end stage renal disease
404.02	Diagnosis	ICD-9-CM	Hypertensive heart and chronic kidney disease, malignant, with heart failure and with chronic kidney disease stage V or end stage renal disease
404.03	Diagnosis	ICD-9-CM	Hypertensive heart and chronic kidney disease, benign
404.1	Diagnosis	ICD-9-CM	Hypertensive heart and chronic kidney disease, benign, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified
404.1	Diagnosis	ICD-9-CM	Hypertensive heart and chronic kidney disease, benign, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified
404.11	Diagnosis	ICD-9-CM	Hypertensive heart and chronic kidney disease, benign, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
404.12	Diagnosis	ICD-9-CM	Hypertensive heart and chronic kidney disease, benign, without heart failure and with chronic kidney disease stage V or end stage renal disease
404.13	Diagnosis	ICD-9-CM	Hypertensive heart and chronic kidney disease, benign, with heart failure and chronic kidney disease stage V or end stage renal disease
404.9	Diagnosis	ICD-9-CM	Hypertensive heart and chronic kidney disease, unspecified
404.9	Diagnosis	ICD-9-CM	Hypertensive heart and chronic kidney disease, unspecified, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified
404.91	Diagnosis	ICD-9-CM	Hypertensive heart and chronic kidney disease, unspecified, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified
404.92	Diagnosis	ICD-9-CM	Hypertensive heart and chronic kidney disease, unspecified, without heart failure and with chronic kidney disease stage V or end stage renal disease
404.93	Diagnosis	ICD-9-CM	Hypertensive heart and chronic kidney disease, unspecified, with heart failure and chronic kidney disease stage V or end stage renal disease
405	Diagnosis	ICD-9-CM	Secondary hypertension
405	Diagnosis	ICD-9-CM	Secondary hypertension, malignant
I11.0	Diagnosis	ICD-10-CM	Hypertensive heart disease with heart failure
I11.9	Diagnosis	ICD-10-CM	Hypertensive heart disease without heart failure
I12.0	Diagnosis	ICD-10-CM	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease
I12.9	Diagnosis	ICD-10-CM	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.0	Diagnosis	ICD-10-CM	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.10	Diagnosis	ICD-10-CM	Hypertensive heart and chronic kidney disease without heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.11	Diagnosis	ICD-10-CM	Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease
I13.2	Diagnosis	ICD-10-CM	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease
N26.2	Diagnosis	ICD-10-CM	Page kidney
I67.4	Diagnosis	ICD-10-CM	Hypertensive encephalopathy
H35.033	Diagnosis	ICD-10-CM	Hypertensive retinopathy, bilateral
H35.032	Diagnosis	ICD-10-CM	Hypertensive retinopathy, left eye
H35.031	Diagnosis	ICD-10-CM	Hypertensive retinopathy, right eye
H35.039	Diagnosis	ICD-10-CM	Hypertensive retinopathy, unspecified eye
437.2	Diagnosis	ICD-9-CM	Hypertensive encephalopathy
362.11	Diagnosis	ICD-9-CM	Hypertensive retinopathy
405.1	Diagnosis	ICD-9-CM	Secondary hypertension, benign
405.9	Diagnosis	ICD-9-CM	Unspecified secondary hypertension, unspecified
I16.0	Diagnosis	ICD-10-CM	Hypertensive urgency
I16.1	Diagnosis	ICD-10-CM	Hypertensive emergency
I16.9	Diagnosis	ICD-10-CM	Hypertensive crisis, unspecified

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
459.3	Diagnosis	ICD-9-CM	Chronic venous hypertension without complications
459.31	Diagnosis	ICD-9-CM	Chronic venous hypertension with ulcer
459.32	Diagnosis	ICD-9-CM	Chronic venous hypertension with inflammation
459.33	Diagnosis	ICD-9-CM	Chronic venous hypertension with ulcer and inflammation
459.39	Diagnosis	ICD-9-CM	Chronic venous hypertension with other complication
572.3	Diagnosis	ICD-9-CM	Portal hypertension
997.91	Diagnosis	ICD-9-CM	Hypertension
G93.2	Diagnosis	ICD-10-CM	Benign intracranial hypertension
I15	Diagnosis	ICD-10-CM	Secondary hypertension
I87.3	Diagnosis	ICD-10-CM	Chronic venous hypertension (idiopathic)
I87.30	Diagnosis	ICD-10-CM	Chronic venous hypertension (idiopathic) without complications
I87.301	Diagnosis	ICD-10-CM	Chronic venous hypertension (idiopathic) without complications of right lower extremity
I87.302	Diagnosis	ICD-10-CM	Chronic venous hypertension (idiopathic) without complications of left lower extremity
I87.303	Diagnosis	ICD-10-CM	Chronic venous hypertension (idiopathic) without complications of bilateral lower extremity
I87.309	Diagnosis	ICD-10-CM	Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity
I87.31	Diagnosis	ICD-10-CM	Chronic venous hypertension (idiopathic) with ulcer
I87.311	Diagnosis	ICD-10-CM	Chronic venous hypertension (idiopathic) with ulcer of right lower extremity
I87.312	Diagnosis	ICD-10-CM	Chronic venous hypertension (idiopathic) with ulcer of left lower extremity
I87.313	Diagnosis	ICD-10-CM	Chronic venous hypertension (idiopathic) with ulcer of bilateral lower extremity
I87.319	Diagnosis	ICD-10-CM	Chronic venous hypertension (idiopathic) with ulcer of unspecified lower extremity
I87.32	Diagnosis	ICD-10-CM	Chronic venous hypertension (idiopathic) with inflammation
I87.321	Diagnosis	ICD-10-CM	Chronic venous hypertension (idiopathic) with inflammation of right lower extremity
I87.322	Diagnosis	ICD-10-CM	Chronic venous hypertension (idiopathic) with inflammation of left lower extremity
I87.323	Diagnosis	ICD-10-CM	Chronic venous hypertension (idiopathic) with inflammation of bilateral lower extremity
I87.329	Diagnosis	ICD-10-CM	Chronic venous hypertension (idiopathic) with inflammation of unspecified lower extremity
I87.33	Diagnosis	ICD-10-CM	Chronic venous hypertension (idiopathic) with ulcer and inflammation
I87.331	Diagnosis	ICD-10-CM	Chronic venous hypertension (idiopathic) with ulcer and inflammation of right lower extremity
I87.332	Diagnosis	ICD-10-CM	Chronic venous hypertension (idiopathic) with ulcer and inflammation of left lower extremity
I87.333	Diagnosis	ICD-10-CM	Chronic venous hypertension (idiopathic) with ulcer and inflammation of bilateral lower extremity
I87.339	Diagnosis	ICD-10-CM	Chronic venous hypertension (idiopathic) with ulcer and inflammation of unspecified lower extremity
I87.39	Diagnosis	ICD-10-CM	Chronic venous hypertension (idiopathic) with other complications
I87.391	Diagnosis	ICD-10-CM	Chronic venous hypertension (idiopathic) with other complications of right lower extremity
I87.392	Diagnosis	ICD-10-CM	Chronic venous hypertension (idiopathic) with other complications of left lower extremity

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
I87.393	Diagnosis	ICD-10-CM	Chronic venous hypertension (idiopathic) with other complications of bilateral lower extremity
I87.399	Diagnosis	ICD-10-CM	Chronic venous hypertension (idiopathic) with other complications of unspecified lower extremity
K76.6	Diagnosis	ICD-10-CM	Portal hypertension
Dyslipidemia			
272	Diagnosis	ICD-9-CM	Pure hypercholesterolemia
272.1	Diagnosis	ICD-9-CM	Pure hyperglyceridemia
272.2	Diagnosis	ICD-9-CM	Mixed hyperlipidemia
272.3	Diagnosis	ICD-9-CM	Hyperchylomicronemia
272.4	Diagnosis	ICD-9-CM	Other and unspecified hyperlipidemia
E78.00	Diagnosis	ICD-10-CM	Pure hypercholesterolemia, unspecified
E78.01	Diagnosis	ICD-10-CM	Familial hypercholesterolemia
E78.1	Diagnosis	ICD-10-CM	Pure hyperglyceridemia
E78.2	Diagnosis	ICD-10-CM	Mixed hyperlipidemia
E78.3	Diagnosis	ICD-10-CM	Hyperchylomicronemia
E78.4	Diagnosis	ICD-10-CM	Other hyperlipidemia
E78.5	Diagnosis	ICD-10-CM	Hyperlipidemia, unspecified
E78.0	Diagnosis	ICD-10-CM	Elevated Lipoprotein(a)
E78.41	Diagnosis	ICD-10-CM	Other hyperlipidemia
E78.49	Diagnosis	ICD-10-CM	Pure hypercholesterolemia
Coronary Artery Disease			
I20	Diagnosis	ICD-10-CM	Angina pectoris
I20.0	Diagnosis	ICD-10-CM	Unstable angina
I20.1	Diagnosis	ICD-10-CM	Angina pectoris with documented spasm
I20.8	Diagnosis	ICD-10-CM	Other forms of angina pectoris
I20.9	Diagnosis	ICD-10-CM	Angina pectoris, unspecified
I23.7	Diagnosis	ICD-10-CM	Postinfarction angina
I24	Diagnosis	ICD-10-CM	Other acute ischemic heart diseases
I24.0	Diagnosis	ICD-10-CM	Acute coronary thrombosis not resulting in myocardial infarction
I24.8	Diagnosis	ICD-10-CM	Other forms of acute ischemic heart disease
I24.9	Diagnosis	ICD-10-CM	Acute ischemic heart disease, unspecified
I46.2	Diagnosis	ICD-10-CM	Cardiac arrest due to underlying cardiac condition
I46.8	Diagnosis	ICD-10-CM	Cardiac arrest due to other underlying condition
I46.9	Diagnosis	ICD-10-CM	Cardiac arrest, cause unspecified
I47.0	Diagnosis	ICD-10-CM	Re-entry ventricular arrhythmia
I47.2	Diagnosis	ICD-10-CM	Ventricular tachycardia
Z95.1	Diagnosis	ICD-10-CM	Presence of aortocoronary bypass graft
Z95.5	Diagnosis	ICD-10-CM	Presence of coronary angioplasty implant and graft
I25.112	Diagnosis	ICD-10-CM	Atherosclerotic heart disease of native coronary artery with refractory angina pectoris
I25.72	Diagnosis	ICD-10-CM	Atherosclerosis of autologous artery coronary artery bypass graft(s) with angina pectoris

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
I25.721	Diagnosis	ICD-10-CM	Atherosclerosis of autologous artery coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.728	Diagnosis	ICD-10-CM	Atherosclerosis of autologous artery coronary artery bypass graft(s) with other forms of angina pectoris
I25.722	Diagnosis	ICD-10-CM	Atherosclerosis of autologous artery coronary artery bypass graft(s) with refractory angina pectoris
I25.729	Diagnosis	ICD-10-CM	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unspecified angina pectoris
I25.720	Diagnosis	ICD-10-CM	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unstable angina pectoris
I25.71	Diagnosis	ICD-10-CM	Atherosclerosis of autologous vein coronary artery bypass graft(s) with angina pectoris
I25.711	Diagnosis	ICD-10-CM	Atherosclerosis of autologous vein coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.718	Diagnosis	ICD-10-CM	Atherosclerosis of autologous vein coronary artery bypass graft(s) with other forms of angina pectoris
I25.712	Diagnosis	ICD-10-CM	Atherosclerosis of autologous vein coronary artery bypass graft(s) with refractory angina pectoris
I25.719	Diagnosis	ICD-10-CM	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unspecified angina pectoris
I25.710	Diagnosis	ICD-10-CM	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unstable angina pectoris
I25.76	Diagnosis	ICD-10-CM	Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris
I25.761	Diagnosis	ICD-10-CM	Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris with documented spasm
I25.768	Diagnosis	ICD-10-CM	Atherosclerosis of bypass graft of coronary artery of transplanted heart with other forms of angina pectoris
I25.762	Diagnosis	ICD-10-CM	Atherosclerosis of bypass graft of coronary artery of transplanted heart with refractory angina pectoris
I25.769	Diagnosis	ICD-10-CM	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unspecified angina pectoris
I25.760	Diagnosis	ICD-10-CM	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina
I25.812	Diagnosis	ICD-10-CM	Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pectoris
I25.7	Diagnosis	ICD-10-CM	Atherosclerosis of coronary artery bypass graft(s) and coronary artery of transplanted heart with angina pectoris
I25.810	Diagnosis	ICD-10-CM	Atherosclerosis of coronary artery bypass graft(s) without angina pectoris
I25.70	Diagnosis	ICD-10-CM	Atherosclerosis of coronary artery bypass graft(s), unspecified, with angina pectoris
I25.701	Diagnosis	ICD-10-CM	Atherosclerosis of coronary artery bypass graft(s), unspecified, with angina pectoris with documented spasm

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
I25.708	Diagnosis	ICD-10-CM	Atherosclerosis of coronary artery bypass graft(s), unspecified, with other forms of angina pectoris
I25.702	Diagnosis	ICD-10-CM	Atherosclerosis of coronary artery bypass graft(s), unspecified, with refractory angina pectoris
I25.709	Diagnosis	ICD-10-CM	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unspecified angina pectoris
I25.700	Diagnosis	ICD-10-CM	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unstable angina pectoris
I25.75	Diagnosis	ICD-10-CM	Atherosclerosis of native coronary artery of transplanted heart with angina pectoris
I25.751	Diagnosis	ICD-10-CM	Atherosclerosis of native coronary artery of transplanted heart with angina pectoris with documented spasm
I25.758	Diagnosis	ICD-10-CM	Atherosclerosis of native coronary artery of transplanted heart with other forms of angina pectoris
I25.752	Diagnosis	ICD-10-CM	Atherosclerosis of native coronary artery of transplanted heart with refractory angina pectoris
I25.759	Diagnosis	ICD-10-CM	Atherosclerosis of native coronary artery of transplanted heart with unspecified angina pectoris
I25.750	Diagnosis	ICD-10-CM	Atherosclerosis of native coronary artery of transplanted heart with unstable angina
I25.811	Diagnosis	ICD-10-CM	Atherosclerosis of native coronary artery of transplanted heart without angina pectoris
I25.73	Diagnosis	ICD-10-CM	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with angina pectoris
I25.731	Diagnosis	ICD-10-CM	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.738	Diagnosis	ICD-10-CM	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with other forms of angina pectoris
I25.732	Diagnosis	ICD-10-CM	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with refractory angina pectoris
I25.739	Diagnosis	ICD-10-CM	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unspecified angina pectoris
I25.730	Diagnosis	ICD-10-CM	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unstable angina pectoris
I25.79	Diagnosis	ICD-10-CM	Atherosclerosis of other coronary artery bypass graft(s) with angina pectoris
I25.791	Diagnosis	ICD-10-CM	Atherosclerosis of other coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.798	Diagnosis	ICD-10-CM	Atherosclerosis of other coronary artery bypass graft(s) with other forms of angina pectoris
I25.792	Diagnosis	ICD-10-CM	Atherosclerosis of other coronary artery bypass graft(s) with refractory angina pectoris
I25.799	Diagnosis	ICD-10-CM	Atherosclerosis of other coronary artery bypass graft(s) with unspecified angina pectoris
I25.790	Diagnosis	ICD-10-CM	Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris
I25.81	Diagnosis	ICD-10-CM	Atherosclerosis of other coronary vessels without angina pectoris
I25.1	Diagnosis	ICD-10-CM	Atherosclerotic heart disease of native coronary artery
I25.11	Diagnosis	ICD-10-CM	Atherosclerotic heart disease of native coronary artery with angina pectoris

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
I25.111	Diagnosis	ICD-10-CM	Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm
I25.118	Diagnosis	ICD-10-CM	Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris
I25.119	Diagnosis	ICD-10-CM	Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris
I25.110	Diagnosis	ICD-10-CM	Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
I25.10	Diagnosis	ICD-10-CM	Atherosclerotic heart disease of native coronary artery without angina pectoris
I25.9	Diagnosis	ICD-10-CM	Chronic ischemic heart disease, unspecified
I25.82	Diagnosis	ICD-10-CM	Chronic total occlusion of coronary artery
I25.84	Diagnosis	ICD-10-CM	Coronary atherosclerosis due to calcified coronary lesion
I25.83	Diagnosis	ICD-10-CM	Coronary atherosclerosis due to lipid rich plaque
I25.5	Diagnosis	ICD-10-CM	Ischemic cardiomyopathy
I25.2	Diagnosis	ICD-10-CM	Old myocardial infarction
I25.8	Diagnosis	ICD-10-CM	Other forms of chronic ischemic heart disease
I25.89	Diagnosis	ICD-10-CM	Other forms of chronic ischemic heart disease
I25.6	Diagnosis	ICD-10-CM	Silent myocardial ischemia
412	Diagnosis	ICD-9-CM	Old myocardial infarction
414	Diagnosis	ICD-9-CM	Coronary atherosclerosis of unspecified type of vessel, native or graft
414.01	Diagnosis	ICD-9-CM	Coronary atherosclerosis of native coronary artery
414.02	Diagnosis	ICD-9-CM	Coronary atherosclerosis of autologous vein bypass graft
414.03	Diagnosis	ICD-9-CM	Coronary atherosclerosis of nonautologous biological bypass graft
414.04	Diagnosis	ICD-9-CM	Coronary atherosclerosis of artery bypass graft
414.05	Diagnosis	ICD-9-CM	Coronary atherosclerosis of unspecified type of bypass graft
414.06	Diagnosis	ICD-9-CM	Coronary atherosclerosis, of native coronary artery of transplanted heart
414.07	Diagnosis	ICD-9-CM	Coronary atherosclerosis, of bypass graft (artery) (vein) of transplanted heart
414.2	Diagnosis	ICD-9-CM	Chronic total occlusion of coronary artery
414.3	Diagnosis	ICD-9-CM	Coronary atherosclerosis due to lipid rich plaque
414.4	Diagnosis	ICD-9-CM	Coronary atherosclerosis due to calcified coronary lesion
414.8	Diagnosis	ICD-9-CM	Other specified forms of chronic ischemic heart disease
414.9	Diagnosis	ICD-9-CM	Unspecified chronic ischemic heart disease
429.2	Diagnosis	ICD-9-CM	Unspecified cardiovascular disease
413.9	Diagnosis	ICD-9-CM	Other and unspecified angina pectoris
Cerebrovascular Disease			
I67.81	Diagnosis	ICD-10-CM	Acute cerebrovascular insufficiency
I69.320	Diagnosis	ICD-10-CM	Aphasia following cerebral infarction
I69.120	Diagnosis	ICD-10-CM	Aphasia following nontraumatic intracerebral hemorrhage
I69.020	Diagnosis	ICD-10-CM	Aphasia following nontraumatic subarachnoid hemorrhage
I69.820	Diagnosis	ICD-10-CM	Aphasia following other cerebrovascular disease
I69.220	Diagnosis	ICD-10-CM	Aphasia following other nontraumatic intracranial hemorrhage
I69.920	Diagnosis	ICD-10-CM	Aphasia following unspecified cerebrovascular disease
I69.390	Diagnosis	ICD-10-CM	Apraxia following cerebral infarction
I69.190	Diagnosis	ICD-10-CM	Apraxia following nontraumatic intracerebral hemorrhage

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
I69.090	Diagnosis	ICD-10-CM	Apraxia following nontraumatic subarachnoid hemorrhage
I69.890	Diagnosis	ICD-10-CM	Apraxia following other cerebrovascular disease
I69.290	Diagnosis	ICD-10-CM	Apraxia following other nontraumatic intracranial hemorrhage
I69.990	Diagnosis	ICD-10-CM	Apraxia following unspecified cerebrovascular disease
I69.393	Diagnosis	ICD-10-CM	Ataxia following cerebral infarction
I69.193	Diagnosis	ICD-10-CM	Ataxia following nontraumatic intracerebral hemorrhage
I69.093	Diagnosis	ICD-10-CM	Ataxia following nontraumatic subarachnoid hemorrhage
I69.893	Diagnosis	ICD-10-CM	Ataxia following other cerebrovascular disease
I69.293	Diagnosis	ICD-10-CM	Ataxia following other nontraumatic intracranial hemorrhage
I69.993	Diagnosis	ICD-10-CM	Ataxia following unspecified cerebrovascular disease
I69.310	Diagnosis	ICD-10-CM	Attention and concentration deficit following cerebral infarction
I69.110	Diagnosis	ICD-10-CM	Attention and concentration deficit following nontraumatic intracerebral hemorrhage
I69.010	Diagnosis	ICD-10-CM	Attention and concentration deficit following nontraumatic subarachnoid hemorrhage
I69.810	Diagnosis	ICD-10-CM	Attention and concentration deficit following other cerebrovascular disease
I69.210	Diagnosis	ICD-10-CM	Attention and concentration deficit following other nontraumatic intracranial hemorrhage
I69.910	Diagnosis	ICD-10-CM	Attention and concentration deficit following unspecified cerebrovascular disease
I68.0	Diagnosis	ICD-10-CM	Cerebral amyloid angiopathy
I67.1	Diagnosis	ICD-10-CM	Cerebral aneurysm, nonruptured
I68.2	Diagnosis	ICD-10-CM	Cerebral arteritis in other diseases classified elsewhere
I67.7	Diagnosis	ICD-10-CM	Cerebral arteritis, not elsewhere classified
I67.2	Diagnosis	ICD-10-CM	Cerebral atherosclerosis
I67.850	Diagnosis	ICD-10-CM	Cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy
I63	Diagnosis	ICD-10-CM	Cerebral infarction
I63.6	Diagnosis	ICD-10-CM	Cerebral infarction due to cerebral venous thrombosis, nonpyogenic
I63.42	Diagnosis	ICD-10-CM	Cerebral infarction due to embolism of anterior cerebral artery
I63.12	Diagnosis	ICD-10-CM	Cerebral infarction due to embolism of basilar artery
I63.423	Diagnosis	ICD-10-CM	Cerebral infarction due to embolism of bilateral anterior cerebral arteries
I63.133	Diagnosis	ICD-10-CM	Cerebral infarction due to embolism of bilateral carotid arteries
I63.443	Diagnosis	ICD-10-CM	Cerebral infarction due to embolism of bilateral cerebellar arteries
I63.413	Diagnosis	ICD-10-CM	Cerebral infarction due to embolism of bilateral middle cerebral arteries
I63.433	Diagnosis	ICD-10-CM	Cerebral infarction due to embolism of bilateral posterior cerebral arteries
I63.113	Diagnosis	ICD-10-CM	Cerebral infarction due to embolism of bilateral vertebral arteries
I63.13	Diagnosis	ICD-10-CM	Cerebral infarction due to embolism of carotid artery
I63.44	Diagnosis	ICD-10-CM	Cerebral infarction due to embolism of cerebellar artery
I63.4	Diagnosis	ICD-10-CM	Cerebral infarction due to embolism of cerebral arteries
I63.422	Diagnosis	ICD-10-CM	Cerebral infarction due to embolism of left anterior cerebral artery
I63.132	Diagnosis	ICD-10-CM	Cerebral infarction due to embolism of left carotid artery
I63.442	Diagnosis	ICD-10-CM	Cerebral infarction due to embolism of left cerebellar artery
I63.412	Diagnosis	ICD-10-CM	Cerebral infarction due to embolism of left middle cerebral artery
I63.432	Diagnosis	ICD-10-CM	Cerebral infarction due to embolism of left posterior cerebral artery

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
I63.112	Diagnosis	ICD-10-CM	Cerebral infarction due to embolism of left vertebral artery
I63.41	Diagnosis	ICD-10-CM	Cerebral infarction due to embolism of middle cerebral artery
I63.49	Diagnosis	ICD-10-CM	Cerebral infarction due to embolism of other cerebral artery
I63.19	Diagnosis	ICD-10-CM	Cerebral infarction due to embolism of other precerebral artery
I63.43	Diagnosis	ICD-10-CM	Cerebral infarction due to embolism of posterior cerebral artery
I63.1	Diagnosis	ICD-10-CM	Cerebral infarction due to embolism of precerebral arteries
I63.421	Diagnosis	ICD-10-CM	Cerebral infarction due to embolism of right anterior cerebral artery
I63.131	Diagnosis	ICD-10-CM	Cerebral infarction due to embolism of right carotid artery
I63.441	Diagnosis	ICD-10-CM	Cerebral infarction due to embolism of right cerebellar artery
I63.411	Diagnosis	ICD-10-CM	Cerebral infarction due to embolism of right middle cerebral artery
I63.431	Diagnosis	ICD-10-CM	Cerebral infarction due to embolism of right posterior cerebral artery
I63.111	Diagnosis	ICD-10-CM	Cerebral infarction due to embolism of right vertebral artery
I63.429	Diagnosis	ICD-10-CM	Cerebral infarction due to embolism of unspecified anterior cerebral artery
I63.139	Diagnosis	ICD-10-CM	Cerebral infarction due to embolism of unspecified carotid artery
I63.449	Diagnosis	ICD-10-CM	Cerebral infarction due to embolism of unspecified cerebellar artery
I63.40	Diagnosis	ICD-10-CM	Cerebral infarction due to embolism of unspecified cerebral artery
I63.419	Diagnosis	ICD-10-CM	Cerebral infarction due to embolism of unspecified middle cerebral artery
I63.439	Diagnosis	ICD-10-CM	Cerebral infarction due to embolism of unspecified posterior cerebral artery
I63.10	Diagnosis	ICD-10-CM	Cerebral infarction due to embolism of unspecified precerebral artery
I63.119	Diagnosis	ICD-10-CM	Cerebral infarction due to embolism of unspecified vertebral artery
I63.11	Diagnosis	ICD-10-CM	Cerebral infarction due to embolism of vertebral artery
I63.32	Diagnosis	ICD-10-CM	Cerebral infarction due to thrombosis of anterior cerebral artery
I63.02	Diagnosis	ICD-10-CM	Cerebral infarction due to thrombosis of basilar artery
I63.323	Diagnosis	ICD-10-CM	Cerebral infarction due to thrombosis of bilateral anterior cerebral arteries
I63.033	Diagnosis	ICD-10-CM	Cerebral infarction due to thrombosis of bilateral carotid arteries
I63.343	Diagnosis	ICD-10-CM	Cerebral infarction due to thrombosis of bilateral cerebellar arteries
I63.313	Diagnosis	ICD-10-CM	Cerebral infarction due to thrombosis of bilateral middle cerebral arteries
I63.333	Diagnosis	ICD-10-CM	Cerebral infarction due to thrombosis of bilateral posterior cerebral arteries
I63.013	Diagnosis	ICD-10-CM	Cerebral infarction due to thrombosis of bilateral vertebral arteries
I63.03	Diagnosis	ICD-10-CM	Cerebral infarction due to thrombosis of carotid artery
I63.34	Diagnosis	ICD-10-CM	Cerebral infarction due to thrombosis of cerebellar artery
I63.3	Diagnosis	ICD-10-CM	Cerebral infarction due to thrombosis of cerebral arteries
I63.322	Diagnosis	ICD-10-CM	Cerebral infarction due to thrombosis of left anterior cerebral artery
I63.032	Diagnosis	ICD-10-CM	Cerebral infarction due to thrombosis of left carotid artery
I63.342	Diagnosis	ICD-10-CM	Cerebral infarction due to thrombosis of left cerebellar artery
I63.312	Diagnosis	ICD-10-CM	Cerebral infarction due to thrombosis of left middle cerebral artery
I63.332	Diagnosis	ICD-10-CM	Cerebral infarction due to thrombosis of left posterior cerebral artery
I63.012	Diagnosis	ICD-10-CM	Cerebral infarction due to thrombosis of left vertebral artery
I63.31	Diagnosis	ICD-10-CM	Cerebral infarction due to thrombosis of middle cerebral artery
I63.39	Diagnosis	ICD-10-CM	Cerebral infarction due to thrombosis of other cerebral artery
I63.09	Diagnosis	ICD-10-CM	Cerebral infarction due to thrombosis of other precerebral artery
I63.33	Diagnosis	ICD-10-CM	Cerebral infarction due to thrombosis of posterior cerebral artery

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
I63.0	Diagnosis	ICD-10-CM	Cerebral infarction due to thrombosis of precerebral arteries
I63.321	Diagnosis	ICD-10-CM	Cerebral infarction due to thrombosis of right anterior cerebral artery
I63.031	Diagnosis	ICD-10-CM	Cerebral infarction due to thrombosis of right carotid artery
I63.341	Diagnosis	ICD-10-CM	Cerebral infarction due to thrombosis of right cerebellar artery
I63.311	Diagnosis	ICD-10-CM	Cerebral infarction due to thrombosis of right middle cerebral artery
I63.331	Diagnosis	ICD-10-CM	Cerebral infarction due to thrombosis of right posterior cerebral artery
I63.011	Diagnosis	ICD-10-CM	Cerebral infarction due to thrombosis of right vertebral artery
I63.329	Diagnosis	ICD-10-CM	Cerebral infarction due to thrombosis of unspecified anterior cerebral artery
I63.039	Diagnosis	ICD-10-CM	Cerebral infarction due to thrombosis of unspecified carotid artery
I63.349	Diagnosis	ICD-10-CM	Cerebral infarction due to thrombosis of unspecified cerebellar artery
I63.30	Diagnosis	ICD-10-CM	Cerebral infarction due to thrombosis of unspecified cerebral artery
I63.319	Diagnosis	ICD-10-CM	Cerebral infarction due to thrombosis of unspecified middle cerebral artery
I63.339	Diagnosis	ICD-10-CM	Cerebral infarction due to thrombosis of unspecified posterior cerebral artery
I63.00	Diagnosis	ICD-10-CM	Cerebral infarction due to thrombosis of unspecified precerebral artery
I63.019	Diagnosis	ICD-10-CM	Cerebral infarction due to thrombosis of unspecified vertebral artery
I63.01	Diagnosis	ICD-10-CM	Cerebral infarction due to thrombosis of vertebral artery
I63.52	Diagnosis	ICD-10-CM	Cerebral infarction due to unspecified occlusion or stenosis of anterior cerebral artery
I63.22	Diagnosis	ICD-10-CM	Cerebral infarction due to unspecified occlusion or stenosis of basilar artery
I63.523	Diagnosis	ICD-10-CM	Cerebral infarction due to unspecified occlusion or stenosis of bilateral anterior cerebral arteries
I63.233	Diagnosis	ICD-10-CM	Cerebral infarction due to unspecified occlusion or stenosis of bilateral carotid arteries
I63.543	Diagnosis	ICD-10-CM	Cerebral infarction due to unspecified occlusion or stenosis of bilateral cerebellar arteries
I63.513	Diagnosis	ICD-10-CM	Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle cerebral arteries
I63.533	Diagnosis	ICD-10-CM	Cerebral infarction due to unspecified occlusion or stenosis of bilateral posterior cerebral arteries
I63.213	Diagnosis	ICD-10-CM	Cerebral infarction due to unspecified occlusion or stenosis of bilateral vertebral arteries
I63.23	Diagnosis	ICD-10-CM	Cerebral infarction due to unspecified occlusion or stenosis of carotid arteries
I63.54	Diagnosis	ICD-10-CM	Cerebral infarction due to unspecified occlusion or stenosis of cerebellar artery
I63.5	Diagnosis	ICD-10-CM	Cerebral infarction due to unspecified occlusion or stenosis of cerebral arteries
I63.522	Diagnosis	ICD-10-CM	Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral artery
I63.232	Diagnosis	ICD-10-CM	Cerebral infarction due to unspecified occlusion or stenosis of left carotid arteries
I63.542	Diagnosis	ICD-10-CM	Cerebral infarction due to unspecified occlusion or stenosis of left cerebellar artery
I63.512	Diagnosis	ICD-10-CM	Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery
I63.532	Diagnosis	ICD-10-CM	Cerebral infarction due to unspecified occlusion or stenosis of left posterior cerebral artery
I63.212	Diagnosis	ICD-10-CM	Cerebral infarction due to unspecified occlusion or stenosis of left vertebral artery
I63.51	Diagnosis	ICD-10-CM	Cerebral infarction due to unspecified occlusion or stenosis of middle cerebral artery

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
I63.59	Diagnosis	ICD-10-CM	Cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery
I63.29	Diagnosis	ICD-10-CM	Cerebral infarction due to unspecified occlusion or stenosis of other precerebral arteries
I63.53	Diagnosis	ICD-10-CM	Cerebral infarction due to unspecified occlusion or stenosis of posterior cerebral artery
I63.2	Diagnosis	ICD-10-CM	Cerebral infarction due to unspecified occlusion or stenosis of precerebral arteries
I63.521	Diagnosis	ICD-10-CM	Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral artery
I63.231	Diagnosis	ICD-10-CM	Cerebral infarction due to unspecified occlusion or stenosis of right carotid arteries
I63.541	Diagnosis	ICD-10-CM	Cerebral infarction due to unspecified occlusion or stenosis of right cerebellar artery
I63.511	Diagnosis	ICD-10-CM	Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral artery
I63.531	Diagnosis	ICD-10-CM	Cerebral infarction due to unspecified occlusion or stenosis of right posterior cerebral artery
I63.211	Diagnosis	ICD-10-CM	Cerebral infarction due to unspecified occlusion or stenosis of right vertebral artery
I63.529	Diagnosis	ICD-10-CM	Cerebral infarction due to unspecified occlusion or stenosis of unspecified anterior cerebral artery
I63.239	Diagnosis	ICD-10-CM	Cerebral infarction due to unspecified occlusion or stenosis of unspecified carotid artery
I63.549	Diagnosis	ICD-10-CM	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebellar artery
I63.50	Diagnosis	ICD-10-CM	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral artery
I63.519	Diagnosis	ICD-10-CM	Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle cerebral artery
I63.539	Diagnosis	ICD-10-CM	Cerebral infarction due to unspecified occlusion or stenosis of unspecified posterior cerebral artery
I63.20	Diagnosis	ICD-10-CM	Cerebral infarction due to unspecified occlusion or stenosis of unspecified precerebral arteries
I63.219	Diagnosis	ICD-10-CM	Cerebral infarction due to unspecified occlusion or stenosis of unspecified vertebral artery
I63.21	Diagnosis	ICD-10-CM	Cerebral infarction due to unspecified occlusion or stenosis of vertebral arteries
I63.9	Diagnosis	ICD-10-CM	Cerebral infarction, unspecified
I67.82	Diagnosis	ICD-10-CM	Cerebral ischemia
I67.84	Diagnosis	ICD-10-CM	Cerebral vasospasm and vasoconstriction
I67.9	Diagnosis	ICD-10-CM	Cerebrovascular disease, unspecified
I68	Diagnosis	ICD-10-CM	Cerebrovascular disorders in diseases classified elsewhere
I69.31	Diagnosis	ICD-10-CM	Cognitive deficits following cerebral infarction
I69.11	Diagnosis	ICD-10-CM	Cognitive deficits following nontraumatic intracerebral hemorrhage
I69.01	Diagnosis	ICD-10-CM	Cognitive deficits following nontraumatic subarachnoid hemorrhage
I69.81	Diagnosis	ICD-10-CM	Cognitive deficits following other cerebrovascular disease
I69.21	Diagnosis	ICD-10-CM	Cognitive deficits following other nontraumatic intracranial hemorrhage
I69.91	Diagnosis	ICD-10-CM	Cognitive deficits following unspecified cerebrovascular disease
I69.315	Diagnosis	ICD-10-CM	Cognitive social or emotional deficit following cerebral infarction

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
I69.115	Diagnosis	ICD-10-CM	Cognitive social or emotional deficit following nontraumatic intracerebral hemorrhage
I69.015	Diagnosis	ICD-10-CM	Cognitive social or emotional deficit following nontraumatic subarachnoid hemorrhage
I69.815	Diagnosis	ICD-10-CM	Cognitive social or emotional deficit following other cerebrovascular disease Cognitive social or emotional deficit following other nontraumatic intracranial hemorrhage
I69.215	Diagnosis	ICD-10-CM	Cognitive social or emotional deficit following unspecified cerebrovascular disease
I69.915	Diagnosis	ICD-10-CM	Dissection of cerebral arteries, nonruptured
I67.0	Diagnosis	ICD-10-CM	Dysarthria following cerebral infarction
I69.322	Diagnosis	ICD-10-CM	Dysarthria following nontraumatic intracerebral hemorrhage
I69.122	Diagnosis	ICD-10-CM	Dysarthria following nontraumatic subarachnoid hemorrhage
I69.022	Diagnosis	ICD-10-CM	Dysarthria following other cerebrovascular disease
I69.822	Diagnosis	ICD-10-CM	Dysarthria following other nontraumatic intracranial hemorrhage
I69.222	Diagnosis	ICD-10-CM	Dysarthria following unspecified cerebrovascular disease
I69.922	Diagnosis	ICD-10-CM	Dysphagia following cerebral infarction
I69.391	Diagnosis	ICD-10-CM	Dysphagia following nontraumatic intracerebral hemorrhage
I69.191	Diagnosis	ICD-10-CM	Dysphagia following nontraumatic subarachnoid hemorrhage
I69.091	Diagnosis	ICD-10-CM	Dysphagia following other cerebrovascular disease
I69.891	Diagnosis	ICD-10-CM	Dysphagia following other nontraumatic intracranial hemorrhage
I69.291	Diagnosis	ICD-10-CM	Dysphagia following unspecified cerebrovascular disease
I69.991	Diagnosis	ICD-10-CM	Dysphasia following cerebral infarction
I69.321	Diagnosis	ICD-10-CM	Dysphasia following nontraumatic intracerebral hemorrhage
I69.121	Diagnosis	ICD-10-CM	Dysphasia following nontraumatic subarachnoid hemorrhage
I69.021	Diagnosis	ICD-10-CM	Dysphasia following other cerebrovascular disease
I69.821	Diagnosis	ICD-10-CM	Dysphasia following other nontraumatic intracranial hemorrhage
I69.221	Diagnosis	ICD-10-CM	Dysphasia following unspecified cerebrovascular disease
I69.921	Diagnosis	ICD-10-CM	Facial weakness following cerebral infarction
I69.392	Diagnosis	ICD-10-CM	Facial weakness following nontraumatic intracerebral hemorrhage
I69.192	Diagnosis	ICD-10-CM	Facial weakness following nontraumatic subarachnoid hemorrhage
I69.092	Diagnosis	ICD-10-CM	Facial weakness following other cerebrovascular disease
I69.892	Diagnosis	ICD-10-CM	Facial weakness following other nontraumatic intracranial hemorrhage
I69.292	Diagnosis	ICD-10-CM	Facial weakness following unspecified cerebrovascular disease
I69.992	Diagnosis	ICD-10-CM	Fluency disorder following cerebral infarction
I69.323	Diagnosis	ICD-10-CM	Fluency disorder following nontraumatic intracerebral hemorrhage
I69.123	Diagnosis	ICD-10-CM	Fluency disorder following nontraumatic subarachnoid hemorrhage
I69.023	Diagnosis	ICD-10-CM	Fluency disorder following other cerebrovascular disease
I69.823	Diagnosis	ICD-10-CM	Fluency disorder following other nontraumatic intracranial hemorrhage
I69.223	Diagnosis	ICD-10-CM	Fluency disorder following unspecified cerebrovascular disease
I69.923	Diagnosis	ICD-10-CM	Frontal lobe and executive function deficit following cerebral infarction
I69.314	Diagnosis	ICD-10-CM	Frontal lobe and executive function deficit following nontraumatic intracerebral hemorrhage
I69.114	Diagnosis	ICD-10-CM	Frontal lobe and executive function deficit following nontraumatic subarachnoid hemorrhage
I69.014	Diagnosis	ICD-10-CM	Frontal lobe and executive function deficit following other cerebrovascular disease

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
I69.814	Diagnosis	ICD-10-CM	Frontal lobe and executive function deficit following other cerebrovascular disease
I69.214	Diagnosis	ICD-10-CM	Frontal lobe and executive function deficit following other nontraumatic intracranial hemorrhage
I69.914	Diagnosis	ICD-10-CM	Frontal lobe and executive function deficit following unspecified cerebrovascular disease
I69.35	Diagnosis	ICD-10-CM	Hemiplegia and hemiparesis following cerebral infarction
I69.352	Diagnosis	ICD-10-CM	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side
I69.354	Diagnosis	ICD-10-CM	Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side
I69.351	Diagnosis	ICD-10-CM	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side
I69.353	Diagnosis	ICD-10-CM	Hemiplegia and hemiparesis following cerebral infarction affecting right non-dominant side
I69.359	Diagnosis	ICD-10-CM	Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side
I69.15	Diagnosis	ICD-10-CM	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage
I69.152	Diagnosis	ICD-10-CM	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side
I69.154	Diagnosis	ICD-10-CM	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left non-dominant side
I69.151	Diagnosis	ICD-10-CM	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side
I69.153	Diagnosis	ICD-10-CM	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right non-dominant side
I69.159	Diagnosis	ICD-10-CM	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting unspecified side
I69.05	Diagnosis	ICD-10-CM	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage
I69.052	Diagnosis	ICD-10-CM	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side
I69.054	Diagnosis	ICD-10-CM	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
I69.051	Diagnosis	ICD-10-CM	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side
I69.053	Diagnosis	ICD-10-CM	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
I69.059	Diagnosis	ICD-10-CM	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting unspecified side
I69.85	Diagnosis	ICD-10-CM	Hemiplegia and hemiparesis following other cerebrovascular disease
I69.852	Diagnosis	ICD-10-CM	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side
I69.854	Diagnosis	ICD-10-CM	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side
I69.851	Diagnosis	ICD-10-CM	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
I69.853	Diagnosis	ICD-10-CM	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right non-dominant side
I69.859	Diagnosis	ICD-10-CM	Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side
I69.25	Diagnosis	ICD-10-CM	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage
I69.252	Diagnosis	ICD-10-CM	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side
I69.254	Diagnosis	ICD-10-CM	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant side
I69.251	Diagnosis	ICD-10-CM	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side
I69.253	Diagnosis	ICD-10-CM	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right non-dominant side
I69.259	Diagnosis	ICD-10-CM	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side
I69.95	Diagnosis	ICD-10-CM	Hemiplegia and hemiparesis following unspecified cerebrovascular disease
I69.952	Diagnosis	ICD-10-CM	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side
I69.954	Diagnosis	ICD-10-CM	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side
I69.951	Diagnosis	ICD-10-CM	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side
I69.953	Diagnosis	ICD-10-CM	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right non-dominant side
I69.959	Diagnosis	ICD-10-CM	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side
I67.85	Diagnosis	ICD-10-CM	Hereditary cerebrovascular diseases
I67.4	Diagnosis	ICD-10-CM	Hypertensive encephalopathy
I69.311	Diagnosis	ICD-10-CM	Memory deficit following cerebral infarction
I69.111	Diagnosis	ICD-10-CM	Memory deficit following nontraumatic intracerebral hemorrhage
I69.011	Diagnosis	ICD-10-CM	Memory deficit following nontraumatic subarachnoid hemorrhage
I69.811	Diagnosis	ICD-10-CM	Memory deficit following other cerebrovascular disease
I69.211	Diagnosis	ICD-10-CM	Memory deficit following other nontraumatic intracranial hemorrhage
I69.911	Diagnosis	ICD-10-CM	Memory deficit following unspecified cerebrovascular disease
I69.34	Diagnosis	ICD-10-CM	Monoplegia of lower limb following cerebral infarction
I69.342	Diagnosis	ICD-10-CM	Monoplegia of lower limb following cerebral infarction affecting left dominant side
I69.344	Diagnosis	ICD-10-CM	Monoplegia of lower limb following cerebral infarction affecting left non-dominant side
I69.341	Diagnosis	ICD-10-CM	Monoplegia of lower limb following cerebral infarction affecting right dominant side
I69.343	Diagnosis	ICD-10-CM	Monoplegia of lower limb following cerebral infarction affecting right non-dominant side
I69.349	Diagnosis	ICD-10-CM	Monoplegia of lower limb following cerebral infarction affecting unspecified side
I69.14	Diagnosis	ICD-10-CM	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
I69.142	Diagnosis	ICD-10-CM	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left dominant side
I69.144	Diagnosis	ICD-10-CM	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side
I69.141	Diagnosis	ICD-10-CM	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right dominant side
I69.143	Diagnosis	ICD-10-CM	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side
I69.149	Diagnosis	ICD-10-CM	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting unspecified side
I69.04	Diagnosis	ICD-10-CM	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage
I69.042	Diagnosis	ICD-10-CM	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left dominant side
I69.044	Diagnosis	ICD-10-CM	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
I69.041	Diagnosis	ICD-10-CM	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right dominant side
I69.043	Diagnosis	ICD-10-CM	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
I69.049	Diagnosis	ICD-10-CM	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting unspecified side
I69.84	Diagnosis	ICD-10-CM	Monoplegia of lower limb following other cerebrovascular disease
I69.842	Diagnosis	ICD-10-CM	Monoplegia of lower limb following other cerebrovascular disease affecting left dominant side
I69.844	Diagnosis	ICD-10-CM	Monoplegia of lower limb following other cerebrovascular disease affecting left non-dominant side
I69.841	Diagnosis	ICD-10-CM	Monoplegia of lower limb following other cerebrovascular disease affecting right dominant side
I69.843	Diagnosis	ICD-10-CM	Monoplegia of lower limb following other cerebrovascular disease affecting right non-dominant side
I69.849	Diagnosis	ICD-10-CM	Monoplegia of lower limb following other cerebrovascular disease affecting unspecified side
I69.24	Diagnosis	ICD-10-CM	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage
I69.242	Diagnosis	ICD-10-CM	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left dominant side
I69.244	Diagnosis	ICD-10-CM	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side
I69.241	Diagnosis	ICD-10-CM	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right dominant side
I69.243	Diagnosis	ICD-10-CM	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
I69.249	Diagnosis	ICD-10-CM	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting unspecified side
I69.94	Diagnosis	ICD-10-CM	Monoplegia of lower limb following unspecified cerebrovascular disease
I69.942	Diagnosis	ICD-10-CM	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left dominant side
I69.944	Diagnosis	ICD-10-CM	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left non-dominant side
I69.941	Diagnosis	ICD-10-CM	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right dominant side
I69.943	Diagnosis	ICD-10-CM	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right non-dominant side
I69.949	Diagnosis	ICD-10-CM	Monoplegia of lower limb following unspecified cerebrovascular disease affecting unspecified side
I69.33	Diagnosis	ICD-10-CM	Monoplegia of upper limb following cerebral infarction
I69.332	Diagnosis	ICD-10-CM	Monoplegia of upper limb following cerebral infarction affecting left dominant side
I69.334	Diagnosis	ICD-10-CM	Monoplegia of upper limb following cerebral infarction affecting left non-dominant side
I69.331	Diagnosis	ICD-10-CM	Monoplegia of upper limb following cerebral infarction affecting right dominant side
I69.333	Diagnosis	ICD-10-CM	Monoplegia of upper limb following cerebral infarction affecting right non-dominant side
I69.339	Diagnosis	ICD-10-CM	Monoplegia of upper limb following cerebral infarction affecting unspecified side
I69.13	Diagnosis	ICD-10-CM	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage
I69.132	Diagnosis	ICD-10-CM	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left dominant side
I69.134	Diagnosis	ICD-10-CM	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side
I69.131	Diagnosis	ICD-10-CM	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right dominant side
I69.133	Diagnosis	ICD-10-CM	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side
I69.139	Diagnosis	ICD-10-CM	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting unspecified side
I69.03	Diagnosis	ICD-10-CM	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage
I69.032	Diagnosis	ICD-10-CM	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left dominant side
I69.034	Diagnosis	ICD-10-CM	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
I69.031	Diagnosis	ICD-10-CM	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right dominant side
I69.033	Diagnosis	ICD-10-CM	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
I69.039	Diagnosis	ICD-10-CM	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting unspecified side

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
I69.83	Diagnosis	ICD-10-CM	Monoplegia of upper limb following other cerebrovascular disease
I69.832	Diagnosis	ICD-10-CM	Monoplegia of upper limb following other cerebrovascular disease affecting left dominant side
I69.834	Diagnosis	ICD-10-CM	Monoplegia of upper limb following other cerebrovascular disease affecting left non-dominant side
I69.831	Diagnosis	ICD-10-CM	Monoplegia of upper limb following other cerebrovascular disease affecting right dominant side
I69.833	Diagnosis	ICD-10-CM	Monoplegia of upper limb following other cerebrovascular disease affecting right non-dominant side
I69.839	Diagnosis	ICD-10-CM	Monoplegia of upper limb following other cerebrovascular disease affecting unspecified side
I69.23	Diagnosis	ICD-10-CM	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage
I69.232	Diagnosis	ICD-10-CM	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left dominant side
I69.234	Diagnosis	ICD-10-CM	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side
I69.231	Diagnosis	ICD-10-CM	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right dominant side
I69.233	Diagnosis	ICD-10-CM	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side
I69.239	Diagnosis	ICD-10-CM	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting unspecified side
I69.93	Diagnosis	ICD-10-CM	Monoplegia of upper limb following unspecified cerebrovascular disease
I69.932	Diagnosis	ICD-10-CM	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left dominant side
I69.934	Diagnosis	ICD-10-CM	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left non-dominant side
I69.931	Diagnosis	ICD-10-CM	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right dominant side
I69.933	Diagnosis	ICD-10-CM	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right non-dominant side
I69.939	Diagnosis	ICD-10-CM	Monoplegia of upper limb following unspecified cerebrovascular disease affecting unspecified side
I67.5	Diagnosis	ICD-10-CM	Moyamoya disease
I67.6	Diagnosis	ICD-10-CM	Nonpyogenic thrombosis of intracranial venous system
I62.01	Diagnosis	ICD-10-CM	Nontraumatic acute subdural hemorrhage
I62.03	Diagnosis	ICD-10-CM	Nontraumatic chronic subdural hemorrhage
I62.1	Diagnosis	ICD-10-CM	Nontraumatic extradural hemorrhage
I61	Diagnosis	ICD-10-CM	Nontraumatic intracerebral hemorrhage
I61.3	Diagnosis	ICD-10-CM	Nontraumatic intracerebral hemorrhage in brain stem
I61.4	Diagnosis	ICD-10-CM	Nontraumatic intracerebral hemorrhage in cerebellum
I61.1	Diagnosis	ICD-10-CM	Nontraumatic intracerebral hemorrhage in hemisphere, cortical

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
I61.0	Diagnosis	ICD-10-CM	Nontraumatic intracerebral hemorrhage in hemisphere, subcortical
I61.2	Diagnosis	ICD-10-CM	Nontraumatic intracerebral hemorrhage in hemisphere, unspecified
I61.5	Diagnosis	ICD-10-CM	Nontraumatic intracerebral hemorrhage, intraventricular
I61.6	Diagnosis	ICD-10-CM	Nontraumatic intracerebral hemorrhage, multiple localized
I61.9	Diagnosis	ICD-10-CM	Nontraumatic intracerebral hemorrhage, unspecified
I62.9	Diagnosis	ICD-10-CM	Nontraumatic intracranial hemorrhage, unspecified
I62.02	Diagnosis	ICD-10-CM	Nontraumatic subacute subdural hemorrhage
I60	Diagnosis	ICD-10-CM	Nontraumatic subarachnoid hemorrhage
I60.2	Diagnosis	ICD-10-CM	Nontraumatic subarachnoid hemorrhage from anterior communicating artery
I60.4	Diagnosis	ICD-10-CM	Nontraumatic subarachnoid hemorrhage from basilar artery
I60.0	Diagnosis	ICD-10-CM	Nontraumatic subarachnoid hemorrhage from carotid siphon and bifurcation
I60.02	Diagnosis	ICD-10-CM	Nontraumatic subarachnoid hemorrhage from left carotid siphon and bifurcation
I60.12	Diagnosis	ICD-10-CM	Nontraumatic subarachnoid hemorrhage from left middle cerebral artery
I60.32	Diagnosis	ICD-10-CM	Nontraumatic subarachnoid hemorrhage from left posterior communicating artery
I60.52	Diagnosis	ICD-10-CM	Nontraumatic subarachnoid hemorrhage from left vertebral artery
I60.1	Diagnosis	ICD-10-CM	Nontraumatic subarachnoid hemorrhage from middle cerebral artery
I60.6	Diagnosis	ICD-10-CM	Nontraumatic subarachnoid hemorrhage from other intracranial arteries
I60.3	Diagnosis	ICD-10-CM	Nontraumatic subarachnoid hemorrhage from posterior communicating artery
I60.01	Diagnosis	ICD-10-CM	Nontraumatic subarachnoid hemorrhage from right carotid siphon and bifurcation
I60.11	Diagnosis	ICD-10-CM	Nontraumatic subarachnoid hemorrhage from right middle cerebral artery
I60.31	Diagnosis	ICD-10-CM	Nontraumatic subarachnoid hemorrhage from right posterior communicating artery
I60.51	Diagnosis	ICD-10-CM	Nontraumatic subarachnoid hemorrhage from right vertebral artery
I60.00	Diagnosis	ICD-10-CM	Nontraumatic subarachnoid hemorrhage from unspecified carotid siphon and bifurcation
I60.7	Diagnosis	ICD-10-CM	Nontraumatic subarachnoid hemorrhage from unspecified intracranial artery
I60.10	Diagnosis	ICD-10-CM	Nontraumatic subarachnoid hemorrhage from unspecified middle cerebral artery
I60.30	Diagnosis	ICD-10-CM	Nontraumatic subarachnoid hemorrhage from unspecified posterior communicating artery
I60.50	Diagnosis	ICD-10-CM	Nontraumatic subarachnoid hemorrhage from unspecified vertebral artery
I60.5	Diagnosis	ICD-10-CM	Nontraumatic subarachnoid hemorrhage from vertebral artery
I60.9	Diagnosis	ICD-10-CM	Nontraumatic subarachnoid hemorrhage, unspecified
I62.0	Diagnosis	ICD-10-CM	Nontraumatic subdural hemorrhage
I62.00	Diagnosis	ICD-10-CM	Nontraumatic subdural hemorrhage, unspecified
I66.1	Diagnosis	ICD-10-CM	Occlusion and stenosis of anterior cerebral artery
I65.1	Diagnosis	ICD-10-CM	Occlusion and stenosis of basilar artery
I66.13	Diagnosis	ICD-10-CM	Occlusion and stenosis of bilateral anterior cerebral arteries
I65.23	Diagnosis	ICD-10-CM	Occlusion and stenosis of bilateral carotid arteries
I66.03	Diagnosis	ICD-10-CM	Occlusion and stenosis of bilateral middle cerebral arteries
I66.23	Diagnosis	ICD-10-CM	Occlusion and stenosis of bilateral posterior cerebral arteries
I65.03	Diagnosis	ICD-10-CM	Occlusion and stenosis of bilateral vertebral arteries
I65.2	Diagnosis	ICD-10-CM	Occlusion and stenosis of carotid artery
I66.3	Diagnosis	ICD-10-CM	Occlusion and stenosis of cerebellar arteries

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
I66	Diagnosis	ICD-10-CM	Occlusion and stenosis of cerebral arteries, not resulting in cerebral infarction
I66.12	Diagnosis	ICD-10-CM	Occlusion and stenosis of left anterior cerebral artery
I65.22	Diagnosis	ICD-10-CM	Occlusion and stenosis of left carotid artery
I66.02	Diagnosis	ICD-10-CM	Occlusion and stenosis of left middle cerebral artery
I66.22	Diagnosis	ICD-10-CM	Occlusion and stenosis of left posterior cerebral artery
I65.02	Diagnosis	ICD-10-CM	Occlusion and stenosis of left vertebral artery
I66.0	Diagnosis	ICD-10-CM	Occlusion and stenosis of middle cerebral artery
I66.8	Diagnosis	ICD-10-CM	Occlusion and stenosis of other cerebral arteries
I65.8	Diagnosis	ICD-10-CM	Occlusion and stenosis of other precerebral arteries
I66.2	Diagnosis	ICD-10-CM	Occlusion and stenosis of posterior cerebral artery
I65	Diagnosis	ICD-10-CM	Occlusion and stenosis of precerebral arteries, not resulting in cerebral infarction
I66.11	Diagnosis	ICD-10-CM	Occlusion and stenosis of right anterior cerebral artery
I65.21	Diagnosis	ICD-10-CM	Occlusion and stenosis of right carotid artery
I66.01	Diagnosis	ICD-10-CM	Occlusion and stenosis of right middle cerebral artery
I66.21	Diagnosis	ICD-10-CM	Occlusion and stenosis of right posterior cerebral artery
I65.01	Diagnosis	ICD-10-CM	Occlusion and stenosis of right vertebral artery
I66.19	Diagnosis	ICD-10-CM	Occlusion and stenosis of unspecified anterior cerebral artery
I65.29	Diagnosis	ICD-10-CM	Occlusion and stenosis of unspecified carotid artery
I66.9	Diagnosis	ICD-10-CM	Occlusion and stenosis of unspecified cerebral artery
I66.09	Diagnosis	ICD-10-CM	Occlusion and stenosis of unspecified middle cerebral artery
I66.29	Diagnosis	ICD-10-CM	Occlusion and stenosis of unspecified posterior cerebral artery
I65.9	Diagnosis	ICD-10-CM	Occlusion and stenosis of unspecified precerebral artery
I65.09	Diagnosis	ICD-10-CM	Occlusion and stenosis of unspecified vertebral artery
I65.0	Diagnosis	ICD-10-CM	Occlusion and stenosis of vertebral artery
I62	Diagnosis	ICD-10-CM	Other and unspecified nontraumatic intracranial hemorrhage
I63.8	Diagnosis	ICD-10-CM	Other cerebral infarction
I63.89	Diagnosis	ICD-10-CM	Other cerebral infarction
I63.81	Diagnosis	ICD-10-CM	Other cerebral infarction due to occlusion or stenosis of small artery
I67.89	Diagnosis	ICD-10-CM	Other cerebrovascular disease
I67	Diagnosis	ICD-10-CM	Other cerebrovascular diseases
I68.8	Diagnosis	ICD-10-CM	Other cerebrovascular disorders in diseases classified elsewhere
I67.848	Diagnosis	ICD-10-CM	Other cerebrovascular vasospasm and vasoconstriction
I67.858	Diagnosis	ICD-10-CM	Other hereditary cerebrovascular disease
I61.8	Diagnosis	ICD-10-CM	Other nontraumatic intracerebral hemorrhage
I60.8	Diagnosis	ICD-10-CM	Other nontraumatic subarachnoid hemorrhage
I69.36	Diagnosis	ICD-10-CM	Other paralytic syndrome following cerebral infarction
I69.362	Diagnosis	ICD-10-CM	Other paralytic syndrome following cerebral infarction affecting left dominant side
I69.364	Diagnosis	ICD-10-CM	Other paralytic syndrome following cerebral infarction affecting left non-dominant side
I69.361	Diagnosis	ICD-10-CM	Other paralytic syndrome following cerebral infarction affecting right dominant side
I69.363	Diagnosis	ICD-10-CM	Other paralytic syndrome following cerebral infarction affecting right non-dominant side
I69.369	Diagnosis	ICD-10-CM	Other paralytic syndrome following cerebral infarction affecting unspecified side

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
I69.365	Diagnosis	ICD-10-CM	Other paralytic syndrome following cerebral infarction, bilateral
I69.16	Diagnosis	ICD-10-CM	Other paralytic syndrome following nontraumatic intracerebral hemorrhage
I69.162	Diagnosis	ICD-10-CM	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting left dominant side
I69.164	Diagnosis	ICD-10-CM	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting left non-dominant side
I69.161	Diagnosis	ICD-10-CM	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting right dominant side
I69.163	Diagnosis	ICD-10-CM	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting right non-dominant side
I69.169	Diagnosis	ICD-10-CM	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting unspecified side
I69.165	Diagnosis	ICD-10-CM	Other paralytic syndrome following nontraumatic intracerebral hemorrhage, bilateral
I69.06	Diagnosis	ICD-10-CM	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage
I69.062	Diagnosis	ICD-10-CM	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting left dominant side
I69.064	Diagnosis	ICD-10-CM	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
I69.061	Diagnosis	ICD-10-CM	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting right dominant side
I69.063	Diagnosis	ICD-10-CM	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
I69.069	Diagnosis	ICD-10-CM	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting unspecified side
I69.065	Diagnosis	ICD-10-CM	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage, bilateral
I69.86	Diagnosis	ICD-10-CM	Other paralytic syndrome following other cerebrovascular disease
I69.862	Diagnosis	ICD-10-CM	Other paralytic syndrome following other cerebrovascular disease affecting left dominant side
I69.864	Diagnosis	ICD-10-CM	Other paralytic syndrome following other cerebrovascular disease affecting left non-dominant side
I69.861	Diagnosis	ICD-10-CM	Other paralytic syndrome following other cerebrovascular disease affecting right dominant side
I69.863	Diagnosis	ICD-10-CM	Other paralytic syndrome following other cerebrovascular disease affecting right non-dominant side
I69.869	Diagnosis	ICD-10-CM	Other paralytic syndrome following other cerebrovascular disease affecting unspecified side
I69.865	Diagnosis	ICD-10-CM	Other paralytic syndrome following other cerebrovascular disease, bilateral
I69.26	Diagnosis	ICD-10-CM	Other paralytic syndrome following other nontraumatic intracranial hemorrhage
I69.262	Diagnosis	ICD-10-CM	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting left dominant side
I69.264	Diagnosis	ICD-10-CM	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting left non-dominant side

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
I69.261	Diagnosis	ICD-10-CM	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting right dominant side
I69.263	Diagnosis	ICD-10-CM	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting right non-dominant side
I69.269	Diagnosis	ICD-10-CM	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting unspecified side
I69.265	Diagnosis	ICD-10-CM	Other paralytic syndrome following other nontraumatic intracranial hemorrhage, bilateral
I69.96	Diagnosis	ICD-10-CM	Other paralytic syndrome following unspecified cerebrovascular disease
I69.962	Diagnosis	ICD-10-CM	Other paralytic syndrome following unspecified cerebrovascular disease affecting left dominant side
I69.964	Diagnosis	ICD-10-CM	Other paralytic syndrome following unspecified cerebrovascular disease affecting left non-dominant side
I69.961	Diagnosis	ICD-10-CM	Other paralytic syndrome following unspecified cerebrovascular disease affecting right dominant side
I69.963	Diagnosis	ICD-10-CM	Other paralytic syndrome following unspecified cerebrovascular disease affecting right non-dominant side
I69.969	Diagnosis	ICD-10-CM	Other paralytic syndrome following unspecified cerebrovascular disease affecting unspecified side
I69.965	Diagnosis	ICD-10-CM	Other paralytic syndrome following unspecified cerebrovascular disease, bilateral
I69.098	Diagnosis	ICD-10-CM	Other sequelae following nontraumatic subarachnoid hemorrhage
I69.998	Diagnosis	ICD-10-CM	Other sequelae following unspecified cerebrovascular disease
I69.39	Diagnosis	ICD-10-CM	Other sequelae of cerebral infarction
I69.398	Diagnosis	ICD-10-CM	Other sequelae of cerebral infarction
I69.19	Diagnosis	ICD-10-CM	Other sequelae of nontraumatic intracerebral hemorrhage
I69.198	Diagnosis	ICD-10-CM	Other sequelae of nontraumatic intracerebral hemorrhage
I69.09	Diagnosis	ICD-10-CM	Other sequelae of nontraumatic subarachnoid hemorrhage
I69.89	Diagnosis	ICD-10-CM	Other sequelae of other cerebrovascular disease
I69.898	Diagnosis	ICD-10-CM	Other sequelae of other cerebrovascular disease
I69.29	Diagnosis	ICD-10-CM	Other sequelae of other nontraumatic intracranial hemorrhage
I69.298	Diagnosis	ICD-10-CM	Other sequelae of other nontraumatic intracranial hemorrhage
I69.99	Diagnosis	ICD-10-CM	Other sequelae of unspecified cerebrovascular disease
I67.8	Diagnosis	ICD-10-CM	Other specified cerebrovascular diseases
I69.328	Diagnosis	ICD-10-CM	Other speech and language deficits following cerebral infarction
I69.128	Diagnosis	ICD-10-CM	Other speech and language deficits following nontraumatic intracerebral hemorrhage
I69.028	Diagnosis	ICD-10-CM	Other speech and language deficits following nontraumatic subarachnoid hemorrhage
I69.828	Diagnosis	ICD-10-CM	Other speech and language deficits following other cerebrovascular disease
I69.228	Diagnosis	ICD-10-CM	Other speech and language deficits following other nontraumatic intracranial hemorrhage
I69.928	Diagnosis	ICD-10-CM	Other speech and language deficits following unspecified cerebrovascular disease
I69.318	Diagnosis	ICD-10-CM	Other symptoms and signs involving cognitive functions following cerebral infarction

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
I69.118	Diagnosis	ICD-10-CM	Other symptoms and signs involving cognitive functions following nontraumatic intracerebral hemorrhage
I69.018	Diagnosis	ICD-10-CM	Other symptoms and signs involving cognitive functions following nontraumatic subarachnoid hemorrhage
I69.818	Diagnosis	ICD-10-CM	Other symptoms and signs involving cognitive functions following other cerebrovascular disease
I69.218	Diagnosis	ICD-10-CM	Other symptoms and signs involving cognitive functions following other nontraumatic intracranial hemorrhage
I69.918	Diagnosis	ICD-10-CM	Other symptoms and signs involving cognitive functions following unspecified cerebrovascular disease
G46.8	Diagnosis	ICD-10-CM	Other vascular syndromes of brain in cerebrovascular diseases
I67.83	Diagnosis	ICD-10-CM	Posterior reversible encephalopathy syndrome
I69.313	Diagnosis	ICD-10-CM	Psychomotor deficit following cerebral infarction
I69.113	Diagnosis	ICD-10-CM	Psychomotor deficit following nontraumatic intracerebral hemorrhage
I69.013	Diagnosis	ICD-10-CM	Psychomotor deficit following nontraumatic subarachnoid hemorrhage
I69.813	Diagnosis	ICD-10-CM	Psychomotor deficit following other cerebrovascular disease
I69.213	Diagnosis	ICD-10-CM	Psychomotor deficit following other nontraumatic intracranial hemorrhage
I69.913	Diagnosis	ICD-10-CM	Psychomotor deficit following unspecified cerebrovascular disease
I67.841	Diagnosis	ICD-10-CM	Reversible cerebrovascular vasoconstriction syndrome
I69.3	Diagnosis	ICD-10-CM	Sequelae of cerebral infarction
I69	Diagnosis	ICD-10-CM	Sequelae of cerebrovascular disease
I69.1	Diagnosis	ICD-10-CM	Sequelae of nontraumatic intracerebral hemorrhage
I69.0	Diagnosis	ICD-10-CM	Sequelae of nontraumatic subarachnoid hemorrhage
I69.8	Diagnosis	ICD-10-CM	Sequelae of other cerebrovascular diseases
I69.2	Diagnosis	ICD-10-CM	Sequelae of other nontraumatic intracranial hemorrhage
I69.9	Diagnosis	ICD-10-CM	Sequelae of unspecified cerebrovascular diseases
I69.32	Diagnosis	ICD-10-CM	Speech and language deficits following cerebral infarction
I69.12	Diagnosis	ICD-10-CM	Speech and language deficits following nontraumatic intracerebral hemorrhage
I69.02	Diagnosis	ICD-10-CM	Speech and language deficits following nontraumatic subarachnoid hemorrhage
I69.82	Diagnosis	ICD-10-CM	Speech and language deficits following other cerebrovascular disease
I69.22	Diagnosis	ICD-10-CM	Speech and language deficits following other nontraumatic intracranial hemorrhage
I69.92	Diagnosis	ICD-10-CM	Speech and language deficits following unspecified cerebrovascular disease
I69.30	Diagnosis	ICD-10-CM	Unspecified sequelae of cerebral infarction
I69.10	Diagnosis	ICD-10-CM	Unspecified sequelae of nontraumatic intracerebral hemorrhage
I69.00	Diagnosis	ICD-10-CM	Unspecified sequelae of nontraumatic subarachnoid hemorrhage
I69.80	Diagnosis	ICD-10-CM	Unspecified sequelae of other cerebrovascular disease
I69.20	Diagnosis	ICD-10-CM	Unspecified sequelae of other nontraumatic intracranial hemorrhage
I69.90	Diagnosis	ICD-10-CM	Unspecified sequelae of unspecified cerebrovascular disease
I69.319	Diagnosis	ICD-10-CM	Unspecified symptoms and signs involving cognitive functions following cerebral infarction
I69.119	Diagnosis	ICD-10-CM	Unspecified symptoms and signs involving cognitive functions following nontraumatic intracerebral hemorrhage

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
I69.019	Diagnosis	ICD-10-CM	Unspecified symptoms and signs involving cognitive functions following nontraumatic subarachnoid hemorrhage
I69.819	Diagnosis	ICD-10-CM	Unspecified symptoms and signs involving cognitive functions following other cerebrovascular disease
I69.219	Diagnosis	ICD-10-CM	Unspecified symptoms and signs involving cognitive functions following other nontraumatic intracranial hemorrhage
I69.919	Diagnosis	ICD-10-CM	Unspecified symptoms and signs involving cognitive functions following unspecified cerebrovascular disease
G46	Diagnosis	ICD-10-CM	Vascular syndromes of brain in cerebrovascular diseases
I69.312	Diagnosis	ICD-10-CM	Visuospatial deficit and spatial neglect following cerebral infarction
I69.112	Diagnosis	ICD-10-CM	Visuospatial deficit and spatial neglect following nontraumatic intracerebral hemorrhage
I69.012	Diagnosis	ICD-10-CM	Visuospatial deficit and spatial neglect following nontraumatic subarachnoid hemorrhage
I69.812	Diagnosis	ICD-10-CM	Visuospatial deficit and spatial neglect following other cerebrovascular disease
I69.212	Diagnosis	ICD-10-CM	Visuospatial deficit and spatial neglect following other nontraumatic intracranial hemorrhage
I69.912	Diagnosis	ICD-10-CM	Visuospatial deficit and spatial neglect following unspecified cerebrovascular disease
348.39	Diagnosis	ICD-9-CM	Other encephalopathy
430	Diagnosis	ICD-9-CM	Subarachnoid hemorrhage
431	Diagnosis	ICD-9-CM	Intracerebral hemorrhage
432	Diagnosis	ICD-9-CM	Nontraumatic extradural hemorrhage
432.1	Diagnosis	ICD-9-CM	Subdural hemorrhage
432.9	Diagnosis	ICD-9-CM	Unspecified intracranial hemorrhage
433	Diagnosis	ICD-9-CM	Occlusion and stenosis of basilar artery without mention of cerebral infarction
433.01	Diagnosis	ICD-9-CM	Occlusion and stenosis of basilar artery with cerebral infarction
433.1	Diagnosis	ICD-9-CM	Occlusion and stenosis of carotid artery without mention of cerebral infarction
433.11	Diagnosis	ICD-9-CM	Occlusion and stenosis of carotid artery with cerebral infarction
433.2	Diagnosis	ICD-9-CM	Occlusion and stenosis of vertebral artery without mention of cerebral infarction
433.21	Diagnosis	ICD-9-CM	Occlusion and stenosis of vertebral artery with cerebral infarction
433.3	Diagnosis	ICD-9-CM	Occlusion and stenosis of multiple and bilateral precerebral arteries without mention of cerebral infarction
433.31	Diagnosis	ICD-9-CM	Occlusion and stenosis of multiple and bilateral precerebral arteries with cerebral infarction
433.8	Diagnosis	ICD-9-CM	Occlusion and stenosis of other specified precerebral artery without mention of cerebral infarction
433.81	Diagnosis	ICD-9-CM	Occlusion and stenosis of other specified precerebral artery with cerebral infarction
433.9	Diagnosis	ICD-9-CM	Occlusion and stenosis of unspecified precerebral artery without mention of cerebral infarction
433.91	Diagnosis	ICD-9-CM	Occlusion and stenosis of unspecified precerebral artery with cerebral infarction
434	Diagnosis	ICD-9-CM	Cerebral thrombosis without mention of cerebral infarction
434.01	Diagnosis	ICD-9-CM	Cerebral thrombosis with cerebral infarction

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
434.1	Diagnosis	ICD-9-CM	Cerebral embolism without mention of cerebral infarction
434.11	Diagnosis	ICD-9-CM	Cerebral embolism with cerebral infarction
434.9	Diagnosis	ICD-9-CM	Unspecified cerebral artery occlusion without mention of cerebral infarction
434.91	Diagnosis	ICD-9-CM	Unspecified cerebral artery occlusion with cerebral infarction
435.9	Diagnosis	ICD-9-CM	Unspecified transient cerebral ischemia
436	Diagnosis	ICD-9-CM	Acute, but ill-defined, cerebrovascular disease
437	Diagnosis	ICD-9-CM	Cerebral atherosclerosis
437.1	Diagnosis	ICD-9-CM	Other generalized ischemic cerebrovascular disease
437.2	Diagnosis	ICD-9-CM	Hypertensive encephalopathy
437.3	Diagnosis	ICD-9-CM	Cerebral aneurysm, nonruptured
437.4	Diagnosis	ICD-9-CM	Cerebral arteritis
437.5	Diagnosis	ICD-9-CM	Moyamoya disease
437.6	Diagnosis	ICD-9-CM	Nonpyogenic thrombosis of intracranial venous sinus
437.8	Diagnosis	ICD-9-CM	Other ill-defined cerebrovascular disease
437.9	Diagnosis	ICD-9-CM	Unspecified cerebrovascular disease
438	Diagnosis	ICD-9-CM	Cognitive deficits due to cerebrovascular disease
438.1	Diagnosis	ICD-9-CM	Unspecified speech and language deficit due to cerebrovascular disease
438.11	Diagnosis	ICD-9-CM	Aphasia due to cerebrovascular disease
438.12	Diagnosis	ICD-9-CM	Dysphasia due to cerebrovascular disease
438.13	Diagnosis	ICD-9-CM	Late effects of cerebrovascular disease, speech and language deficits, dysarthria
438.14	Diagnosis	ICD-9-CM	Late effects of cerebrovascular disease, speech and language deficits, fluency disorder
438.19	Diagnosis	ICD-9-CM	Other speech and language deficits due to cerebrovascular disease
438.2	Diagnosis	ICD-9-CM	Hemiplegia affecting unspecified side due to cerebrovascular disease
438.21	Diagnosis	ICD-9-CM	Hemiplegia affecting dominant side due to cerebrovascular disease
438.22	Diagnosis	ICD-9-CM	Hemiplegia affecting nondominant side due to cerebrovascular disease
438.3	Diagnosis	ICD-9-CM	Monoplegia of upper limb affecting unspecified side due to cerebrovascular disease
438.31	Diagnosis	ICD-9-CM	Monoplegia of upper limb affecting dominant side due to cerebrovascular disease
438.32	Diagnosis	ICD-9-CM	Monoplegia of upper limb affecting nondominant side due to cerebrovascular disease
438.4	Diagnosis	ICD-9-CM	Monoplegia of lower limb affecting unspecified side due to cerebrovascular disease
438.41	Diagnosis	ICD-9-CM	Monoplegia of lower limb affecting dominant side due to cerebrovascular disease
438.42	Diagnosis	ICD-9-CM	Monoplegia of lower limb affecting nondominant side due to cerebrovascular disease
438.5	Diagnosis	ICD-9-CM	Other paralytic syndrome affecting unspecified side due to cerebrovascular disease
438.51	Diagnosis	ICD-9-CM	Other paralytic syndrome affecting dominant side due to cerebrovascular disease
438.52	Diagnosis	ICD-9-CM	Other paralytic syndrome affecting nondominant side due to cerebrovascular disease
438.6	Diagnosis	ICD-9-CM	Alteration of sensations as late effect of cerebrovascular disease
438.7	Diagnosis	ICD-9-CM	Disturbance of vision as late effect of cerebrovascular disease
438.81	Diagnosis	ICD-9-CM	Apraxia due to cerebrovascular disease
438.82	Diagnosis	ICD-9-CM	Dysphagia due to cerebrovascular disease
438.83	Diagnosis	ICD-9-CM	Facial weakness as late effect of cerebrovascular disease
438.84	Diagnosis	ICD-9-CM	Ataxia as late effect of cerebrovascular disease
438.85	Diagnosis	ICD-9-CM	Vertigo as late effect of cerebrovascular disease
438.89	Diagnosis	ICD-9-CM	Other late effects of cerebrovascular disease

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
438.9	Diagnosis	ICD-9-CM	Unspecified late effects of cerebrovascular disease due to cerebrovascular disease
437.3	Diagnosis	ICD-9-CM	Cerebral aneurysm, nonruptured
437.4	Diagnosis	ICD-9-CM	Cerebral arteritis
437.8	Diagnosis	ICD-9-CM	Other ill-defined cerebrovascular disease
437.9	Diagnosis	ICD-9-CM	Unspecified cerebrovascular disease
438.6	Diagnosis	ICD-9-CM	Alteration of sensations as late effect of cerebrovascular disease
438.7	Diagnosis	ICD-9-CM	Disturbance of vision as late effect of cerebrovascular disease
438.81	Diagnosis	ICD-9-CM	Apraxia due to cerebrovascular disease
438.82	Diagnosis	ICD-9-CM	Dysphagia due to cerebrovascular disease
438.83	Diagnosis	ICD-9-CM	Facial weakness as late effect of cerebrovascular disease
438.84	Diagnosis	ICD-9-CM	Ataxia as late effect of cerebrovascular disease
438.85	Diagnosis	ICD-9-CM	Vertigo as late effect of cerebrovascular disease
438.89	Diagnosis	ICD-9-CM	Other late effects of cerebrovascular disease
438.9	Diagnosis	ICD-9-CM	Unspecified late effects of cerebrovascular disease due to cerebrovascular disease
I60.22	Diagnosis	ICD-10-CM	Nontraumatic subarachnoid hemorrhage from left anterior communicating artery
I60.21	Diagnosis	ICD-10-CM	Nontraumatic subarachnoid hemorrhage from right anterior communicating artery
I60.20	Diagnosis	ICD-10-CM	Nontraumatic subarachnoid hemorrhage from unspecified anterior communicating artery
Peripheral Vascular Disease			
I73	Diagnosis	ICD-10-CM	Other peripheral vascular diseases
I73.8	Diagnosis	ICD-10-CM	Other specified peripheral vascular diseases
I73.89	Diagnosis	ICD-10-CM	Other specified peripheral vascular diseases
I73.9	Diagnosis	ICD-10-CM	Peripheral vascular disease, unspecified
443.89	Diagnosis	ICD-9-CM	Other peripheral vascular disease
443.9	Diagnosis	ICD-9-CM	Unspecified peripheral vascular disease
443	Diagnosis	ICD-9-CM	Other peripheral vascular disease
443.8	Diagnosis	ICD-9-CM	Other specified peripheral vascular diseases
Congestive Heart Failure			
I50.31	Diagnosis	ICD-10-CM	Acute diastolic (congestive) heart failure
I50.21	Diagnosis	ICD-10-CM	Acute systolic (congestive) heart failure
I50.32	Diagnosis	ICD-10-CM	Chronic diastolic (congestive) heart failure
I50.22	Diagnosis	ICD-10-CM	Chronic systolic (congestive) heart failure
I50.3	Diagnosis	ICD-10-CM	Diastolic (congestive) heart failure
I50.2	Diagnosis	ICD-10-CM	Systolic (congestive) heart failure
I50.30	Diagnosis	ICD-10-CM	Unspecified diastolic (congestive) heart failure
I50.20	Diagnosis	ICD-10-CM	Unspecified systolic (congestive) heart failure
428	Diagnosis	ICD-9-CM	Congestive heart failure, unspecified
428.2	Diagnosis	ICD-9-CM	Unspecified systolic heart failure
428.21	Diagnosis	ICD-9-CM	Acute systolic heart failure
428.22	Diagnosis	ICD-9-CM	Chronic systolic heart failure
428.3	Diagnosis	ICD-9-CM	Unspecified diastolic heart failure
428.31	Diagnosis	ICD-9-CM	Acute diastolic heart failure

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
428.32	Diagnosis	ICD-9-CM	Chronic diastolic heart failure
Chronic Obstructive Pulmonary Disease			
J47.1	Diagnosis	ICD-10-CM	Bronchiectasis with (acute) exacerbation
J47.0	Diagnosis	ICD-10-CM	Bronchiectasis with acute lower respiratory infection
J47.9	Diagnosis	ICD-10-CM	Bronchiectasis, uncomplicated
J40	Diagnosis	ICD-10-CM	Bronchitis, not specified as acute or chronic
J43.2	Diagnosis	ICD-10-CM	Centrilobular emphysema
J44.1	Diagnosis	ICD-10-CM	Chronic obstructive pulmonary disease with (acute) exacerbation
J44.0	Diagnosis	ICD-10-CM	Chronic obstructive pulmonary disease with (acute) lower respiratory infection
J44.9	Diagnosis	ICD-10-CM	Chronic obstructive pulmonary disease, unspecified
J43.9	Diagnosis	ICD-10-CM	Emphysema, unspecified
J41.8	Diagnosis	ICD-10-CM	Mixed simple and mucopurulent chronic bronchitis
J41.1	Diagnosis	ICD-10-CM	Mucopurulent chronic bronchitis
J43.8	Diagnosis	ICD-10-CM	Other emphysema
J43.1	Diagnosis	ICD-10-CM	Panlobular emphysema
J41.0	Diagnosis	ICD-10-CM	Simple chronic bronchitis
J43.0	Diagnosis	ICD-10-CM	Unilateral pulmonary emphysema [MacLeod's syndrome]
J42	Diagnosis	ICD-10-CM	Unspecified chronic bronchitis
490	Diagnosis	ICD-9-CM	Bronchitis, not specified as acute or chronic
491	Diagnosis	ICD-9-CM	Simple chronic bronchitis
491.1	Diagnosis	ICD-9-CM	Mucopurulent chronic bronchitis
491.2	Diagnosis	ICD-9-CM	Obstructive chronic bronchitis, without exacerbation
491.21	Diagnosis	ICD-9-CM	Obstructive chronic bronchitis, with (acute) exacerbation
491.22	Diagnosis	ICD-9-CM	Obstructive chronic bronchitis with acute bronchitis
491.8	Diagnosis	ICD-9-CM	Other chronic bronchitis
491.9	Diagnosis	ICD-9-CM	Unspecified chronic bronchitis
492	Diagnosis	ICD-9-CM	Emphysematous bleb
492.8	Diagnosis	ICD-9-CM	Other emphysema
494	Diagnosis	ICD-9-CM	Bronchiectasis without acute exacerbation
494.1	Diagnosis	ICD-9-CM	Bronchiectasis with acute exacerbation
496	Diagnosis	ICD-9-CM	Chronic airway obstruction, not elsewhere classified
491	Diagnosis	ICD-9-CM	Chronic bronchitis
491.2	Diagnosis	ICD-9-CM	Obstructive chronic bronchitis
492	Diagnosis	ICD-9-CM	Emphysema
494	Diagnosis	ICD-9-CM	Bronchiectasis
G8093	Procedure	HCPCS	Newly diagnosed chronic obstructive pulmonary disease (COPD) patient documented to have received smoking cessation intervention, within 3 months of diagnosis
G8094	Procedure	HCPCS	Newly diagnosed chronic obstructive pulmonary disease (COPD) patient not documented to have received smoking cessation intervention, within 3 months of diagnosis
Depression			
F43.21	Diagnosis	ICD-10-CM	Adjustment disorder with depressed mood
F43.23	Diagnosis	ICD-10-CM	Adjustment disorder with mixed anxiety and depressed mood

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
F31.31	Diagnosis	ICD-10-CM	Bipolar disorder, current episode depressed, mild
F31.30	Diagnosis	ICD-10-CM	Bipolar disorder, current episode depressed, mild or moderate severity, unspecified
F31.32	Diagnosis	ICD-10-CM	Bipolar disorder, current episode depressed, moderate
F31.5	Diagnosis	ICD-10-CM	Bipolar disorder, current episode depressed, severe, with psychotic features
F31.4	Diagnosis	ICD-10-CM	Bipolar disorder, current episode depressed, severe, without psychotic features
F31.61	Diagnosis	ICD-10-CM	Bipolar disorder, current episode mixed, mild
F31.62	Diagnosis	ICD-10-CM	Bipolar disorder, current episode mixed, moderate
F31.64	Diagnosis	ICD-10-CM	Bipolar disorder, current episode mixed, severe, with psychotic features
F31.63	Diagnosis	ICD-10-CM	Bipolar disorder, current episode mixed, severe, without psychotic features
F31.60	Diagnosis	ICD-10-CM	Bipolar disorder, current episode mixed, unspecified
F31.76	Diagnosis	ICD-10-CM	Bipolar disorder, in full remission, most recent episode depressed
F31.78	Diagnosis	ICD-10-CM	Bipolar disorder, in full remission, most recent episode mixed
F31.75	Diagnosis	ICD-10-CM	Bipolar disorder, in partial remission, most recent episode depressed
F31.77	Diagnosis	ICD-10-CM	Bipolar disorder, in partial remission, most recent episode mixed
F31.81	Diagnosis	ICD-10-CM	Bipolar II disorder
F34.1	Diagnosis	ICD-10-CM	Dysthymic disorder
F33.2	Diagnosis	ICD-10-CM	Major depressive disorder, recurrent severe without psychotic features
F33.42	Diagnosis	ICD-10-CM	Major depressive disorder, recurrent, in full remission
F33.41	Diagnosis	ICD-10-CM	Major depressive disorder, recurrent, in partial remission
F33.40	Diagnosis	ICD-10-CM	Major depressive disorder, recurrent, in remission, unspecified
F33.0	Diagnosis	ICD-10-CM	Major depressive disorder, recurrent, mild
F33.1	Diagnosis	ICD-10-CM	Major depressive disorder, recurrent, moderate
F33.3	Diagnosis	ICD-10-CM	Major depressive disorder, recurrent, severe with psychotic symptoms
F33.9	Diagnosis	ICD-10-CM	Major depressive disorder, recurrent, unspecified
F32.5	Diagnosis	ICD-10-CM	Major depressive disorder, single episode, in full remission
F32.4	Diagnosis	ICD-10-CM	Major depressive disorder, single episode, in partial remission
F32.0	Diagnosis	ICD-10-CM	Major depressive disorder, single episode, mild
F32.1	Diagnosis	ICD-10-CM	Major depressive disorder, single episode, moderate
F32.3	Diagnosis	ICD-10-CM	Major depressive disorder, single episode, severe with psychotic features
F32.2	Diagnosis	ICD-10-CM	Major depressive disorder, single episode, severe without psychotic features
F32.9	Diagnosis	ICD-10-CM	Major depressive disorder, single episode, unspecified
F33.8	Diagnosis	ICD-10-CM	Other recurrent depressive disorders
296.2	Diagnosis	ICD-9-CM	Major depressive disorder, single episode, unspecified
296.21	Diagnosis	ICD-9-CM	Major depressive disorder, single episode, mild
296.22	Diagnosis	ICD-9-CM	Major depressive disorder, single episode, moderate
296.23	Diagnosis	ICD-9-CM	Major depressive disorder, single episode, severe, without mention of psychotic behavior
296.24	Diagnosis	ICD-9-CM	Major depressive disorder, single episode, severe, specified as with psychotic behavior
296.25	Diagnosis	ICD-9-CM	Major depressive disorder, single episode, in partial or unspecified remission
296.26	Diagnosis	ICD-9-CM	Major depressive disorder, single episode in full remission
296.3	Diagnosis	ICD-9-CM	Major depressive disorder, recurrent episode, unspecified
296.31	Diagnosis	ICD-9-CM	Major depressive disorder, recurrent episode, mild

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
296.32	Diagnosis	ICD-9-CM	Major depressive disorder, recurrent episode, moderate
296.33	Diagnosis	ICD-9-CM	Major depressive disorder, recurrent episode, severe, without mention of psychotic behavior
296.34	Diagnosis	ICD-9-CM	Major depressive disorder, recurrent episode, severe, specified as with psychotic behavior
296.35	Diagnosis	ICD-9-CM	Major depressive disorder, recurrent episode, in partial or unspecified remission
296.36	Diagnosis	ICD-9-CM	Major depressive disorder, recurrent episode, in full remission
296.51	Diagnosis	ICD-9-CM	Bipolar I disorder, most recent episode (or current) depressed, mild
296.52	Diagnosis	ICD-9-CM	Bipolar I disorder, most recent episode (or current) depressed, moderate
296.53	Diagnosis	ICD-9-CM	Bipolar I disorder, most recent episode (or current) depressed, severe, without mention of psychotic behavior
296.54	Diagnosis	ICD-9-CM	Bipolar I disorder, most recent episode (or current) depressed, severe, specified as with psychotic behavior
296.55	Diagnosis	ICD-9-CM	Bipolar I disorder, most recent episode (or current) depressed, in partial or unspecified remission
296.56	Diagnosis	ICD-9-CM	Bipolar I disorder, most recent episode (or current) depressed, in full remission
296.6	Diagnosis	ICD-9-CM	Bipolar I disorder, most recent episode (or current) mixed, unspecified
296.61	Diagnosis	ICD-9-CM	Bipolar I disorder, most recent episode (or current) mixed, mild
296.62	Diagnosis	ICD-9-CM	Bipolar I disorder, most recent episode (or current) mixed, moderate
296.63	Diagnosis	ICD-9-CM	Bipolar I disorder, most recent episode (or current) mixed, severe, without mention of psychotic behavior
296.64	Diagnosis	ICD-9-CM	Bipolar I disorder, most recent episode (or current) mixed, severe, specified as with psychotic behavior
296.65	Diagnosis	ICD-9-CM	Bipolar I disorder, most recent episode (or current) mixed, in partial or unspecified remission
296.66	Diagnosis	ICD-9-CM	Bipolar I disorder, most recent episode (or current) mixed, in full remission
296.89	Diagnosis	ICD-9-CM	Other and unspecified bipolar disorders
298	Diagnosis	ICD-9-CM	Depressive type psychosis
300.4	Diagnosis	ICD-9-CM	Dysthymic disorder
309.1	Diagnosis	ICD-9-CM	Prolonged depressive reaction as adjustment reaction
311	Diagnosis	ICD-9-CM	Depressive disorder, not elsewhere classified
Cancer			
173.12	Diagnosis	ICD-9-CM	Squamous cell carcinoma of eyelid, including canthus
173.22	Diagnosis	ICD-9-CM	Squamous cell carcinoma of skin of ear and external auditory canal
173.32	Diagnosis	ICD-9-CM	Squamous cell carcinoma of skin of other and unspecified parts of face
173.42	Diagnosis	ICD-9-CM	Squamous cell carcinoma of scalp and skin of neck
173.52	Diagnosis	ICD-9-CM	Squamous cell carcinoma of skin of trunk, except scrotum
173.62	Diagnosis	ICD-9-CM	Squamous cell carcinoma of skin of upper limb, including shoulder
173.72	Diagnosis	ICD-9-CM	Squamous cell carcinoma of skin of lower limb, including hip
173.82	Diagnosis	ICD-9-CM	Squamous cell carcinoma of other specified sites of skin
173.92	Diagnosis	ICD-9-CM	Squamous cell carcinoma of skin, site unspecified
C44.121	Diagnosis	ICD-10-CM	Squamous cell carcinoma of skin of unspecified eyelid, including canthus

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
C44.122	Diagnosis	ICD-10-CM	Squamous cell carcinoma of skin of right eyelid, including canthus
C44.129	Diagnosis	ICD-10-CM	Squamous cell carcinoma of skin of left eyelid, including canthus
C44.221	Diagnosis	ICD-10-CM	Squamous cell carcinoma of skin of unspecified ear and external auricular canal
C44.222	Diagnosis	ICD-10-CM	Squamous cell carcinoma of skin of right ear and external auricular canal
C44.229	Diagnosis	ICD-10-CM	Squamous cell carcinoma of skin of left ear and external auricular canal
C44.320	Diagnosis	ICD-10-CM	Squamous cell carcinoma of skin of unspecified parts of face
C44.321	Diagnosis	ICD-10-CM	Squamous cell carcinoma of skin of nose
C44.329	Diagnosis	ICD-10-CM	Squamous cell carcinoma of skin of other parts of face
C44.42	Diagnosis	ICD-10-CM	Squamous cell carcinoma of skin of scalp and neck
C44.520	Diagnosis	ICD-10-CM	Squamous cell carcinoma of anal skin
C44.521	Diagnosis	ICD-10-CM	Squamous cell carcinoma of skin of breast
C44.529	Diagnosis	ICD-10-CM	Squamous cell carcinoma of skin of other part of trunk
C44.621	Diagnosis	ICD-10-CM	Squamous cell carcinoma of skin of unspecified upper limb, including shoulder
C44.622	Diagnosis	ICD-10-CM	Squamous cell carcinoma of skin of right upper limb, including shoulder
C44.629	Diagnosis	ICD-10-CM	Squamous cell carcinoma of skin of left upper limb, including shoulder
C44.721	Diagnosis	ICD-10-CM	Squamous cell carcinoma of skin of unspecified lower limb, including hip
C44.722	Diagnosis	ICD-10-CM	Squamous cell carcinoma of skin of right lower limb, including hip
C44.729	Diagnosis	ICD-10-CM	Squamous cell carcinoma of skin of left lower limb, including hip
C44.82	Diagnosis	ICD-10-CM	Squamous cell carcinoma of overlapping sites of skin
C44.92	Diagnosis	ICD-10-CM	Squamous cell carcinoma of skin, unspecified
173.11	Diagnosis	ICD-9-CM	Basal cell carcinoma of eyelid, including canthus
173.21	Diagnosis	ICD-9-CM	Basal cell carcinoma of skin of ear and external auditory canal
173.31	Diagnosis	ICD-9-CM	Basal cell carcinoma of skin of other and unspecified parts of face
173.41	Diagnosis	ICD-9-CM	Basal cell carcinoma of scalp and skin of neck
173.51	Diagnosis	ICD-9-CM	Basal cell carcinoma of skin of trunk, except scrotum
173.61	Diagnosis	ICD-9-CM	Basal cell carcinoma of skin of upper limb, including shoulder
173.71	Diagnosis	ICD-9-CM	Basal cell carcinoma of skin of lower limb, including hip
173.81	Diagnosis	ICD-9-CM	Basal cell carcinoma of other specified sites of skin
173.91	Diagnosis	ICD-9-CM	Basal cell carcinoma of skin, site unspecified
C44.111	Diagnosis	ICD-10-CM	Basal cell carcinoma of skin of unspecified eyelid, including canthus
C44.112	Diagnosis	ICD-10-CM	Basal cell carcinoma of skin of right eyelid, including canthus
C44.119	Diagnosis	ICD-10-CM	Basal cell carcinoma of skin of left eyelid, including canthus
C44.211	Diagnosis	ICD-10-CM	Basal cell carcinoma of skin of unspecified ear and external auricular canal
C44.212	Diagnosis	ICD-10-CM	Basal cell carcinoma of skin of right ear and external auricular canal
C44.219	Diagnosis	ICD-10-CM	Basal cell carcinoma of skin of left ear and external auricular canal
C44.310	Diagnosis	ICD-10-CM	Basal cell carcinoma of skin of unspecified parts of face
C44.311	Diagnosis	ICD-10-CM	Basal cell carcinoma of skin of nose
C44.319	Diagnosis	ICD-10-CM	Basal cell carcinoma of skin of other parts of face
C44.41	Diagnosis	ICD-10-CM	Basal cell carcinoma of skin of scalp and neck
C44.510	Diagnosis	ICD-10-CM	Basal cell carcinoma of anal skin
C44.511	Diagnosis	ICD-10-CM	Basal cell carcinoma of skin of breast
C44.519	Diagnosis	ICD-10-CM	Basal cell carcinoma of skin of other part of trunk

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code		Code		Description
Code	Category	Code Type		
C44.611	Diagnosis	ICD-10-CM	Basal cell carcinoma of skin of unspecified upper limb, including shoulder	
C44.612	Diagnosis	ICD-10-CM	Basal cell carcinoma of skin of right upper limb, including shoulder	
C44.619	Diagnosis	ICD-10-CM	Basal cell carcinoma of skin of left upper limb, including shoulder	
C44.711	Diagnosis	ICD-10-CM	Basal cell carcinoma of skin of unspecified lower limb, including hip	
C44.712	Diagnosis	ICD-10-CM	Basal cell carcinoma of skin of right lower limb, including hip	
C44.719	Diagnosis	ICD-10-CM	Basal cell carcinoma of skin of left lower limb, including hip	
C44.81	Diagnosis	ICD-10-CM	Basal cell carcinoma of overlapping sites of skin	
C44.91	Diagnosis	ICD-10-CM	Basal cell carcinoma of skin, unspecified	
140	Diagnosis	ICD-9-CM	Malignant neoplasm of lip	
140	Diagnosis	ICD-9-CM	Malignant neoplasm of upper lip, vermilion border	
140.1	Diagnosis	ICD-9-CM	Malignant neoplasm of lower lip, vermilion border	
140.3	Diagnosis	ICD-9-CM	Malignant neoplasm of upper lip, inner aspect	
140.4	Diagnosis	ICD-9-CM	Malignant neoplasm of lower lip, inner aspect	
140.5	Diagnosis	ICD-9-CM	Malignant neoplasm of lip, inner aspect, unspecified as to upper or lower	
140.6	Diagnosis	ICD-9-CM	Malignant neoplasm of commissure of lip	
140.8	Diagnosis	ICD-9-CM	Malignant neoplasm of other sites of lip	
140.9	Diagnosis	ICD-9-CM	Malignant neoplasm of lip, vermilion border, unspecified as to upper or lower	
141	Diagnosis	ICD-9-CM	Malignant neoplasm of tongue	
141	Diagnosis	ICD-9-CM	Malignant neoplasm of base of tongue	
141.1	Diagnosis	ICD-9-CM	Malignant neoplasm of dorsal surface of tongue	
141.2	Diagnosis	ICD-9-CM	Malignant neoplasm of tip and lateral border of tongue	
141.3	Diagnosis	ICD-9-CM	Malignant neoplasm of ventral surface of tongue	
141.4	Diagnosis	ICD-9-CM	Malignant neoplasm of anterior two-thirds of tongue, part unspecified	
141.5	Diagnosis	ICD-9-CM	Malignant neoplasm of junctional zone of tongue	
141.6	Diagnosis	ICD-9-CM	Malignant neoplasm of lingual tonsil	
141.8	Diagnosis	ICD-9-CM	Malignant neoplasm of other sites of tongue	
141.9	Diagnosis	ICD-9-CM	Malignant neoplasm of tongue, unspecified site	
142	Diagnosis	ICD-9-CM	Malignant neoplasm of major salivary glands	
142	Diagnosis	ICD-9-CM	Malignant neoplasm of parotid gland	
142.1	Diagnosis	ICD-9-CM	Malignant neoplasm of submandibular gland	
142.2	Diagnosis	ICD-9-CM	Malignant neoplasm of sublingual gland	
142.8	Diagnosis	ICD-9-CM	Malignant neoplasm of other major salivary glands	
142.9	Diagnosis	ICD-9-CM	Malignant neoplasm of salivary gland, unspecified	
143	Diagnosis	ICD-9-CM	Malignant neoplasm of gum	
143	Diagnosis	ICD-9-CM	Malignant neoplasm of upper gum	
143.1	Diagnosis	ICD-9-CM	Malignant neoplasm of lower gum	
143.8	Diagnosis	ICD-9-CM	Malignant neoplasm of other sites of gum	
143.9	Diagnosis	ICD-9-CM	Malignant neoplasm of gum, unspecified site	
144	Diagnosis	ICD-9-CM	Malignant neoplasm of floor of mouth	
144	Diagnosis	ICD-9-CM	Malignant neoplasm of anterior portion of floor of mouth	
144.1	Diagnosis	ICD-9-CM	Malignant neoplasm of lateral portion of floor of mouth	
144.8	Diagnosis	ICD-9-CM	Malignant neoplasm of other sites of floor of mouth	

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code			
Code	Category	Code Type	Description
144.9	Diagnosis	ICD-9-CM	Malignant neoplasm of floor of mouth, part unspecified
145	Diagnosis	ICD-9-CM	Malignant neoplasm of other and unspecified parts of mouth
145	Diagnosis	ICD-9-CM	Malignant neoplasm of cheek mucosa
145.1	Diagnosis	ICD-9-CM	Malignant neoplasm of vestibule of mouth
145.2	Diagnosis	ICD-9-CM	Malignant neoplasm of hard palate
145.3	Diagnosis	ICD-9-CM	Malignant neoplasm of soft palate
145.4	Diagnosis	ICD-9-CM	Malignant neoplasm of uvula
145.5	Diagnosis	ICD-9-CM	Malignant neoplasm of palate, unspecified
145.6	Diagnosis	ICD-9-CM	Malignant neoplasm of retromolar area
145.8	Diagnosis	ICD-9-CM	Malignant neoplasm of other specified parts of mouth
145.9	Diagnosis	ICD-9-CM	Malignant neoplasm of mouth, unspecified site
146	Diagnosis	ICD-9-CM	Malignant neoplasm of oropharynx
146	Diagnosis	ICD-9-CM	Malignant neoplasm of tonsil
146.1	Diagnosis	ICD-9-CM	Malignant neoplasm of tonsillar fossa
146.2	Diagnosis	ICD-9-CM	Malignant neoplasm of tonsillar pillars (anterior) (posterior)
146.3	Diagnosis	ICD-9-CM	Malignant neoplasm of vallecula
146.4	Diagnosis	ICD-9-CM	Malignant neoplasm of anterior aspect of epiglottis
146.5	Diagnosis	ICD-9-CM	Malignant neoplasm of junctional region of oropharynx
146.6	Diagnosis	ICD-9-CM	Malignant neoplasm of lateral wall of oropharynx
146.7	Diagnosis	ICD-9-CM	Malignant neoplasm of posterior wall of oropharynx
146.8	Diagnosis	ICD-9-CM	Malignant neoplasm of other specified sites of oropharynx
146.9	Diagnosis	ICD-9-CM	Malignant neoplasm of oropharynx, unspecified site
147	Diagnosis	ICD-9-CM	Malignant neoplasm of nasopharynx
147	Diagnosis	ICD-9-CM	Malignant neoplasm of superior wall of nasopharynx
147.1	Diagnosis	ICD-9-CM	Malignant neoplasm of posterior wall of nasopharynx
147.2	Diagnosis	ICD-9-CM	Malignant neoplasm of lateral wall of nasopharynx
147.3	Diagnosis	ICD-9-CM	Malignant neoplasm of anterior wall of nasopharynx
147.8	Diagnosis	ICD-9-CM	Malignant neoplasm of other specified sites of nasopharynx
147.9	Diagnosis	ICD-9-CM	Malignant neoplasm of nasopharynx, unspecified site
148	Diagnosis	ICD-9-CM	Malignant neoplasm of hypopharynx
148	Diagnosis	ICD-9-CM	Malignant neoplasm of postcricoid region of hypopharynx
148.1	Diagnosis	ICD-9-CM	Malignant neoplasm of pyriform sinus
148.2	Diagnosis	ICD-9-CM	Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect
148.3	Diagnosis	ICD-9-CM	Malignant neoplasm of posterior hypopharyngeal wall
148.8	Diagnosis	ICD-9-CM	Malignant neoplasm of other specified sites of hypopharynx
148.9	Diagnosis	ICD-9-CM	Malignant neoplasm of hypopharynx, unspecified site
149	Diagnosis	ICD-9-CM	Malignant neoplasm of other and ill-defined sites within the lip, oral cavity, and pharynx
149	Diagnosis	ICD-9-CM	Malignant neoplasm of pharynx, unspecified
149.1	Diagnosis	ICD-9-CM	Malignant neoplasm of Waldeyer's ring
149.8	Diagnosis	ICD-9-CM	Malignant neoplasm of other sites within the lip and oral cavity
149.9	Diagnosis	ICD-9-CM	Malignant neoplasm of ill-defined sites of lip and oral cavity
150	Diagnosis	ICD-9-CM	Malignant neoplasm of esophagus

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
150	Diagnosis	ICD-9-CM	Malignant neoplasm of cervical esophagus
150.1	Diagnosis	ICD-9-CM	Malignant neoplasm of thoracic esophagus
150.2	Diagnosis	ICD-9-CM	Malignant neoplasm of abdominal esophagus
150.3	Diagnosis	ICD-9-CM	Malignant neoplasm of upper third of esophagus
150.4	Diagnosis	ICD-9-CM	Malignant neoplasm of middle third of esophagus
150.5	Diagnosis	ICD-9-CM	Malignant neoplasm of lower third of esophagus
150.8	Diagnosis	ICD-9-CM	Malignant neoplasm of other specified part of esophagus
150.9	Diagnosis	ICD-9-CM	Malignant neoplasm of esophagus, unspecified site
151	Diagnosis	ICD-9-CM	Malignant neoplasm of stomach
151	Diagnosis	ICD-9-CM	Malignant neoplasm of cardia
151.1	Diagnosis	ICD-9-CM	Malignant neoplasm of pylorus
151.2	Diagnosis	ICD-9-CM	Malignant neoplasm of pyloric antrum
151.3	Diagnosis	ICD-9-CM	Malignant neoplasm of fundus of stomach
151.4	Diagnosis	ICD-9-CM	Malignant neoplasm of body of stomach
151.5	Diagnosis	ICD-9-CM	Malignant neoplasm of lesser curvature of stomach, unspecified
151.6	Diagnosis	ICD-9-CM	Malignant neoplasm of greater curvature of stomach, unspecified
151.8	Diagnosis	ICD-9-CM	Malignant neoplasm of other specified sites of stomach
151.9	Diagnosis	ICD-9-CM	Malignant neoplasm of stomach, unspecified site
152	Diagnosis	ICD-9-CM	Malignant neoplasm of small intestine, including duodenum
152	Diagnosis	ICD-9-CM	Malignant neoplasm of duodenum
152.1	Diagnosis	ICD-9-CM	Malignant neoplasm of jejunum
152.2	Diagnosis	ICD-9-CM	Malignant neoplasm of ileum
152.3	Diagnosis	ICD-9-CM	Malignant neoplasm of Meckel's diverticulum
152.8	Diagnosis	ICD-9-CM	Malignant neoplasm of other specified sites of small intestine
152.9	Diagnosis	ICD-9-CM	Malignant neoplasm of small intestine, unspecified site
153	Diagnosis	ICD-9-CM	Malignant neoplasm of colon
153	Diagnosis	ICD-9-CM	Malignant neoplasm of hepatic flexure
153.1	Diagnosis	ICD-9-CM	Malignant neoplasm of transverse colon
153.2	Diagnosis	ICD-9-CM	Malignant neoplasm of descending colon
153.3	Diagnosis	ICD-9-CM	Malignant neoplasm of sigmoid colon
153.4	Diagnosis	ICD-9-CM	Malignant neoplasm of cecum
153.5	Diagnosis	ICD-9-CM	Malignant neoplasm of appendix
153.6	Diagnosis	ICD-9-CM	Malignant neoplasm of ascending colon
153.7	Diagnosis	ICD-9-CM	Malignant neoplasm of splenic flexure
153.8	Diagnosis	ICD-9-CM	Malignant neoplasm of other specified sites of large intestine
153.9	Diagnosis	ICD-9-CM	Malignant neoplasm of colon, unspecified site
154	Diagnosis	ICD-9-CM	Malignant neoplasm of rectum, rectosigmoid junction, and anus
154	Diagnosis	ICD-9-CM	Malignant neoplasm of rectosigmoid junction
154.1	Diagnosis	ICD-9-CM	Malignant neoplasm of rectum
154.2	Diagnosis	ICD-9-CM	Malignant neoplasm of anal canal
154.3	Diagnosis	ICD-9-CM	Malignant neoplasm of anus, unspecified site
154.8	Diagnosis	ICD-9-CM	Malignant neoplasm of other sites of rectum, rectosigmoid junction, and anus

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
155	Diagnosis	ICD-9-CM	Malignant neoplasm of liver and intrahepatic bile ducts
155	Diagnosis	ICD-9-CM	Malignant neoplasm of liver, primary
155.1	Diagnosis	ICD-9-CM	Malignant neoplasm of intrahepatic bile ducts
155.2	Diagnosis	ICD-9-CM	Malignant neoplasm of liver, not specified as primary or secondary
156	Diagnosis	ICD-9-CM	Malignant neoplasm of gallbladder and extrahepatic bile ducts
156	Diagnosis	ICD-9-CM	Malignant neoplasm of gallbladder
156.1	Diagnosis	ICD-9-CM	Malignant neoplasm of extrahepatic bile ducts
156.2	Diagnosis	ICD-9-CM	Malignant neoplasm of ampulla of Vater
156.8	Diagnosis	ICD-9-CM	Malignant neoplasm of other specified sites of gallbladder and extrahepatic bile ducts
156.9	Diagnosis	ICD-9-CM	Malignant neoplasm of biliary tract, part unspecified site
157	Diagnosis	ICD-9-CM	Malignant neoplasm of pancreas
157	Diagnosis	ICD-9-CM	Malignant neoplasm of head of pancreas
157.1	Diagnosis	ICD-9-CM	Malignant neoplasm of body of pancreas
157.2	Diagnosis	ICD-9-CM	Malignant neoplasm of tail of pancreas
157.3	Diagnosis	ICD-9-CM	Malignant neoplasm of pancreatic duct
157.4	Diagnosis	ICD-9-CM	Malignant neoplasm of islets of Langerhans
157.8	Diagnosis	ICD-9-CM	Malignant neoplasm of other specified sites of pancreas
157.9	Diagnosis	ICD-9-CM	Malignant neoplasm of pancreas, part unspecified
158	Diagnosis	ICD-9-CM	Malignant neoplasm of retroperitoneum and peritoneum
158	Diagnosis	ICD-9-CM	Malignant neoplasm of retroperitoneum
158.8	Diagnosis	ICD-9-CM	Malignant neoplasm of specified parts of peritoneum
158.9	Diagnosis	ICD-9-CM	Malignant neoplasm of peritoneum, unspecified
159	Diagnosis	ICD-9-CM	Malignant neoplasm of other and ill-defined sites within the digestive organs and peritoneum
159	Diagnosis	ICD-9-CM	Malignant neoplasm of intestinal tract, part unspecified
159.1	Diagnosis	ICD-9-CM	Malignant neoplasm of spleen, not elsewhere classified
159.8	Diagnosis	ICD-9-CM	Malignant neoplasm of other sites of digestive system and intra-abdominal organs
159.9	Diagnosis	ICD-9-CM	Malignant neoplasm of ill-defined sites of digestive organs and peritoneum
160	Diagnosis	ICD-9-CM	Malignant neoplasm of nasal cavities, middle ear, and accessory sinuses
160	Diagnosis	ICD-9-CM	Malignant neoplasm of nasal cavities
160.1	Diagnosis	ICD-9-CM	Malignant neoplasm of auditory tube, middle ear, and mastoid air cells
160.2	Diagnosis	ICD-9-CM	Malignant neoplasm of maxillary sinus
160.3	Diagnosis	ICD-9-CM	Malignant neoplasm of ethmoidal sinus
160.4	Diagnosis	ICD-9-CM	Malignant neoplasm of frontal sinus
160.5	Diagnosis	ICD-9-CM	Malignant neoplasm of sphenoidal sinus
160.8	Diagnosis	ICD-9-CM	Malignant neoplasm of other sites of nasal cavities, middle ear, and accessory sinuses
160.9	Diagnosis	ICD-9-CM	Malignant neoplasm of site of nasal cavities, middle ear, and accessory sinus, unspecified site
161	Diagnosis	ICD-9-CM	Malignant neoplasm of larynx
161	Diagnosis	ICD-9-CM	Malignant neoplasm of glottis
161.1	Diagnosis	ICD-9-CM	Malignant neoplasm of supraglottis
161.2	Diagnosis	ICD-9-CM	Malignant neoplasm of subglottis

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
161.3	Diagnosis	ICD-9-CM	Malignant neoplasm of laryngeal cartilages
161.8	Diagnosis	ICD-9-CM	Malignant neoplasm of other specified sites of larynx
161.9	Diagnosis	ICD-9-CM	Malignant neoplasm of larynx, unspecified site
162	Diagnosis	ICD-9-CM	Malignant neoplasm of trachea, bronchus, and lung
162	Diagnosis	ICD-9-CM	Malignant neoplasm of trachea
162.2	Diagnosis	ICD-9-CM	Malignant neoplasm of main bronchus
162.3	Diagnosis	ICD-9-CM	Malignant neoplasm of upper lobe, bronchus, or lung
162.4	Diagnosis	ICD-9-CM	Malignant neoplasm of middle lobe, bronchus, or lung
162.5	Diagnosis	ICD-9-CM	Malignant neoplasm of lower lobe, bronchus, or lung
162.8	Diagnosis	ICD-9-CM	Malignant neoplasm of other parts of bronchus or lung
162.9	Diagnosis	ICD-9-CM	Malignant neoplasm of bronchus and lung, unspecified site
163	Diagnosis	ICD-9-CM	Malignant neoplasm of pleura
163	Diagnosis	ICD-9-CM	Malignant neoplasm of parietal pleura
163.1	Diagnosis	ICD-9-CM	Malignant neoplasm of visceral pleura
163.8	Diagnosis	ICD-9-CM	Malignant neoplasm of other specified sites of pleura
163.9	Diagnosis	ICD-9-CM	Malignant neoplasm of pleura, unspecified site
164	Diagnosis	ICD-9-CM	Malignant neoplasm of thymus, heart, and mediastinum
164	Diagnosis	ICD-9-CM	Malignant neoplasm of thymus
164.1	Diagnosis	ICD-9-CM	Malignant neoplasm of heart
164.2	Diagnosis	ICD-9-CM	Malignant neoplasm of anterior mediastinum
164.3	Diagnosis	ICD-9-CM	Malignant neoplasm of posterior mediastinum
164.8	Diagnosis	ICD-9-CM	Malignant neoplasm of other parts of mediastinum
164.9	Diagnosis	ICD-9-CM	Malignant neoplasm of mediastinum, part unspecified
165	Diagnosis	ICD-9-CM	Malignant neoplasm of other and ill-defined sites within the respiratory system and intrathoracic organs
165	Diagnosis	ICD-9-CM	Malignant neoplasm of upper respiratory tract, part unspecified
165.8	Diagnosis	ICD-9-CM	Malignant neoplasm of other sites within the respiratory system and intrathoracic organs
165.9	Diagnosis	ICD-9-CM	Malignant neoplasm of ill-defined sites within the respiratory system
170	Diagnosis	ICD-9-CM	Malignant neoplasm of bone and articular cartilage
170	Diagnosis	ICD-9-CM	Malignant neoplasm of bones of skull and face, except mandible
170.1	Diagnosis	ICD-9-CM	Malignant neoplasm of mandible
170.2	Diagnosis	ICD-9-CM	Malignant neoplasm of vertebral column, excluding sacrum and coccyx
170.3	Diagnosis	ICD-9-CM	Malignant neoplasm of ribs, sternum, and clavicle
170.4	Diagnosis	ICD-9-CM	Malignant neoplasm of scapula and long bones of upper limb
170.5	Diagnosis	ICD-9-CM	Malignant neoplasm of short bones of upper limb
170.6	Diagnosis	ICD-9-CM	Malignant neoplasm of pelvic bones, sacrum, and coccyx
170.7	Diagnosis	ICD-9-CM	Malignant neoplasm of long bones of lower limb
170.8	Diagnosis	ICD-9-CM	Malignant neoplasm of short bones of lower limb
170.9	Diagnosis	ICD-9-CM	Malignant neoplasm of bone and articular cartilage, site unspecified
171	Diagnosis	ICD-9-CM	Malignant neoplasm of connective and other soft tissue
171	Diagnosis	ICD-9-CM	Malignant neoplasm of connective and other soft tissue of head, face, and neck

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
171.2	Diagnosis	ICD-9-CM	Malignant neoplasm of connective and other soft tissue of upper limb, including shoulder
171.3	Diagnosis	ICD-9-CM	Malignant neoplasm of connective and other soft tissue of lower limb, including hip
171.4	Diagnosis	ICD-9-CM	Malignant neoplasm of connective and other soft tissue of thorax
171.5	Diagnosis	ICD-9-CM	Malignant neoplasm of connective and other soft tissue of abdomen
171.6	Diagnosis	ICD-9-CM	Malignant neoplasm of connective and other soft tissue of pelvis
171.7	Diagnosis	ICD-9-CM	Malignant neoplasm of connective and other soft tissue of trunk, unspecified site
171.8	Diagnosis	ICD-9-CM	Malignant neoplasm of other specified sites of connective and other soft tissue
171.9	Diagnosis	ICD-9-CM	Malignant neoplasm of connective and other soft tissue, site unspecified
172	Diagnosis	ICD-9-CM	Malignant melanoma of skin
172	Diagnosis	ICD-9-CM	Malignant melanoma of skin of lip
172.1	Diagnosis	ICD-9-CM	Malignant melanoma of skin of eyelid, including canthus
172.2	Diagnosis	ICD-9-CM	Malignant melanoma of skin of ear and external auditory canal
172.3	Diagnosis	ICD-9-CM	Malignant melanoma of skin of other and unspecified parts of face
172.4	Diagnosis	ICD-9-CM	Malignant melanoma of skin of scalp and neck
172.5	Diagnosis	ICD-9-CM	Malignant melanoma of skin of trunk, except scrotum
172.6	Diagnosis	ICD-9-CM	Malignant melanoma of skin of upper limb, including shoulder
172.7	Diagnosis	ICD-9-CM	Malignant melanoma of skin of lower limb, including hip
172.8	Diagnosis	ICD-9-CM	Malignant melanoma of other specified sites of skin
172.9	Diagnosis	ICD-9-CM	Melanoma of skin, site unspecified
173	Diagnosis	ICD-9-CM	Other and unspecified malignant neoplasm of skin
173	Diagnosis	ICD-9-CM	Other and unspecified malignant neoplasm of skin of lip
173	Diagnosis	ICD-9-CM	Unspecified malignant neoplasm of skin of lip
173.01	Diagnosis	ICD-9-CM	Basal cell carcinoma of skin of lip
173.02	Diagnosis	ICD-9-CM	Squamous cell carcinoma of skin of lip
173.09	Diagnosis	ICD-9-CM	Other specified malignant neoplasm of skin of lip
173.1	Diagnosis	ICD-9-CM	Other and unspecified malignant neoplasm of eyelid, including canthus
173.1	Diagnosis	ICD-9-CM	Unspecified malignant neoplasm of eyelid, including canthus
173.19	Diagnosis	ICD-9-CM	Other specified malignant neoplasm of eyelid, including canthus
173.2	Diagnosis	ICD-9-CM	Other and unspecified malignant neoplasm of skin of ear and external auditory canal
173.2	Diagnosis	ICD-9-CM	Unspecified malignant neoplasm of skin of ear and external auditory canal
173.29	Diagnosis	ICD-9-CM	Other specified malignant neoplasm of skin of ear and external auditory canal
173.3	Diagnosis	ICD-9-CM	Other and unspecified malignant neoplasm of skin of other and unspecified parts of face
173.3	Diagnosis	ICD-9-CM	Unspecified malignant neoplasm of skin of other and unspecified parts of face
173.39	Diagnosis	ICD-9-CM	Other specified malignant neoplasm of skin of other and unspecified parts of face
173.4	Diagnosis	ICD-9-CM	Other and unspecified malignant neoplasm of scalp and skin of neck
173.4	Diagnosis	ICD-9-CM	Unspecified malignant neoplasm of scalp and skin of neck
173.49	Diagnosis	ICD-9-CM	Other specified malignant neoplasm of scalp and skin of neck
173.5	Diagnosis	ICD-9-CM	Other and unspecified malignant neoplasm of skin of trunk, except scrotum
173.5	Diagnosis	ICD-9-CM	Unspecified malignant neoplasm of skin of trunk, except scrotum
173.59	Diagnosis	ICD-9-CM	Other specified malignant neoplasm of skin of trunk, except scrotum
173.6	Diagnosis	ICD-9-CM	Other and unspecified malignant neoplasm of skin of upper limb, including shoulder

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code		Code		Description
Code	Category	Code Type		
173.6	Diagnosis	ICD-9-CM		Unspecified malignant neoplasm of skin of upper limb, including shoulder
173.69	Diagnosis	ICD-9-CM		Other specified malignant neoplasm of skin of upper limb, including shoulder
173.7	Diagnosis	ICD-9-CM		Other and unspecified malignant neoplasm of skin of lower limb, including hip
173.7	Diagnosis	ICD-9-CM		Unspecified malignant neoplasm of skin of lower limb, including hip
173.79	Diagnosis	ICD-9-CM		Other specified malignant neoplasm of skin of lower limb, including hip
173.8	Diagnosis	ICD-9-CM		Other and unspecified malignant neoplasm of other specified sites of skin
173.8	Diagnosis	ICD-9-CM		Unspecified malignant neoplasm of other specified sites of skin
173.89	Diagnosis	ICD-9-CM		Other specified malignant neoplasm of other specified sites of skin
173.9	Diagnosis	ICD-9-CM		Other and unspecified malignant neoplasm of skin, site unspecified
173.9	Diagnosis	ICD-9-CM		Unspecified malignant neoplasm of skin, site unspecified
173.99	Diagnosis	ICD-9-CM		Other specified malignant neoplasm of skin, site unspecified
174	Diagnosis	ICD-9-CM		Malignant neoplasm of female breast
174	Diagnosis	ICD-9-CM		Malignant neoplasm of nipple and areola of female breast
174.1	Diagnosis	ICD-9-CM		Malignant neoplasm of central portion of female breast
174.2	Diagnosis	ICD-9-CM		Malignant neoplasm of upper-inner quadrant of female breast
174.3	Diagnosis	ICD-9-CM		Malignant neoplasm of lower-inner quadrant of female breast
174.4	Diagnosis	ICD-9-CM		Malignant neoplasm of upper-outer quadrant of female breast
174.5	Diagnosis	ICD-9-CM		Malignant neoplasm of lower-outer quadrant of female breast
174.6	Diagnosis	ICD-9-CM		Malignant neoplasm of axillary tail of female breast
174.8	Diagnosis	ICD-9-CM		Malignant neoplasm of other specified sites of female breast
174.9	Diagnosis	ICD-9-CM		Malignant neoplasm of breast (female), unspecified site
175	Diagnosis	ICD-9-CM		Malignant neoplasm of male breast
175	Diagnosis	ICD-9-CM		Malignant neoplasm of nipple and areola of male breast
175.9	Diagnosis	ICD-9-CM		Malignant neoplasm of other and unspecified sites of male breast
176	Diagnosis	ICD-9-CM		Kaposi's sarcoma
176	Diagnosis	ICD-9-CM		Kaposi's sarcoma of skin
176.1	Diagnosis	ICD-9-CM		Kaposi's sarcoma of soft tissue
176.2	Diagnosis	ICD-9-CM		Kaposi's sarcoma of palate
176.3	Diagnosis	ICD-9-CM		Kaposi's sarcoma of gastrointestinal sites
176.4	Diagnosis	ICD-9-CM		Kaposi's sarcoma of lung
176.5	Diagnosis	ICD-9-CM		Kaposi's sarcoma of lymph nodes
176.8	Diagnosis	ICD-9-CM		Kaposi's sarcoma of other specified sites
176.9	Diagnosis	ICD-9-CM		Kaposi's sarcoma of unspecified site
179	Diagnosis	ICD-9-CM		Malignant neoplasm of uterus, part unspecified
180	Diagnosis	ICD-9-CM		Malignant neoplasm of cervix uteri
180	Diagnosis	ICD-9-CM		Malignant neoplasm of endocervix
180.1	Diagnosis	ICD-9-CM		Malignant neoplasm of exocervix
180.8	Diagnosis	ICD-9-CM		Malignant neoplasm of other specified sites of cervix
180.9	Diagnosis	ICD-9-CM		Malignant neoplasm of cervix uteri, unspecified site
181	Diagnosis	ICD-9-CM		Malignant neoplasm of placenta
182	Diagnosis	ICD-9-CM		Malignant neoplasm of body of uterus
182	Diagnosis	ICD-9-CM		Malignant neoplasm of corpus uteri, except isthmus

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code			
Code	Category	Code Type	Description
182.1	Diagnosis	ICD-9-CM	Malignant neoplasm of isthmus
182.8	Diagnosis	ICD-9-CM	Malignant neoplasm of other specified sites of body of uterus
183	Diagnosis	ICD-9-CM	Malignant neoplasm of ovary and other uterine adnexa
183	Diagnosis	ICD-9-CM	Malignant neoplasm of ovary
183.2	Diagnosis	ICD-9-CM	Malignant neoplasm of fallopian tube
183.3	Diagnosis	ICD-9-CM	Malignant neoplasm of broad ligament of uterus
183.4	Diagnosis	ICD-9-CM	Malignant neoplasm of parametrium of uterus
183.5	Diagnosis	ICD-9-CM	Malignant neoplasm of round ligament of uterus
183.8	Diagnosis	ICD-9-CM	Malignant neoplasm of other specified sites of uterine adnexa
183.9	Diagnosis	ICD-9-CM	Malignant neoplasm of uterine adnexa, unspecified site
184	Diagnosis	ICD-9-CM	Malignant neoplasm of other and unspecified female genital organs
184	Diagnosis	ICD-9-CM	Malignant neoplasm of vagina
184.1	Diagnosis	ICD-9-CM	Malignant neoplasm of labia majora
184.2	Diagnosis	ICD-9-CM	Malignant neoplasm of labia minora
184.3	Diagnosis	ICD-9-CM	Malignant neoplasm of clitoris
184.4	Diagnosis	ICD-9-CM	Malignant neoplasm of vulva, unspecified site
184.8	Diagnosis	ICD-9-CM	Malignant neoplasm of other specified sites of female genital organs
184.9	Diagnosis	ICD-9-CM	Malignant neoplasm of female genital organ, site unspecified
185	Diagnosis	ICD-9-CM	Malignant neoplasm of prostate
186	Diagnosis	ICD-9-CM	Malignant neoplasm of testis
186	Diagnosis	ICD-9-CM	Malignant neoplasm of undescended testis
186.9	Diagnosis	ICD-9-CM	Malignant neoplasm of other and unspecified testis
187	Diagnosis	ICD-9-CM	Malignant neoplasm of penis and other male genital organs
187.1	Diagnosis	ICD-9-CM	Malignant neoplasm of prepuce
187.2	Diagnosis	ICD-9-CM	Malignant neoplasm of glans penis
187.3	Diagnosis	ICD-9-CM	Malignant neoplasm of body of penis
187.4	Diagnosis	ICD-9-CM	Malignant neoplasm of penis, part unspecified
187.5	Diagnosis	ICD-9-CM	Malignant neoplasm of epididymis
187.6	Diagnosis	ICD-9-CM	Malignant neoplasm of spermatic cord
187.7	Diagnosis	ICD-9-CM	Malignant neoplasm of scrotum
187.8	Diagnosis	ICD-9-CM	Malignant neoplasm of other specified sites of male genital organs
187.9	Diagnosis	ICD-9-CM	Malignant neoplasm of male genital organ, site unspecified
188	Diagnosis	ICD-9-CM	Malignant neoplasm of bladder
188	Diagnosis	ICD-9-CM	Malignant neoplasm of trigone of urinary bladder
188.1	Diagnosis	ICD-9-CM	Malignant neoplasm of dome of urinary bladder
188.2	Diagnosis	ICD-9-CM	Malignant neoplasm of lateral wall of urinary bladder
188.3	Diagnosis	ICD-9-CM	Malignant neoplasm of anterior wall of urinary bladder
188.4	Diagnosis	ICD-9-CM	Malignant neoplasm of posterior wall of urinary bladder
188.5	Diagnosis	ICD-9-CM	Malignant neoplasm of bladder neck
188.6	Diagnosis	ICD-9-CM	Malignant neoplasm of ureteric orifice
188.7	Diagnosis	ICD-9-CM	Malignant neoplasm of urachus
188.8	Diagnosis	ICD-9-CM	Malignant neoplasm of other specified sites of bladder

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code			
Code	Category	Code Type	Description
188.9	Diagnosis	ICD-9-CM	Malignant neoplasm of bladder, part unspecified
189	Diagnosis	ICD-9-CM	Malignant neoplasm of kidney and other and unspecified urinary organs
189	Diagnosis	ICD-9-CM	Malignant neoplasm of kidney, except pelvis
189.1	Diagnosis	ICD-9-CM	Malignant neoplasm of renal pelvis
189.2	Diagnosis	ICD-9-CM	Malignant neoplasm of ureter
189.3	Diagnosis	ICD-9-CM	Malignant neoplasm of urethra
189.4	Diagnosis	ICD-9-CM	Malignant neoplasm of paraurethral glands
189.8	Diagnosis	ICD-9-CM	Malignant neoplasm of other specified sites of urinary organs
189.9	Diagnosis	ICD-9-CM	Malignant neoplasm of urinary organ, site unspecified
190	Diagnosis	ICD-9-CM	Malignant neoplasm of eye
190	Diagnosis	ICD-9-CM	Malignant neoplasm of eyeball, except conjunctiva, cornea, retina, and choroid
190.1	Diagnosis	ICD-9-CM	Malignant neoplasm of orbit
190.2	Diagnosis	ICD-9-CM	Malignant neoplasm of lacrimal gland
190.3	Diagnosis	ICD-9-CM	Malignant neoplasm of conjunctiva
190.4	Diagnosis	ICD-9-CM	Malignant neoplasm of cornea
190.5	Diagnosis	ICD-9-CM	Malignant neoplasm of retina
190.6	Diagnosis	ICD-9-CM	Malignant neoplasm of choroid
190.7	Diagnosis	ICD-9-CM	Malignant neoplasm of lacrimal duct
190.8	Diagnosis	ICD-9-CM	Malignant neoplasm of other specified sites of eye
190.9	Diagnosis	ICD-9-CM	Malignant neoplasm of eye, part unspecified
191	Diagnosis	ICD-9-CM	Malignant neoplasm of brain
191	Diagnosis	ICD-9-CM	Malignant neoplasm of cerebrum, except lobes and ventricles
191.1	Diagnosis	ICD-9-CM	Malignant neoplasm of frontal lobe of brain
191.2	Diagnosis	ICD-9-CM	Malignant neoplasm of temporal lobe of brain
191.3	Diagnosis	ICD-9-CM	Malignant neoplasm of parietal lobe of brain
191.4	Diagnosis	ICD-9-CM	Malignant neoplasm of occipital lobe of brain
191.5	Diagnosis	ICD-9-CM	Malignant neoplasm of ventricles of brain
191.6	Diagnosis	ICD-9-CM	Malignant neoplasm of cerebellum NOS
191.7	Diagnosis	ICD-9-CM	Malignant neoplasm of brain stem
191.8	Diagnosis	ICD-9-CM	Malignant neoplasm of other parts of brain
191.9	Diagnosis	ICD-9-CM	Malignant neoplasm of brain, unspecified site
192	Diagnosis	ICD-9-CM	Malignant neoplasm of other and unspecified parts of nervous system
192	Diagnosis	ICD-9-CM	Malignant neoplasm of cranial nerves
192.1	Diagnosis	ICD-9-CM	Malignant neoplasm of cerebral meninges
192.2	Diagnosis	ICD-9-CM	Malignant neoplasm of spinal cord
192.3	Diagnosis	ICD-9-CM	Malignant neoplasm of spinal meninges
192.8	Diagnosis	ICD-9-CM	Malignant neoplasm of other specified sites of nervous system
192.9	Diagnosis	ICD-9-CM	Malignant neoplasm of nervous system, part unspecified
193	Diagnosis	ICD-9-CM	Malignant neoplasm of thyroid gland
194	Diagnosis	ICD-9-CM	Malignant neoplasm of other endocrine glands and related structures
194	Diagnosis	ICD-9-CM	Malignant neoplasm of adrenal gland
194.1	Diagnosis	ICD-9-CM	Malignant neoplasm of parathyroid gland

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code		Code		Description
Code	Category	Code Type		
194.3	Diagnosis	ICD-9-CM	Malignant neoplasm of pituitary gland and craniopharyngeal duct	
194.4	Diagnosis	ICD-9-CM	Malignant neoplasm of pineal gland	
194.5	Diagnosis	ICD-9-CM	Malignant neoplasm of carotid body	
194.6	Diagnosis	ICD-9-CM	Malignant neoplasm of aortic body and other paraganglia	
194.8	Diagnosis	ICD-9-CM	Malignant neoplasm of other endocrine glands and related structures	
194.9	Diagnosis	ICD-9-CM	Malignant neoplasm of endocrine gland, site unspecified	
195	Diagnosis	ICD-9-CM	Malignant neoplasm of other and ill-defined sites	
195	Diagnosis	ICD-9-CM	Malignant neoplasm of head, face, and neck	
195.1	Diagnosis	ICD-9-CM	Malignant neoplasm of thorax	
195.2	Diagnosis	ICD-9-CM	Malignant neoplasm of abdomen	
195.3	Diagnosis	ICD-9-CM	Malignant neoplasm of pelvis	
195.4	Diagnosis	ICD-9-CM	Malignant neoplasm of upper limb	
195.5	Diagnosis	ICD-9-CM	Malignant neoplasm of lower limb	
195.8	Diagnosis	ICD-9-CM	Malignant neoplasm of other specified sites	
196	Diagnosis	ICD-9-CM	Secondary and unspecified malignant neoplasm of lymph nodes	
196	Diagnosis	ICD-9-CM	Secondary and unspecified malignant neoplasm of lymph nodes of head, face, and neck	
196.1	Diagnosis	ICD-9-CM	Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes	
196.2	Diagnosis	ICD-9-CM	Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes	
196.3	Diagnosis	ICD-9-CM	Secondary and unspecified malignant neoplasm of lymph nodes of axilla and upper limb	
196.5	Diagnosis	ICD-9-CM	Secondary and unspecified malignant neoplasm of lymph nodes of inguinal region and lower limb	
196.6	Diagnosis	ICD-9-CM	Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes	
196.8	Diagnosis	ICD-9-CM	Secondary and unspecified malignant neoplasm of lymph nodes of multiple sites	
196.9	Diagnosis	ICD-9-CM	Secondary and unspecified malignant neoplasm of lymph nodes, site unspecified	
197	Diagnosis	ICD-9-CM	Secondary malignant neoplasm of respiratory and digestive systems	
197	Diagnosis	ICD-9-CM	Secondary malignant neoplasm of lung	
197.1	Diagnosis	ICD-9-CM	Secondary malignant neoplasm of mediastinum	
197.2	Diagnosis	ICD-9-CM	Secondary malignant neoplasm of pleura	
197.3	Diagnosis	ICD-9-CM	Secondary malignant neoplasm of other respiratory organs	
197.4	Diagnosis	ICD-9-CM	Secondary malignant neoplasm of small intestine including duodenum	
197.5	Diagnosis	ICD-9-CM	Secondary malignant neoplasm of large intestine and rectum	
197.6	Diagnosis	ICD-9-CM	Secondary malignant neoplasm of retroperitoneum and peritoneum	
197.7	Diagnosis	ICD-9-CM	Secondary malignant neoplasm of liver	
197.8	Diagnosis	ICD-9-CM	Secondary malignant neoplasm of other digestive organs and spleen	
198	Diagnosis	ICD-9-CM	Secondary malignant neoplasm of other specified sites	
198	Diagnosis	ICD-9-CM	Secondary malignant neoplasm of kidney	
198.1	Diagnosis	ICD-9-CM	Secondary malignant neoplasm of other urinary organs	
198.2	Diagnosis	ICD-9-CM	Secondary malignant neoplasm of skin	
198.3	Diagnosis	ICD-9-CM	Secondary malignant neoplasm of brain and spinal cord	
198.4	Diagnosis	ICD-9-CM	Secondary malignant neoplasm of other parts of nervous system	
198.5	Diagnosis	ICD-9-CM	Secondary malignant neoplasm of bone and bone marrow	
198.6	Diagnosis	ICD-9-CM	Secondary malignant neoplasm of ovary	

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
198.7	Diagnosis	ICD-9-CM	Secondary malignant neoplasm of adrenal gland
198.8	Diagnosis	ICD-9-CM	Secondary malignant neoplasm of other specified sites
198.81	Diagnosis	ICD-9-CM	Secondary malignant neoplasm of breast
198.82	Diagnosis	ICD-9-CM	Secondary malignant neoplasm of genital organs
198.89	Diagnosis	ICD-9-CM	Secondary malignant neoplasm of other specified sites
199	Diagnosis	ICD-9-CM	Malignant neoplasm without specification of site
199	Diagnosis	ICD-9-CM	Disseminated malignant neoplasm
199.1	Diagnosis	ICD-9-CM	Other malignant neoplasm of unspecified site
199.2	Diagnosis	ICD-9-CM	Malignant neoplasm associated with transplanted organ
200	Diagnosis	ICD-9-CM	Lymphosarcoma and reticulosarcoma and other specified malignant tumors of lymphatic tissue
200	Diagnosis	ICD-9-CM	Reticulosarcoma
200	Diagnosis	ICD-9-CM	Reticulosarcoma, unspecified site, extranodal and solid organ sites
200.01	Diagnosis	ICD-9-CM	Reticulosarcoma of lymph nodes of head, face, and neck
200.02	Diagnosis	ICD-9-CM	Reticulosarcoma of intrathoracic lymph nodes
200.03	Diagnosis	ICD-9-CM	Reticulosarcoma of intra-abdominal lymph nodes
200.04	Diagnosis	ICD-9-CM	Reticulosarcoma of lymph nodes of axilla and upper limb
200.05	Diagnosis	ICD-9-CM	Reticulosarcoma of lymph nodes of inguinal region and lower limb
200.06	Diagnosis	ICD-9-CM	Reticulosarcoma of intrapelvic lymph nodes
200.07	Diagnosis	ICD-9-CM	Reticulosarcoma of spleen
200.08	Diagnosis	ICD-9-CM	Reticulosarcoma of lymph nodes of multiple sites
200.1	Diagnosis	ICD-9-CM	Lymphosarcoma
200.1	Diagnosis	ICD-9-CM	Lymphosarcoma, unspecified site, extranodal and solid organ sites
200.11	Diagnosis	ICD-9-CM	Lymphosarcoma of lymph nodes of head, face, and neck
200.12	Diagnosis	ICD-9-CM	Lymphosarcoma of intrathoracic lymph nodes
200.13	Diagnosis	ICD-9-CM	Lymphosarcoma of intra-abdominal lymph nodes
200.14	Diagnosis	ICD-9-CM	Lymphosarcoma of lymph nodes of axilla and upper limb
200.15	Diagnosis	ICD-9-CM	Lymphosarcoma of lymph nodes of inguinal region and lower limb
200.16	Diagnosis	ICD-9-CM	Lymphosarcoma of intrapelvic lymph nodes
200.17	Diagnosis	ICD-9-CM	Lymphosarcoma of spleen
200.18	Diagnosis	ICD-9-CM	Lymphosarcoma of lymph nodes of multiple sites
200.2	Diagnosis	ICD-9-CM	Burkitt's tumor or lymphoma
200.2	Diagnosis	ICD-9-CM	Burkitt's tumor or lymphoma, unspecified site, extranodal and solid organ sites
200.21	Diagnosis	ICD-9-CM	Burkitt's tumor or lymphoma of lymph nodes of head, face, and neck
200.22	Diagnosis	ICD-9-CM	Burkitt's tumor or lymphoma of intrathoracic lymph nodes
200.23	Diagnosis	ICD-9-CM	Burkitt's tumor or lymphoma of intra-abdominal lymph nodes
200.24	Diagnosis	ICD-9-CM	Burkitt's tumor or lymphoma of lymph nodes of axilla and upper limb
200.25	Diagnosis	ICD-9-CM	Burkitt's tumor or lymphoma of lymph nodes of inguinal region and lower limb
200.26	Diagnosis	ICD-9-CM	Burkitt's tumor or lymphoma of intrapelvic lymph nodes
200.27	Diagnosis	ICD-9-CM	Burkitt's tumor or lymphoma of spleen
200.28	Diagnosis	ICD-9-CM	Burkitt's tumor or lymphoma of lymph nodes of multiple sites
200.3	Diagnosis	ICD-9-CM	Marginal zone lymphoma

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
200.3	Diagnosis	ICD-9-CM	Marginal zone lymphoma, unspecified site, extranodal and solid organ sites
200.31	Diagnosis	ICD-9-CM	Marginal zone lymphoma, lymph nodes of head, face, and neck
200.32	Diagnosis	ICD-9-CM	Marginal zone lymphoma, intrathoracic lymph nodes
200.33	Diagnosis	ICD-9-CM	Marginal zone lymphoma, intra-abdominal lymph nodes
200.34	Diagnosis	ICD-9-CM	Marginal zone lymphoma, lymph nodes of axilla and upper limb
200.35	Diagnosis	ICD-9-CM	Marginal zone lymphoma, lymph nodes of inguinal region and lower limb
200.36	Diagnosis	ICD-9-CM	Marginal zone lymphoma, intrapelvic lymph nodes
200.37	Diagnosis	ICD-9-CM	Marginal zone lymphoma, spleen
200.38	Diagnosis	ICD-9-CM	Marginal zone lymphoma, lymph nodes of multiple sites
200.4	Diagnosis	ICD-9-CM	Mantle cell lymphoma
200.4	Diagnosis	ICD-9-CM	Mantle cell lymphoma, unspecified site, extranodal and solid organ sites
200.41	Diagnosis	ICD-9-CM	Mantle cell lymphoma, lymph nodes of head, face, and neck
200.42	Diagnosis	ICD-9-CM	Mantle cell lymphoma, intrathoracic lymph nodes
200.43	Diagnosis	ICD-9-CM	Mantle cell lymphoma, intra-abdominal lymph nodes
200.44	Diagnosis	ICD-9-CM	Mantle cell lymphoma, lymph nodes of axilla and upper limb
200.45	Diagnosis	ICD-9-CM	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb
200.46	Diagnosis	ICD-9-CM	Mantle cell lymphoma, intrapelvic lymph nodes
200.47	Diagnosis	ICD-9-CM	Mantle cell lymphoma, spleen
200.48	Diagnosis	ICD-9-CM	Mantle cell lymphoma, lymph nodes of multiple sites
200.5	Diagnosis	ICD-9-CM	Primary central nervous system lymphoma
200.5	Diagnosis	ICD-9-CM	Primary central nervous system lymphoma, unspecified site, extranodal and solid organ sites
200.51	Diagnosis	ICD-9-CM	Primary central nervous system lymphoma, lymph nodes of head, face, and neck
200.52	Diagnosis	ICD-9-CM	Primary central nervous system lymphoma, intrathoracic lymph nodes
200.53	Diagnosis	ICD-9-CM	Primary central nervous system lymphoma, intra-abdominal lymph nodes
200.54	Diagnosis	ICD-9-CM	Primary central nervous system lymphoma, lymph nodes of axilla and upper limb
200.54	Diagnosis	ICD-9-CM	Primary central nervous system lymphoma, lymph nodes of inguinal region and lower limb
200.55	Diagnosis	ICD-9-CM	Primary central nervous system lymphoma, intrapelvic lymph nodes
200.56	Diagnosis	ICD-9-CM	Primary central nervous system lymphoma, spleen
200.57	Diagnosis	ICD-9-CM	Primary central nervous system lymphoma, lymph nodes of multiple sites
200.6	Diagnosis	ICD-9-CM	Anaplastic large cell lymphoma
200.6	Diagnosis	ICD-9-CM	Anaplastic large cell lymphoma, unspecified site, extranodal and solid organ sites
200.61	Diagnosis	ICD-9-CM	Anaplastic large cell lymphoma, lymph nodes of head, face, and neck
200.62	Diagnosis	ICD-9-CM	Anaplastic large cell lymphoma, intrathoracic lymph nodes
200.63	Diagnosis	ICD-9-CM	Anaplastic large cell lymphoma, intra-abdominal lymph nodes
200.64	Diagnosis	ICD-9-CM	Anaplastic large cell lymphoma, lymph nodes of axilla and upper limb
200.65	Diagnosis	ICD-9-CM	Anaplastic large cell lymphoma, lymph nodes of inguinal region and lower limb
200.66	Diagnosis	ICD-9-CM	Anaplastic large cell lymphoma, intrapelvic lymph nodes
200.67	Diagnosis	ICD-9-CM	Anaplastic large cell lymphoma, spleen
200.68	Diagnosis	ICD-9-CM	Anaplastic large cell lymphoma, lymph nodes of multiple sites
200.7	Diagnosis	ICD-9-CM	Large cell lymphoma

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
200.7	Diagnosis	ICD-9-CM	Large cell lymphoma, unspecified site, extranodal and solid organ sites
200.71	Diagnosis	ICD-9-CM	Large cell lymphoma, lymph nodes of head, face, and neck
200.72	Diagnosis	ICD-9-CM	Large cell lymphoma, intrathoracic lymph nodes
200.73	Diagnosis	ICD-9-CM	Large cell lymphoma, intra-abdominal lymph nodes
200.74	Diagnosis	ICD-9-CM	Large cell lymphoma, lymph nodes of axilla and upper limb
200.75	Diagnosis	ICD-9-CM	Large cell lymphoma, lymph nodes of inguinal region and lower limb
200.76	Diagnosis	ICD-9-CM	Large cell lymphoma, intrapelvic lymph nodes
200.77	Diagnosis	ICD-9-CM	Large cell lymphoma, spleen
200.78	Diagnosis	ICD-9-CM	Large cell lymphoma, lymph nodes of multiple sites
200.8	Diagnosis	ICD-9-CM	Other named variants of lymphosarcoma and reticulosarcoma
200.8	Diagnosis	ICD-9-CM	Other named variants, unspecified site, extranodal and solid organ sites
200.81	Diagnosis	ICD-9-CM	Other named variants of lymphosarcoma and reticulosarcoma of lymph nodes of head, face, and neck
200.82	Diagnosis	ICD-9-CM	Other named variants of lymphosarcoma and reticulosarcoma of intrathoracic lymph nodes
200.83	Diagnosis	ICD-9-CM	Other named variants of lymphosarcoma and reticulosarcoma of intra-abdominal lymph nodes
200.84	Diagnosis	ICD-9-CM	Other named variants of lymphosarcoma and reticulosarcoma of lymph nodes of axilla and upper limb
200.85	Diagnosis	ICD-9-CM	Other named variants of lymphosarcoma and reticulosarcoma of lymph nodes of inguinal region and lower limb
200.86	Diagnosis	ICD-9-CM	Other named variants of lymphosarcoma and reticulosarcoma of intrapelvic lymph nodes
200.87	Diagnosis	ICD-9-CM	Other named variants of lymphosarcoma and reticulosarcoma of spleen
200.88	Diagnosis	ICD-9-CM	Other named variants of lymphosarcoma and reticulosarcoma of lymph nodes of multiple sites
201	Diagnosis	ICD-9-CM	Hodgkin's disease
201	Diagnosis	ICD-9-CM	Hodgkin's paraganuloma
201	Diagnosis	ICD-9-CM	Hodgkin's paraganuloma, unspecified site, extranodal and solid organ sites
201.01	Diagnosis	ICD-9-CM	Hodgkin's paraganuloma of lymph nodes of head, face, and neck
201.02	Diagnosis	ICD-9-CM	Hodgkin's paraganuloma of intrathoracic lymph nodes
201.03	Diagnosis	ICD-9-CM	Hodgkin's paraganuloma of intra-abdominal lymph nodes
201.04	Diagnosis	ICD-9-CM	Hodgkin's paraganuloma of lymph nodes of axilla and upper limb
201.05	Diagnosis	ICD-9-CM	Hodgkin's paraganuloma of lymph nodes of inguinal region and lower limb
201.06	Diagnosis	ICD-9-CM	Hodgkin's paraganuloma of intrapelvic lymph nodes
201.07	Diagnosis	ICD-9-CM	Hodgkin's paraganuloma of spleen
201.08	Diagnosis	ICD-9-CM	Hodgkin's paraganuloma of lymph nodes of multiple sites
201.1	Diagnosis	ICD-9-CM	Hodgkin's granuloma
201.1	Diagnosis	ICD-9-CM	Hodgkin's granuloma, unspecified site, extranodal and solid organ sites
201.11	Diagnosis	ICD-9-CM	Hodgkin's granuloma of lymph nodes of head, face, and neck
201.12	Diagnosis	ICD-9-CM	Hodgkin's granuloma of intrathoracic lymph nodes
201.13	Diagnosis	ICD-9-CM	Hodgkin's granuloma of intra-abdominal lymph nodes

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

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

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code		Code Category	Code Type	Description
201.6	Diagnosis	ICD-9-CM		Hodgkin's disease, mixed cellularity, unspecified site, extranodal and solid organ sites
201.61	Diagnosis	ICD-9-CM		Hodgkin's disease, mixed cellularity, involving lymph nodes of head, face, and neck
201.62	Diagnosis	ICD-9-CM		Hodgkin's disease, mixed cellularity, of intrathoracic lymph nodes
201.63	Diagnosis	ICD-9-CM		Hodgkin's disease, mixed cellularity, of intra-abdominal lymph nodes
201.64	Diagnosis	ICD-9-CM		Hodgkin's disease, mixed cellularity, of lymph nodes of axilla and upper limb
201.65	Diagnosis	ICD-9-CM		Hodgkin's disease, mixed cellularity, of lymph nodes of inguinal region and lower limb
201.66	Diagnosis	ICD-9-CM		Hodgkin's disease, mixed cellularity, of intrapelvic lymph nodes
201.67	Diagnosis	ICD-9-CM		Hodgkin's disease, mixed cellularity, of spleen
201.68	Diagnosis	ICD-9-CM		Hodgkin's disease, mixed cellularity, of lymph nodes of multiple sites
201.7	Diagnosis	ICD-9-CM		Hodgkin's disease, lymphocytic depletion
201.7	Diagnosis	ICD-9-CM		Hodgkin's disease, lymphocytic depletion, unspecified site, extranodal and solid organ sites
201.71	Diagnosis	ICD-9-CM		Hodgkin's disease, lymphocytic depletion, of lymph nodes of head, face, and neck
201.72	Diagnosis	ICD-9-CM		Hodgkin's disease, lymphocytic depletion, of intrathoracic lymph nodes
201.73	Diagnosis	ICD-9-CM		Hodgkin's disease, lymphocytic depletion, of intra-abdominal lymph nodes
201.74	Diagnosis	ICD-9-CM		Hodgkin's disease, lymphocytic depletion, of lymph nodes of axilla and upper limb
201.74	Diagnosis	ICD-9-CM		Hodgkin's disease, lymphocytic depletion, of lymph nodes of inguinal region and lower limb
201.75	Diagnosis	ICD-9-CM		Hodgkin's disease, lymphocytic depletion, of intrapelvic lymph nodes
201.76	Diagnosis	ICD-9-CM		Hodgkin's disease, lymphocytic depletion, of spleen
201.77	Diagnosis	ICD-9-CM		Hodgkin's disease, lymphocytic depletion, of lymph nodes of multiple sites
201.78	Diagnosis	ICD-9-CM		Hodgkin's disease, lymphocytic depletion, of lymph nodes of multiple sites
201.9	Diagnosis	ICD-9-CM		Hodgkin's disease, unspecified type
201.9	Diagnosis	ICD-9-CM		Hodgkin's disease, unspecified type, unspecified site, extranodal and solid organ sites
201.91	Diagnosis	ICD-9-CM		Hodgkin's disease, unspecified type, of lymph nodes of head, face, and neck
201.92	Diagnosis	ICD-9-CM		Hodgkin's disease, unspecified type, of intrathoracic lymph nodes
201.93	Diagnosis	ICD-9-CM		Hodgkin's disease, unspecified type, of intra-abdominal lymph nodes
201.94	Diagnosis	ICD-9-CM		Hodgkin's disease, unspecified type, of lymph nodes of axilla and upper limb
201.95	Diagnosis	ICD-9-CM		Hodgkin's disease, unspecified type, of lymph nodes of inguinal region and lower limb
201.96	Diagnosis	ICD-9-CM		Hodgkin's disease, unspecified type, of intrapelvic lymph nodes
201.97	Diagnosis	ICD-9-CM		Hodgkin's disease, unspecified type, of spleen
201.98	Diagnosis	ICD-9-CM		Hodgkin's disease, unspecified type, of lymph nodes of multiple sites
202	Diagnosis	ICD-9-CM		Other malignant neoplasms of lymphoid and histiocytic tissue
202	Diagnosis	ICD-9-CM		Nodular lymphoma
202	Diagnosis	ICD-9-CM		Nodular lymphoma, unspecified site, extranodal and solid organ sites
202.01	Diagnosis	ICD-9-CM		Nodular lymphoma of lymph nodes of head, face, and neck
202.02	Diagnosis	ICD-9-CM		Nodular lymphoma of intrathoracic lymph nodes
202.03	Diagnosis	ICD-9-CM		Nodular lymphoma of intra-abdominal lymph nodes
202.04	Diagnosis	ICD-9-CM		Nodular lymphoma of lymph nodes of axilla and upper limb
202.05	Diagnosis	ICD-9-CM		Nodular lymphoma of lymph nodes of inguinal region and lower limb
202.06	Diagnosis	ICD-9-CM		Nodular lymphoma of intrapelvic lymph nodes
202.07	Diagnosis	ICD-9-CM		Nodular lymphoma of spleen
202.08	Diagnosis	ICD-9-CM		Nodular lymphoma of lymph nodes of multiple sites

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
202.1	Diagnosis	ICD-9-CM	Mycosis fungoides
202.1	Diagnosis	ICD-9-CM	Mycosis fungoides, unspecified site, extranodal and solid organ sites
202.11	Diagnosis	ICD-9-CM	Mycosis fungoides of lymph nodes of head, face, and neck
202.12	Diagnosis	ICD-9-CM	Mycosis fungoides of intrathoracic lymph nodes
202.13	Diagnosis	ICD-9-CM	Mycosis fungoides of intra-abdominal lymph nodes
202.14	Diagnosis	ICD-9-CM	Mycosis fungoides of lymph nodes of axilla and upper limb
202.15	Diagnosis	ICD-9-CM	Mycosis fungoides of lymph nodes of inguinal region and lower limb
202.16	Diagnosis	ICD-9-CM	Mycosis fungoides of intrapelvic lymph nodes
202.17	Diagnosis	ICD-9-CM	Mycosis fungoides of spleen
202.18	Diagnosis	ICD-9-CM	Mycosis fungoides of lymph nodes of multiple sites
202.2	Diagnosis	ICD-9-CM	Sezary's disease
202.2	Diagnosis	ICD-9-CM	Sezary's disease, unspecified site, extranodal and solid organ sites
202.21	Diagnosis	ICD-9-CM	Sezary's disease of lymph nodes of head, face, and neck
202.22	Diagnosis	ICD-9-CM	Sezary's disease of intrathoracic lymph nodes
202.23	Diagnosis	ICD-9-CM	Sezary's disease of intra-abdominal lymph nodes
202.24	Diagnosis	ICD-9-CM	Sezary's disease of lymph nodes of axilla and upper limb
202.25	Diagnosis	ICD-9-CM	Sezary's disease of lymph nodes of inguinal region and lower limb
202.26	Diagnosis	ICD-9-CM	Sezary's disease of intrapelvic lymph nodes
202.27	Diagnosis	ICD-9-CM	Sezary's disease of spleen
202.28	Diagnosis	ICD-9-CM	Sezary's disease of lymph nodes of multiple sites
202.3	Diagnosis	ICD-9-CM	Malignant histiocytosis
202.3	Diagnosis	ICD-9-CM	Malignant histiocytosis, unspecified site, extranodal and solid organ sites
202.31	Diagnosis	ICD-9-CM	Malignant histiocytosis of lymph nodes of head, face, and neck
202.32	Diagnosis	ICD-9-CM	Malignant histiocytosis of intrathoracic lymph nodes
202.33	Diagnosis	ICD-9-CM	Malignant histiocytosis of intra-abdominal lymph nodes
202.34	Diagnosis	ICD-9-CM	Malignant histiocytosis of lymph nodes of axilla and upper limb
202.35	Diagnosis	ICD-9-CM	Malignant histiocytosis of lymph nodes of inguinal region and lower limb
202.36	Diagnosis	ICD-9-CM	Malignant histiocytosis of intrapelvic lymph nodes
202.37	Diagnosis	ICD-9-CM	Malignant histiocytosis of spleen
202.38	Diagnosis	ICD-9-CM	Malignant histiocytosis of lymph nodes of multiple sites
202.4	Diagnosis	ICD-9-CM	Leukemic reticuloendotheliosis
202.4	Diagnosis	ICD-9-CM	Leukemic reticuloendotheliosis, unspecified site, extranodal and solid organ sites
202.41	Diagnosis	ICD-9-CM	Leukemic reticuloendotheliosis of lymph nodes of head, face, and neck
202.42	Diagnosis	ICD-9-CM	Leukemic reticuloendotheliosis of intrathoracic lymph nodes
202.43	Diagnosis	ICD-9-CM	Leukemic reticuloendotheliosis of intra-abdominal lymph nodes
202.44	Diagnosis	ICD-9-CM	Leukemic reticuloendotheliosis of lymph nodes of axilla and upper limb
202.45	Diagnosis	ICD-9-CM	Leukemic reticuloendotheliosis of lymph nodes of inguinal region and lower limb
202.46	Diagnosis	ICD-9-CM	Leukemic reticuloendotheliosis of intrapelvic lymph nodes
202.47	Diagnosis	ICD-9-CM	Leukemic reticuloendotheliosis of spleen
202.48	Diagnosis	ICD-9-CM	Leukemic reticuloendotheliosis of lymph nodes of multiple sites
202.5	Diagnosis	ICD-9-CM	Letterer-Siwe disease
202.5	Diagnosis	ICD-9-CM	Letterer-Siwe disease, unspecified site, extranodal and solid organ sites

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
202.51	Diagnosis	ICD-9-CM	Letterer-Siwe disease of lymph nodes of head, face, and neck
202.52	Diagnosis	ICD-9-CM	Letterer-Siwe disease of intrathoracic lymph nodes
202.53	Diagnosis	ICD-9-CM	Letterer-Siwe disease of intra-abdominal lymph nodes
202.54	Diagnosis	ICD-9-CM	Letterer-Siwe disease of lymph nodes of axilla and upper limb
202.55	Diagnosis	ICD-9-CM	Letterer-Siwe disease of lymph nodes of inguinal region and lower limb
202.56	Diagnosis	ICD-9-CM	Letterer-Siwe disease of intrapelvic lymph nodes
202.57	Diagnosis	ICD-9-CM	Letterer-Siwe disease of spleen
202.58	Diagnosis	ICD-9-CM	Letterer-Siwe disease of lymph nodes of multiple sites
202.6	Diagnosis	ICD-9-CM	Malignant mast cell tumors
202.6	Diagnosis	ICD-9-CM	Malignant mast cell tumors, unspecified site, extranodal and solid organ sites
202.61	Diagnosis	ICD-9-CM	Malignant mast cell tumors of lymph nodes of head, face, and neck
202.62	Diagnosis	ICD-9-CM	Malignant mast cell tumors of intrathoracic lymph nodes
202.63	Diagnosis	ICD-9-CM	Malignant mast cell tumors of intra-abdominal lymph nodes
202.64	Diagnosis	ICD-9-CM	Malignant mast cell tumors of lymph nodes of axilla and upper limb
202.65	Diagnosis	ICD-9-CM	Malignant mast cell tumors of lymph nodes of inguinal region and lower limb
202.66	Diagnosis	ICD-9-CM	Malignant mast cell tumors of intrapelvic lymph nodes
202.67	Diagnosis	ICD-9-CM	Malignant mast cell tumors of spleen
202.68	Diagnosis	ICD-9-CM	Malignant mast cell tumors of lymph nodes of multiple sites
202.7	Diagnosis	ICD-9-CM	Peripheral T-cell lymphoma
202.7	Diagnosis	ICD-9-CM	Peripheral T-cell lymphoma, unspecified site, extranodal and solid organ sites
202.71	Diagnosis	ICD-9-CM	Peripheral T-cell lymphoma, lymph nodes of head, face, and neck
202.72	Diagnosis	ICD-9-CM	Peripheral T-cell lymphoma, intrathoracic lymph nodes
202.73	Diagnosis	ICD-9-CM	Peripheral T-cell lymphoma, intra-abdominal lymph nodes
202.74	Diagnosis	ICD-9-CM	Peripheral T-cell lymphoma, lymph nodes of axilla and upper limb
202.75	Diagnosis	ICD-9-CM	Peripheral T-cell lymphoma, lymph nodes of inguinal region and lower limb
202.76	Diagnosis	ICD-9-CM	Peripheral T-cell lymphoma, intrapelvic lymph nodes
202.77	Diagnosis	ICD-9-CM	Peripheral T-cell lymphoma, spleen
202.78	Diagnosis	ICD-9-CM	Peripheral T-cell lymphoma, lymph nodes of multiple sites
202.8	Diagnosis	ICD-9-CM	Other malignant lymphomas
202.8	Diagnosis	ICD-9-CM	Other malignant lymphomas, unspecified site, extranodal and solid organ sites
202.81	Diagnosis	ICD-9-CM	Other malignant lymphomas of lymph nodes of head, face, and neck
202.82	Diagnosis	ICD-9-CM	Other malignant lymphomas of intrathoracic lymph nodes
202.83	Diagnosis	ICD-9-CM	Other malignant lymphomas of intra-abdominal lymph nodes
202.84	Diagnosis	ICD-9-CM	Other malignant lymphomas of lymph nodes of axilla and upper limb
202.85	Diagnosis	ICD-9-CM	Other malignant lymphomas of lymph nodes of inguinal region and lower limb
202.86	Diagnosis	ICD-9-CM	Other malignant lymphomas of intrapelvic lymph nodes
202.87	Diagnosis	ICD-9-CM	Other malignant lymphomas of spleen
202.88	Diagnosis	ICD-9-CM	Other malignant lymphomas of lymph nodes of multiple sites
202.9	Diagnosis	ICD-9-CM	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue
202.9	Diagnosis	ICD-9-CM	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue, unspecified site, extranodal and solid organ sites

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
202.91	Diagnosis	ICD-9-CM	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of lymph nodes of head, face, and neck
202.92	Diagnosis	ICD-9-CM	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of intrathoracic lymph nodes
202.93	Diagnosis	ICD-9-CM	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of intra-abdominal lymph nodes
202.94	Diagnosis	ICD-9-CM	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of lymph nodes of axilla and upper limb
202.95	Diagnosis	ICD-9-CM	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of lymph nodes of inguinal region and lower limb
202.96	Diagnosis	ICD-9-CM	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of intrapelvic lymph nodes
202.97	Diagnosis	ICD-9-CM	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of spleen
202.98	Diagnosis	ICD-9-CM	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of lymph nodes of multiple sites
203	Diagnosis	ICD-9-CM	Multiple myeloma and immunoproliferative neoplasms
203	Diagnosis	ICD-9-CM	Multiple myeloma
203	Diagnosis	ICD-9-CM	Multiple myeloma, without mention of having achieved remission
203.01	Diagnosis	ICD-9-CM	Multiple myeloma in remission
203.02	Diagnosis	ICD-9-CM	Multiple myeloma, in relapse
203.1	Diagnosis	ICD-9-CM	Plasma cell leukemia
203.1	Diagnosis	ICD-9-CM	Plasma cell leukemia, without mention of having achieved remission
203.11	Diagnosis	ICD-9-CM	Plasma cell leukemia in remission
203.12	Diagnosis	ICD-9-CM	Plasma cell leukemia, in relapse
203.8	Diagnosis	ICD-9-CM	Other immunoproliferative neoplasms
203.8	Diagnosis	ICD-9-CM	Other immunoproliferative neoplasms, without mention of having achieved remission
203.81	Diagnosis	ICD-9-CM	Other immunoproliferative neoplasms in remission
203.82	Diagnosis	ICD-9-CM	Other immunoproliferative neoplasms, in relapse
204	Diagnosis	ICD-9-CM	Lymphoid leukemia
204	Diagnosis	ICD-9-CM	Acute lymphoid leukemia
204	Diagnosis	ICD-9-CM	Acute lymphoid leukemia, without mention of having achieved remission
204.01	Diagnosis	ICD-9-CM	Acute lymphoid leukemia in remission
204.02	Diagnosis	ICD-9-CM	Acute lymphoid leukemia, in relapse
204.1	Diagnosis	ICD-9-CM	Chronic lymphoid leukemia
204.1	Diagnosis	ICD-9-CM	Chronic lymphoid leukemia, without mention of having achieved remission
204.11	Diagnosis	ICD-9-CM	Chronic lymphoid leukemia in remission
204.12	Diagnosis	ICD-9-CM	Chronic lymphoid leukemia, in relapse
204.2	Diagnosis	ICD-9-CM	Subacute lymphoid leukemia
204.2	Diagnosis	ICD-9-CM	Subacute lymphoid leukemia, without mention of having achieved remission
204.21	Diagnosis	ICD-9-CM	Subacute lymphoid leukemia in remission
204.22	Diagnosis	ICD-9-CM	Subacute lymphoid leukemia, in relapse
204.8	Diagnosis	ICD-9-CM	Other lymphoid leukemia

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
204.8	Diagnosis	ICD-9-CM	Other lymphoid leukemia, without mention of having achieved remission
204.81	Diagnosis	ICD-9-CM	Other lymphoid leukemia in remission
204.82	Diagnosis	ICD-9-CM	Other lymphoid leukemia, in relapse
204.9	Diagnosis	ICD-9-CM	Unspecified lymphoid leukemia
204.9	Diagnosis	ICD-9-CM	Unspecified lymphoid leukemia, without mention of having achieved remission
204.91	Diagnosis	ICD-9-CM	Unspecified lymphoid leukemia in remission
204.92	Diagnosis	ICD-9-CM	Unspecified lymphoid leukemia, in relapse
205	Diagnosis	ICD-9-CM	Myeloid leukemia
205	Diagnosis	ICD-9-CM	Acute myeloid leukemia
205	Diagnosis	ICD-9-CM	Acute myeloid leukemia, without mention of having achieved remission
205.01	Diagnosis	ICD-9-CM	Acute myeloid leukemia in remission
205.02	Diagnosis	ICD-9-CM	Acute myeloid leukemia, in relapse
205.1	Diagnosis	ICD-9-CM	Chronic myeloid leukemia
205.1	Diagnosis	ICD-9-CM	Chronic myeloid leukemia, without mention of having achieved remission
205.11	Diagnosis	ICD-9-CM	Chronic myeloid leukemia in remission
205.12	Diagnosis	ICD-9-CM	Chronic myeloid leukemia, in relapse
205.2	Diagnosis	ICD-9-CM	Subacute myeloid leukemia
205.2	Diagnosis	ICD-9-CM	Subacute myeloid leukemia, without mention of having achieved remission
205.21	Diagnosis	ICD-9-CM	Subacute myeloid leukemia in remission
205.22	Diagnosis	ICD-9-CM	Subacute myeloid leukemia, in relapse
205.3	Diagnosis	ICD-9-CM	Myeloid sarcoma
205.3	Diagnosis	ICD-9-CM	Myeloid sarcoma, without mention of having achieved remission
205.31	Diagnosis	ICD-9-CM	Myeloid sarcoma in remission
205.32	Diagnosis	ICD-9-CM	Myeloid sarcoma, in relapse
205.8	Diagnosis	ICD-9-CM	Other myeloid leukemia
205.8	Diagnosis	ICD-9-CM	Other myeloid leukemia, without mention of having achieved remission
205.81	Diagnosis	ICD-9-CM	Other myeloid leukemia in remission
205.82	Diagnosis	ICD-9-CM	Other myeloid leukemia, in relapse
205.9	Diagnosis	ICD-9-CM	Unspecified myeloid leukemia
205.9	Diagnosis	ICD-9-CM	Unspecified myeloid leukemia, without mention of having achieved remission
205.91	Diagnosis	ICD-9-CM	Unspecified myeloid leukemia in remission
205.92	Diagnosis	ICD-9-CM	Unspecified myeloid leukemia, in relapse
206	Diagnosis	ICD-9-CM	Monocytic leukemia
206	Diagnosis	ICD-9-CM	Acute monocytic leukemia
206	Diagnosis	ICD-9-CM	Acute monocytic leukemia, without mention of having achieved remission
206.01	Diagnosis	ICD-9-CM	Acute monocytic leukemia in remission
206.02	Diagnosis	ICD-9-CM	Acute monocytic leukemia, in relapse
206.1	Diagnosis	ICD-9-CM	Chronic monocytic leukemia
206.1	Diagnosis	ICD-9-CM	Chronic monocytic leukemia, without mention of having achieved remission
206.11	Diagnosis	ICD-9-CM	Chronic monocytic leukemia in remission
206.12	Diagnosis	ICD-9-CM	Chronic monocytic leukemia, in relapse
206.2	Diagnosis	ICD-9-CM	Subacute monocytic leukemia

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
206.2	Diagnosis	ICD-9-CM	Subacute monocytic leukemia, without mention of having achieved remission
206.21	Diagnosis	ICD-9-CM	Subacute monocytic leukemia in remission
206.22	Diagnosis	ICD-9-CM	Subacute monocytic leukemia, in relapse
206.8	Diagnosis	ICD-9-CM	Other monocytic leukemia
206.8	Diagnosis	ICD-9-CM	Other monocytic leukemia, without mention of having achieved remission
206.81	Diagnosis	ICD-9-CM	Other monocytic leukemia in remission
206.82	Diagnosis	ICD-9-CM	Other monocytic leukemia, in relapse
206.9	Diagnosis	ICD-9-CM	Unspecified monocytic leukemia
206.9	Diagnosis	ICD-9-CM	Unspecified monocytic leukemia, without mention of having achieved remission
206.91	Diagnosis	ICD-9-CM	Unspecified monocytic leukemia in remission
206.92	Diagnosis	ICD-9-CM	Unspecified monocytic leukemia, in relapse
207	Diagnosis	ICD-9-CM	Other specified leukemia
207	Diagnosis	ICD-9-CM	Acute erythremia and erythroleukemia
207	Diagnosis	ICD-9-CM	Acute erythremia and erythroleukemia, without mention of having achieved remission
207.01	Diagnosis	ICD-9-CM	Acute erythremia and erythroleukemia in remission
207.02	Diagnosis	ICD-9-CM	Acute erythremia and erythroleukemia, in relapse
207.1	Diagnosis	ICD-9-CM	Chronic erythremia
207.1	Diagnosis	ICD-9-CM	Chronic erythremia, without mention of having achieved remission
207.11	Diagnosis	ICD-9-CM	Chronic erythremia in remission
207.12	Diagnosis	ICD-9-CM	Chronic erythremia, in relapse
207.2	Diagnosis	ICD-9-CM	Megakaryocytic leukemia
207.2	Diagnosis	ICD-9-CM	Megakaryocytic leukemia, without mention of having achieved remission
207.21	Diagnosis	ICD-9-CM	Megakaryocytic leukemia in remission
207.22	Diagnosis	ICD-9-CM	Megakaryocytic leukemia, in relapse
207.8	Diagnosis	ICD-9-CM	Other specified leukemia
207.8	Diagnosis	ICD-9-CM	Other specified leukemia, without mention of having achieved remission
207.81	Diagnosis	ICD-9-CM	Other specified leukemia in remission
207.82	Diagnosis	ICD-9-CM	Other specified leukemia, in relapse
208	Diagnosis	ICD-9-CM	Leukemia of unspecified cell type
208	Diagnosis	ICD-9-CM	Acute leukemia of unspecified cell type
208	Diagnosis	ICD-9-CM	Acute leukemia of unspecified cell type, without mention of having achieved remission
208.01	Diagnosis	ICD-9-CM	Acute leukemia of unspecified cell type in remission
208.02	Diagnosis	ICD-9-CM	Acute leukemia of unspecified cell type, in relapse
208.1	Diagnosis	ICD-9-CM	Chronic leukemia of unspecified cell type
208.1	Diagnosis	ICD-9-CM	Chronic leukemia of unspecified cell type, without mention of having achieved remission
208.11	Diagnosis	ICD-9-CM	Chronic leukemia of unspecified cell type in remission
208.12	Diagnosis	ICD-9-CM	Chronic leukemia of unspecified cell type, in relapse
208.2	Diagnosis	ICD-9-CM	Subacute leukemia of unspecified cell type
208.2	Diagnosis	ICD-9-CM	Subacute leukemia of unspecified cell type, without mention of having achieved remission
208.21	Diagnosis	ICD-9-CM	Subacute leukemia of unspecified cell type in remission
208.22	Diagnosis	ICD-9-CM	Subacute leukemia of unspecified cell type, in relapse

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
208.8	Diagnosis	ICD-9-CM	Other leukemia of unspecified cell type
208.8	Diagnosis	ICD-9-CM	Other leukemia of unspecified cell type, without mention of having achieved remission
208.81	Diagnosis	ICD-9-CM	Other leukemia of unspecified cell type in remission
208.82	Diagnosis	ICD-9-CM	Other leukemia of unspecified cell type, in relapse
208.9	Diagnosis	ICD-9-CM	Unspecified leukemia
208.9	Diagnosis	ICD-9-CM	Unspecified leukemia, without mention of having achieved remission
208.91	Diagnosis	ICD-9-CM	Unspecified leukemia in remission
208.92	Diagnosis	ICD-9-CM	Unspecified leukemia, in relapse
209	Diagnosis	ICD-9-CM	Neuroendocrine tumors
209	Diagnosis	ICD-9-CM	Malignant carcinoid tumors of the small intestine
209	Diagnosis	ICD-9-CM	Malignant carcinoid tumor of the small intestine, unspecified portion
209.01	Diagnosis	ICD-9-CM	Malignant carcinoid tumor of the duodenum
209.02	Diagnosis	ICD-9-CM	Malignant carcinoid tumor of the jejunum
209.03	Diagnosis	ICD-9-CM	Malignant carcinoid tumor of the ileum
209.1	Diagnosis	ICD-9-CM	Malignant carcinoid tumors of the appendix, large intestine, and rectum
209.1	Diagnosis	ICD-9-CM	Malignant carcinoid tumor of the large intestine, unspecified portion
209.11	Diagnosis	ICD-9-CM	Malignant carcinoid tumor of the appendix
209.12	Diagnosis	ICD-9-CM	Malignant carcinoid tumor of the cecum
209.13	Diagnosis	ICD-9-CM	Malignant carcinoid tumor of the ascending colon
209.14	Diagnosis	ICD-9-CM	Malignant carcinoid tumor of the transverse colon
209.15	Diagnosis	ICD-9-CM	Malignant carcinoid tumor of the descending colon
209.16	Diagnosis	ICD-9-CM	Malignant carcinoid tumor of the sigmoid colon
209.17	Diagnosis	ICD-9-CM	Malignant carcinoid tumor of the rectum
209.2	Diagnosis	ICD-9-CM	Malignant carcinoid tumors of other and unspecified sites
209.2	Diagnosis	ICD-9-CM	Malignant carcinoid tumor of unknown primary site
209.21	Diagnosis	ICD-9-CM	Malignant carcinoid tumor of the bronchus and lung
209.22	Diagnosis	ICD-9-CM	Malignant carcinoid tumor of the thymus
209.23	Diagnosis	ICD-9-CM	Malignant carcinoid tumor of the stomach
209.24	Diagnosis	ICD-9-CM	Malignant carcinoid tumor of the kidney
209.25	Diagnosis	ICD-9-CM	Malignant carcinoid tumor of foregut, not otherwise specified
209.26	Diagnosis	ICD-9-CM	Malignant carcinoid tumor of midgut, not otherwise specified
209.27	Diagnosis	ICD-9-CM	Malignant carcinoid tumor of hindgut, not otherwise specified
209.29	Diagnosis	ICD-9-CM	Malignant carcinoid tumor of other sites
209.3	Diagnosis	ICD-9-CM	Malignant poorly differentiated neuroendocrine tumors
209.3	Diagnosis	ICD-9-CM	Malignant poorly differentiated neuroendocrine carcinoma, any site
209.31	Diagnosis	ICD-9-CM	Merkel cell carcinoma of the face
209.32	Diagnosis	ICD-9-CM	Merkel cell carcinoma of the scalp and neck
209.33	Diagnosis	ICD-9-CM	Merkel cell carcinoma of the upper limb
209.34	Diagnosis	ICD-9-CM	Merkel cell carcinoma of the lower limb
209.35	Diagnosis	ICD-9-CM	Merkel cell carcinoma of the trunk
209.36	Diagnosis	ICD-9-CM	Merkel cell carcinoma of other sites
209.4	Diagnosis	ICD-9-CM	Benign carcinoid tumors of the small intestine

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code			
Code	Category	Code Type	Description
209.4	Diagnosis	ICD-9-CM	Benign carcinoid tumor of the small intestine, unspecified portion
209.41	Diagnosis	ICD-9-CM	Benign carcinoid tumor of the duodenum
209.42	Diagnosis	ICD-9-CM	Benign carcinoid tumor of the jejunum
209.43	Diagnosis	ICD-9-CM	Benign carcinoid tumor of the ileum
209.5	Diagnosis	ICD-9-CM	Benign carcinoid tumors of the appendix, large intestine, and rectum
209.5	Diagnosis	ICD-9-CM	Benign carcinoid tumor of the large intestine, unspecified portion
209.51	Diagnosis	ICD-9-CM	Benign carcinoid tumor of the appendix
209.52	Diagnosis	ICD-9-CM	Benign carcinoid tumor of the cecum
209.53	Diagnosis	ICD-9-CM	Benign carcinoid tumor of the ascending colon
209.54	Diagnosis	ICD-9-CM	Benign carcinoid tumor of the transverse colon
209.55	Diagnosis	ICD-9-CM	Benign carcinoid tumor of the descending colon
209.56	Diagnosis	ICD-9-CM	Benign carcinoid tumor of the sigmoid colon
209.57	Diagnosis	ICD-9-CM	Benign carcinoid tumor of the rectum
209.6	Diagnosis	ICD-9-CM	Benign carcinoid tumors of other and unspecified sites
209.6	Diagnosis	ICD-9-CM	Benign carcinoid tumor of unknown primary site
209.61	Diagnosis	ICD-9-CM	Benign carcinoid tumor of the bronchus and lung
209.62	Diagnosis	ICD-9-CM	Benign carcinoid tumor of the thymus
209.63	Diagnosis	ICD-9-CM	Benign carcinoid tumor of the stomach
209.64	Diagnosis	ICD-9-CM	Benign carcinoid tumor of the kidney
209.65	Diagnosis	ICD-9-CM	Benign carcinoid tumor of foregut, not otherwise specified
209.66	Diagnosis	ICD-9-CM	Benign carcinoid tumor of midgut, not otherwise specified
209.67	Diagnosis	ICD-9-CM	Benign carcinoid tumor of hindgut, not otherwise specified
209.69	Diagnosis	ICD-9-CM	Benign carcinoid tumor of other sites
209.7	Diagnosis	ICD-9-CM	Secondary neuroendocrine tumors
209.7	Diagnosis	ICD-9-CM	Secondary neuroendocrine tumor, unspecified site
209.71	Diagnosis	ICD-9-CM	Secondary neuroendocrine tumor of distant lymph nodes
209.72	Diagnosis	ICD-9-CM	Secondary neuroendocrine tumor of liver
209.73	Diagnosis	ICD-9-CM	Secondary neuroendocrine tumor of bone
209.74	Diagnosis	ICD-9-CM	Secondary neuroendocrine tumor of peritoneum
209.75	Diagnosis	ICD-9-CM	Secondary Merkel cell carcinoma
209.79	Diagnosis	ICD-9-CM	Secondary neuroendocrine tumor of other sites
230	Diagnosis	ICD-9-CM	Carcinoma in situ of digestive organs
230	Diagnosis	ICD-9-CM	Carcinoma in situ of lip, oral cavity, and pharynx
230.1	Diagnosis	ICD-9-CM	Carcinoma in situ of esophagus
230.2	Diagnosis	ICD-9-CM	Carcinoma in situ of stomach
230.3	Diagnosis	ICD-9-CM	Carcinoma in situ of colon
230.4	Diagnosis	ICD-9-CM	Carcinoma in situ of rectum
230.5	Diagnosis	ICD-9-CM	Carcinoma in situ of anal canal
230.6	Diagnosis	ICD-9-CM	Carcinoma in situ of anus, unspecified
230.7	Diagnosis	ICD-9-CM	Carcinoma in situ of other and unspecified parts of intestine
230.8	Diagnosis	ICD-9-CM	Carcinoma in situ of liver and biliary system
230.9	Diagnosis	ICD-9-CM	Carcinoma in situ of other and unspecified digestive organs

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
231	Diagnosis	ICD-9-CM	Carcinoma in situ of respiratory system
231	Diagnosis	ICD-9-CM	Carcinoma in situ of larynx
231.1	Diagnosis	ICD-9-CM	Carcinoma in situ of trachea
231.2	Diagnosis	ICD-9-CM	Carcinoma in situ of bronchus and lung
231.8	Diagnosis	ICD-9-CM	Carcinoma in situ of other specified parts of respiratory system
231.9	Diagnosis	ICD-9-CM	Carcinoma in situ of respiratory system, part unspecified
232	Diagnosis	ICD-9-CM	Carcinoma in situ of skin
232	Diagnosis	ICD-9-CM	Carcinoma in situ of skin of lip
232.1	Diagnosis	ICD-9-CM	Carcinoma in situ of eyelid, including canthus
232.2	Diagnosis	ICD-9-CM	Carcinoma in situ of skin of ear and external auditory canal
232.3	Diagnosis	ICD-9-CM	Carcinoma in situ of skin of other and unspecified parts of face
232.4	Diagnosis	ICD-9-CM	Carcinoma in situ of scalp and skin of neck
232.5	Diagnosis	ICD-9-CM	Carcinoma in situ of skin of trunk, except scrotum
232.6	Diagnosis	ICD-9-CM	Carcinoma in situ of skin of upper limb, including shoulder
232.7	Diagnosis	ICD-9-CM	Carcinoma in situ of skin of lower limb, including hip
232.8	Diagnosis	ICD-9-CM	Carcinoma in situ of other specified sites of skin
232.9	Diagnosis	ICD-9-CM	Carcinoma in situ of skin, site unspecified
233	Diagnosis	ICD-9-CM	Carcinoma in situ of breast and genitourinary system
233	Diagnosis	ICD-9-CM	Carcinoma in situ of breast
233.1	Diagnosis	ICD-9-CM	Carcinoma in situ of cervix uteri
233.2	Diagnosis	ICD-9-CM	Carcinoma in situ of other and unspecified parts of uterus
233.3	Diagnosis	ICD-9-CM	Carcinoma in situ, other and unspecified female genital organs
233.3	Diagnosis	ICD-9-CM	Carcinoma in situ, unspecified female genital organ
233.31	Diagnosis	ICD-9-CM	Carcinoma in situ, vagina
233.32	Diagnosis	ICD-9-CM	Carcinoma in situ, vulva
233.39	Diagnosis	ICD-9-CM	Carcinoma in situ, other female genital organ
233.4	Diagnosis	ICD-9-CM	Carcinoma in situ of prostate
233.5	Diagnosis	ICD-9-CM	Carcinoma in situ of penis
233.6	Diagnosis	ICD-9-CM	Carcinoma in situ of other and unspecified male genital organs
233.7	Diagnosis	ICD-9-CM	Carcinoma in situ of bladder
233.9	Diagnosis	ICD-9-CM	Carcinoma in situ of other and unspecified urinary organs
234	Diagnosis	ICD-9-CM	Carcinoma in situ of other and unspecified sites
234	Diagnosis	ICD-9-CM	Carcinoma in situ of eye
234.8	Diagnosis	ICD-9-CM	Carcinoma in situ of other specified sites
234.9	Diagnosis	ICD-9-CM	Carcinoma in situ, site unspecified
235	Diagnosis	ICD-9-CM	Neoplasm of uncertain behavior of digestive and respiratory systems
235	Diagnosis	ICD-9-CM	Neoplasm of uncertain behavior of major salivary glands
235.1	Diagnosis	ICD-9-CM	Neoplasm of uncertain behavior of lip, oral cavity, and pharynx
235.2	Diagnosis	ICD-9-CM	Neoplasm of uncertain behavior of stomach, intestines, and rectum
235.3	Diagnosis	ICD-9-CM	Neoplasm of uncertain behavior of liver and biliary passages
235.4	Diagnosis	ICD-9-CM	Neoplasm of uncertain behavior of retroperitoneum and peritoneum
235.5	Diagnosis	ICD-9-CM	Neoplasm of uncertain behavior of other and unspecified digestive organs

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code		Code		Description
Code	Category	Code Type		
235.6	Diagnosis	ICD-9-CM	Neoplasm of uncertain behavior of larynx	
235.7	Diagnosis	ICD-9-CM	Neoplasm of uncertain behavior of trachea, bronchus, and lung	
235.8	Diagnosis	ICD-9-CM	Neoplasm of uncertain behavior of pleura, thymus, and mediastinum	
235.9	Diagnosis	ICD-9-CM	Neoplasm of uncertain behavior of other and unspecified respiratory organs	
236	Diagnosis	ICD-9-CM	Neoplasm of uncertain behavior of genitourinary organs	
236	Diagnosis	ICD-9-CM	Neoplasm of uncertain behavior of uterus	
236.1	Diagnosis	ICD-9-CM	Neoplasm of uncertain behavior of placenta	
236.2	Diagnosis	ICD-9-CM	Neoplasm of uncertain behavior of ovary	
236.3	Diagnosis	ICD-9-CM	Neoplasm of uncertain behavior of other and unspecified female genital organs	
236.4	Diagnosis	ICD-9-CM	Neoplasm of uncertain behavior of testis	
236.5	Diagnosis	ICD-9-CM	Neoplasm of uncertain behavior of prostate	
236.6	Diagnosis	ICD-9-CM	Neoplasm of uncertain behavior of other and unspecified male genital organs	
236.7	Diagnosis	ICD-9-CM	Neoplasm of uncertain behavior of bladder	
236.9	Diagnosis	ICD-9-CM	Neoplasm of uncertain behavior of other and unspecified urinary organs	
236.9	Diagnosis	ICD-9-CM	Neoplasm of uncertain behavior of urinary organ, unspecified	
236.91	Diagnosis	ICD-9-CM	Neoplasm of uncertain behavior of kidney and ureter	
236.99	Diagnosis	ICD-9-CM	Neoplasm of uncertain behavior of other and unspecified urinary organs	
237	Diagnosis	ICD-9-CM	Neoplasm of uncertain behavior of endocrine glands and nervous system	
237	Diagnosis	ICD-9-CM	Neoplasm of uncertain behavior of pituitary gland and craniopharyngeal duct	
237.1	Diagnosis	ICD-9-CM	Neoplasm of uncertain behavior of pineal gland	
237.2	Diagnosis	ICD-9-CM	Neoplasm of uncertain behavior of adrenal gland	
237.3	Diagnosis	ICD-9-CM	Neoplasm of uncertain behavior of paraganglia	
237.4	Diagnosis	ICD-9-CM	Neoplasm of uncertain behavior of other and unspecified endocrine glands	
237.5	Diagnosis	ICD-9-CM	Neoplasm of uncertain behavior of brain and spinal cord	
237.6	Diagnosis	ICD-9-CM	Neoplasm of uncertain behavior of meninges	
237.7	Diagnosis	ICD-9-CM	Neurofibromatosis	
237.7	Diagnosis	ICD-9-CM	Neurofibromatosis, unspecified	
237.71	Diagnosis	ICD-9-CM	Neurofibromatosis, Type 1 (von Recklinghausen's disease)	
237.72	Diagnosis	ICD-9-CM	Neurofibromatosis, Type 2 (acoustic neurofibromatosis)	
237.73	Diagnosis	ICD-9-CM	Schwannomatosis	
237.79	Diagnosis	ICD-9-CM	Other neurofibromatosis	
237.9	Diagnosis	ICD-9-CM	Neoplasm of uncertain behavior of other and unspecified parts of nervous system	
238	Diagnosis	ICD-9-CM	Neoplasm of uncertain behavior of other and unspecified sites and tissues	
238	Diagnosis	ICD-9-CM	Neoplasm of uncertain behavior of bone and articular cartilage	
238.1	Diagnosis	ICD-9-CM	Neoplasm of uncertain behavior of connective and other soft tissue	
238.2	Diagnosis	ICD-9-CM	Neoplasm of uncertain behavior of skin	
238.3	Diagnosis	ICD-9-CM	Neoplasm of uncertain behavior of breast	
238.4	Diagnosis	ICD-9-CM	Neoplasm of uncertain behavior of polycythemia vera	
238.5	Diagnosis	ICD-9-CM	Neoplasm of uncertain behavior of histiocytic and mast cells	
238.6	Diagnosis	ICD-9-CM	Neoplasm of uncertain behavior of plasma cells	
238.7	Diagnosis	ICD-9-CM	Other lymphatic and hematopoietic tissues	
238.71	Diagnosis	ICD-9-CM	Essential thrombocythemia	

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
238.72	Diagnosis	ICD-9-CM	Low grade myelodysplastic syndrome lesions
238.73	Diagnosis	ICD-9-CM	High grade myelodysplastic syndrome lesions
238.74	Diagnosis	ICD-9-CM	Myelodysplastic syndrome with 5q deletion
238.75	Diagnosis	ICD-9-CM	Myelodysplastic syndrome, unspecified
238.76	Diagnosis	ICD-9-CM	Myelofibrosis with myeloid metaplasia
238.77	Diagnosis	ICD-9-CM	Post-transplant lymphoproliferative disorder [PTLD]
238.79	Diagnosis	ICD-9-CM	Other lymphatic and hematopoietic tissues
238.8	Diagnosis	ICD-9-CM	Neoplasm of uncertain behavior of other specified sites
238.9	Diagnosis	ICD-9-CM	Neoplasm of uncertain behavior, site unspecified
239	Diagnosis	ICD-9-CM	Neoplasms of unspecified nature
239	Diagnosis	ICD-9-CM	Neoplasm of unspecified nature of digestive system
239.1	Diagnosis	ICD-9-CM	Neoplasm of unspecified nature of respiratory system
239.2	Diagnosis	ICD-9-CM	Neoplasms of unspecified nature of bone, soft tissue, and skin
239.3	Diagnosis	ICD-9-CM	Neoplasm of unspecified nature of breast
239.4	Diagnosis	ICD-9-CM	Neoplasm of unspecified nature of bladder
239.5	Diagnosis	ICD-9-CM	Neoplasm of unspecified nature of other genitourinary organs
239.6	Diagnosis	ICD-9-CM	Neoplasm of unspecified nature of brain
239.7	Diagnosis	ICD-9-CM	Neoplasm of unspecified nature of endocrine glands and other parts of nervous system
239.8	Diagnosis	ICD-9-CM	Neoplasm of unspecified nature of other specified sites
239.81	Diagnosis	ICD-9-CM	Neoplasms of unspecified nature, retina and choroid
239.89	Diagnosis	ICD-9-CM	Neoplasms of unspecified nature, other specified sites
239.9	Diagnosis	ICD-9-CM	Neoplasm of unspecified nature, site unspecified
C00.0	Diagnosis	ICD-10-CM	Malignant neoplasm of external upper lip
C00.1	Diagnosis	ICD-10-CM	Malignant neoplasm of external lower lip
C00.2	Diagnosis	ICD-10-CM	Malignant neoplasm of external lip, unspecified
C00.3	Diagnosis	ICD-10-CM	Malignant neoplasm of upper lip, inner aspect
C00.4	Diagnosis	ICD-10-CM	Malignant neoplasm of lower lip, inner aspect
C00.5	Diagnosis	ICD-10-CM	Malignant neoplasm of lip, unspecified, inner aspect
C00.6	Diagnosis	ICD-10-CM	Malignant neoplasm of commissure of lip, unspecified
C00.8	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of lip
C00.9	Diagnosis	ICD-10-CM	Malignant neoplasm of lip, unspecified
C01	Diagnosis	ICD-10-CM	Malignant neoplasm of base of tongue
C02.0	Diagnosis	ICD-10-CM	Malignant neoplasm of dorsal surface of tongue
C02.1	Diagnosis	ICD-10-CM	Malignant neoplasm of border of tongue
C02.2	Diagnosis	ICD-10-CM	Malignant neoplasm of ventral surface of tongue
C02.3	Diagnosis	ICD-10-CM	Malignant neoplasm of anterior two-thirds of tongue, part unspecified
C02.4	Diagnosis	ICD-10-CM	Malignant neoplasm of lingual tonsil
C02.8	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of tongue
C02.9	Diagnosis	ICD-10-CM	Malignant neoplasm of tongue, unspecified
C03.0	Diagnosis	ICD-10-CM	Malignant neoplasm of upper gum
C03.1	Diagnosis	ICD-10-CM	Malignant neoplasm of lower gum
C03.9	Diagnosis	ICD-10-CM	Malignant neoplasm of gum, unspecified

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code			
Code	Category	Code Type	Description
C04.0	Diagnosis	ICD-10-CM	Malignant neoplasm of anterior floor of mouth
C04.1	Diagnosis	ICD-10-CM	Malignant neoplasm of lateral floor of mouth
C04.8	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of floor of mouth
C04.9	Diagnosis	ICD-10-CM	Malignant neoplasm of floor of mouth, unspecified
C05.0	Diagnosis	ICD-10-CM	Malignant neoplasm of hard palate
C05.1	Diagnosis	ICD-10-CM	Malignant neoplasm of soft palate
C05.2	Diagnosis	ICD-10-CM	Malignant neoplasm of uvula
C05.8	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of palate
C05.9	Diagnosis	ICD-10-CM	Malignant neoplasm of palate, unspecified
C06.0	Diagnosis	ICD-10-CM	Malignant neoplasm of cheek mucosa
C06.1	Diagnosis	ICD-10-CM	Malignant neoplasm of vestibule of mouth
C06.2	Diagnosis	ICD-10-CM	Malignant neoplasm of retromolar area
C06.80	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of unspecified parts of mouth
C06.89	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of other parts of mouth
C06.9	Diagnosis	ICD-10-CM	Malignant neoplasm of mouth, unspecified
C07	Diagnosis	ICD-10-CM	Malignant neoplasm of parotid gland
C08.0	Diagnosis	ICD-10-CM	Malignant neoplasm of submandibular gland
C08.1	Diagnosis	ICD-10-CM	Malignant neoplasm of sublingual gland
C08.9	Diagnosis	ICD-10-CM	Malignant neoplasm of major salivary gland, unspecified
C09.0	Diagnosis	ICD-10-CM	Malignant neoplasm of tonsillar fossa
C09.1	Diagnosis	ICD-10-CM	Malignant neoplasm of tonsillar pillar (anterior) (posterior)
C09.8	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of tonsil
C09.9	Diagnosis	ICD-10-CM	Malignant neoplasm of tonsil, unspecified
C10.0	Diagnosis	ICD-10-CM	Malignant neoplasm of vallecula
C10.1	Diagnosis	ICD-10-CM	Malignant neoplasm of anterior surface of epiglottis
C10.2	Diagnosis	ICD-10-CM	Malignant neoplasm of lateral wall of oropharynx
C10.3	Diagnosis	ICD-10-CM	Malignant neoplasm of posterior wall of oropharynx
C10.4	Diagnosis	ICD-10-CM	Malignant neoplasm of branchial cleft
C10.8	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of oropharynx
C10.9	Diagnosis	ICD-10-CM	Malignant neoplasm of oropharynx, unspecified
C11.0	Diagnosis	ICD-10-CM	Malignant neoplasm of superior wall of nasopharynx
C11.1	Diagnosis	ICD-10-CM	Malignant neoplasm of posterior wall of nasopharynx
C11.2	Diagnosis	ICD-10-CM	Malignant neoplasm of lateral wall of nasopharynx
C11.3	Diagnosis	ICD-10-CM	Malignant neoplasm of anterior wall of nasopharynx
C11.8	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of nasopharynx
C11.9	Diagnosis	ICD-10-CM	Malignant neoplasm of nasopharynx, unspecified
C12	Diagnosis	ICD-10-CM	Malignant neoplasm of pyriform sinus
C13.0	Diagnosis	ICD-10-CM	Malignant neoplasm of postcricoid region
C13.1	Diagnosis	ICD-10-CM	Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect
C13.2	Diagnosis	ICD-10-CM	Malignant neoplasm of posterior wall of hypopharynx
C13.8	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of hypopharynx
C13.9	Diagnosis	ICD-10-CM	Malignant neoplasm of hypopharynx, unspecified

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
C14.0	Diagnosis	ICD-10-CM	Malignant neoplasm of pharynx, unspecified
C14.2	Diagnosis	ICD-10-CM	Malignant neoplasm of Waldeyer's ring
C14.8	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx
C15.3	Diagnosis	ICD-10-CM	Malignant neoplasm of upper third of esophagus
C15.4	Diagnosis	ICD-10-CM	Malignant neoplasm of middle third of esophagus
C15.5	Diagnosis	ICD-10-CM	Malignant neoplasm of lower third of esophagus
C15.8	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of esophagus
C15.9	Diagnosis	ICD-10-CM	Malignant neoplasm of esophagus, unspecified
C16.0	Diagnosis	ICD-10-CM	Malignant neoplasm of cardia
C16.1	Diagnosis	ICD-10-CM	Malignant neoplasm of fundus of stomach
C16.2	Diagnosis	ICD-10-CM	Malignant neoplasm of body of stomach
C16.3	Diagnosis	ICD-10-CM	Malignant neoplasm of pyloric antrum
C16.4	Diagnosis	ICD-10-CM	Malignant neoplasm of pylorus
C16.5	Diagnosis	ICD-10-CM	Malignant neoplasm of lesser curvature of stomach, unspecified
C16.6	Diagnosis	ICD-10-CM	Malignant neoplasm of greater curvature of stomach, unspecified
C16.8	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of stomach
C16.9	Diagnosis	ICD-10-CM	Malignant neoplasm of stomach, unspecified
C17.0	Diagnosis	ICD-10-CM	Malignant neoplasm of duodenum
C17.1	Diagnosis	ICD-10-CM	Malignant neoplasm of jejunum
C17.2	Diagnosis	ICD-10-CM	Malignant neoplasm of ileum
C17.3	Diagnosis	ICD-10-CM	Meckel's diverticulum, malignant
C17.8	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of small intestine
C17.9	Diagnosis	ICD-10-CM	Malignant neoplasm of small intestine, unspecified
C18.0	Diagnosis	ICD-10-CM	Malignant neoplasm of cecum
C18.1	Diagnosis	ICD-10-CM	Malignant neoplasm of appendix
C18.2	Diagnosis	ICD-10-CM	Malignant neoplasm of ascending colon
C18.3	Diagnosis	ICD-10-CM	Malignant neoplasm of hepatic flexure
C18.4	Diagnosis	ICD-10-CM	Malignant neoplasm of transverse colon
C18.5	Diagnosis	ICD-10-CM	Malignant neoplasm of splenic flexure
C18.6	Diagnosis	ICD-10-CM	Malignant neoplasm of descending colon
C18.7	Diagnosis	ICD-10-CM	Malignant neoplasm of sigmoid colon
C18.8	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of colon
C18.9	Diagnosis	ICD-10-CM	Malignant neoplasm of colon, unspecified
C19	Diagnosis	ICD-10-CM	Malignant neoplasm of rectosigmoid junction
C20	Diagnosis	ICD-10-CM	Malignant neoplasm of rectum
C21.0	Diagnosis	ICD-10-CM	Malignant neoplasm of anus, unspecified
C21.1	Diagnosis	ICD-10-CM	Malignant neoplasm of anal canal
C21.2	Diagnosis	ICD-10-CM	Malignant neoplasm of cloacogenic zone
C21.8	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of rectum, anus and anal canal
C22.0	Diagnosis	ICD-10-CM	Liver cell carcinoma
C22.1	Diagnosis	ICD-10-CM	Intrahepatic bile duct carcinoma
C22.2	Diagnosis	ICD-10-CM	Hepatoblastoma

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
C22.3	Diagnosis	ICD-10-CM	Angiosarcoma of liver
C22.4	Diagnosis	ICD-10-CM	Other sarcomas of liver
C22.7	Diagnosis	ICD-10-CM	Other specified carcinomas of liver
C22.8	Diagnosis	ICD-10-CM	Malignant neoplasm of liver, primary, unspecified as to type
C22.9	Diagnosis	ICD-10-CM	Malignant neoplasm of liver, not specified as primary or secondary
C23	Diagnosis	ICD-10-CM	Malignant neoplasm of gallbladder
C24.0	Diagnosis	ICD-10-CM	Malignant neoplasm of extrahepatic bile duct
C24.1	Diagnosis	ICD-10-CM	Malignant neoplasm of ampulla of Vater
C24.8	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of biliary tract
C24.9	Diagnosis	ICD-10-CM	Malignant neoplasm of biliary tract, unspecified
C25.0	Diagnosis	ICD-10-CM	Malignant neoplasm of head of pancreas
C25.1	Diagnosis	ICD-10-CM	Malignant neoplasm of body of pancreas
C25.2	Diagnosis	ICD-10-CM	Malignant neoplasm of tail of pancreas
C25.3	Diagnosis	ICD-10-CM	Malignant neoplasm of pancreatic duct
C25.4	Diagnosis	ICD-10-CM	Malignant neoplasm of endocrine pancreas
C25.7	Diagnosis	ICD-10-CM	Malignant neoplasm of other parts of pancreas
C25.8	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of pancreas
C25.9	Diagnosis	ICD-10-CM	Malignant neoplasm of pancreas, unspecified
C26.0	Diagnosis	ICD-10-CM	Malignant neoplasm of intestinal tract, part unspecified
C26.1	Diagnosis	ICD-10-CM	Malignant neoplasm of spleen
C26.9	Diagnosis	ICD-10-CM	Malignant neoplasm of ill-defined sites within the digestive system
C30.0	Diagnosis	ICD-10-CM	Malignant neoplasm of nasal cavity
C30.1	Diagnosis	ICD-10-CM	Malignant neoplasm of middle ear
C31.0	Diagnosis	ICD-10-CM	Malignant neoplasm of maxillary sinus
C31.1	Diagnosis	ICD-10-CM	Malignant neoplasm of ethmoidal sinus
C31.2	Diagnosis	ICD-10-CM	Malignant neoplasm of frontal sinus
C31.3	Diagnosis	ICD-10-CM	Malignant neoplasm of sphenoid sinus
C31.8	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of accessory sinuses
C31.9	Diagnosis	ICD-10-CM	Malignant neoplasm of accessory sinus, unspecified
C32.0	Diagnosis	ICD-10-CM	Malignant neoplasm of glottis
C32.1	Diagnosis	ICD-10-CM	Malignant neoplasm of supraglottis
C32.2	Diagnosis	ICD-10-CM	Malignant neoplasm of subglottis
C32.3	Diagnosis	ICD-10-CM	Malignant neoplasm of laryngeal cartilage
C32.8	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of larynx
C32.9	Diagnosis	ICD-10-CM	Malignant neoplasm of larynx, unspecified
C33	Diagnosis	ICD-10-CM	Malignant neoplasm of trachea
C34.00	Diagnosis	ICD-10-CM	Malignant neoplasm of unspecified main bronchus
C34.01	Diagnosis	ICD-10-CM	Malignant neoplasm of right main bronchus
C34.02	Diagnosis	ICD-10-CM	Malignant neoplasm of left main bronchus
C34.10	Diagnosis	ICD-10-CM	Malignant neoplasm of upper lobe, unspecified bronchus or lung
C34.11	Diagnosis	ICD-10-CM	Malignant neoplasm of upper lobe, right bronchus or lung
C34.12	Diagnosis	ICD-10-CM	Malignant neoplasm of upper lobe, left bronchus or lung

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code		Code		Description
Code	Category	Code Type		
C34.2	Diagnosis	ICD-10-CM	Malignant neoplasm of middle lobe, bronchus or lung	
C34.30	Diagnosis	ICD-10-CM	Malignant neoplasm of lower lobe, unspecified bronchus or lung	
C34.31	Diagnosis	ICD-10-CM	Malignant neoplasm of lower lobe, right bronchus or lung	
C34.32	Diagnosis	ICD-10-CM	Malignant neoplasm of lower lobe, left bronchus or lung	
C34.80	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of unspecified bronchus and lung	
C34.81	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of right bronchus and lung	
C34.82	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of left bronchus and lung	
C34.90	Diagnosis	ICD-10-CM	Malignant neoplasm of unspecified part of unspecified bronchus or lung	
C34.91	Diagnosis	ICD-10-CM	Malignant neoplasm of unspecified part of right bronchus or lung	
C34.92	Diagnosis	ICD-10-CM	Malignant neoplasm of unspecified part of left bronchus or lung	
C37	Diagnosis	ICD-10-CM	Malignant neoplasm of thymus	
C38.0	Diagnosis	ICD-10-CM	Malignant neoplasm of heart	
C38.1	Diagnosis	ICD-10-CM	Malignant neoplasm of anterior mediastinum	
C38.2	Diagnosis	ICD-10-CM	Malignant neoplasm of posterior mediastinum	
C38.3	Diagnosis	ICD-10-CM	Malignant neoplasm of mediastinum, part unspecified	
C38.4	Diagnosis	ICD-10-CM	Malignant neoplasm of pleura	
C38.8	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of heart, mediastinum and pleura	
C39.0	Diagnosis	ICD-10-CM	Malignant neoplasm of upper respiratory tract, part unspecified	
C39.9	Diagnosis	ICD-10-CM	Malignant neoplasm of lower respiratory tract, part unspecified	
C40.00	Diagnosis	ICD-10-CM	Malignant neoplasm of scapula and long bones of unspecified upper limb	
C40.01	Diagnosis	ICD-10-CM	Malignant neoplasm of scapula and long bones of right upper limb	
C40.02	Diagnosis	ICD-10-CM	Malignant neoplasm of scapula and long bones of left upper limb	
C40.10	Diagnosis	ICD-10-CM	Malignant neoplasm of short bones of unspecified upper limb	
C40.11	Diagnosis	ICD-10-CM	Malignant neoplasm of short bones of right upper limb	
C40.12	Diagnosis	ICD-10-CM	Malignant neoplasm of short bones of left upper limb	
C40.20	Diagnosis	ICD-10-CM	Malignant neoplasm of long bones of unspecified lower limb	
C40.21	Diagnosis	ICD-10-CM	Malignant neoplasm of long bones of right lower limb	
C40.22	Diagnosis	ICD-10-CM	Malignant neoplasm of long bones of left lower limb	
C40.30	Diagnosis	ICD-10-CM	Malignant neoplasm of short bones of unspecified lower limb	
C40.31	Diagnosis	ICD-10-CM	Malignant neoplasm of short bones of right lower limb	
C40.32	Diagnosis	ICD-10-CM	Malignant neoplasm of short bones of left lower limb	
C40.80	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of bone and articular cartilage of unspecified limb	
C40.81	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb	
C40.82	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb	
C40.90	Diagnosis	ICD-10-CM	Malignant neoplasm of unspecified bones and articular cartilage of unspecified limb	
C40.91	Diagnosis	ICD-10-CM	Malignant neoplasm of unspecified bones and articular cartilage of right limb	
C40.92	Diagnosis	ICD-10-CM	Malignant neoplasm of unspecified bones and articular cartilage of left limb	
C41.0	Diagnosis	ICD-10-CM	Malignant neoplasm of bones of skull and face	
C41.1	Diagnosis	ICD-10-CM	Malignant neoplasm of mandible	
C41.2	Diagnosis	ICD-10-CM	Malignant neoplasm of vertebral column	
C41.3	Diagnosis	ICD-10-CM	Malignant neoplasm of ribs, sternum and clavicle	

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
C41.4	Diagnosis	ICD-10-CM	Malignant neoplasm of pelvic bones, sacrum and coccyx
C41.9	Diagnosis	ICD-10-CM	Malignant neoplasm of bone and articular cartilage, unspecified
C43.0	Diagnosis	ICD-10-CM	Malignant melanoma of lip
C43.10	Diagnosis	ICD-10-CM	Malignant melanoma of unspecified eyelid, including canthus
C43.11	Diagnosis	ICD-10-CM	Malignant melanoma of right eyelid, including canthus
C43.12	Diagnosis	ICD-10-CM	Malignant melanoma of left eyelid, including canthus
C43.20	Diagnosis	ICD-10-CM	Malignant melanoma of unspecified ear and external auricular canal
C43.21	Diagnosis	ICD-10-CM	Malignant melanoma of right ear and external auricular canal
C43.22	Diagnosis	ICD-10-CM	Malignant melanoma of left ear and external auricular canal
C43.30	Diagnosis	ICD-10-CM	Malignant melanoma of unspecified part of face
C43.31	Diagnosis	ICD-10-CM	Malignant melanoma of nose
C43.39	Diagnosis	ICD-10-CM	Malignant melanoma of other parts of face
C43.4	Diagnosis	ICD-10-CM	Malignant melanoma of scalp and neck
C43.51	Diagnosis	ICD-10-CM	Malignant melanoma of anal skin
C43.52	Diagnosis	ICD-10-CM	Malignant melanoma of skin of breast
C43.59	Diagnosis	ICD-10-CM	Malignant melanoma of other part of trunk
C43.60	Diagnosis	ICD-10-CM	Malignant melanoma of unspecified upper limb, including shoulder
C43.61	Diagnosis	ICD-10-CM	Malignant melanoma of right upper limb, including shoulder
C43.62	Diagnosis	ICD-10-CM	Malignant melanoma of left upper limb, including shoulder
C43.70	Diagnosis	ICD-10-CM	Malignant melanoma of unspecified lower limb, including hip
C43.71	Diagnosis	ICD-10-CM	Malignant melanoma of right lower limb, including hip
C43.72	Diagnosis	ICD-10-CM	Malignant melanoma of left lower limb, including hip
C43.8	Diagnosis	ICD-10-CM	Malignant melanoma of overlapping sites of skin
C43.9	Diagnosis	ICD-10-CM	Malignant melanoma of skin, unspecified
C44.00	Diagnosis	ICD-10-CM	Unspecified malignant neoplasm of skin of lip
C44.01	Diagnosis	ICD-10-CM	Basal cell carcinoma of skin of lip
C44.02	Diagnosis	ICD-10-CM	Squamous cell carcinoma of skin of lip
C44.09	Diagnosis	ICD-10-CM	Other specified malignant neoplasm of skin of lip
C44.101	Diagnosis	ICD-10-CM	Unspecified malignant neoplasm of skin of unspecified eyelid, including canthus
C44.102	Diagnosis	ICD-10-CM	Unspecified malignant neoplasm of skin of right eyelid, including canthus
C44.109	Diagnosis	ICD-10-CM	Unspecified malignant neoplasm of skin of left eyelid, including canthus
C44.191	Diagnosis	ICD-10-CM	Other specified malignant neoplasm of skin of unspecified eyelid, including canthus
C44.192	Diagnosis	ICD-10-CM	Other specified malignant neoplasm of skin of right eyelid, including canthus
C44.199	Diagnosis	ICD-10-CM	Other specified malignant neoplasm of skin of left eyelid, including canthus
C44.201	Diagnosis	ICD-10-CM	Unspecified malignant neoplasm of skin of unspecified ear and external auricular canal
C44.202	Diagnosis	ICD-10-CM	Unspecified malignant neoplasm of skin of right ear and external auricular canal
C44.209	Diagnosis	ICD-10-CM	Unspecified malignant neoplasm of skin of left ear and external auricular canal
C44.291	Diagnosis	ICD-10-CM	Other specified malignant neoplasm of skin of unspecified ear and external auricular canal
C44.292	Diagnosis	ICD-10-CM	Other specified malignant neoplasm of skin of right ear and external auricular canal
C44.299	Diagnosis	ICD-10-CM	Other specified malignant neoplasm of skin of left ear and external auricular canal
C44.300	Diagnosis	ICD-10-CM	Unspecified malignant neoplasm of skin of unspecified part of face

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
C44.301	Diagnosis	ICD-10-CM	Unspecified malignant neoplasm of skin of nose
C44.309	Diagnosis	ICD-10-CM	Unspecified malignant neoplasm of skin of other parts of face
C44.390	Diagnosis	ICD-10-CM	Other specified malignant neoplasm of skin of unspecified parts of face
C44.391	Diagnosis	ICD-10-CM	Other specified malignant neoplasm of skin of nose
C44.399	Diagnosis	ICD-10-CM	Other specified malignant neoplasm of skin of other parts of face
C44.40	Diagnosis	ICD-10-CM	Unspecified malignant neoplasm of skin of scalp and neck
C44.49	Diagnosis	ICD-10-CM	Other specified malignant neoplasm of skin of scalp and neck
C44.500	Diagnosis	ICD-10-CM	Unspecified malignant neoplasm of anal skin
C44.501	Diagnosis	ICD-10-CM	Unspecified malignant neoplasm of skin of breast
C44.509	Diagnosis	ICD-10-CM	Unspecified malignant neoplasm of skin of other part of trunk
C44.590	Diagnosis	ICD-10-CM	Other specified malignant neoplasm of anal skin
C44.591	Diagnosis	ICD-10-CM	Other specified malignant neoplasm of skin of breast
C44.599	Diagnosis	ICD-10-CM	Other specified malignant neoplasm of skin of other part of trunk
C44.601	Diagnosis	ICD-10-CM	Unspecified malignant neoplasm of skin of unspecified upper limb, including shoulder
C44.602	Diagnosis	ICD-10-CM	Unspecified malignant neoplasm of skin of right upper limb, including shoulder
C44.609	Diagnosis	ICD-10-CM	Unspecified malignant neoplasm of skin of left upper limb, including shoulder
C44.691	Diagnosis	ICD-10-CM	Other specified malignant neoplasm of skin of unspecified upper limb, including shoulder
C44.692	Diagnosis	ICD-10-CM	Other specified malignant neoplasm of skin of right upper limb, including shoulder
C44.699	Diagnosis	ICD-10-CM	Other specified malignant neoplasm of skin of left upper limb, including shoulder
C44.701	Diagnosis	ICD-10-CM	Unspecified malignant neoplasm of skin of unspecified lower limb, including hip
C44.702	Diagnosis	ICD-10-CM	Unspecified malignant neoplasm of skin of right lower limb, including hip
C44.709	Diagnosis	ICD-10-CM	Unspecified malignant neoplasm of skin of left lower limb, including hip
C44.791	Diagnosis	ICD-10-CM	Other specified malignant neoplasm of skin of unspecified lower limb, including hip
C44.792	Diagnosis	ICD-10-CM	Other specified malignant neoplasm of skin of right lower limb, including hip
C44.799	Diagnosis	ICD-10-CM	Other specified malignant neoplasm of skin of left lower limb, including hip
C44.80	Diagnosis	ICD-10-CM	Unspecified malignant neoplasm of overlapping sites of skin
C44.89	Diagnosis	ICD-10-CM	Other specified malignant neoplasm of overlapping sites of skin
C44.90	Diagnosis	ICD-10-CM	Unspecified malignant neoplasm of skin, unspecified
C44.99	Diagnosis	ICD-10-CM	Other specified malignant neoplasm of skin, unspecified
C45.0	Diagnosis	ICD-10-CM	Mesothelioma of pleura
C45.1	Diagnosis	ICD-10-CM	Mesothelioma of peritoneum
C45.2	Diagnosis	ICD-10-CM	Mesothelioma of pericardium
C45.7	Diagnosis	ICD-10-CM	Mesothelioma of other sites
C45.9	Diagnosis	ICD-10-CM	Mesothelioma, unspecified
C46.0	Diagnosis	ICD-10-CM	Kaposi's sarcoma of skin
C46.1	Diagnosis	ICD-10-CM	Kaposi's sarcoma of soft tissue
C46.2	Diagnosis	ICD-10-CM	Kaposi's sarcoma of palate
C46.3	Diagnosis	ICD-10-CM	Kaposi's sarcoma of lymph nodes
C46.4	Diagnosis	ICD-10-CM	Kaposi's sarcoma of gastrointestinal sites
C46.50	Diagnosis	ICD-10-CM	Kaposi's sarcoma of unspecified lung
C46.51	Diagnosis	ICD-10-CM	Kaposi's sarcoma of right lung

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
C46.52	Diagnosis	ICD-10-CM	Kaposi's sarcoma of left lung
C46.7	Diagnosis	ICD-10-CM	Kaposi's sarcoma of other sites
C46.9	Diagnosis	ICD-10-CM	Kaposi's sarcoma, unspecified
C47.0	Diagnosis	ICD-10-CM	Malignant neoplasm of peripheral nerves of head, face and neck
C47.10	Diagnosis	ICD-10-CM	Malignant neoplasm of peripheral nerves of unspecified upper limb, including shoulder
C47.11	Diagnosis	ICD-10-CM	Malignant neoplasm of peripheral nerves of right upper limb, including shoulder
C47.12	Diagnosis	ICD-10-CM	Malignant neoplasm of peripheral nerves of left upper limb, including shoulder
C47.20	Diagnosis	ICD-10-CM	Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip
C47.21	Diagnosis	ICD-10-CM	Malignant neoplasm of peripheral nerves of right lower limb, including hip
C47.22	Diagnosis	ICD-10-CM	Malignant neoplasm of peripheral nerves of left lower limb, including hip
C47.3	Diagnosis	ICD-10-CM	Malignant neoplasm of peripheral nerves of thorax
C47.4	Diagnosis	ICD-10-CM	Malignant neoplasm of peripheral nerves of abdomen
C47.5	Diagnosis	ICD-10-CM	Malignant neoplasm of peripheral nerves of pelvis
C47.6	Diagnosis	ICD-10-CM	Malignant neoplasm of peripheral nerves of trunk, unspecified
C47.8	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system
C47.9	Diagnosis	ICD-10-CM	Malignant neoplasm of peripheral nerves and autonomic nervous system, unspecified
C48.0	Diagnosis	ICD-10-CM	Malignant neoplasm of retroperitoneum
C48.1	Diagnosis	ICD-10-CM	Malignant neoplasm of specified parts of peritoneum
C48.2	Diagnosis	ICD-10-CM	Malignant neoplasm of peritoneum, unspecified
C48.8	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
C49.0	Diagnosis	ICD-10-CM	Malignant neoplasm of connective and soft tissue of head, face and neck
C49.10	Diagnosis	ICD-10-CM	Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder
C49.11	Diagnosis	ICD-10-CM	Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder
C49.12	Diagnosis	ICD-10-CM	Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder
C49.20	Diagnosis	ICD-10-CM	Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip
C49.21	Diagnosis	ICD-10-CM	Malignant neoplasm of connective and soft tissue of right lower limb, including hip
C49.22	Diagnosis	ICD-10-CM	Malignant neoplasm of connective and soft tissue of left lower limb, including hip
C49.3	Diagnosis	ICD-10-CM	Malignant neoplasm of connective and soft tissue of thorax
C49.4	Diagnosis	ICD-10-CM	Malignant neoplasm of connective and soft tissue of abdomen
C49.5	Diagnosis	ICD-10-CM	Malignant neoplasm of connective and soft tissue of pelvis
C49.6	Diagnosis	ICD-10-CM	Malignant neoplasm of connective and soft tissue of trunk, unspecified
C49.8	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of connective and soft tissue
C49.9	Diagnosis	ICD-10-CM	Malignant neoplasm of connective and soft tissue, unspecified
C49.A0	Diagnosis	ICD-10-CM	Gastrointestinal stromal tumor, unspecified site
C49.A1	Diagnosis	ICD-10-CM	Gastrointestinal stromal tumor of esophagus
C49.A2	Diagnosis	ICD-10-CM	Gastrointestinal stromal tumor of stomach
C49.A3	Diagnosis	ICD-10-CM	Gastrointestinal stromal tumor of small intestine
C49.A4	Diagnosis	ICD-10-CM	Gastrointestinal stromal tumor of large intestine

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
C49.A5	Diagnosis	ICD-10-CM	Gastrointestinal stromal tumor of rectum
C49.A9	Diagnosis	ICD-10-CM	Gastrointestinal stromal tumor of other sites
C4A.0	Diagnosis	ICD-10-CM	Merkel cell carcinoma of lip
C4A.10	Diagnosis	ICD-10-CM	Merkel cell carcinoma of unspecified eyelid, including canthus
C4A.11	Diagnosis	ICD-10-CM	Merkel cell carcinoma of right eyelid, including canthus
C4A.12	Diagnosis	ICD-10-CM	Merkel cell carcinoma of left eyelid, including canthus
C4A.20	Diagnosis	ICD-10-CM	Merkel cell carcinoma of unspecified ear and external auricular canal
C4A.21	Diagnosis	ICD-10-CM	Merkel cell carcinoma of right ear and external auricular canal
C4A.22	Diagnosis	ICD-10-CM	Merkel cell carcinoma of left ear and external auricular canal
C4A.30	Diagnosis	ICD-10-CM	Merkel cell carcinoma of unspecified part of face
C4A.31	Diagnosis	ICD-10-CM	Merkel cell carcinoma of nose
C4A.39	Diagnosis	ICD-10-CM	Merkel cell carcinoma of other parts of face
C4A.4	Diagnosis	ICD-10-CM	Merkel cell carcinoma of scalp and neck
C4A.51	Diagnosis	ICD-10-CM	Merkel cell carcinoma of anal skin
C4A.52	Diagnosis	ICD-10-CM	Merkel cell carcinoma of skin of breast
C4A.59	Diagnosis	ICD-10-CM	Merkel cell carcinoma of other part of trunk
C4A.60	Diagnosis	ICD-10-CM	Merkel cell carcinoma of unspecified upper limb, including shoulder
C4A.61	Diagnosis	ICD-10-CM	Merkel cell carcinoma of right upper limb, including shoulder
C4A.62	Diagnosis	ICD-10-CM	Merkel cell carcinoma of left upper limb, including shoulder
C4A.70	Diagnosis	ICD-10-CM	Merkel cell carcinoma of unspecified lower limb, including hip
C4A.71	Diagnosis	ICD-10-CM	Merkel cell carcinoma of right lower limb, including hip
C4A.72	Diagnosis	ICD-10-CM	Merkel cell carcinoma of left lower limb, including hip
C4A.8	Diagnosis	ICD-10-CM	Merkel cell carcinoma of overlapping sites
C4A.9	Diagnosis	ICD-10-CM	Merkel cell carcinoma, unspecified
C50.011	Diagnosis	ICD-10-CM	Malignant neoplasm of nipple and areola, right female breast
C50.012	Diagnosis	ICD-10-CM	Malignant neoplasm of nipple and areola, left female breast
C50.019	Diagnosis	ICD-10-CM	Malignant neoplasm of nipple and areola, unspecified female breast
C50.021	Diagnosis	ICD-10-CM	Malignant neoplasm of nipple and areola, right male breast
C50.022	Diagnosis	ICD-10-CM	Malignant neoplasm of nipple and areola, left male breast
C50.029	Diagnosis	ICD-10-CM	Malignant neoplasm of nipple and areola, unspecified male breast
C50.111	Diagnosis	ICD-10-CM	Malignant neoplasm of central portion of right female breast
C50.112	Diagnosis	ICD-10-CM	Malignant neoplasm of central portion of left female breast
C50.119	Diagnosis	ICD-10-CM	Malignant neoplasm of central portion of unspecified female breast
C50.121	Diagnosis	ICD-10-CM	Malignant neoplasm of central portion of right male breast
C50.122	Diagnosis	ICD-10-CM	Malignant neoplasm of central portion of left male breast
C50.129	Diagnosis	ICD-10-CM	Malignant neoplasm of central portion of unspecified male breast
C50.211	Diagnosis	ICD-10-CM	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Diagnosis	ICD-10-CM	Malignant neoplasm of upper-inner quadrant of left female breast
C50.219	Diagnosis	ICD-10-CM	Malignant neoplasm of upper-inner quadrant of unspecified female breast
C50.221	Diagnosis	ICD-10-CM	Malignant neoplasm of upper-inner quadrant of right male breast
C50.222	Diagnosis	ICD-10-CM	Malignant neoplasm of upper-inner quadrant of left male breast
C50.229	Diagnosis	ICD-10-CM	Malignant neoplasm of upper-inner quadrant of unspecified male breast

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
C50.311	Diagnosis	ICD-10-CM	Malignant neoplasm of lower-inner quadrant of right female breast
C50.312	Diagnosis	ICD-10-CM	Malignant neoplasm of lower-inner quadrant of left female breast
C50.319	Diagnosis	ICD-10-CM	Malignant neoplasm of lower-inner quadrant of unspecified female breast
C50.321	Diagnosis	ICD-10-CM	Malignant neoplasm of lower-inner quadrant of right male breast
C50.322	Diagnosis	ICD-10-CM	Malignant neoplasm of lower-inner quadrant of left male breast
C50.329	Diagnosis	ICD-10-CM	Malignant neoplasm of lower-inner quadrant of unspecified male breast
C50.411	Diagnosis	ICD-10-CM	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Diagnosis	ICD-10-CM	Malignant neoplasm of upper-outer quadrant of left female breast
C50.419	Diagnosis	ICD-10-CM	Malignant neoplasm of upper-outer quadrant of unspecified female breast
C50.421	Diagnosis	ICD-10-CM	Malignant neoplasm of upper-outer quadrant of right male breast
C50.422	Diagnosis	ICD-10-CM	Malignant neoplasm of upper-outer quadrant of left male breast
C50.429	Diagnosis	ICD-10-CM	Malignant neoplasm of upper-outer quadrant of unspecified male breast
C50.511	Diagnosis	ICD-10-CM	Malignant neoplasm of lower-outer quadrant of right female breast
C50.512	Diagnosis	ICD-10-CM	Malignant neoplasm of lower-outer quadrant of left female breast
C50.519	Diagnosis	ICD-10-CM	Malignant neoplasm of lower-outer quadrant of unspecified female breast
C50.521	Diagnosis	ICD-10-CM	Malignant neoplasm of lower-outer quadrant of right male breast
C50.522	Diagnosis	ICD-10-CM	Malignant neoplasm of lower-outer quadrant of left male breast
C50.529	Diagnosis	ICD-10-CM	Malignant neoplasm of lower-outer quadrant of unspecified male breast
C50.611	Diagnosis	ICD-10-CM	Malignant neoplasm of axillary tail of right female breast
C50.612	Diagnosis	ICD-10-CM	Malignant neoplasm of axillary tail of left female breast
C50.619	Diagnosis	ICD-10-CM	Malignant neoplasm of axillary tail of unspecified female breast
C50.621	Diagnosis	ICD-10-CM	Malignant neoplasm of axillary tail of right male breast
C50.622	Diagnosis	ICD-10-CM	Malignant neoplasm of axillary tail of left male breast
C50.629	Diagnosis	ICD-10-CM	Malignant neoplasm of axillary tail of unspecified male breast
C50.811	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of right female breast
C50.812	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of left female breast
C50.819	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of unspecified female breast
C50.821	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of right male breast
C50.822	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of left male breast
C50.829	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of unspecified male breast
C50.911	Diagnosis	ICD-10-CM	Malignant neoplasm of unspecified site of right female breast
C50.912	Diagnosis	ICD-10-CM	Malignant neoplasm of unspecified site of left female breast
C50.919	Diagnosis	ICD-10-CM	Malignant neoplasm of unspecified site of unspecified female breast
C50.921	Diagnosis	ICD-10-CM	Malignant neoplasm of unspecified site of right male breast
C50.922	Diagnosis	ICD-10-CM	Malignant neoplasm of unspecified site of left male breast
C50.929	Diagnosis	ICD-10-CM	Malignant neoplasm of unspecified site of unspecified male breast
C51.0	Diagnosis	ICD-10-CM	Malignant neoplasm of labium majus
C51.1	Diagnosis	ICD-10-CM	Malignant neoplasm of labium minus
C51.2	Diagnosis	ICD-10-CM	Malignant neoplasm of clitoris
C51.8	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of vulva
C51.9	Diagnosis	ICD-10-CM	Malignant neoplasm of vulva, unspecified
C52	Diagnosis	ICD-10-CM	Malignant neoplasm of vagina

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
C53.0	Diagnosis	ICD-10-CM	Malignant neoplasm of endocervix
C53.1	Diagnosis	ICD-10-CM	Malignant neoplasm of exocervix
C53.8	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of cervix uteri
C53.9	Diagnosis	ICD-10-CM	Malignant neoplasm of cervix uteri, unspecified
C54.0	Diagnosis	ICD-10-CM	Malignant neoplasm of isthmus uteri
C54.1	Diagnosis	ICD-10-CM	Malignant neoplasm of endometrium
C54.2	Diagnosis	ICD-10-CM	Malignant neoplasm of myometrium
C54.3	Diagnosis	ICD-10-CM	Malignant neoplasm of fundus uteri
C54.8	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of corpus uteri
C54.9	Diagnosis	ICD-10-CM	Malignant neoplasm of corpus uteri, unspecified
C55	Diagnosis	ICD-10-CM	Malignant neoplasm of uterus, part unspecified
C56.1	Diagnosis	ICD-10-CM	Malignant neoplasm of right ovary
C56.2	Diagnosis	ICD-10-CM	Malignant neoplasm of left ovary
C56.9	Diagnosis	ICD-10-CM	Malignant neoplasm of unspecified ovary
C57.00	Diagnosis	ICD-10-CM	Malignant neoplasm of unspecified fallopian tube
C57.01	Diagnosis	ICD-10-CM	Malignant neoplasm of right fallopian tube
C57.02	Diagnosis	ICD-10-CM	Malignant neoplasm of left fallopian tube
C57.10	Diagnosis	ICD-10-CM	Malignant neoplasm of unspecified broad ligament
C57.11	Diagnosis	ICD-10-CM	Malignant neoplasm of right broad ligament
C57.12	Diagnosis	ICD-10-CM	Malignant neoplasm of left broad ligament
C57.20	Diagnosis	ICD-10-CM	Malignant neoplasm of unspecified round ligament
C57.21	Diagnosis	ICD-10-CM	Malignant neoplasm of right round ligament
C57.22	Diagnosis	ICD-10-CM	Malignant neoplasm of left round ligament
C57.3	Diagnosis	ICD-10-CM	Malignant neoplasm of parametrium
C57.4	Diagnosis	ICD-10-CM	Malignant neoplasm of uterine adnexa, unspecified
C57.7	Diagnosis	ICD-10-CM	Malignant neoplasm of other specified female genital organs
C57.8	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of female genital organs
C57.9	Diagnosis	ICD-10-CM	Malignant neoplasm of female genital organ, unspecified
C58	Diagnosis	ICD-10-CM	Malignant neoplasm of placenta
C60.0	Diagnosis	ICD-10-CM	Malignant neoplasm of prepuce
C60.1	Diagnosis	ICD-10-CM	Malignant neoplasm of glans penis
C60.2	Diagnosis	ICD-10-CM	Malignant neoplasm of body of penis
C60.8	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of penis
C60.9	Diagnosis	ICD-10-CM	Malignant neoplasm of penis, unspecified
C61	Diagnosis	ICD-10-CM	Malignant neoplasm of prostate
C62.00	Diagnosis	ICD-10-CM	Malignant neoplasm of unspecified undescended testis
C62.01	Diagnosis	ICD-10-CM	Malignant neoplasm of undescended right testis
C62.02	Diagnosis	ICD-10-CM	Malignant neoplasm of undescended left testis
C62.10	Diagnosis	ICD-10-CM	Malignant neoplasm of unspecified descended testis
C62.11	Diagnosis	ICD-10-CM	Malignant neoplasm of descended right testis
C62.12	Diagnosis	ICD-10-CM	Malignant neoplasm of descended left testis

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
C62.90	Diagnosis	ICD-10-CM	Malignant neoplasm of unspecified testis, unspecified whether descended or undescended
C62.91	Diagnosis	ICD-10-CM	Malignant neoplasm of right testis, unspecified whether descended or undescended
C62.92	Diagnosis	ICD-10-CM	Malignant neoplasm of left testis, unspecified whether descended or undescended
C63.00	Diagnosis	ICD-10-CM	Malignant neoplasm of unspecified epididymis
C63.01	Diagnosis	ICD-10-CM	Malignant neoplasm of right epididymis
C63.02	Diagnosis	ICD-10-CM	Malignant neoplasm of left epididymis
C63.10	Diagnosis	ICD-10-CM	Malignant neoplasm of unspecified spermatic cord
C63.11	Diagnosis	ICD-10-CM	Malignant neoplasm of right spermatic cord
C63.12	Diagnosis	ICD-10-CM	Malignant neoplasm of left spermatic cord
C63.2	Diagnosis	ICD-10-CM	Malignant neoplasm of scrotum
C63.7	Diagnosis	ICD-10-CM	Malignant neoplasm of other specified male genital organs
C63.8	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of male genital organs
C63.9	Diagnosis	ICD-10-CM	Malignant neoplasm of male genital organ, unspecified
C64.1	Diagnosis	ICD-10-CM	Malignant neoplasm of right kidney, except renal pelvis
C64.2	Diagnosis	ICD-10-CM	Malignant neoplasm of left kidney, except renal pelvis
C64.9	Diagnosis	ICD-10-CM	Malignant neoplasm of unspecified kidney, except renal pelvis
C65.1	Diagnosis	ICD-10-CM	Malignant neoplasm of right renal pelvis
C65.2	Diagnosis	ICD-10-CM	Malignant neoplasm of left renal pelvis
C65.9	Diagnosis	ICD-10-CM	Malignant neoplasm of unspecified renal pelvis
C66.1	Diagnosis	ICD-10-CM	Malignant neoplasm of right ureter
C66.2	Diagnosis	ICD-10-CM	Malignant neoplasm of left ureter
C66.9	Diagnosis	ICD-10-CM	Malignant neoplasm of unspecified ureter
C67.0	Diagnosis	ICD-10-CM	Malignant neoplasm of trigone of bladder
C67.1	Diagnosis	ICD-10-CM	Malignant neoplasm of dome of bladder
C67.2	Diagnosis	ICD-10-CM	Malignant neoplasm of lateral wall of bladder
C67.3	Diagnosis	ICD-10-CM	Malignant neoplasm of anterior wall of bladder
C67.4	Diagnosis	ICD-10-CM	Malignant neoplasm of posterior wall of bladder
C67.5	Diagnosis	ICD-10-CM	Malignant neoplasm of bladder neck
C67.6	Diagnosis	ICD-10-CM	Malignant neoplasm of ureteric orifice
C67.7	Diagnosis	ICD-10-CM	Malignant neoplasm of urachus
C67.8	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of bladder
C67.9	Diagnosis	ICD-10-CM	Malignant neoplasm of bladder, unspecified
C68.0	Diagnosis	ICD-10-CM	Malignant neoplasm of urethra
C68.1	Diagnosis	ICD-10-CM	Malignant neoplasm of paraurethral glands
C68.8	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of urinary organs
C68.9	Diagnosis	ICD-10-CM	Malignant neoplasm of urinary organ, unspecified
C69.00	Diagnosis	ICD-10-CM	Malignant neoplasm of unspecified conjunctiva
C69.01	Diagnosis	ICD-10-CM	Malignant neoplasm of right conjunctiva
C69.02	Diagnosis	ICD-10-CM	Malignant neoplasm of left conjunctiva
C69.10	Diagnosis	ICD-10-CM	Malignant neoplasm of unspecified cornea
C69.11	Diagnosis	ICD-10-CM	Malignant neoplasm of right cornea

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
C69.12	Diagnosis	ICD-10-CM	Malignant neoplasm of left cornea
C69.20	Diagnosis	ICD-10-CM	Malignant neoplasm of unspecified retina
C69.21	Diagnosis	ICD-10-CM	Malignant neoplasm of right retina
C69.22	Diagnosis	ICD-10-CM	Malignant neoplasm of left retina
C69.30	Diagnosis	ICD-10-CM	Malignant neoplasm of unspecified choroid
C69.31	Diagnosis	ICD-10-CM	Malignant neoplasm of right choroid
C69.32	Diagnosis	ICD-10-CM	Malignant neoplasm of left choroid
C69.40	Diagnosis	ICD-10-CM	Malignant neoplasm of unspecified ciliary body
C69.41	Diagnosis	ICD-10-CM	Malignant neoplasm of right ciliary body
C69.42	Diagnosis	ICD-10-CM	Malignant neoplasm of left ciliary body
C69.50	Diagnosis	ICD-10-CM	Malignant neoplasm of unspecified lacrimal gland and duct
C69.51	Diagnosis	ICD-10-CM	Malignant neoplasm of right lacrimal gland and duct
C69.52	Diagnosis	ICD-10-CM	Malignant neoplasm of left lacrimal gland and duct
C69.60	Diagnosis	ICD-10-CM	Malignant neoplasm of unspecified orbit
C69.61	Diagnosis	ICD-10-CM	Malignant neoplasm of right orbit
C69.62	Diagnosis	ICD-10-CM	Malignant neoplasm of left orbit
C69.80	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of unspecified eye and adnexa
C69.81	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of right eye and adnexa
C69.82	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of left eye and adnexa
C69.90	Diagnosis	ICD-10-CM	Malignant neoplasm of unspecified site of unspecified eye
C69.91	Diagnosis	ICD-10-CM	Malignant neoplasm of unspecified site of right eye
C69.92	Diagnosis	ICD-10-CM	Malignant neoplasm of unspecified site of left eye
C70.0	Diagnosis	ICD-10-CM	Malignant neoplasm of cerebral meninges
C70.1	Diagnosis	ICD-10-CM	Malignant neoplasm of spinal meninges
C70.9	Diagnosis	ICD-10-CM	Malignant neoplasm of meninges, unspecified
C71.0	Diagnosis	ICD-10-CM	Malignant neoplasm of cerebrum, except lobes and ventricles
C71.1	Diagnosis	ICD-10-CM	Malignant neoplasm of frontal lobe
C71.2	Diagnosis	ICD-10-CM	Malignant neoplasm of temporal lobe
C71.3	Diagnosis	ICD-10-CM	Malignant neoplasm of parietal lobe
C71.4	Diagnosis	ICD-10-CM	Malignant neoplasm of occipital lobe
C71.5	Diagnosis	ICD-10-CM	Malignant neoplasm of cerebral ventricle
C71.6	Diagnosis	ICD-10-CM	Malignant neoplasm of cerebellum
C71.7	Diagnosis	ICD-10-CM	Malignant neoplasm of brain stem
C71.8	Diagnosis	ICD-10-CM	Malignant neoplasm of overlapping sites of brain
C71.9	Diagnosis	ICD-10-CM	Malignant neoplasm of brain, unspecified
C72.0	Diagnosis	ICD-10-CM	Malignant neoplasm of spinal cord
C72.1	Diagnosis	ICD-10-CM	Malignant neoplasm of cauda equina
C72.20	Diagnosis	ICD-10-CM	Malignant neoplasm of unspecified olfactory nerve
C72.21	Diagnosis	ICD-10-CM	Malignant neoplasm of right olfactory nerve
C72.22	Diagnosis	ICD-10-CM	Malignant neoplasm of left olfactory nerve
C72.30	Diagnosis	ICD-10-CM	Malignant neoplasm of unspecified optic nerve
C72.31	Diagnosis	ICD-10-CM	Malignant neoplasm of right optic nerve

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
C72.32	Diagnosis	ICD-10-CM	Malignant neoplasm of left optic nerve
C72.40	Diagnosis	ICD-10-CM	Malignant neoplasm of unspecified acoustic nerve
C72.41	Diagnosis	ICD-10-CM	Malignant neoplasm of right acoustic nerve
C72.42	Diagnosis	ICD-10-CM	Malignant neoplasm of left acoustic nerve
C72.50	Diagnosis	ICD-10-CM	Malignant neoplasm of unspecified cranial nerve
C72.59	Diagnosis	ICD-10-CM	Malignant neoplasm of other cranial nerves
C72.9	Diagnosis	ICD-10-CM	Malignant neoplasm of central nervous system, unspecified
C73	Diagnosis	ICD-10-CM	Malignant neoplasm of thyroid gland
C74.00	Diagnosis	ICD-10-CM	Malignant neoplasm of cortex of unspecified adrenal gland
C74.01	Diagnosis	ICD-10-CM	Malignant neoplasm of cortex of right adrenal gland
C74.02	Diagnosis	ICD-10-CM	Malignant neoplasm of cortex of left adrenal gland
C74.10	Diagnosis	ICD-10-CM	Malignant neoplasm of medulla of unspecified adrenal gland
C74.11	Diagnosis	ICD-10-CM	Malignant neoplasm of medulla of right adrenal gland
C74.12	Diagnosis	ICD-10-CM	Malignant neoplasm of medulla of left adrenal gland
C74.90	Diagnosis	ICD-10-CM	Malignant neoplasm of unspecified part of unspecified adrenal gland
C74.91	Diagnosis	ICD-10-CM	Malignant neoplasm of unspecified part of right adrenal gland
C74.92	Diagnosis	ICD-10-CM	Malignant neoplasm of unspecified part of left adrenal gland
C75.0	Diagnosis	ICD-10-CM	Malignant neoplasm of parathyroid gland
C75.1	Diagnosis	ICD-10-CM	Malignant neoplasm of pituitary gland
C75.2	Diagnosis	ICD-10-CM	Malignant neoplasm of craniopharyngeal duct
C75.3	Diagnosis	ICD-10-CM	Malignant neoplasm of pineal gland
C75.4	Diagnosis	ICD-10-CM	Malignant neoplasm of carotid body
C75.5	Diagnosis	ICD-10-CM	Malignant neoplasm of aortic body and other paraganglia
C75.8	Diagnosis	ICD-10-CM	Malignant neoplasm with pluriglandular involvement, unspecified
C75.9	Diagnosis	ICD-10-CM	Malignant neoplasm of endocrine gland, unspecified
C76.0	Diagnosis	ICD-10-CM	Malignant neoplasm of head, face and neck
C76.1	Diagnosis	ICD-10-CM	Malignant neoplasm of thorax
C76.2	Diagnosis	ICD-10-CM	Malignant neoplasm of abdomen
C76.3	Diagnosis	ICD-10-CM	Malignant neoplasm of pelvis
C76.40	Diagnosis	ICD-10-CM	Malignant neoplasm of unspecified upper limb
C76.41	Diagnosis	ICD-10-CM	Malignant neoplasm of right upper limb
C76.42	Diagnosis	ICD-10-CM	Malignant neoplasm of left upper limb
C76.50	Diagnosis	ICD-10-CM	Malignant neoplasm of unspecified lower limb
C76.51	Diagnosis	ICD-10-CM	Malignant neoplasm of right lower limb
C76.52	Diagnosis	ICD-10-CM	Malignant neoplasm of left lower limb
C76.8	Diagnosis	ICD-10-CM	Malignant neoplasm of other specified ill-defined sites
C77.0	Diagnosis	ICD-10-CM	Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck
C77.1	Diagnosis	ICD-10-CM	Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes
C77.2	Diagnosis	ICD-10-CM	Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes
C77.3	Diagnosis	ICD-10-CM	Secondary and unspecified malignant neoplasm of axilla and upper limb lymph nodes
C77.4	Diagnosis	ICD-10-CM	Secondary and unspecified malignant neoplasm of inguinal and lower limb lymph nodes
C77.5	Diagnosis	ICD-10-CM	Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code		Code	Description	
Code	Category	Code Type	Description	
C77.8	Diagnosis	ICD-10-CM	Secondary and unspecified malignant neoplasm of lymph nodes of multiple regions	
C77.9	Diagnosis	ICD-10-CM	Secondary and unspecified malignant neoplasm of lymph node, unspecified	
C78.00	Diagnosis	ICD-10-CM	Secondary malignant neoplasm of unspecified lung	
C78.01	Diagnosis	ICD-10-CM	Secondary malignant neoplasm of right lung	
C78.02	Diagnosis	ICD-10-CM	Secondary malignant neoplasm of left lung	
C78.1	Diagnosis	ICD-10-CM	Secondary malignant neoplasm of mediastinum	
C78.2	Diagnosis	ICD-10-CM	Secondary malignant neoplasm of pleura	
C78.30	Diagnosis	ICD-10-CM	Secondary malignant neoplasm of unspecified respiratory organ	
C78.39	Diagnosis	ICD-10-CM	Secondary malignant neoplasm of other respiratory organs	
C78.4	Diagnosis	ICD-10-CM	Secondary malignant neoplasm of small intestine	
C78.5	Diagnosis	ICD-10-CM	Secondary malignant neoplasm of large intestine and rectum	
C78.6	Diagnosis	ICD-10-CM	Secondary malignant neoplasm of retroperitoneum and peritoneum	
C78.7	Diagnosis	ICD-10-CM	Secondary malignant neoplasm of liver and intrahepatic bile duct	
C78.80	Diagnosis	ICD-10-CM	Secondary malignant neoplasm of unspecified digestive organ	
C78.89	Diagnosis	ICD-10-CM	Secondary malignant neoplasm of other digestive organs	
C79.00	Diagnosis	ICD-10-CM	Secondary malignant neoplasm of unspecified kidney and renal pelvis	
C79.01	Diagnosis	ICD-10-CM	Secondary malignant neoplasm of right kidney and renal pelvis	
C79.02	Diagnosis	ICD-10-CM	Secondary malignant neoplasm of left kidney and renal pelvis	
C79.10	Diagnosis	ICD-10-CM	Secondary malignant neoplasm of unspecified urinary organs	
C79.11	Diagnosis	ICD-10-CM	Secondary malignant neoplasm of bladder	
C79.19	Diagnosis	ICD-10-CM	Secondary malignant neoplasm of other urinary organs	
C79.2	Diagnosis	ICD-10-CM	Secondary malignant neoplasm of skin	
C79.31	Diagnosis	ICD-10-CM	Secondary malignant neoplasm of brain	
C79.32	Diagnosis	ICD-10-CM	Secondary malignant neoplasm of cerebral meninges	
C79.40	Diagnosis	ICD-10-CM	Secondary malignant neoplasm of unspecified part of nervous system	
C79.49	Diagnosis	ICD-10-CM	Secondary malignant neoplasm of other parts of nervous system	
C79.51	Diagnosis	ICD-10-CM	Secondary malignant neoplasm of bone	
C79.52	Diagnosis	ICD-10-CM	Secondary malignant neoplasm of bone marrow	
C79.60	Diagnosis	ICD-10-CM	Secondary malignant neoplasm of unspecified ovary	
C79.61	Diagnosis	ICD-10-CM	Secondary malignant neoplasm of right ovary	
C79.62	Diagnosis	ICD-10-CM	Secondary malignant neoplasm of left ovary	
C79.70	Diagnosis	ICD-10-CM	Secondary malignant neoplasm of unspecified adrenal gland	
C79.71	Diagnosis	ICD-10-CM	Secondary malignant neoplasm of right adrenal gland	
C79.72	Diagnosis	ICD-10-CM	Secondary malignant neoplasm of left adrenal gland	
C79.81	Diagnosis	ICD-10-CM	Secondary malignant neoplasm of breast	
C79.82	Diagnosis	ICD-10-CM	Secondary malignant neoplasm of genital organs	
C79.89	Diagnosis	ICD-10-CM	Secondary malignant neoplasm of other specified sites	
C79.9	Diagnosis	ICD-10-CM	Secondary malignant neoplasm of unspecified site	
C7A.00	Diagnosis	ICD-10-CM	Malignant carcinoid tumor of unspecified site	
C7A.010	Diagnosis	ICD-10-CM	Malignant carcinoid tumor of the duodenum	
C7A.011	Diagnosis	ICD-10-CM	Malignant carcinoid tumor of the jejunum	
C7A.012	Diagnosis	ICD-10-CM	Malignant carcinoid tumor of the ileum	

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
C7A.019	Diagnosis	ICD-10-CM	Malignant carcinoid tumor of the small intestine, unspecified portion
C7A.020	Diagnosis	ICD-10-CM	Malignant carcinoid tumor of the appendix
C7A.021	Diagnosis	ICD-10-CM	Malignant carcinoid tumor of the cecum
C7A.022	Diagnosis	ICD-10-CM	Malignant carcinoid tumor of the ascending colon
C7A.023	Diagnosis	ICD-10-CM	Malignant carcinoid tumor of the transverse colon
C7A.024	Diagnosis	ICD-10-CM	Malignant carcinoid tumor of the descending colon
C7A.025	Diagnosis	ICD-10-CM	Malignant carcinoid tumor of the sigmoid colon
C7A.026	Diagnosis	ICD-10-CM	Malignant carcinoid tumor of the rectum
C7A.029	Diagnosis	ICD-10-CM	Malignant carcinoid tumor of the large intestine, unspecified portion
C7A.090	Diagnosis	ICD-10-CM	Malignant carcinoid tumor of the bronchus and lung
C7A.091	Diagnosis	ICD-10-CM	Malignant carcinoid tumor of the thymus
C7A.092	Diagnosis	ICD-10-CM	Malignant carcinoid tumor of the stomach
C7A.093	Diagnosis	ICD-10-CM	Malignant carcinoid tumor of the kidney
C7A.094	Diagnosis	ICD-10-CM	Malignant carcinoid tumor of the foregut, unspecified
C7A.095	Diagnosis	ICD-10-CM	Malignant carcinoid tumor of the midgut, unspecified
C7A.096	Diagnosis	ICD-10-CM	Malignant carcinoid tumor of the hindgut, unspecified
C7A.098	Diagnosis	ICD-10-CM	Malignant carcinoid tumors of other sites
C7A.1	Diagnosis	ICD-10-CM	Malignant poorly differentiated neuroendocrine tumors
C7A.8	Diagnosis	ICD-10-CM	Other malignant neuroendocrine tumors
C7B.00	Diagnosis	ICD-10-CM	Secondary carcinoid tumors, unspecified site
C7B.01	Diagnosis	ICD-10-CM	Secondary carcinoid tumors of distant lymph nodes
C7B.02	Diagnosis	ICD-10-CM	Secondary carcinoid tumors of liver
C7B.03	Diagnosis	ICD-10-CM	Secondary carcinoid tumors of bone
C7B.04	Diagnosis	ICD-10-CM	Secondary carcinoid tumors of peritoneum
C7B.09	Diagnosis	ICD-10-CM	Secondary carcinoid tumors of other sites
C7B.1	Diagnosis	ICD-10-CM	Secondary Merkel cell carcinoma
C7B.8	Diagnosis	ICD-10-CM	Other secondary neuroendocrine tumors
C80.0	Diagnosis	ICD-10-CM	Disseminated malignant neoplasm, unspecified
C80.1	Diagnosis	ICD-10-CM	Malignant (primary) neoplasm, unspecified
C80.2	Diagnosis	ICD-10-CM	Malignant neoplasm associated with transplanted organ
C81.00	Diagnosis	ICD-10-CM	Nodular lymphocyte predominant Hodgkin lymphoma, unspecified site
C81.01	Diagnosis	ICD-10-CM	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.02	Diagnosis	ICD-10-CM	Nodular lymphocyte predominant Hodgkin lymphoma, intrathoracic lymph nodes
C81.03	Diagnosis	ICD-10-CM	Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes
C81.04	Diagnosis	ICD-10-CM	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.05	Diagnosis	ICD-10-CM	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.06	Diagnosis	ICD-10-CM	Nodular lymphocyte predominant Hodgkin lymphoma, intrapelvic lymph nodes
C81.07	Diagnosis	ICD-10-CM	Nodular lymphocyte predominant Hodgkin lymphoma, spleen
C81.08	Diagnosis	ICD-10-CM	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
C81.09	Diagnosis	ICD-10-CM	Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites
C81.10	Diagnosis	ICD-10-CM	Nodular sclerosis Hodgkin lymphoma, unspecified site
C81.11	Diagnosis	ICD-10-CM	Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.12	Diagnosis	ICD-10-CM	Nodular sclerosis Hodgkin lymphoma, intrathoracic lymph nodes
C81.13	Diagnosis	ICD-10-CM	Nodular sclerosis Hodgkin lymphoma, intra-abdominal lymph nodes
C81.14	Diagnosis	ICD-10-CM	Nodular sclerosis Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.15	Diagnosis	ICD-10-CM	Nodular sclerosis Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.16	Diagnosis	ICD-10-CM	Nodular sclerosis Hodgkin lymphoma, intrapelvic lymph nodes
C81.17	Diagnosis	ICD-10-CM	Nodular sclerosis Hodgkin lymphoma, spleen
C81.18	Diagnosis	ICD-10-CM	Nodular sclerosis Hodgkin lymphoma, lymph nodes of multiple sites
C81.19	Diagnosis	ICD-10-CM	Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites
C81.20	Diagnosis	ICD-10-CM	Mixed cellularity Hodgkin lymphoma, unspecified site
C81.21	Diagnosis	ICD-10-CM	Mixed cellularity Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.22	Diagnosis	ICD-10-CM	Mixed cellularity Hodgkin lymphoma, intrathoracic lymph nodes
C81.23	Diagnosis	ICD-10-CM	Mixed cellularity Hodgkin lymphoma, intra-abdominal lymph nodes
C81.24	Diagnosis	ICD-10-CM	Mixed cellularity Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.25	Diagnosis	ICD-10-CM	Mixed cellularity Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.26	Diagnosis	ICD-10-CM	Mixed cellularity Hodgkin lymphoma, intrapelvic lymph nodes
C81.27	Diagnosis	ICD-10-CM	Mixed cellularity Hodgkin lymphoma, spleen
C81.28	Diagnosis	ICD-10-CM	Mixed cellularity Hodgkin lymphoma, lymph nodes of multiple sites
C81.29	Diagnosis	ICD-10-CM	Mixed cellularity Hodgkin lymphoma, extranodal and solid organ sites
C81.30	Diagnosis	ICD-10-CM	Lymphocyte depleted Hodgkin lymphoma, unspecified site
C81.31	Diagnosis	ICD-10-CM	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.32	Diagnosis	ICD-10-CM	Lymphocyte depleted Hodgkin lymphoma, intrathoracic lymph nodes
C81.33	Diagnosis	ICD-10-CM	Lymphocyte depleted Hodgkin lymphoma, intra-abdominal lymph nodes
C81.34	Diagnosis	ICD-10-CM	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.35	Diagnosis	ICD-10-CM	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.36	Diagnosis	ICD-10-CM	Lymphocyte depleted Hodgkin lymphoma, intrapelvic lymph nodes
C81.37	Diagnosis	ICD-10-CM	Lymphocyte depleted Hodgkin lymphoma, spleen
C81.38	Diagnosis	ICD-10-CM	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of multiple sites
C81.39	Diagnosis	ICD-10-CM	Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites
C81.40	Diagnosis	ICD-10-CM	Lymphocyte-rich Hodgkin lymphoma, unspecified site
C81.41	Diagnosis	ICD-10-CM	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.42	Diagnosis	ICD-10-CM	Lymphocyte-rich Hodgkin lymphoma, intrathoracic lymph nodes
C81.43	Diagnosis	ICD-10-CM	Lymphocyte-rich Hodgkin lymphoma, intra-abdominal lymph nodes
C81.44	Diagnosis	ICD-10-CM	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.45	Diagnosis	ICD-10-CM	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.46	Diagnosis	ICD-10-CM	Lymphocyte-rich Hodgkin lymphoma, intrapelvic lymph nodes
C81.47	Diagnosis	ICD-10-CM	Lymphocyte-rich Hodgkin lymphoma, spleen
C81.48	Diagnosis	ICD-10-CM	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of multiple sites
C81.49	Diagnosis	ICD-10-CM	Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites
C81.70	Diagnosis	ICD-10-CM	Other Hodgkin lymphoma, unspecified site

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
C81.71	Diagnosis	ICD-10-CM	Other Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.72	Diagnosis	ICD-10-CM	Other Hodgkin lymphoma, intrathoracic lymph nodes
C81.73	Diagnosis	ICD-10-CM	Other Hodgkin lymphoma, intra-abdominal lymph nodes
C81.74	Diagnosis	ICD-10-CM	Other Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.75	Diagnosis	ICD-10-CM	Other Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.76	Diagnosis	ICD-10-CM	Other Hodgkin lymphoma, intrapelvic lymph nodes
C81.77	Diagnosis	ICD-10-CM	Other Hodgkin lymphoma, spleen
C81.78	Diagnosis	ICD-10-CM	Other Hodgkin lymphoma, lymph nodes of multiple sites
C81.79	Diagnosis	ICD-10-CM	Other Hodgkin lymphoma, extranodal and solid organ sites
C81.90	Diagnosis	ICD-10-CM	Hodgkin lymphoma, unspecified, unspecified site
C81.91	Diagnosis	ICD-10-CM	Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck
C81.92	Diagnosis	ICD-10-CM	Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
C81.93	Diagnosis	ICD-10-CM	Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes
C81.94	Diagnosis	ICD-10-CM	Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
C81.95	Diagnosis	ICD-10-CM	Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C81.96	Diagnosis	ICD-10-CM	Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
C81.97	Diagnosis	ICD-10-CM	Hodgkin lymphoma, unspecified, spleen
C81.98	Diagnosis	ICD-10-CM	Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
C81.99	Diagnosis	ICD-10-CM	Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C82.00	Diagnosis	ICD-10-CM	Follicular lymphoma grade I, unspecified site
C82.01	Diagnosis	ICD-10-CM	Follicular lymphoma grade I, lymph nodes of head, face, and neck
C82.02	Diagnosis	ICD-10-CM	Follicular lymphoma grade I, intrathoracic lymph nodes
C82.03	Diagnosis	ICD-10-CM	Follicular lymphoma grade I, intra-abdominal lymph nodes
C82.04	Diagnosis	ICD-10-CM	Follicular lymphoma grade I, lymph nodes of axilla and upper limb
C82.05	Diagnosis	ICD-10-CM	Follicular lymphoma grade I, lymph nodes of inguinal region and lower limb
C82.06	Diagnosis	ICD-10-CM	Follicular lymphoma grade I, intrapelvic lymph nodes
C82.07	Diagnosis	ICD-10-CM	Follicular lymphoma grade I, spleen
C82.08	Diagnosis	ICD-10-CM	Follicular lymphoma grade I, lymph nodes of multiple sites
C82.09	Diagnosis	ICD-10-CM	Follicular lymphoma grade I, extranodal and solid organ sites
C82.10	Diagnosis	ICD-10-CM	Follicular lymphoma grade II, unspecified site
C82.11	Diagnosis	ICD-10-CM	Follicular lymphoma grade II, lymph nodes of head, face, and neck
C82.12	Diagnosis	ICD-10-CM	Follicular lymphoma grade II, intrathoracic lymph nodes
C82.13	Diagnosis	ICD-10-CM	Follicular lymphoma grade II, intra-abdominal lymph nodes
C82.14	Diagnosis	ICD-10-CM	Follicular lymphoma grade II, lymph nodes of axilla and upper limb
C82.15	Diagnosis	ICD-10-CM	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb
C82.16	Diagnosis	ICD-10-CM	Follicular lymphoma grade II, intrapelvic lymph nodes
C82.17	Diagnosis	ICD-10-CM	Follicular lymphoma grade II, spleen
C82.18	Diagnosis	ICD-10-CM	Follicular lymphoma grade II, lymph nodes of multiple sites
C82.19	Diagnosis	ICD-10-CM	Follicular lymphoma grade II, extranodal and solid organ sites
C82.20	Diagnosis	ICD-10-CM	Follicular lymphoma grade III, unspecified, unspecified site
C82.21	Diagnosis	ICD-10-CM	Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck
C82.22	Diagnosis	ICD-10-CM	Follicular lymphoma grade III, unspecified, intrathoracic lymph nodes

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
C82.23	Diagnosis	ICD-10-CM	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes
C82.24	Diagnosis	ICD-10-CM	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb
C82.25	Diagnosis	ICD-10-CM	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb
C82.26	Diagnosis	ICD-10-CM	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes
C82.27	Diagnosis	ICD-10-CM	Follicular lymphoma grade III, unspecified, spleen
C82.28	Diagnosis	ICD-10-CM	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites
C82.29	Diagnosis	ICD-10-CM	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites
C82.30	Diagnosis	ICD-10-CM	Follicular lymphoma grade IIIa, unspecified site
C82.31	Diagnosis	ICD-10-CM	Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck
C82.32	Diagnosis	ICD-10-CM	Follicular lymphoma grade IIIa, intrathoracic lymph nodes
C82.33	Diagnosis	ICD-10-CM	Follicular lymphoma grade IIIa, intra-abdominal lymph nodes
C82.34	Diagnosis	ICD-10-CM	Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb
C82.35	Diagnosis	ICD-10-CM	Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb
C82.36	Diagnosis	ICD-10-CM	Follicular lymphoma grade IIIa, intrapelvic lymph nodes
C82.37	Diagnosis	ICD-10-CM	Follicular lymphoma grade IIIa, spleen
C82.38	Diagnosis	ICD-10-CM	Follicular lymphoma grade IIIa, lymph nodes of multiple sites
C82.39	Diagnosis	ICD-10-CM	Follicular lymphoma grade IIIa, extranodal and solid organ sites
C82.40	Diagnosis	ICD-10-CM	Follicular lymphoma grade IIIb, unspecified site
C82.41	Diagnosis	ICD-10-CM	Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck
C82.42	Diagnosis	ICD-10-CM	Follicular lymphoma grade IIIb, intrathoracic lymph nodes
C82.43	Diagnosis	ICD-10-CM	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes
C82.44	Diagnosis	ICD-10-CM	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb
C82.45	Diagnosis	ICD-10-CM	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb
C82.46	Diagnosis	ICD-10-CM	Follicular lymphoma grade IIIb, intrapelvic lymph nodes
C82.47	Diagnosis	ICD-10-CM	Follicular lymphoma grade IIIb, spleen
C82.48	Diagnosis	ICD-10-CM	Follicular lymphoma grade IIIb, lymph nodes of multiple sites
C82.49	Diagnosis	ICD-10-CM	Follicular lymphoma grade IIIb, extranodal and solid organ sites
C82.50	Diagnosis	ICD-10-CM	Diffuse follicle center lymphoma, unspecified site
C82.51	Diagnosis	ICD-10-CM	Diffuse follicle center lymphoma, lymph nodes of head, face, and neck
C82.52	Diagnosis	ICD-10-CM	Diffuse follicle center lymphoma, intrathoracic lymph nodes
C82.53	Diagnosis	ICD-10-CM	Diffuse follicle center lymphoma, intra-abdominal lymph nodes
C82.54	Diagnosis	ICD-10-CM	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb
C82.55	Diagnosis	ICD-10-CM	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.56	Diagnosis	ICD-10-CM	Diffuse follicle center lymphoma, intrapelvic lymph nodes
C82.57	Diagnosis	ICD-10-CM	Diffuse follicle center lymphoma, spleen
C82.58	Diagnosis	ICD-10-CM	Diffuse follicle center lymphoma, lymph nodes of multiple sites
C82.59	Diagnosis	ICD-10-CM	Diffuse follicle center lymphoma, extranodal and solid organ sites
C82.60	Diagnosis	ICD-10-CM	Cutaneous follicle center lymphoma, unspecified site
C82.61	Diagnosis	ICD-10-CM	Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck
C82.62	Diagnosis	ICD-10-CM	Cutaneous follicle center lymphoma, intrathoracic lymph nodes
C82.63	Diagnosis	ICD-10-CM	Cutaneous follicle center lymphoma, intra-abdominal lymph nodes

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
C82.64	Diagnosis	ICD-10-CM	Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb
C82.65	Diagnosis	ICD-10-CM	Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.66	Diagnosis	ICD-10-CM	Cutaneous follicle center lymphoma, intrapelvic lymph nodes
C82.67	Diagnosis	ICD-10-CM	Cutaneous follicle center lymphoma, spleen
C82.68	Diagnosis	ICD-10-CM	Cutaneous follicle center lymphoma, lymph nodes of multiple sites
C82.69	Diagnosis	ICD-10-CM	Cutaneous follicle center lymphoma, extranodal and solid organ sites
C82.80	Diagnosis	ICD-10-CM	Other types of follicular lymphoma, unspecified site
C82.81	Diagnosis	ICD-10-CM	Other types of follicular lymphoma, lymph nodes of head, face, and neck
C82.82	Diagnosis	ICD-10-CM	Other types of follicular lymphoma, intrathoracic lymph nodes
C82.83	Diagnosis	ICD-10-CM	Other types of follicular lymphoma, intra-abdominal lymph nodes
C82.84	Diagnosis	ICD-10-CM	Other types of follicular lymphoma, lymph nodes of axilla and upper limb
C82.85	Diagnosis	ICD-10-CM	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb
C82.86	Diagnosis	ICD-10-CM	Other types of follicular lymphoma, intrapelvic lymph nodes
C82.87	Diagnosis	ICD-10-CM	Other types of follicular lymphoma, spleen
C82.88	Diagnosis	ICD-10-CM	Other types of follicular lymphoma, lymph nodes of multiple sites
C82.89	Diagnosis	ICD-10-CM	Other types of follicular lymphoma, extranodal and solid organ sites
C82.90	Diagnosis	ICD-10-CM	Follicular lymphoma, unspecified, unspecified site
C82.91	Diagnosis	ICD-10-CM	Follicular lymphoma, unspecified, lymph nodes of head, face, and neck
C82.92	Diagnosis	ICD-10-CM	Follicular lymphoma, unspecified, intrathoracic lymph nodes
C82.93	Diagnosis	ICD-10-CM	Follicular lymphoma, unspecified, intra-abdominal lymph nodes
C82.94	Diagnosis	ICD-10-CM	Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb
C82.95	Diagnosis	ICD-10-CM	Follicular lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C82.96	Diagnosis	ICD-10-CM	Follicular lymphoma, unspecified, intrapelvic lymph nodes
C82.97	Diagnosis	ICD-10-CM	Follicular lymphoma, unspecified, spleen
C82.98	Diagnosis	ICD-10-CM	Follicular lymphoma, unspecified, lymph nodes of multiple sites
C82.99	Diagnosis	ICD-10-CM	Follicular lymphoma, unspecified, extranodal and solid organ sites
C83.00	Diagnosis	ICD-10-CM	Small cell B-cell lymphoma, unspecified site
C83.01	Diagnosis	ICD-10-CM	Small cell B-cell lymphoma, lymph nodes of head, face, and neck
C83.02	Diagnosis	ICD-10-CM	Small cell B-cell lymphoma, intrathoracic lymph nodes
C83.03	Diagnosis	ICD-10-CM	Small cell B-cell lymphoma, intra-abdominal lymph nodes
C83.04	Diagnosis	ICD-10-CM	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb
C83.05	Diagnosis	ICD-10-CM	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.06	Diagnosis	ICD-10-CM	Small cell B-cell lymphoma, intrapelvic lymph nodes
C83.07	Diagnosis	ICD-10-CM	Small cell B-cell lymphoma, spleen
C83.08	Diagnosis	ICD-10-CM	Small cell B-cell lymphoma, lymph nodes of multiple sites
C83.09	Diagnosis	ICD-10-CM	Small cell B-cell lymphoma, extranodal and solid organ sites
C83.10	Diagnosis	ICD-10-CM	Mantle cell lymphoma, unspecified site
C83.11	Diagnosis	ICD-10-CM	Mantle cell lymphoma, lymph nodes of head, face, and neck
C83.12	Diagnosis	ICD-10-CM	Mantle cell lymphoma, intrathoracic lymph nodes
C83.13	Diagnosis	ICD-10-CM	Mantle cell lymphoma, intra-abdominal lymph nodes
C83.14	Diagnosis	ICD-10-CM	Mantle cell lymphoma, lymph nodes of axilla and upper limb
C83.15	Diagnosis	ICD-10-CM	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code		Code	Description
Code	Category	Code Type	
C83.16	Diagnosis	ICD-10-CM	Mantle cell lymphoma, intrapelvic lymph nodes
C83.17	Diagnosis	ICD-10-CM	Mantle cell lymphoma, spleen
C83.18	Diagnosis	ICD-10-CM	Mantle cell lymphoma, lymph nodes of multiple sites
C83.19	Diagnosis	ICD-10-CM	Mantle cell lymphoma, extranodal and solid organ sites
C83.30	Diagnosis	ICD-10-CM	Diffuse large B-cell lymphoma, unspecified site
C83.31	Diagnosis	ICD-10-CM	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck
C83.32	Diagnosis	ICD-10-CM	Diffuse large B-cell lymphoma, intrathoracic lymph nodes
C83.33	Diagnosis	ICD-10-CM	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes
C83.34	Diagnosis	ICD-10-CM	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb
C83.35	Diagnosis	ICD-10-CM	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.36	Diagnosis	ICD-10-CM	Diffuse large B-cell lymphoma, intrapelvic lymph nodes
C83.37	Diagnosis	ICD-10-CM	Diffuse large B-cell lymphoma, spleen
C83.38	Diagnosis	ICD-10-CM	Diffuse large B-cell lymphoma, lymph nodes of multiple sites
C83.39	Diagnosis	ICD-10-CM	Diffuse large B-cell lymphoma, extranodal and solid organ sites
C83.50	Diagnosis	ICD-10-CM	Lymphoblastic (diffuse) lymphoma, unspecified site
C83.51	Diagnosis	ICD-10-CM	Lymphoblastic (diffuse) lymphoma, lymph nodes of head, face, and neck
C83.52	Diagnosis	ICD-10-CM	Lymphoblastic (diffuse) lymphoma, intrathoracic lymph nodes
C83.53	Diagnosis	ICD-10-CM	Lymphoblastic (diffuse) lymphoma, intra-abdominal lymph nodes
C83.54	Diagnosis	ICD-10-CM	Lymphoblastic (diffuse) lymphoma, lymph nodes of axilla and upper limb
C83.55	Diagnosis	ICD-10-CM	Lymphoblastic (diffuse) lymphoma, lymph nodes of inguinal region and lower limb
C83.56	Diagnosis	ICD-10-CM	Lymphoblastic (diffuse) lymphoma, intrapelvic lymph nodes
C83.57	Diagnosis	ICD-10-CM	Lymphoblastic (diffuse) lymphoma, spleen
C83.58	Diagnosis	ICD-10-CM	Lymphoblastic (diffuse) lymphoma, lymph nodes of multiple sites
C83.59	Diagnosis	ICD-10-CM	Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites
C83.70	Diagnosis	ICD-10-CM	Burkitt lymphoma, unspecified site
C83.71	Diagnosis	ICD-10-CM	Burkitt lymphoma, lymph nodes of head, face, and neck
C83.72	Diagnosis	ICD-10-CM	Burkitt lymphoma, intrathoracic lymph nodes
C83.73	Diagnosis	ICD-10-CM	Burkitt lymphoma, intra-abdominal lymph nodes
C83.74	Diagnosis	ICD-10-CM	Burkitt lymphoma, lymph nodes of axilla and upper limb
C83.75	Diagnosis	ICD-10-CM	Burkitt lymphoma, lymph nodes of inguinal region and lower limb
C83.76	Diagnosis	ICD-10-CM	Burkitt lymphoma, intrapelvic lymph nodes
C83.77	Diagnosis	ICD-10-CM	Burkitt lymphoma, spleen
C83.78	Diagnosis	ICD-10-CM	Burkitt lymphoma, lymph nodes of multiple sites
C83.79	Diagnosis	ICD-10-CM	Burkitt lymphoma, extranodal and solid organ sites
C83.80	Diagnosis	ICD-10-CM	Other non-follicular lymphoma, unspecified site
C83.81	Diagnosis	ICD-10-CM	Other non-follicular lymphoma, lymph nodes of head, face, and neck
C83.82	Diagnosis	ICD-10-CM	Other non-follicular lymphoma, intrathoracic lymph nodes
C83.83	Diagnosis	ICD-10-CM	Other non-follicular lymphoma, intra-abdominal lymph nodes
C83.84	Diagnosis	ICD-10-CM	Other non-follicular lymphoma, lymph nodes of axilla and upper limb
C83.85	Diagnosis	ICD-10-CM	Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb
C83.86	Diagnosis	ICD-10-CM	Other non-follicular lymphoma, intrapelvic lymph nodes
C83.87	Diagnosis	ICD-10-CM	Other non-follicular lymphoma, spleen

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
C83.88	Diagnosis	ICD-10-CM	Other non-follicular lymphoma, lymph nodes of multiple sites
C83.89	Diagnosis	ICD-10-CM	Other non-follicular lymphoma, extranodal and solid organ sites
C83.90	Diagnosis	ICD-10-CM	Non-follicular (diffuse) lymphoma, unspecified, unspecified site
C83.91	Diagnosis	ICD-10-CM	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face, and neck
C83.92	Diagnosis	ICD-10-CM	Non-follicular (diffuse) lymphoma, unspecified, intrathoracic lymph nodes
C83.93	Diagnosis	ICD-10-CM	Non-follicular (diffuse) lymphoma, unspecified, intra-abdominal lymph nodes
C83.94	Diagnosis	ICD-10-CM	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of axilla and upper limb Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C83.95	Diagnosis	ICD-10-CM	limb
C83.96	Diagnosis	ICD-10-CM	Non-follicular (diffuse) lymphoma, unspecified, intrapelvic lymph nodes
C83.97	Diagnosis	ICD-10-CM	Non-follicular (diffuse) lymphoma, unspecified, spleen
C83.98	Diagnosis	ICD-10-CM	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of multiple sites
C83.99	Diagnosis	ICD-10-CM	Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites
C84.00	Diagnosis	ICD-10-CM	Mycosis fungoides, unspecified site
C84.01	Diagnosis	ICD-10-CM	Mycosis fungoides, lymph nodes of head, face, and neck
C84.02	Diagnosis	ICD-10-CM	Mycosis fungoides, intrathoracic lymph nodes
C84.03	Diagnosis	ICD-10-CM	Mycosis fungoides, intra-abdominal lymph nodes
C84.04	Diagnosis	ICD-10-CM	Mycosis fungoides, lymph nodes of axilla and upper limb
C84.05	Diagnosis	ICD-10-CM	Mycosis fungoides, lymph nodes of inguinal region and lower limb
C84.06	Diagnosis	ICD-10-CM	Mycosis fungoides, intrapelvic lymph nodes
C84.07	Diagnosis	ICD-10-CM	Mycosis fungoides, spleen
C84.08	Diagnosis	ICD-10-CM	Mycosis fungoides, lymph nodes of multiple sites
C84.09	Diagnosis	ICD-10-CM	Mycosis fungoides, extranodal and solid organ sites
C84.10	Diagnosis	ICD-10-CM	Sezary disease, unspecified site
C84.11	Diagnosis	ICD-10-CM	Sezary disease, lymph nodes of head, face, and neck
C84.12	Diagnosis	ICD-10-CM	Sezary disease, intrathoracic lymph nodes
C84.13	Diagnosis	ICD-10-CM	Sezary disease, intra-abdominal lymph nodes
C84.14	Diagnosis	ICD-10-CM	Sezary disease, lymph nodes of axilla and upper limb
C84.15	Diagnosis	ICD-10-CM	Sezary disease, lymph nodes of inguinal region and lower limb
C84.16	Diagnosis	ICD-10-CM	Sezary disease, intrapelvic lymph nodes
C84.17	Diagnosis	ICD-10-CM	Sezary disease, spleen
C84.18	Diagnosis	ICD-10-CM	Sezary disease, lymph nodes of multiple sites
C84.19	Diagnosis	ICD-10-CM	Sezary disease, extranodal and solid organ sites
C84.40	Diagnosis	ICD-10-CM	Peripheral T-cell lymphoma, not classified, unspecified site
C84.41	Diagnosis	ICD-10-CM	Peripheral T-cell lymphoma, not classified, lymph nodes of head, face, and neck
C84.42	Diagnosis	ICD-10-CM	Peripheral T-cell lymphoma, not classified, intrathoracic lymph nodes
C84.43	Diagnosis	ICD-10-CM	Peripheral T-cell lymphoma, not classified, intra-abdominal lymph nodes
C84.44	Diagnosis	ICD-10-CM	Peripheral T-cell lymphoma, not classified, lymph nodes of axilla and upper limb
C84.45	Diagnosis	ICD-10-CM	Peripheral T-cell lymphoma, not classified, lymph nodes of inguinal region and lower limb
C84.46	Diagnosis	ICD-10-CM	Peripheral T-cell lymphoma, not classified, intrapelvic lymph nodes
C84.47	Diagnosis	ICD-10-CM	Peripheral T-cell lymphoma, not classified, spleen

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
C84.48	Diagnosis	ICD-10-CM	Peripheral T-cell lymphoma, not classified, lymph nodes of multiple sites
C84.49	Diagnosis	ICD-10-CM	Peripheral T-cell lymphoma, not classified, extranodal and solid organ sites
C84.60	Diagnosis	ICD-10-CM	Anaplastic large cell lymphoma, ALK-positive, unspecified site
C84.61	Diagnosis	ICD-10-CM	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck
C84.62	Diagnosis	ICD-10-CM	Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes
C84.63	Diagnosis	ICD-10-CM	Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes
C84.64	Diagnosis	ICD-10-CM	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb
C84.65	Diagnosis	ICD-10-CM	
C84.66	Diagnosis	ICD-10-CM	Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes
C84.67	Diagnosis	ICD-10-CM	Anaplastic large cell lymphoma, ALK-positive, spleen
C84.68	Diagnosis	ICD-10-CM	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites
C84.69	Diagnosis	ICD-10-CM	Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites
C84.70	Diagnosis	ICD-10-CM	Anaplastic large cell lymphoma, ALK-negative, unspecified site
C84.71	Diagnosis	ICD-10-CM	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face, and neck
C84.72	Diagnosis	ICD-10-CM	Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes
C84.73	Diagnosis	ICD-10-CM	Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes
C84.74	Diagnosis	ICD-10-CM	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and lower limb
C84.75	Diagnosis	ICD-10-CM	
C84.76	Diagnosis	ICD-10-CM	Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes
C84.77	Diagnosis	ICD-10-CM	Anaplastic large cell lymphoma, ALK-negative, spleen
C84.78	Diagnosis	ICD-10-CM	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites
C84.79	Diagnosis	ICD-10-CM	Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites
C84.90	Diagnosis	ICD-10-CM	Mature T/NK-cell lymphomas, unspecified, unspecified site
C84.91	Diagnosis	ICD-10-CM	Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face, and neck
C84.92	Diagnosis	ICD-10-CM	Mature T/NK-cell lymphomas, unspecified, intrathoracic lymph nodes
C84.93	Diagnosis	ICD-10-CM	Mature T/NK-cell lymphomas, unspecified, intra-abdominal lymph nodes
C84.94	Diagnosis	ICD-10-CM	Mature T/NK-cell lymphomas, unspecified, lymph nodes of axilla and upper limb
C84.95	Diagnosis	ICD-10-CM	Mature T/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower limb
C84.96	Diagnosis	ICD-10-CM	Mature T/NK-cell lymphomas, unspecified, intrapelvic lymph nodes
C84.97	Diagnosis	ICD-10-CM	Mature T/NK-cell lymphomas, unspecified, spleen
C84.98	Diagnosis	ICD-10-CM	Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites
C84.99	Diagnosis	ICD-10-CM	Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites
C84.A0	Diagnosis	ICD-10-CM	Cutaneous T-cell lymphoma, unspecified, unspecified site
C84.A1	Diagnosis	ICD-10-CM	Cutaneous T-cell lymphoma, unspecified lymph nodes of head, face, and neck
C84.A2	Diagnosis	ICD-10-CM	Cutaneous T-cell lymphoma, unspecified, intrathoracic lymph nodes
C84.A3	Diagnosis	ICD-10-CM	Cutaneous T-cell lymphoma, unspecified, intra-abdominal lymph nodes
C84.A4	Diagnosis	ICD-10-CM	Cutaneous T-cell lymphoma, unspecified, lymph nodes of axilla and upper limb
C84.A5	Diagnosis	ICD-10-CM	Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C84.A6	Diagnosis	ICD-10-CM	Cutaneous T-cell lymphoma, unspecified, intrapelvic lymph nodes

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
C84.A7	Diagnosis	ICD-10-CM	Cutaneous T-cell lymphoma, unspecified, spleen
C84.A8	Diagnosis	ICD-10-CM	Cutaneous T-cell lymphoma, unspecified, lymph nodes of multiple sites
C84.A9	Diagnosis	ICD-10-CM	Cutaneous T-cell lymphoma, unspecified, extranodal and solid organ sites
C84.Z0	Diagnosis	ICD-10-CM	Other mature T/NK-cell lymphomas, unspecified site
C84.Z1	Diagnosis	ICD-10-CM	Other mature T/NK-cell lymphomas, lymph nodes of head, face, and neck
C84.Z2	Diagnosis	ICD-10-CM	Other mature T/NK-cell lymphomas, intrathoracic lymph nodes
C84.Z3	Diagnosis	ICD-10-CM	Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes
C84.Z4	Diagnosis	ICD-10-CM	Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb
C84.Z5	Diagnosis	ICD-10-CM	Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb
C84.Z6	Diagnosis	ICD-10-CM	Other mature T/NK-cell lymphomas, intrapelvic lymph nodes
C84.Z7	Diagnosis	ICD-10-CM	Other mature T/NK-cell lymphomas, spleen
C84.Z8	Diagnosis	ICD-10-CM	Other mature T/NK-cell lymphomas, lymph nodes of multiple sites
C84.Z9	Diagnosis	ICD-10-CM	Other mature T/NK-cell lymphomas, extranodal and solid organ sites
C85.10	Diagnosis	ICD-10-CM	Unspecified B-cell lymphoma, unspecified site
C85.11	Diagnosis	ICD-10-CM	Unspecified B-cell lymphoma, lymph nodes of head, face, and neck
C85.12	Diagnosis	ICD-10-CM	Unspecified B-cell lymphoma, intrathoracic lymph nodes
C85.13	Diagnosis	ICD-10-CM	Unspecified B-cell lymphoma, intra-abdominal lymph nodes
C85.14	Diagnosis	ICD-10-CM	Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb
C85.15	Diagnosis	ICD-10-CM	Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.16	Diagnosis	ICD-10-CM	Unspecified B-cell lymphoma, intrapelvic lymph nodes
C85.17	Diagnosis	ICD-10-CM	Unspecified B-cell lymphoma, spleen
C85.18	Diagnosis	ICD-10-CM	Unspecified B-cell lymphoma, lymph nodes of multiple sites
C85.19	Diagnosis	ICD-10-CM	Unspecified B-cell lymphoma, extranodal and solid organ sites
C85.20	Diagnosis	ICD-10-CM	Mediastinal (thymic) large B-cell lymphoma, unspecified site
C85.21	Diagnosis	ICD-10-CM	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck
C85.22	Diagnosis	ICD-10-CM	Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes
C85.23	Diagnosis	ICD-10-CM	Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes
C85.24	Diagnosis	ICD-10-CM	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.25	Diagnosis	ICD-10-CM	limb
C85.26	Diagnosis	ICD-10-CM	Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes
C85.27	Diagnosis	ICD-10-CM	Mediastinal (thymic) large B-cell lymphoma, spleen
C85.28	Diagnosis	ICD-10-CM	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites
C85.29	Diagnosis	ICD-10-CM	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites
C85.80	Diagnosis	ICD-10-CM	Other specified types of non-Hodgkin lymphoma, unspecified site
C85.81	Diagnosis	ICD-10-CM	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and neck
C85.82	Diagnosis	ICD-10-CM	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes
C85.83	Diagnosis	ICD-10-CM	Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes
C85.84	Diagnosis	ICD-10-CM	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C85.85	Diagnosis	ICD-10-CM	lower limb
C85.86	Diagnosis	ICD-10-CM	Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
C85.87	Diagnosis	ICD-10-CM	Other specified types of non-Hodgkin lymphoma, spleen
C85.88	Diagnosis	ICD-10-CM	Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites
C85.89	Diagnosis	ICD-10-CM	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites
C85.90	Diagnosis	ICD-10-CM	Non-Hodgkin lymphoma, unspecified, unspecified site
C85.91	Diagnosis	ICD-10-CM	Non-Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck
C85.92	Diagnosis	ICD-10-CM	Non-Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
C85.93	Diagnosis	ICD-10-CM	Non-Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes
C85.94	Diagnosis	ICD-10-CM	Non-Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
C85.95	Diagnosis	ICD-10-CM	Non-Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C85.96	Diagnosis	ICD-10-CM	Non-Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
C85.97	Diagnosis	ICD-10-CM	Non-Hodgkin lymphoma, unspecified, spleen
C85.98	Diagnosis	ICD-10-CM	Non-Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
C85.99	Diagnosis	ICD-10-CM	Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C86.0	Diagnosis	ICD-10-CM	Extranodal NK/T-cell lymphoma, nasal type
C86.1	Diagnosis	ICD-10-CM	Hepatosplenic T-cell lymphoma
C86.2	Diagnosis	ICD-10-CM	Enteropathy-type (intestinal) T-cell lymphoma
C86.3	Diagnosis	ICD-10-CM	Subcutaneous panniculitis-like T-cell lymphoma
C86.4	Diagnosis	ICD-10-CM	Blastic NK-cell lymphoma
C86.5	Diagnosis	ICD-10-CM	Angioimmunoblastic T-cell lymphoma
C86.6	Diagnosis	ICD-10-CM	Primary cutaneous CD30-positive T-cell proliferations
C88.2	Diagnosis	ICD-10-CM	Heavy chain disease
C88.3	Diagnosis	ICD-10-CM	Immunoproliferative small intestinal disease
C88.4	Diagnosis	ICD-10-CM	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma]
C88.8	Diagnosis	ICD-10-CM	Other malignant immunoproliferative diseases
C88.9	Diagnosis	ICD-10-CM	Malignant immunoproliferative disease, unspecified
C90.00	Diagnosis	ICD-10-CM	Multiple myeloma not having achieved remission
C90.01	Diagnosis	ICD-10-CM	Multiple myeloma in remission
C90.02	Diagnosis	ICD-10-CM	Multiple myeloma in relapse
C90.10	Diagnosis	ICD-10-CM	Plasma cell leukemia not having achieved remission
C90.11	Diagnosis	ICD-10-CM	Plasma cell leukemia in remission
C90.12	Diagnosis	ICD-10-CM	Plasma cell leukemia in relapse
C90.20	Diagnosis	ICD-10-CM	Extramedullary plasmacytoma not having achieved remission
C90.21	Diagnosis	ICD-10-CM	Extramedullary plasmacytoma in remission
C90.22	Diagnosis	ICD-10-CM	Extramedullary plasmacytoma in relapse
C90.30	Diagnosis	ICD-10-CM	Solitary plasmacytoma not having achieved remission
C90.31	Diagnosis	ICD-10-CM	Solitary plasmacytoma in remission
C90.32	Diagnosis	ICD-10-CM	Solitary plasmacytoma in relapse
C91.00	Diagnosis	ICD-10-CM	Acute lymphoblastic leukemia not having achieved remission
C91.01	Diagnosis	ICD-10-CM	Acute lymphoblastic leukemia, in remission
C91.02	Diagnosis	ICD-10-CM	Acute lymphoblastic leukemia, in relapse
C91.10	Diagnosis	ICD-10-CM	Chronic lymphocytic leukemia of B-cell type not having achieved remission

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

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

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
C92.61	Diagnosis	ICD-10-CM	Acute myeloid leukemia with 11q23-abnormality in remission
C92.62	Diagnosis	ICD-10-CM	Acute myeloid leukemia with 11q23-abnormality in relapse
C92.90	Diagnosis	ICD-10-CM	Myeloid leukemia, unspecified, not having achieved remission
C92.91	Diagnosis	ICD-10-CM	Myeloid leukemia, unspecified in remission
C92.92	Diagnosis	ICD-10-CM	Myeloid leukemia, unspecified in relapse
C92.A0	Diagnosis	ICD-10-CM	Acute myeloid leukemia with multilineage dysplasia, not having achieved remission
C92.A1	Diagnosis	ICD-10-CM	Acute myeloid leukemia with multilineage dysplasia, in remission
C92.A2	Diagnosis	ICD-10-CM	Acute myeloid leukemia with multilineage dysplasia, in relapse
C92.Z0	Diagnosis	ICD-10-CM	Other myeloid leukemia not having achieved remission
C92.Z1	Diagnosis	ICD-10-CM	Other myeloid leukemia, in remission
C92.Z2	Diagnosis	ICD-10-CM	Other myeloid leukemia, in relapse
C93.00	Diagnosis	ICD-10-CM	Acute monoblastic/monocytic leukemia, not having achieved remission
C93.01	Diagnosis	ICD-10-CM	Acute monoblastic/monocytic leukemia, in remission
C93.02	Diagnosis	ICD-10-CM	Acute monoblastic/monocytic leukemia, in relapse
C93.10	Diagnosis	ICD-10-CM	Chronic myelomonocytic leukemia not having achieved remission
C93.11	Diagnosis	ICD-10-CM	Chronic myelomonocytic leukemia, in remission
C93.12	Diagnosis	ICD-10-CM	Chronic myelomonocytic leukemia, in relapse
C93.30	Diagnosis	ICD-10-CM	Juvenile myelomonocytic leukemia, not having achieved remission
C93.31	Diagnosis	ICD-10-CM	Juvenile myelomonocytic leukemia, in remission
C93.32	Diagnosis	ICD-10-CM	Juvenile myelomonocytic leukemia, in relapse
C93.90	Diagnosis	ICD-10-CM	Monocytic leukemia, unspecified, not having achieved remission
C93.91	Diagnosis	ICD-10-CM	Monocytic leukemia, unspecified in remission
C93.92	Diagnosis	ICD-10-CM	Monocytic leukemia, unspecified in relapse
C93.Z0	Diagnosis	ICD-10-CM	Other monocytic leukemia, not having achieved remission
C93.Z1	Diagnosis	ICD-10-CM	Other monocytic leukemia, in remission
C93.Z2	Diagnosis	ICD-10-CM	Other monocytic leukemia, in relapse
C94.00	Diagnosis	ICD-10-CM	Acute erythroid leukemia, not having achieved remission
C94.01	Diagnosis	ICD-10-CM	Acute erythroid leukemia, in remission
C94.02	Diagnosis	ICD-10-CM	Acute erythroid leukemia, in relapse
C94.20	Diagnosis	ICD-10-CM	Acute megakaryoblastic leukemia not having achieved remission
C94.21	Diagnosis	ICD-10-CM	Acute megakaryoblastic leukemia, in remission
C94.22	Diagnosis	ICD-10-CM	Acute megakaryoblastic leukemia, in relapse
C94.30	Diagnosis	ICD-10-CM	Mast cell leukemia not having achieved remission
C94.31	Diagnosis	ICD-10-CM	Mast cell leukemia, in remission
C94.32	Diagnosis	ICD-10-CM	Mast cell leukemia, in relapse
C94.40	Diagnosis	ICD-10-CM	Acute panmyelosis with myelofibrosis not having achieved remission
C94.41	Diagnosis	ICD-10-CM	Acute panmyelosis with myelofibrosis, in remission
C94.42	Diagnosis	ICD-10-CM	Acute panmyelosis with myelofibrosis, in relapse
C94.6	Diagnosis	ICD-10-CM	Myelodysplastic disease, not classified
C94.80	Diagnosis	ICD-10-CM	Other specified leukemias not having achieved remission
C94.81	Diagnosis	ICD-10-CM	Other specified leukemias, in remission
C94.82	Diagnosis	ICD-10-CM	Other specified leukemias, in relapse

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
C95.00	Diagnosis	ICD-10-CM	Acute leukemia of unspecified cell type not having achieved remission
C95.01	Diagnosis	ICD-10-CM	Acute leukemia of unspecified cell type, in remission
C95.02	Diagnosis	ICD-10-CM	Acute leukemia of unspecified cell type, in relapse
C95.10	Diagnosis	ICD-10-CM	Chronic leukemia of unspecified cell type not having achieved remission
C95.11	Diagnosis	ICD-10-CM	Chronic leukemia of unspecified cell type, in remission
C95.12	Diagnosis	ICD-10-CM	Chronic leukemia of unspecified cell type, in relapse
C95.90	Diagnosis	ICD-10-CM	Leukemia, unspecified not having achieved remission
C95.91	Diagnosis	ICD-10-CM	Leukemia, unspecified, in remission
C95.92	Diagnosis	ICD-10-CM	Leukemia, unspecified, in relapse
C96.0	Diagnosis	ICD-10-CM	Multifocal and multisystemic (disseminated) Langerhans-cell histiocytosis
C96.20	Diagnosis	ICD-10-CM	Malignant mast cell neoplasm, unspecified
C96.21	Diagnosis	ICD-10-CM	Aggressive systemic mastocytosis
C96.22	Diagnosis	ICD-10-CM	Mast cell sarcoma
C96.29	Diagnosis	ICD-10-CM	Other malignant mast cell neoplasm
C96.4	Diagnosis	ICD-10-CM	Sarcoma of dendritic cells (accessory cells)
C96.9	Diagnosis	ICD-10-CM	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified
C96.A	Diagnosis	ICD-10-CM	Histiocytic sarcoma
C96.Z	Diagnosis	ICD-10-CM	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue
D00.00	Diagnosis	ICD-10-CM	Carcinoma in situ of oral cavity, unspecified site
D00.01	Diagnosis	ICD-10-CM	Carcinoma in situ of labial mucosa and vermilion border
D00.02	Diagnosis	ICD-10-CM	Carcinoma in situ of buccal mucosa
D00.03	Diagnosis	ICD-10-CM	Carcinoma in situ of gingiva and edentulous alveolar ridge
D00.04	Diagnosis	ICD-10-CM	Carcinoma in situ of soft palate
D00.05	Diagnosis	ICD-10-CM	Carcinoma in situ of hard palate
D00.06	Diagnosis	ICD-10-CM	Carcinoma in situ of floor of mouth
D00.07	Diagnosis	ICD-10-CM	Carcinoma in situ of tongue
D00.08	Diagnosis	ICD-10-CM	Carcinoma in situ of pharynx
D00.1	Diagnosis	ICD-10-CM	Carcinoma in situ of esophagus
D00.2	Diagnosis	ICD-10-CM	Carcinoma in situ of stomach
D01.0	Diagnosis	ICD-10-CM	Carcinoma in situ of colon
D01.1	Diagnosis	ICD-10-CM	Carcinoma in situ of rectosigmoid junction
D01.2	Diagnosis	ICD-10-CM	Carcinoma in situ of rectum
D01.3	Diagnosis	ICD-10-CM	Carcinoma in situ of anus and anal canal
D01.40	Diagnosis	ICD-10-CM	Carcinoma in situ of unspecified part of intestine
D01.49	Diagnosis	ICD-10-CM	Carcinoma in situ of other parts of intestine
D01.5	Diagnosis	ICD-10-CM	Carcinoma in situ of liver, gallbladder and bile ducts
D01.7	Diagnosis	ICD-10-CM	Carcinoma in situ of other specified digestive organs
D01.9	Diagnosis	ICD-10-CM	Carcinoma in situ of digestive organ, unspecified
D02.0	Diagnosis	ICD-10-CM	Carcinoma in situ of larynx
D02.1	Diagnosis	ICD-10-CM	Carcinoma in situ of trachea
D02.20	Diagnosis	ICD-10-CM	Carcinoma in situ of unspecified bronchus and lung
D02.21	Diagnosis	ICD-10-CM	Carcinoma in situ of right bronchus and lung

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
D02.22	Diagnosis	ICD-10-CM	Carcinoma in situ of left bronchus and lung
D02.3	Diagnosis	ICD-10-CM	Carcinoma in situ of other parts of respiratory system
D02.4	Diagnosis	ICD-10-CM	Carcinoma in situ of respiratory system, unspecified
D03.0	Diagnosis	ICD-10-CM	Melanoma in situ of lip
D03.10	Diagnosis	ICD-10-CM	Melanoma in situ of unspecified eyelid, including canthus
D03.11	Diagnosis	ICD-10-CM	Melanoma in situ of right eyelid, including canthus
D03.12	Diagnosis	ICD-10-CM	Melanoma in situ of left eyelid, including canthus
D03.20	Diagnosis	ICD-10-CM	Melanoma in situ of unspecified ear and external auricular canal
D03.21	Diagnosis	ICD-10-CM	Melanoma in situ of right ear and external auricular canal
D03.22	Diagnosis	ICD-10-CM	Melanoma in situ of left ear and external auricular canal
D03.30	Diagnosis	ICD-10-CM	Melanoma in situ of unspecified part of face
D03.39	Diagnosis	ICD-10-CM	Melanoma in situ of other parts of face
D03.4	Diagnosis	ICD-10-CM	Melanoma in situ of scalp and neck
D03.51	Diagnosis	ICD-10-CM	Melanoma in situ of anal skin
D03.52	Diagnosis	ICD-10-CM	Melanoma in situ of breast (skin) (soft tissue)
D03.59	Diagnosis	ICD-10-CM	Melanoma in situ of other part of trunk
D03.60	Diagnosis	ICD-10-CM	Melanoma in situ of unspecified upper limb, including shoulder
D03.61	Diagnosis	ICD-10-CM	Melanoma in situ of right upper limb, including shoulder
D03.62	Diagnosis	ICD-10-CM	Melanoma in situ of left upper limb, including shoulder
D03.70	Diagnosis	ICD-10-CM	Melanoma in situ of unspecified lower limb, including hip
D03.71	Diagnosis	ICD-10-CM	Melanoma in situ of right lower limb, including hip
D03.72	Diagnosis	ICD-10-CM	Melanoma in situ of left lower limb, including hip
D03.8	Diagnosis	ICD-10-CM	Melanoma in situ of other sites
D03.9	Diagnosis	ICD-10-CM	Melanoma in situ, unspecified
D04.0	Diagnosis	ICD-10-CM	Carcinoma in situ of skin of lip
D04.10	Diagnosis	ICD-10-CM	Carcinoma in situ of skin of unspecified eyelid, including canthus
D04.11	Diagnosis	ICD-10-CM	Carcinoma in situ of skin of right eyelid, including canthus
D04.12	Diagnosis	ICD-10-CM	Carcinoma in situ of skin of left eyelid, including canthus
D04.20	Diagnosis	ICD-10-CM	Carcinoma in situ of skin of unspecified ear and external auricular canal
D04.21	Diagnosis	ICD-10-CM	Carcinoma in situ of skin of right ear and external auricular canal
D04.22	Diagnosis	ICD-10-CM	Carcinoma in situ of skin of left ear and external auricular canal
D04.30	Diagnosis	ICD-10-CM	Carcinoma in situ of skin of unspecified part of face
D04.39	Diagnosis	ICD-10-CM	Carcinoma in situ of skin of other parts of face
D04.4	Diagnosis	ICD-10-CM	Carcinoma in situ of skin of scalp and neck
D04.5	Diagnosis	ICD-10-CM	Carcinoma in situ of skin of trunk
D04.60	Diagnosis	ICD-10-CM	Carcinoma in situ of skin of unspecified upper limb, including shoulder
D04.61	Diagnosis	ICD-10-CM	Carcinoma in situ of skin of right upper limb, including shoulder
D04.62	Diagnosis	ICD-10-CM	Carcinoma in situ of skin of left upper limb, including shoulder
D04.70	Diagnosis	ICD-10-CM	Carcinoma in situ of skin of unspecified lower limb, including hip
D04.71	Diagnosis	ICD-10-CM	Carcinoma in situ of skin of right lower limb, including hip
D04.72	Diagnosis	ICD-10-CM	Carcinoma in situ of skin of left lower limb, including hip
D04.8	Diagnosis	ICD-10-CM	Carcinoma in situ of skin of other sites

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
D04.9	Diagnosis	ICD-10-CM	Carcinoma in situ of skin, unspecified
D05.00	Diagnosis	ICD-10-CM	Lobular carcinoma in situ of unspecified breast
D05.01	Diagnosis	ICD-10-CM	Lobular carcinoma in situ of right breast
D05.02	Diagnosis	ICD-10-CM	Lobular carcinoma in situ of left breast
D05.10	Diagnosis	ICD-10-CM	Intraductal carcinoma in situ of unspecified breast
D05.11	Diagnosis	ICD-10-CM	Intraductal carcinoma in situ of right breast
D05.12	Diagnosis	ICD-10-CM	Intraductal carcinoma in situ of left breast
D05.80	Diagnosis	ICD-10-CM	Other specified type of carcinoma in situ of unspecified breast
D05.81	Diagnosis	ICD-10-CM	Other specified type of carcinoma in situ of right breast
D05.82	Diagnosis	ICD-10-CM	Other specified type of carcinoma in situ of left breast
D05.90	Diagnosis	ICD-10-CM	Unspecified type of carcinoma in situ of unspecified breast
D05.91	Diagnosis	ICD-10-CM	Unspecified type of carcinoma in situ of right breast
D05.92	Diagnosis	ICD-10-CM	Unspecified type of carcinoma in situ of left breast
D06.0	Diagnosis	ICD-10-CM	Carcinoma in situ of endocervix
D06.1	Diagnosis	ICD-10-CM	Carcinoma in situ of exocervix
D06.7	Diagnosis	ICD-10-CM	Carcinoma in situ of other parts of cervix
D06.9	Diagnosis	ICD-10-CM	Carcinoma in situ of cervix, unspecified
D07.0	Diagnosis	ICD-10-CM	Carcinoma in situ of endometrium
D07.1	Diagnosis	ICD-10-CM	Carcinoma in situ of vulva
D07.2	Diagnosis	ICD-10-CM	Carcinoma in situ of vagina
D07.30	Diagnosis	ICD-10-CM	Carcinoma in situ of unspecified female genital organs
D07.39	Diagnosis	ICD-10-CM	Carcinoma in situ of other female genital organs
D07.4	Diagnosis	ICD-10-CM	Carcinoma in situ of penis
D07.5	Diagnosis	ICD-10-CM	Carcinoma in situ of prostate
D07.60	Diagnosis	ICD-10-CM	Carcinoma in situ of unspecified male genital organs
D07.61	Diagnosis	ICD-10-CM	Carcinoma in situ of scrotum
D07.69	Diagnosis	ICD-10-CM	Carcinoma in situ of other male genital organs
D09.0	Diagnosis	ICD-10-CM	Carcinoma in situ of bladder
D09.10	Diagnosis	ICD-10-CM	Carcinoma in situ of unspecified urinary organ
D09.19	Diagnosis	ICD-10-CM	Carcinoma in situ of other urinary organs
D09.20	Diagnosis	ICD-10-CM	Carcinoma in situ of unspecified eye
D09.21	Diagnosis	ICD-10-CM	Carcinoma in situ of right eye
D09.22	Diagnosis	ICD-10-CM	Carcinoma in situ of left eye
D09.3	Diagnosis	ICD-10-CM	Carcinoma in situ of thyroid and other endocrine glands
D09.8	Diagnosis	ICD-10-CM	Carcinoma in situ of other specified sites
D09.9	Diagnosis	ICD-10-CM	Carcinoma in situ, unspecified
D25.0	Diagnosis	ICD-10-CM	Submucous leiomyoma of uterus
D25.1	Diagnosis	ICD-10-CM	Intramural leiomyoma of uterus
D25.2	Diagnosis	ICD-10-CM	Subserosal leiomyoma of uterus
D25.9	Diagnosis	ICD-10-CM	Leiomyoma of uterus, unspecified
D37.01	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of lip
D37.02	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of tongue

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code		Code	Description
Code	Category	Code Type	Description
D37.030	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of the parotid salivary glands
D37.031	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of the sublingual salivary glands
D37.032	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of the submandibular salivary glands
D37.039	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of the major salivary glands, unspecified
D37.04	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of the minor salivary glands
D37.05	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of pharynx
D37.09	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of other specified sites of the oral cavity
D37.1	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of stomach
D37.2	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of small intestine
D37.3	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of appendix
D37.4	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of colon
D37.5	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of rectum
D37.6	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of liver, gallbladder and bile ducts
D37.8	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of other specified digestive organs
D37.9	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of digestive organ, unspecified
D38.0	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of larynx
D38.1	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of trachea, bronchus and lung
D38.2	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of pleura
D38.3	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of mediastinum
D38.4	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of thymus
D38.5	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of other respiratory organs
D38.6	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of respiratory organ, unspecified
D39.0	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of uterus
D39.10	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of unspecified ovary
D39.11	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of right ovary
D39.12	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of left ovary
D39.2	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of placenta
D39.8	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of other specified female genital organs
D39.9	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of female genital organ, unspecified
D3A.00	Diagnosis	ICD-10-CM	Benign carcinoid tumor of unspecified site
D3A.010	Diagnosis	ICD-10-CM	Benign carcinoid tumor of the duodenum
D3A.011	Diagnosis	ICD-10-CM	Benign carcinoid tumor of the jejunum
D3A.012	Diagnosis	ICD-10-CM	Benign carcinoid tumor of the ileum
D3A.019	Diagnosis	ICD-10-CM	Benign carcinoid tumor of the small intestine, unspecified portion
D3A.020	Diagnosis	ICD-10-CM	Benign carcinoid tumor of the appendix
D3A.021	Diagnosis	ICD-10-CM	Benign carcinoid tumor of the cecum
D3A.022	Diagnosis	ICD-10-CM	Benign carcinoid tumor of the ascending colon
D3A.023	Diagnosis	ICD-10-CM	Benign carcinoid tumor of the transverse colon
D3A.024	Diagnosis	ICD-10-CM	Benign carcinoid tumor of the descending colon
D3A.025	Diagnosis	ICD-10-CM	Benign carcinoid tumor of the sigmoid colon
D3A.026	Diagnosis	ICD-10-CM	Benign carcinoid tumor of the rectum
D3A.029	Diagnosis	ICD-10-CM	Benign carcinoid tumor of the large intestine, unspecified portion

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
D3A.090	Diagnosis	ICD-10-CM	Benign carcinoid tumor of the bronchus and lung
D3A.091	Diagnosis	ICD-10-CM	Benign carcinoid tumor of the thymus
D3A.092	Diagnosis	ICD-10-CM	Benign carcinoid tumor of the stomach
D3A.093	Diagnosis	ICD-10-CM	Benign carcinoid tumor of the kidney
D3A.094	Diagnosis	ICD-10-CM	Benign carcinoid tumor of the foregut, unspecified
D3A.095	Diagnosis	ICD-10-CM	Benign carcinoid tumor of the midgut, unspecified
D3A.096	Diagnosis	ICD-10-CM	Benign carcinoid tumor of the hindgut, unspecified
D3A.098	Diagnosis	ICD-10-CM	Benign carcinoid tumors of other sites
D3A.8	Diagnosis	ICD-10-CM	Other benign neuroendocrine tumors
D40.0	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of prostate
D40.10	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of unspecified testis
D40.11	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of right testis
D40.12	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of left testis
D40.8	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of other specified male genital organs
D40.9	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of male genital organ, unspecified
D41.00	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of unspecified kidney
D41.01	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of right kidney
D41.02	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of left kidney
D41.10	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of unspecified renal pelvis
D41.11	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of right renal pelvis
D41.12	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of left renal pelvis
D41.20	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of unspecified ureter
D41.21	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of right ureter
D41.22	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of left ureter
D41.3	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of urethra
D41.4	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of bladder
D41.8	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of other specified urinary organs
D41.9	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of unspecified urinary organ
D42.0	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of cerebral meninges
D42.1	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of spinal meninges
D42.9	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of meninges, unspecified
D43.0	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of brain, supratentorial
D43.1	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of brain, infratentorial
D43.2	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of brain, unspecified
D43.3	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of cranial nerves
D43.4	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of spinal cord
D43.8	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of other specified parts of central nervous system
D43.9	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of central nervous system, unspecified
D44.0	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of thyroid gland
D44.10	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of unspecified adrenal gland
D44.11	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of right adrenal gland
D44.12	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of left adrenal gland

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
D44.2	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of parathyroid gland
D44.3	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of pituitary gland
D44.4	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of craniopharyngeal duct
D44.5	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of pineal gland
D44.6	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of carotid body
D44.7	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of aortic body and other paraganglia
D44.9	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of unspecified endocrine gland
D45	Diagnosis	ICD-10-CM	Polycythemia vera
D46.0	Diagnosis	ICD-10-CM	Refractory anemia without ring sideroblasts, so stated
D46.1	Diagnosis	ICD-10-CM	Refractory anemia with ring sideroblasts
D46.20	Diagnosis	ICD-10-CM	Refractory anemia with excess of blasts, unspecified
D46.21	Diagnosis	ICD-10-CM	Refractory anemia with excess of blasts 1
D46.22	Diagnosis	ICD-10-CM	Refractory anemia with excess of blasts 2
D46.4	Diagnosis	ICD-10-CM	Refractory anemia, unspecified
D46.9	Diagnosis	ICD-10-CM	Myelodysplastic syndrome, unspecified
D46.A	Diagnosis	ICD-10-CM	Refractory cytopenia with multilineage dysplasia
D46.B	Diagnosis	ICD-10-CM	Refractory cytopenia with multilineage dysplasia and ring sideroblasts
D46.C	Diagnosis	ICD-10-CM	Myelodysplastic syndrome with isolated del(5q) chromosomal abnormality
D46.Z	Diagnosis	ICD-10-CM	Other myelodysplastic syndromes
D47.01	Diagnosis	ICD-10-CM	Cutaneous mastocytosis
D47.02	Diagnosis	ICD-10-CM	Systemic mastocytosis
D47.09	Diagnosis	ICD-10-CM	Other mast cell neoplasms of uncertain behavior
D47.1	Diagnosis	ICD-10-CM	Chronic myeloproliferative disease
D47.3	Diagnosis	ICD-10-CM	Essential (hemorrhagic) thrombocythemia
D47.9	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified
D47.Z1	Diagnosis	ICD-10-CM	Post-transplant lymphoproliferative disorder (PTLD)
D47.Z2	Diagnosis	ICD-10-CM	Castleman disease
D47.29	Diagnosis	ICD-10-CM	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue
D48.0	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of bone and articular cartilage
D48.1	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of connective and other soft tissue
D48.2	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of peripheral nerves and autonomic nervous system
D48.3	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of retroperitoneum
D48.4	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of peritoneum
D48.5	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of skin
D48.60	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of unspecified breast
D48.61	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of right breast
D48.62	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of left breast
D48.7	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of other specified sites
D48.9	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior, unspecified
D49.0	Diagnosis	ICD-10-CM	Neoplasm of unspecified behavior of digestive system

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code		Code		Description
Code	Category	Code Type		
D49.1	Diagnosis	ICD-10-CM	Neoplasm of unspecified behavior of respiratory system	
D49.2	Diagnosis	ICD-10-CM	Neoplasm of unspecified behavior of bone, soft tissue, and skin	
D49.3	Diagnosis	ICD-10-CM	Neoplasm of unspecified behavior of breast	
D49.4	Diagnosis	ICD-10-CM	Neoplasm of unspecified behavior of bladder	
D49.511	Diagnosis	ICD-10-CM	Neoplasm of unspecified behavior of right kidney	
D49.512	Diagnosis	ICD-10-CM	Neoplasm of unspecified behavior of left kidney	
D49.519	Diagnosis	ICD-10-CM	Neoplasm of unspecified behavior of unspecified kidney	
D49.59	Diagnosis	ICD-10-CM	Neoplasm of unspecified behavior of other genitourinary organ	
D49.6	Diagnosis	ICD-10-CM	Neoplasm of unspecified behavior of brain	
D49.7	Diagnosis	ICD-10-CM	Neoplasm of unspecified behavior of endocrine glands and other parts of nervous system	
D49.81	Diagnosis	ICD-10-CM	Neoplasm of unspecified behavior of retina and choroid	
D49.89	Diagnosis	ICD-10-CM	Neoplasm of unspecified behavior of other specified sites	
D49.9	Diagnosis	ICD-10-CM	Neoplasm of unspecified behavior of unspecified site	
Q85.00	Diagnosis	ICD-10-CM	Neurofibromatosis, unspecified	
Q85.01	Diagnosis	ICD-10-CM	Neurofibromatosis, type 1	
Q85.02	Diagnosis	ICD-10-CM	Neurofibromatosis, type 2	
Q85.03	Diagnosis	ICD-10-CM	Schwannomatosis	
Q85.09	Diagnosis	ICD-10-CM	Other neurofibromatosis	
55859	Procedure	CPT-4	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	
55860	Procedure	CPT-4	Exposure of prostate, any approach, for insertion of radioactive substance;	
55862	Procedure	CPT-4	Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	
55865	Procedure	CPT-4	Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	
55875	Procedure	CPT-4	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	
76950	Procedure	CPT-4	Ultrasonic guidance for placement of radiation therapy fields	
76960	Procedure	CPT-4	Ultrasonic guidance for placement of radiation therapy fields, except for B-scan echography	
77280	Procedure	CPT-4	Therapeutic radiology simulation-aided field setting; simple	
77285	Procedure	CPT-4	Therapeutic radiology simulation-aided field setting; intermediate	
77290	Procedure	CPT-4	Therapeutic radiology simulation-aided field setting; complex	
77295	Procedure	CPT-4	3-dimensional radiotherapy plan, including dose-volume histograms	
77299	Procedure	CPT-4	Unlisted procedure, therapeutic radiology clinical treatment planning	
77300	Procedure	CPT-4	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician	

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
77305	Procedure	CPT-4	Teletherapy, isodose plan (whether hand or computer calculated); simple (1 or 2 parallel opposed unmodified ports directed to a single area of interest)
77310	Procedure	CPT-4	Teletherapy, isodose plan (whether hand or computer calculated); intermediate (3 or more treatment ports directed to a single area of interest)
77315	Procedure	CPT-4	Teletherapy, isodose plan (whether hand or computer calculated); complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations)
77321	Procedure	CPT-4	Special teletherapy port plan, particles, hemibody, total body
77326	Procedure	CPT-4	Brachytherapy isodose plan; simple (calculation made from single plane, 1 to 4 sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)
77327	Procedure	CPT-4	Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)
77328	Procedure	CPT-4	Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)
77401	Procedure	CPT-4	Radiation treatment delivery, superficial and/or ortho voltage, per day
77402	Procedure	CPT-4	Radiation treatment delivery, ≥ 1 MeV; simple
77403	Procedure	CPT-4	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV
77404	Procedure	CPT-4	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 MeV
77406	Procedure	CPT-4	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV or greater
77407	Procedure	CPT-4	Radiation treatment delivery, ≥ 1 MeV; intermediate
77408	Procedure	CPT-4	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 6-10 MeV
77409	Procedure	CPT-4	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 11-19 MeV
77411	Procedure	CPT-4	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 20 MeV or greater
77412	Procedure	CPT-4	Radiation treatment delivery, ≥ 1 MeV; complex
77413	Procedure	CPT-4	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 MeV
77414	Procedure	CPT-4	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 MeV
77416	Procedure	CPT-4	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 MeV or greater
77427	Procedure	CPT-4	Radiation treatment management, 5 treatments
77432	Procedure	CPT-4	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)
77469	Procedure	CPT-4	Intraoperative radiation treatment management

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code		Code Category	Code Type	Description
77470	Procedure	CPT-4		Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)
77499	Procedure	CPT-4		Unlisted procedure, therapeutic radiology treatment management
77750	Procedure	CPT-4		Infusion or instillation of radioelement solution (includes 3-month follow-up care)
77761	Procedure	CPT-4		Intracavitary radiation source application; simple
77762	Procedure	CPT-4		Intracavitary radiation source application; intermediate
77763	Procedure	CPT-4		Intracavitary radiation source application; complex
77776	Procedure	CPT-4		Interstitial radiation source application; simple
77777	Procedure	CPT-4		Interstitial radiation source application; intermediate
77778	Procedure	CPT-4		Interstitial radiation source application; complex
77781	Procedure	CPT-4		Remote afterloading high intensity brachytherapy; 1-4 source positions or catheters
77782	Procedure	CPT-4		Remote afterloading high intensity brachytherapy; 5-8 source positions or catheters
77783	Procedure	CPT-4		Remote afterloading high intensity brachytherapy; 9-12 source positions or catheters
77784	Procedure	CPT-4		Remote afterloading high intensity brachytherapy; over 12 source positions or catheters
77785	Procedure	CPT-4		Remote afterloading high dose rate radionuclide brachytherapy; 1 channel
77786	Procedure	CPT-4		Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels
77787	Procedure	CPT-4		Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels
77789	Procedure	CPT-4		Surface application of low dose rate radionuclide source
77799	Procedure	CPT-4		Unlisted procedure, clinical brachytherapy
79005	Procedure	CPT-4		Radiopharmaceutical therapy, by oral administration
79101	Procedure	CPT-4		Radiopharmaceutical therapy, by intravenous administration
79200	Procedure	CPT-4		Radiopharmaceutical therapy, by intracavitary administration
79300	Procedure	CPT-4		Radiopharmaceutical therapy, by interstitial radioactive colloid administration
79400	Procedure	CPT-4		Radiopharmaceutical therapy, nonthyroid, nonhematologic by intervenous injection
79403	Procedure	CPT-4		Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion
79420	Procedure	CPT-4		Intravascular radiopharmaceutical therapy, particulate
79440	Procedure	CPT-4		Radiopharmaceutical therapy, by intra-articular administration
79900	Procedure	CPT-4		Provision of therapeutic radiopharmaceutical(s)
79999	Procedure	CPT-4		Radiopharmaceutical therapy, unlisted procedure
11600	Procedure	CPT-4		Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less
11601	Procedure	CPT-4		Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm
11602	Procedure	CPT-4		Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm
11603	Procedure	CPT-4		Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm
11604	Procedure	CPT-4		Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm
11606	Procedure	CPT-4		Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
11620	Procedure	CPT-4	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
11621	Procedure	CPT-4	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm
11622	Procedure	CPT-4	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm
11623	Procedure	CPT-4	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm
11624	Procedure	CPT-4	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
11626	Procedure	CPT-4	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
11640	Procedure	CPT-4	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less
11641	Procedure	CPT-4	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm
11642	Procedure	CPT-4	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm
11643	Procedure	CPT-4	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm
11644	Procedure	CPT-4	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm
11646	Procedure	CPT-4	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm
17260	Procedure	CPT-4	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.5 cm or less
17261	Procedure	CPT-4	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm
17262	Procedure	CPT-4	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm
17263	Procedure	CPT-4	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 2.1 to 3.0 cm
17264	Procedure	CPT-4	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 3.1 to 4.0 cm
17266	Procedure	CPT-4	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter over 4.0 cm
17270	Procedure	CPT-4	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less
17271	Procedure	CPT-4	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
17272	Procedure	CPT-4	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm
17273	Procedure	CPT-4	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 2.1 to 3.0 cm
17274	Procedure	CPT-4	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 3.1 to 4.0 cm
17276	Procedure	CPT-4	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm
17280	Procedure	CPT-4	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
17281	Procedure	CPT-4	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm
17282	Procedure	CPT-4	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm
17283	Procedure	CPT-4	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 2.1 to 3.0 cm
17284	Procedure	CPT-4	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 3.1 to 4.0 cm
17286	Procedure	CPT-4	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 4.0 cm
17304	Procedure	CPT-4	Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation including the first routine stain (eg, hematoxylin and eosin, toluidine blue); first stage, fresh tissue technique, up to 5 specimens
17305	Procedure	CPT-4	Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation including the first routine stain (eg, hematoxylin and eosin, toluidine blue); second stage, fixed or fresh tissue, up to 5 specimens

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
17306	Procedure	CPT-4	Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation including the first routine stain (eg, hematoxylin and eosin, toluidine blue); third stage, fixed or fresh tissue, up to 5 specimens
17307	Procedure	CPT-4	Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation including the first routine stain (eg, hematoxylin and eosin, toluidine blue); additional stage(s), up to 5 specimens, each stage
17310	Procedure	CPT-4	Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation including the first routine stain (eg, hematoxylin and eosin, toluidine blue); each additional specimen, after the first 5 specimens, fixed or fresh tissue, any stage (List separately in addition to code for primary procedure)
17311	Procedure	CPT-4	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks
17312	Procedure	CPT-4	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)
17313	Procedure	CPT-4	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to 5 tissue blocks
17314	Procedure	CPT-4	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
17315	Procedure	CPT-4	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), each additional block after the first 5 tissue blocks, any stage (List separately in addition to code for primary procedure)
Chronic Kidney Disease			
R94.4	Diagnosis	ICD-10-CM	Abnormal results of kidney function studies
N17.1	Diagnosis	ICD-10-CM	Acute kidney failure with acute cortical necrosis
N17.2	Diagnosis	ICD-10-CM	Acute kidney failure with medullary necrosis
N17.0	Diagnosis	ICD-10-CM	Acute kidney failure with tubular necrosis
N17.9	Diagnosis	ICD-10-CM	Acute kidney failure, unspecified
N00.6	Diagnosis	ICD-10-CM	Acute nephritic syndrome with dense deposit disease
N00.7	Diagnosis	ICD-10-CM	Acute nephritic syndrome with diffuse crescentic glomerulonephritis
N00.4	Diagnosis	ICD-10-CM	Acute nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis
N00.2	Diagnosis	ICD-10-CM	Acute nephritic syndrome with diffuse membranous glomerulonephritis
N00.3	Diagnosis	ICD-10-CM	Acute nephritic syndrome with diffuse mesangial proliferative glomerulonephritis
N00.5	Diagnosis	ICD-10-CM	Acute nephritic syndrome with diffuse mesangiocapillary glomerulonephritis
N00.1	Diagnosis	ICD-10-CM	Acute nephritic syndrome with focal and segmental glomerular lesions
N00.0	Diagnosis	ICD-10-CM	Acute nephritic syndrome with minor glomerular abnormality
N00.8	Diagnosis	ICD-10-CM	Acute nephritic syndrome with other morphologic changes
N00.9	Diagnosis	ICD-10-CM	Acute nephritic syndrome with unspecified morphologic changes
N14.0	Diagnosis	ICD-10-CM	Analgesic nephropathy
I72.2	Diagnosis	ICD-10-CM	Aneurysm of renal artery
I70.1	Diagnosis	ICD-10-CM	Atherosclerosis of renal artery
N26.1	Diagnosis	ICD-10-CM	Atrophy of kidney (terminal)
N15.0	Diagnosis	ICD-10-CM	Balkan nephropathy
D30.02	Diagnosis	ICD-10-CM	Benign neoplasm of left kidney
D30.01	Diagnosis	ICD-10-CM	Benign neoplasm of right kidney
D30.00	Diagnosis	ICD-10-CM	Benign neoplasm of unspecified kidney
Q62.32	Diagnosis	ICD-10-CM	Cecoureterocele
N18.1	Diagnosis	ICD-10-CM	Chronic kidney disease, stage 1
N18.2	Diagnosis	ICD-10-CM	Chronic kidney disease, stage 2 (mild)
N18.3	Diagnosis	ICD-10-CM	Chronic kidney disease, stage 3 (moderate)
N18.4	Diagnosis	ICD-10-CM	Chronic kidney disease, stage 4 (severe)
N18.5	Diagnosis	ICD-10-CM	Chronic kidney disease, stage 5
N18.9	Diagnosis	ICD-10-CM	Chronic kidney disease, unspecified
N03.6	Diagnosis	ICD-10-CM	Chronic nephritic syndrome with dense deposit disease
N03.7	Diagnosis	ICD-10-CM	Chronic nephritic syndrome with diffuse crescentic glomerulonephritis
N03.4	Diagnosis	ICD-10-CM	Chronic nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis
N03.2	Diagnosis	ICD-10-CM	Chronic nephritic syndrome with diffuse membranous glomerulonephritis
N03.3	Diagnosis	ICD-10-CM	Chronic nephritic syndrome with diffuse mesangial proliferative glomerulonephritis
N03.5	Diagnosis	ICD-10-CM	Chronic nephritic syndrome with diffuse mesangiocapillary glomerulonephritis

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
N03.1	Diagnosis	ICD-10-CM	Chronic nephritic syndrome with focal and segmental glomerular lesions
N03.0	Diagnosis	ICD-10-CM	Chronic nephritic syndrome with minor glomerular abnormality
N03.8	Diagnosis	ICD-10-CM	Chronic nephritic syndrome with other morphologic changes
N03.9	Diagnosis	ICD-10-CM	Chronic nephritic syndrome with unspecified morphologic changes
Q62.0	Diagnosis	ICD-10-CM	Congenital hydronephrosis
Q62.2	Diagnosis	ICD-10-CM	Congenital megaureter
Q61.02	Diagnosis	ICD-10-CM	Congenital multiple renal cysts
Q62.10	Diagnosis	ICD-10-CM	Congenital occlusion of ureter, unspecified
Q62.11	Diagnosis	ICD-10-CM	Congenital occlusion of ureteropelvic junction
Q62.12	Diagnosis	ICD-10-CM	Congenital occlusion of ureterovesical orifice
Q62.31	Diagnosis	ICD-10-CM	Congenital ureterocele, orthotopic
Q61.11	Diagnosis	ICD-10-CM	Cystic dilatation of collecting ducts
E08.22	Diagnosis	ICD-10-CM	Diabetes mellitus due to underlying condition with diabetic chronic kidney disease
E08.21	Diagnosis	ICD-10-CM	Diabetes mellitus due to underlying condition with diabetic nephropathy
E08.65	Diagnosis	ICD-10-CM	Diabetes mellitus due to underlying condition with hyperglycemia
E08.29	Diagnosis	ICD-10-CM	Diabetes mellitus due to underlying condition with other diabetic kidney complication
N25.9	Diagnosis	ICD-10-CM	Disorder resulting from impaired renal tubular function, unspecified
E09.22	Diagnosis	ICD-10-CM	Drug or chemical induced diabetes mellitus with diabetic chronic kidney disease
E09.21	Diagnosis	ICD-10-CM	Drug or chemical induced diabetes mellitus with diabetic nephropathy
E09.29	Diagnosis	ICD-10-CM	Drug or chemical induced diabetes mellitus with other diabetic kidney complication
N18.6	Diagnosis	ICD-10-CM	End stage renal disease
M32.14	Diagnosis	ICD-10-CM	Glomerular disease in systemic lupus erythematosus
N08	Diagnosis	ICD-10-CM	Glomerular disorders in diseases classified elsewhere
M10.372	Diagnosis	ICD-10-CM	Gout due to renal impairment, left ankle and foot
M10.322	Diagnosis	ICD-10-CM	Gout due to renal impairment, left elbow
M10.342	Diagnosis	ICD-10-CM	Gout due to renal impairment, left hand
M10.352	Diagnosis	ICD-10-CM	Gout due to renal impairment, left hip
M10.362	Diagnosis	ICD-10-CM	Gout due to renal impairment, left knee
M10.312	Diagnosis	ICD-10-CM	Gout due to renal impairment, left shoulder
M10.332	Diagnosis	ICD-10-CM	Gout due to renal impairment, left wrist
M10.39	Diagnosis	ICD-10-CM	Gout due to renal impairment, multiple sites
M10.371	Diagnosis	ICD-10-CM	Gout due to renal impairment, right ankle and foot
M10.321	Diagnosis	ICD-10-CM	Gout due to renal impairment, right elbow
M10.341	Diagnosis	ICD-10-CM	Gout due to renal impairment, right hand
M10.351	Diagnosis	ICD-10-CM	Gout due to renal impairment, right hip
M10.361	Diagnosis	ICD-10-CM	Gout due to renal impairment, right knee
M10.311	Diagnosis	ICD-10-CM	Gout due to renal impairment, right shoulder
M10.331	Diagnosis	ICD-10-CM	Gout due to renal impairment, right wrist
M10.379	Diagnosis	ICD-10-CM	Gout due to renal impairment, unspecified ankle and foot
M10.329	Diagnosis	ICD-10-CM	Gout due to renal impairment, unspecified elbow
M10.349	Diagnosis	ICD-10-CM	Gout due to renal impairment, unspecified hand
M10.359	Diagnosis	ICD-10-CM	Gout due to renal impairment, unspecified hip

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
M10.369	Diagnosis	ICD-10-CM	Gout due to renal impairment, unspecified knee
M10.319	Diagnosis	ICD-10-CM	Gout due to renal impairment, unspecified shoulder
M10.30	Diagnosis	ICD-10-CM	Gout due to renal impairment, unspecified site
M10.339	Diagnosis	ICD-10-CM	Gout due to renal impairment, unspecified wrist
M10.38	Diagnosis	ICD-10-CM	Gout due to renal impairment, vertebrae
D59.3	Diagnosis	ICD-10-CM	Hemolytic-uremic syndrome
K76.7	Diagnosis	ICD-10-CM	Hepatorenal syndrome
N07.6	Diagnosis	ICD-10-CM	Hereditary nephropathy, not elsewhere classified with dense deposit disease
N07.7	Diagnosis	ICD-10-CM	Hereditary nephropathy, not elsewhere classified with diffuse crescentic glomerulonephritis
N07.4	Diagnosis	ICD-10-CM	Hereditary nephropathy, not elsewhere classified with diffuse endocapillary proliferative glomerulonephritis
N07.2	Diagnosis	ICD-10-CM	Hereditary nephropathy, not elsewhere classified with diffuse membranous glomerulonephritis
N07.3	Diagnosis	ICD-10-CM	Hereditary nephropathy, not elsewhere classified with diffuse mesangial proliferative glomerulonephritis
N07.5	Diagnosis	ICD-10-CM	Hereditary nephropathy, not elsewhere classified with diffuse mesangiocapillary glomerulonephritis
N07.1	Diagnosis	ICD-10-CM	Hereditary nephropathy, not elsewhere classified with focal and segmental glomerular lesions
N07.0	Diagnosis	ICD-10-CM	Hereditary nephropathy, not elsewhere classified with minor glomerular abnormality
N07.8	Diagnosis	ICD-10-CM	Hereditary nephropathy, not elsewhere classified with other morphologic lesions
N07.9	Diagnosis	ICD-10-CM	Hereditary nephropathy, not elsewhere classified with unspecified morphologic lesions
N13.2	Diagnosis	ICD-10-CM	Hydronephrosis with renal and ureteral calculus obstruction
N13.1	Diagnosis	ICD-10-CM	Hydronephrosis with ureteral stricture, not elsewhere classified
I12.9	Diagnosis	ICD-10-CM	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I12.0	Diagnosis	ICD-10-CM	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease
I13.0	Diagnosis	ICD-10-CM	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.2	Diagnosis	ICD-10-CM	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease
I13.10	Diagnosis	ICD-10-CM	Hypertensive heart and chronic kidney disease without heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.11	Diagnosis	ICD-10-CM	Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease
N06.6	Diagnosis	ICD-10-CM	Isolated proteinuria with dense deposit disease
N06.7	Diagnosis	ICD-10-CM	Isolated proteinuria with diffuse crescentic glomerulonephritis
N06.4	Diagnosis	ICD-10-CM	Isolated proteinuria with diffuse endocapillary proliferative glomerulonephritis
N06.2	Diagnosis	ICD-10-CM	Isolated proteinuria with diffuse membranous glomerulonephritis
N06.3	Diagnosis	ICD-10-CM	Isolated proteinuria with diffuse mesangial proliferative glomerulonephritis

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code		Code		Description
Code	Category	Code Type		
N06.5	Diagnosis	ICD-10-CM	Isolated proteinuria with diffuse mesangiocapillary glomerulonephritis	
N06.1	Diagnosis	ICD-10-CM	Isolated proteinuria with focal and segmental glomerular lesions	
N06.0	Diagnosis	ICD-10-CM	Isolated proteinuria with minor glomerular abnormality	
N06.8	Diagnosis	ICD-10-CM	Isolated proteinuria with other morphologic lesion	
N06.9	Diagnosis	ICD-10-CM	Isolated proteinuria with unspecified morphologic lesion	
C64.2	Diagnosis	ICD-10-CM	Malignant neoplasm of left kidney, except renal pelvis	
C64.1	Diagnosis	ICD-10-CM	Malignant neoplasm of right kidney, except renal pelvis	
C64.9	Diagnosis	ICD-10-CM	Malignant neoplasm of unspecified kidney, except renal pelvis	
C68.9	Diagnosis	ICD-10-CM	Malignant neoplasm of urinary organ, unspecified	
Q61.5	Diagnosis	ICD-10-CM	Medullary cystic kidney	
D41.02	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of left kidney	
D41.12	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of left renal pelvis	
D41.22	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of left ureter	
D41.01	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of right kidney	
D41.11	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of right renal pelvis	
D41.21	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of right ureter	
D41.00	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of unspecified kidney	
D41.10	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of unspecified renal pelvis	
D41.20	Diagnosis	ICD-10-CM	Neoplasm of uncertain behavior of unspecified ureter	
N25.1	Diagnosis	ICD-10-CM	Nephrogenic diabetes insipidus	
N14.3	Diagnosis	ICD-10-CM	Nephropathy induced by heavy metals	
N14.1	Diagnosis	ICD-10-CM	Nephropathy induced by other drugs, medicaments and biological substances	
N14.2	Diagnosis	ICD-10-CM	Nephropathy induced by unspecified drug, medicament or biological substance	
N04.6	Diagnosis	ICD-10-CM	Nephrotic syndrome with dense deposit disease	
N04.7	Diagnosis	ICD-10-CM	Nephrotic syndrome with diffuse crescentic glomerulonephritis	
N04.4	Diagnosis	ICD-10-CM	Nephrotic syndrome with diffuse endocapillary proliferative glomerulonephritis	
N04.2	Diagnosis	ICD-10-CM	Nephrotic syndrome with diffuse membranous glomerulonephritis	
N04.3	Diagnosis	ICD-10-CM	Nephrotic syndrome with diffuse mesangial proliferative glomerulonephritis	
N04.5	Diagnosis	ICD-10-CM	Nephrotic syndrome with diffuse mesangiocapillary glomerulonephritis	
N04.1	Diagnosis	ICD-10-CM	Nephrotic syndrome with focal and segmental glomerular lesions	
N04.0	Diagnosis	ICD-10-CM	Nephrotic syndrome with minor glomerular abnormality	
N04.8	Diagnosis	ICD-10-CM	Nephrotic syndrome with other morphologic changes	
N04.9	Diagnosis	ICD-10-CM	Nephrotic syndrome with unspecified morphologic changes	
N17.8	Diagnosis	ICD-10-CM	Other acute kidney failure	
Q61.8	Diagnosis	ICD-10-CM	Other cystic kidney diseases	
N25.89	Diagnosis	ICD-10-CM	Other disorders resulting from impaired renal tubular function	
N13.39	Diagnosis	ICD-10-CM	Other hydronephrosis	
Q62.39	Diagnosis	ICD-10-CM	Other obstructive defects of renal pelvis and ureter	
Q61.19	Diagnosis	ICD-10-CM	Other polycystic kidney, infantile type	
E13.22	Diagnosis	ICD-10-CM	Other specified diabetes mellitus with diabetic chronic kidney disease	
E13.21	Diagnosis	ICD-10-CM	Other specified diabetes mellitus with diabetic nephropathy	
E13.29	Diagnosis	ICD-10-CM	Other specified diabetes mellitus with other diabetic kidney complication	

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
E74.8	Diagnosis	ICD-10-CM	Other specified disorders of carbohydrate metabolism
N15.8	Diagnosis	ICD-10-CM	Other specified renal tubulo-interstitial diseases
B52.0	Diagnosis	ICD-10-CM	Plasmodium malariae malaria with nephropathy
Q61.2	Diagnosis	ICD-10-CM	Polycystic kidney, adult type
Q61.3	Diagnosis	ICD-10-CM	Polycystic kidney, unspecified
N01.6	Diagnosis	ICD-10-CM	Rapidly progressive nephritic syndrome with dense deposit disease
N01.7	Diagnosis	ICD-10-CM	Rapidly progressive nephritic syndrome with diffuse crescentic glomerulonephritis
N01.4	Diagnosis	ICD-10-CM	Rapidly progressive nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis
N01.2	Diagnosis	ICD-10-CM	Rapidly progressive nephritic syndrome with diffuse membranous glomerulonephritis
N01.3	Diagnosis	ICD-10-CM	Rapidly progressive nephritic syndrome with diffuse mesangial proliferative glomerulonephritis
N01.5	Diagnosis	ICD-10-CM	Rapidly progressive nephritic syndrome with diffuse mesangiocapillary glomerulonephritis
N01.1	Diagnosis	ICD-10-CM	Rapidly progressive nephritic syndrome with focal and segmental glomerular lesions
N01.0	Diagnosis	ICD-10-CM	Rapidly progressive nephritic syndrome with minor glomerular abnormality
N01.8	Diagnosis	ICD-10-CM	Rapidly progressive nephritic syndrome with other morphologic changes
N01.9	Diagnosis	ICD-10-CM	Rapidly progressive nephritic syndrome with unspecified morphologic changes
N02.6	Diagnosis	ICD-10-CM	Recurrent and persistent hematuria with dense deposit disease
N02.7	Diagnosis	ICD-10-CM	Recurrent and persistent hematuria with diffuse crescentic glomerulonephritis
N02.4	Diagnosis	ICD-10-CM	Recurrent and persistent hematuria with diffuse endocapillary proliferative glomerulonephritis
N02.2	Diagnosis	ICD-10-CM	Recurrent and persistent hematuria with diffuse membranous glomerulonephritis
N02.3	Diagnosis	ICD-10-CM	Recurrent and persistent hematuria with diffuse mesangial proliferative glomerulonephritis
N02.5	Diagnosis	ICD-10-CM	Recurrent and persistent hematuria with diffuse mesangiocapillary glomerulonephritis
N02.1	Diagnosis	ICD-10-CM	Recurrent and persistent hematuria with focal and segmental glomerular lesions
N02.0	Diagnosis	ICD-10-CM	Recurrent and persistent hematuria with minor glomerular abnormality
N02.8	Diagnosis	ICD-10-CM	Recurrent and persistent hematuria with other morphologic changes
N02.9	Diagnosis	ICD-10-CM	Recurrent and persistent hematuria with unspecified morphologic changes
Q61.4	Diagnosis	ICD-10-CM	Renal dysplasia
N25.0	Diagnosis	ICD-10-CM	Renal osteodystrophy
N26.9	Diagnosis	ICD-10-CM	Renal sclerosis, unspecified
N15.9	Diagnosis	ICD-10-CM	Renal tubulo-interstitial disease, unspecified
N16	Diagnosis	ICD-10-CM	Renal tubulo-interstitial disorders in diseases classified elsewhere
N25.81	Diagnosis	ICD-10-CM	Secondary hyperparathyroidism of renal origin
M35.04	Diagnosis	ICD-10-CM	Sjogren syndrome with tubulo-interstitial nephropathy
A52.75	Diagnosis	ICD-10-CM	Syphilis of kidney and ureter
N14.4	Diagnosis	ICD-10-CM	Toxic nephropathy, not elsewhere classified
A18.11	Diagnosis	ICD-10-CM	Tuberculosis of kidney and ureter
M32.15	Diagnosis	ICD-10-CM	Tubulo-interstitial nephropathy in systemic lupus erythematosus
E10.22	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with diabetic chronic kidney disease

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
E10.21	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with diabetic nephropathy
E10.65	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with hyperglycemia
E10.29	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with other diabetic kidney complication
E11.22	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with diabetic chronic kidney disease
E11.21	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with diabetic nephropathy
E11.65	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with hyperglycemia
E11.29	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with other diabetic kidney complication
N13.30	Diagnosis	ICD-10-CM	Unspecified hydronephrosis
N19	Diagnosis	ICD-10-CM	Unspecified kidney failure
N05.6	Diagnosis	ICD-10-CM	Unspecified nephritic syndrome with dense deposit disease
N05.7	Diagnosis	ICD-10-CM	Unspecified nephritic syndrome with diffuse crescentic glomerulonephritis
N05.4	Diagnosis	ICD-10-CM	Unspecified nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis
N05.2	Diagnosis	ICD-10-CM	Unspecified nephritic syndrome with diffuse membranous glomerulonephritis
N05.3	Diagnosis	ICD-10-CM	Unspecified nephritic syndrome with diffuse mesangial proliferative glomerulonephritis
N05.5	Diagnosis	ICD-10-CM	Unspecified nephritic syndrome with diffuse mesangiocapillary glomerulonephritis
N05.1	Diagnosis	ICD-10-CM	Unspecified nephritic syndrome with focal and segmental glomerular lesions
N05.0	Diagnosis	ICD-10-CM	Unspecified nephritic syndrome with minor glomerular abnormality
N05.8	Diagnosis	ICD-10-CM	Unspecified nephritic syndrome with other morphologic changes
N05.9	Diagnosis	ICD-10-CM	Unspecified nephritic syndrome with unspecified morphologic changes
95.4	Diagnosis	ICD-9-CM	Syphilis of kidney
189	Diagnosis	ICD-9-CM	Malignant neoplasm of kidney, except pelvis
189.9	Diagnosis	ICD-9-CM	Malignant neoplasm of urinary organ, site unspecified
223	Diagnosis	ICD-9-CM	Benign neoplasm of kidney, except pelvis
236.91	Diagnosis	ICD-9-CM	Neoplasm of uncertain behavior of kidney and ureter
271.4	Diagnosis	ICD-9-CM	Renal glycosuria
274.1	Diagnosis	ICD-9-CM	Gouty nephropathy, unspecified
283.11	Diagnosis	ICD-9-CM	Hemolytic-uremic syndrome
403	Diagnosis	ICD-9-CM	Hypertensive chronic kidney disease, malignant, with chronic kidney disease stage I through stage IV, or unspecified
403.01	Diagnosis	ICD-9-CM	Hypertensive chronic kidney disease, malignant, with chronic kidney disease stage V or end stage renal disease
403.1	Diagnosis	ICD-9-CM	Hypertensive chronic kidney disease, benign, with chronic kidney disease stage I through stage IV, or unspecified
403.11	Diagnosis	ICD-9-CM	Hypertensive chronic kidney disease, benign, with chronic kidney disease stage V or end stage renal disease
403.9	Diagnosis	ICD-9-CM	Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage I through stage IV, or unspecified
403.91	Diagnosis	ICD-9-CM	Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage V or end stage renal disease
404	Diagnosis	ICD-9-CM	Hypertensive heart and chronic kidney disease, malignant, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
N18.30	Diagnosis	ICD-10-CM	Chronic kidney disease, stage 3 unspecified
N18.31	Diagnosis	ICD-10-CM	Chronic kidney disease, stage 3a
N18.32	Diagnosis	ICD-10-CM	Chronic kidney disease, stage 3b
N00.A	Diagnosis	ICD-10-CM	Acute nephritic syndrome with C3 glomerulonephritis
N03.A	Diagnosis	ICD-10-CM	Chronic nephritic syndrome with C3 glomerulonephritis
404.01	Diagnosis	ICD-9-CM	Hypertensive heart and chronic kidney disease, malignant, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified
404.02	Diagnosis	ICD-9-CM	Hypertensive heart and chronic kidney disease, malignant, without heart failure and with chronic kidney disease stage V or end stage renal disease
404.03	Diagnosis	ICD-9-CM	Hypertensive heart and chronic kidney disease, malignant, with heart failure and with chronic kidney disease stage V or end stage renal disease
404.1	Diagnosis	ICD-9-CM	Hypertensive heart and chronic kidney disease, benign, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified
404.11	Diagnosis	ICD-9-CM	Hypertensive heart and chronic kidney disease, benign, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified
404.12	Diagnosis	ICD-9-CM	Hypertensive heart and chronic kidney disease, benign, without heart failure and with chronic kidney disease stage V or end stage renal disease
404.13	Diagnosis	ICD-9-CM	Hypertensive heart and chronic kidney disease, benign, with heart failure and chronic kidney disease stage V or end stage renal disease
404.9	Diagnosis	ICD-9-CM	Hypertensive heart and chronic kidney disease, unspecified, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified
404.91	Diagnosis	ICD-9-CM	Hypertensive heart and chronic kidney disease, unspecified, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified
404.92	Diagnosis	ICD-9-CM	Hypertensive heart and chronic kidney disease, unspecified, without heart failure and with chronic kidney disease stage V or end stage renal disease
404.93	Diagnosis	ICD-9-CM	Hypertensive heart and chronic kidney disease, unspecified, with heart failure and chronic kidney disease stage V or end stage renal disease
440.1	Diagnosis	ICD-9-CM	Atherosclerosis of renal artery
442.1	Diagnosis	ICD-9-CM	Aneurysm of renal artery
572.4	Diagnosis	ICD-9-CM	Hepatorenal syndrome
581	Diagnosis	ICD-9-CM	Nephrotic syndrome with lesion of proliferative glomerulonephritis
581.1	Diagnosis	ICD-9-CM	Nephrotic syndrome with lesion of membranous glomerulonephritis
581.2	Diagnosis	ICD-9-CM	Nephrotic syndrome with lesion of membranoproliferative glomerulonephritis
581.3	Diagnosis	ICD-9-CM	Nephrotic syndrome with lesion of minimal change glomerulonephritis
581.81	Diagnosis	ICD-9-CM	Nephrotic syndrome with other specified pathological lesion in kidney in diseases classified elsewhere
581.89	Diagnosis	ICD-9-CM	Other nephrotic syndrome with specified pathological lesion in kidney
581.9	Diagnosis	ICD-9-CM	Nephrotic syndrome with unspecified pathological lesion in kidney
582	Diagnosis	ICD-9-CM	Chronic glomerulonephritis with lesion of proliferative glomerulonephritis
582.1	Diagnosis	ICD-9-CM	Chronic glomerulonephritis with lesion of membranous glomerulonephritis
582.2	Diagnosis	ICD-9-CM	Chronic glomerulonephritis with lesion of membranoproliferative glomerulonephritis
582.4	Diagnosis	ICD-9-CM	Chronic glomerulonephritis with lesion of rapidly progressive glomerulonephritis

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
582.81	Diagnosis	ICD-9-CM	Chronic glomerulonephritis with other specified pathological lesion in kidney in diseases classified elsewhere
582.89	Diagnosis	ICD-9-CM	Other chronic glomerulonephritis with specified pathological lesion in kidney
582.9	Diagnosis	ICD-9-CM	Chronic glomerulonephritis with unspecified pathological lesion in kidney
583	Diagnosis	ICD-9-CM	Nephritis and nephropathy, not specified as acute or chronic, with lesion of proliferative glomerulonephritis
583.1	Diagnosis	ICD-9-CM	Nephritis and nephropathy, not specified as acute or chronic, with lesion of membranous glomerulonephritis
583.2	Diagnosis	ICD-9-CM	Nephritis and nephropathy, not specified as acute or chronic, with lesion of
583.4	Diagnosis	ICD-9-CM	membranoproliferative glomerulonephritis
583.6	Diagnosis	ICD-9-CM	Nephritis and nephropathy, not specified as acute or chronic, with lesion of rapidly progressive glomerulonephritis
583.7	Diagnosis	ICD-9-CM	Nephritis and nephropathy, not specified as acute or chronic, with lesion of renal cortical necrosis
583.81	Diagnosis	ICD-9-CM	Nephritis and nephropathy, not specified as acute or chronic, with lesion of renal medullary necrosis
N07.A	Diagnosis	ICD-10-CM	Nephritis and nephropathy, not specified as acute or chronic, with other specified pathological lesion in kidney, in diseases classified elsewhere
583.89	Diagnosis	ICD-9-CM	Hereditary nephropathy, not elsewhere classified with C3 glomerulonephritis
N06.A	Diagnosis	ICD-10-CM	Other nephritis and nephropathy, not specified as acute or chronic, with specified pathological lesion in kidney
583.9	Diagnosis	ICD-9-CM	Isolated proteinuria with C3 glomerulonephritis
N04.A	Diagnosis	ICD-10-CM	Nephritis and nephropathy, not specified as acute or chronic, with unspecified pathological lesion in kidney
N01.A	Diagnosis	ICD-10-CM	Nephrotic syndrome with C3 glomerulonephritis
N02.A	Diagnosis	ICD-10-CM	Rapidly progressive nephritic syndrome with C3 glomerulonephritis
N05.A	Diagnosis	ICD-10-CM	Recurrent and persistent hematuria with C3 glomerulonephritis
N17	Diagnosis	ICD-10-CM	Unspecified nephritic syndrome with C3 glomerulonephritis
N18	Diagnosis	ICD-10-CM	Acute kidney failure
I12	Diagnosis	ICD-10-CM	Chronic kidney disease (CKD)
I13	Diagnosis	ICD-10-CM	Hypertensive chronic kidney disease
I13.1	Diagnosis	ICD-10-CM	Hypertensive heart and chronic kidney disease
584.5	Diagnosis	ICD-9-CM	Hypertensive heart and chronic kidney disease without heart failure
584.6	Diagnosis	ICD-9-CM	Acute kidney failure with lesion of tubular necrosis
584.7	Diagnosis	ICD-9-CM	Acute kidney failure with lesion of renal cortical necrosis
584.8	Diagnosis	ICD-9-CM	Acute kidney failure with lesion of medullary [papillary] necrosis
584.9	Diagnosis	ICD-9-CM	Acute kidney failure with other specified pathological lesion in kidney
585.1	Diagnosis	ICD-9-CM	Acute kidney failure, unspecified
585.2	Diagnosis	ICD-9-CM	Chronic kidney disease, Stage I
585.3	Diagnosis	ICD-9-CM	Chronic kidney disease, Stage II (mild)
585.4	Diagnosis	ICD-9-CM	Chronic kidney disease, Stage III (moderate)
			Chronic kidney disease, Stage IV (severe)

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
585.5	Diagnosis	ICD-9-CM	Chronic kidney disease, Stage V
585.6	Diagnosis	ICD-9-CM	End stage renal disease
585.9	Diagnosis	ICD-9-CM	Chronic kidney disease, unspecified
586	Diagnosis	ICD-9-CM	Unspecified renal failure
587	Diagnosis	ICD-9-CM	Unspecified renal sclerosis
588	Diagnosis	ICD-9-CM	Renal osteodystrophy
588.1	Diagnosis	ICD-9-CM	Nephrogenic diabetes insipidus
588.81	Diagnosis	ICD-9-CM	Secondary hyperparathyroidism (of renal origin)
588.89	Diagnosis	ICD-9-CM	Other specified disorders resulting from impaired renal function
588.9	Diagnosis	ICD-9-CM	Unspecified disorder resulting from impaired renal function
591	Diagnosis	ICD-9-CM	Hydronephrosis
753.12	Diagnosis	ICD-9-CM	Congenital polycystic kidney, unspecified type
753.13	Diagnosis	ICD-9-CM	Congenital polycystic kidney, autosomal dominant
753.14	Diagnosis	ICD-9-CM	Congenital polycystic kidney, autosomal recessive
753.15	Diagnosis	ICD-9-CM	Congenital renal dysplasia
753.16	Diagnosis	ICD-9-CM	Congenital medullary cystic kidney
753.17	Diagnosis	ICD-9-CM	Congenital medullary sponge kidney
753.19	Diagnosis	ICD-9-CM	Other specified congenital cystic kidney disease
753.2	Diagnosis	ICD-9-CM	Unspecified obstructive defect of renal pelvis and ureter
794.4	Diagnosis	ICD-9-CM	Nonspecific abnormal results of kidney function study
16	Diagnosis	ICD-9-CM	Tuberculosis of kidney
274.1	Diagnosis	ICD-9-CM	Gouty nephropathy
403	Diagnosis	ICD-9-CM	Hypertensive chronic kidney disease
404	Diagnosis	ICD-9-CM	Hypertensive heart and chronic kidney disease
581	Diagnosis	ICD-9-CM	Nephrotic syndrome
581.8	Diagnosis	ICD-9-CM	Nephrotic syndrome with other specified pathological lesion in kidney
582	Diagnosis	ICD-9-CM	Chronic glomerulonephritis
582.8	Diagnosis	ICD-9-CM	Chronic glomerulonephritis with other specified pathological lesion in kidney
583	Diagnosis	ICD-9-CM	Nephritis and nephropathy, not specified as acute or chronic
			Nephritis and nephropathy, not specified as acute or chronic, with other specified
583.8	Diagnosis	ICD-9-CM	pathological lesion in kidney
584	Diagnosis	ICD-9-CM	Acute kidney failure
585	Diagnosis	ICD-9-CM	Chronic kidney disease (CKD)
588	Diagnosis	ICD-9-CM	Disorders resulting from impaired renal function
588.8	Diagnosis	ICD-9-CM	Other specified disorder resulting from impaired renal function
753.2	Diagnosis	ICD-9-CM	Congenital obstructive defects of renal pelvis and ureter
16	Diagnosis	ICD-9-CM	Tuberculosis of kidney, confirmation unspecified
16.01	Diagnosis	ICD-9-CM	Tuberculosis of kidney, bacteriological or histological examination not done
16.02	Diagnosis	ICD-9-CM	Tuberculosis of kidney, bacteriological or histological examination unknown (at present)
16.03	Diagnosis	ICD-9-CM	Tuberculosis of kidney, tubercle bacilli found (in sputum) by microscopy
			Tuberculosis of kidney, tubercle bacilli not found (in sputum) by microscopy, but found by
16.04	Diagnosis	ICD-9-CM	bacterial culture

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
16.05	Diagnosis	ICD-9-CM	Tuberculosis of kidney, tubercle bacilli not found by bacteriological examination, but tuberculosis confirmed histologically
16.06	Diagnosis	ICD-9-CM	Tuberculosis of kidney, tubercle bacilli not found by bacteriological or histological examination, but tuberculosis confirmed by other methods [inoculation of animals]
274.19	Diagnosis	ICD-9-CM	Other gouty nephropathy
Short or Rapid Acting Insulin			
S5550	Procedure	HCPCS	Insulin, rapid onset, 5 units
S5551	Procedure	HCPCS	Insulin, most rapid onset (Lispro or Aspart); 5 units
Beta Blockers			
C9482	Procedure	HCPCS	Injection, sotalol HCl, 1 mg
J1800	Procedure	HCPCS	Injection, propranolol HCl, up to 1 mg
Calcium Channel Blockers			
C9248	Procedure	HCPCS	Injection, clevidipine butyrate, 1 mg
Loop Diuretics			
J3265	Procedure	HCPCS	Injection, torsemide, 10 mg/ml
J1940	Procedure	HCPCS	Injection, furosemide, up to 20 mg
S0171	Procedure	HCPCS	Injection, bumetanide, 0.5 mg
Other Diuretics			
C9488	Procedure	HCPCS	Injection, conivaptan HCl, 1 mg
J1120	Procedure	HCPCS	Injection, acetazolamide sodium, up to 500 mg
J1205	Procedure	HCPCS	Injection, chlorothiazide sodium, per 500 mg
J2150	Procedure	HCPCS	Injection, mannitol, 25% in 50 ml
J7665	Procedure	HCPCS	Mannitol, administered through an inhaler, 5 mg
NSAID			
C9059	Procedure	HCPCS	Injection, meloxicam, 1 mg
C9279	Procedure	HCPCS	Injection, ibuprofen, 100 mg
J1130	Procedure	HCPCS	Injection, diclofenac sodium, 0.5 mg
J1738	Procedure	HCPCS	Injection, meloxicam, 1 mg
J1741	Procedure	HCPCS	Injection, ibuprofen, 100 mg
J1885	Procedure	HCPCS	Injection, ketorolac tromethamine, per 15 mg
Angiotension II Receptor Blockers			
250.02	Diagnosis	ICD-9-CM	Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled
250.03	Diagnosis	ICD-9-CM	Diabetes mellitus without mention of complication, type I [juvenile type], uncontrolled
250.1	Diagnosis	ICD-9-CM	Diabetes with ketoacidosis
250.1	Diagnosis	ICD-9-CM	Diabetes with ketoacidosis, type II or unspecified type, not stated as uncontrolled
250.11	Diagnosis	ICD-9-CM	Diabetes with ketoacidosis, type I [juvenile type], not stated as uncontrolled
250.12	Diagnosis	ICD-9-CM	Diabetes with ketoacidosis, type II or unspecified type, uncontrolled
250.13	Diagnosis	ICD-9-CM	Diabetes with ketoacidosis, type I [juvenile type], uncontrolled
250.2	Diagnosis	ICD-9-CM	Diabetes with hyperosmolarity
250.2	Diagnosis	ICD-9-CM	Diabetes with hyperosmolarity, type II or unspecified type, not stated as uncontrolled
250.21	Diagnosis	ICD-9-CM	Diabetes with hyperosmolarity, type I [juvenile type], not stated as uncontrolled

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
250.22	Diagnosis	ICD-9-CM	Diabetes with hyperosmolarity, type II or unspecified type, uncontrolled
250.23	Diagnosis	ICD-9-CM	Diabetes with hyperosmolarity, type I [juvenile type], uncontrolled
250.3	Diagnosis	ICD-9-CM	Diabetes with other coma
250.3	Diagnosis	ICD-9-CM	Diabetes with other coma, type II or unspecified type, not stated as uncontrolled
250.31	Diagnosis	ICD-9-CM	Diabetes with other coma, type I [juvenile type], not stated as uncontrolled
250.32	Diagnosis	ICD-9-CM	Diabetes with other coma, type II or unspecified type, uncontrolled
250.33	Diagnosis	ICD-9-CM	Diabetes with other coma, type I [juvenile type], uncontrolled
E10.10	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with ketoacidosis without coma
E10.11	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with ketoacidosis with coma
E10.641	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with hypoglycemia with coma
E10.65	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with hyperglycemia
E10.69	Diagnosis	ICD-10-CM	Type 1 diabetes mellitus with other specified complication
E11.00	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E11.01	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with hyperosmolarity with coma
E11.10	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with ketoacidosis without coma
E11.11	Diagnosis	ICD-10-CM	Type 2 diabetes mellitus with ketoacidosis with coma
E13.00	Diagnosis	ICD-10-CM	Other specified diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E13.01	Diagnosis	ICD-10-CM	Other specified diabetes mellitus with hyperosmolarity with coma
E13.10	Diagnosis	ICD-10-CM	Other specified diabetes mellitus with ketoacidosis without coma
E13.11	Diagnosis	ICD-10-CM	Other specified diabetes mellitus with ketoacidosis with coma
E13.641	Diagnosis	ICD-10-CM	Other specified diabetes mellitus with hypoglycemia with coma
Smoking			
649	Diagnosis	ICD-9-CM	Tobacco use disorder complicating pregnancy, childbirth, or the puerperium
F17	Diagnosis	ICD-10-CM	Nicotine dependence
F17.2	Diagnosis	ICD-10-CM	Nicotine dependence
F17.20	Diagnosis	ICD-10-CM	Nicotine dependence, unspecified
F17.21	Diagnosis	ICD-10-CM	Nicotine dependence, cigarettes
O99.33	Diagnosis	ICD-10-CM	Tobacco use disorder complicating pregnancy, childbirth, and the puerperium
1034F	Procedure	CPT-2	Current tobacco smoker (CAD, CAP, COPD, PV) (DM)
1035F	Procedure	CPT-2	Current smokeless tobacco user (eg, chew, snuff) (PV)
4000F	Procedure	CPT-2	Tobacco use cessation intervention, counseling (COPD, CAP, CAD, Asthma) (DM) (PV)
4001F	Procedure	CPT-2	Tobacco use cessation intervention, pharmacologic therapy (COPD, CAD, CAP, PV, Asthma) (DM) (PV)
4004F	Procedure	CPT-2	Patient screened for tobacco use and received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user (PV, CAD)
83887	Procedure	CPT-4	Nicotine
S4990	Procedure	HCPCS	Nicotine patches, legend
S4991	Procedure	HCPCS	Nicotine patches, nonlegend
S4995	Procedure	HCPCS	Smoking cessation gum
S9075	Procedure	HCPCS	Smoking cessation treatment

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
S9453	Procedure	HCPCS	Smoking cessation classes, nonphysician provider, per session
649	Diagnosis	ICD-9-CM	Tobacco use disorder complicating pregnancy, childbirth, or the puerperium, unspecified as to episode of care or not applicable
649.01	Diagnosis	ICD-9-CM	Tobacco use disorder complicating pregnancy, childbirth, or the puerperium, delivered, with or without mention of antepartum condition
649.02	Diagnosis	ICD-9-CM	Tobacco use disorder complicating pregnancy, childbirth, or the puerperium, delivered, with mention of postpartum complication
649.03	Diagnosis	ICD-9-CM	Tobacco use disorder complicating pregnancy, childbirth, or the puerperium, antepartum condition or complication
649.04	Diagnosis	ICD-9-CM	Tobacco use disorder complicating pregnancy, childbirth, or the puerperium, postpartum condition or complication
O99.330	Diagnosis	ICD-10-CM	Smoking (tobacco) complicating pregnancy, unspecified trimester
O99.331	Diagnosis	ICD-10-CM	Smoking (tobacco) complicating pregnancy, first trimester
O99.332	Diagnosis	ICD-10-CM	Smoking (tobacco) complicating pregnancy, second trimester
O99.333	Diagnosis	ICD-10-CM	Smoking (tobacco) complicating pregnancy, third trimester
O99.334	Diagnosis	ICD-10-CM	Smoking (tobacco) complicating childbirth
O99.335	Diagnosis	ICD-10-CM	Smoking (tobacco) complicating the puerperium
Z72.0	Diagnosis	ICD-10-CM	Tobacco use
305.1	Diagnosis	ICD-9-CM	Nondependent tobacco use disorder
989.84	Diagnosis	ICD-9-CM	Toxic effect of tobacco
F17.203	Diagnosis	ICD-10-CM	Nicotine dependence unspecified, with withdrawal
F17.208	Diagnosis	ICD-10-CM	Nicotine dependence, unspecified, with other nicotine-induced disorders
F17.209	Diagnosis	ICD-10-CM	Nicotine dependence, unspecified, with unspecified nicotine-induced disorders
F17.213	Diagnosis	ICD-10-CM	Nicotine dependence, cigarettes, with withdrawal
F17.218	Diagnosis	ICD-10-CM	Nicotine dependence, cigarettes, with other nicotine-induced disorders
F17.219	Diagnosis	ICD-10-CM	Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders
F17.223	Diagnosis	ICD-10-CM	Nicotine dependence, chewing tobacco, with withdrawal
F17.228	Diagnosis	ICD-10-CM	Nicotine dependence, chewing tobacco, with other nicotine-induced disorders
F17.229	Diagnosis	ICD-10-CM	Nicotine dependence, chewing tobacco, with unspecified nicotine-induced disorders
F17.293	Diagnosis	ICD-10-CM	Nicotine dependence, other tobacco product, with withdrawal
F17.298	Diagnosis	ICD-10-CM	Nicotine dependence, other tobacco product, with other nicotine-induced disorders
F17.299	Diagnosis	ICD-10-CM	Nicotine dependence, other tobacco product, with unspecified nicotine-induced disorders
T65.211	Diagnosis	ICD-10-CM	Toxic effect of chewing tobacco, accidental (unintentional)
T65.211A	Diagnosis	ICD-10-CM	Toxic effect of chewing tobacco, accidental (unintentional), initial encounter
T65.212	Diagnosis	ICD-10-CM	Toxic effect of chewing tobacco, intentional self-harm
T65.212A	Diagnosis	ICD-10-CM	Toxic effect of chewing tobacco, intentional self-harm, initial encounter
T65.213	Diagnosis	ICD-10-CM	Toxic effect of chewing tobacco, assault
T65.213A	Diagnosis	ICD-10-CM	Toxic effect of chewing tobacco, assault, initial encounter
T65.214	Diagnosis	ICD-10-CM	Toxic effect of chewing tobacco, undetermined
T65.214A	Diagnosis	ICD-10-CM	Toxic effect of chewing tobacco, undetermined, initial encounter
T65.221	Diagnosis	ICD-10-CM	Toxic effect of tobacco cigarettes, accidental (unintentional)

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
T65.221A	Diagnosis	ICD-10-CM	Toxic effect of tobacco cigarettes, accidental (unintentional), initial encounter
T65.222	Diagnosis	ICD-10-CM	Toxic effect of tobacco cigarettes, intentional self-harm
T65.222A	Diagnosis	ICD-10-CM	Toxic effect of tobacco cigarettes, intentional self-harm, initial encounter
T65.223	Diagnosis	ICD-10-CM	Toxic effect of tobacco cigarettes, assault
T65.223A	Diagnosis	ICD-10-CM	Toxic effect of tobacco cigarettes, assault, initial encounter
T65.224	Diagnosis	ICD-10-CM	Toxic effect of tobacco cigarettes, undetermined
T65.224A	Diagnosis	ICD-10-CM	Toxic effect of tobacco cigarettes, undetermined, initial encounter
T65.291	Diagnosis	ICD-10-CM	Toxic effect of other tobacco and nicotine, accidental (unintentional)
T65.291A	Diagnosis	ICD-10-CM	Toxic effect of other tobacco and nicotine, accidental (unintentional), initial encounter
T65.292	Diagnosis	ICD-10-CM	Toxic effect of other tobacco and nicotine, intentional self-harm
T65.292A	Diagnosis	ICD-10-CM	Toxic effect of other tobacco and nicotine, intentional self-harm, initial encounter
T65.293	Diagnosis	ICD-10-CM	Toxic effect of other tobacco and nicotine, assault
T65.293A	Diagnosis	ICD-10-CM	Toxic effect of other tobacco and nicotine, assault, initial encounter
T65.294	Diagnosis	ICD-10-CM	Toxic effect of other tobacco and nicotine, undetermined
T65.294A	Diagnosis	ICD-10-CM	Toxic effect of other tobacco and nicotine, undetermined, initial encounter
99406	Procedure	CPT-4	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
99407	Procedure	CPT-4	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes
C9801	Procedure	HCPCS	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes
C9802	Procedure	HCPCS	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minutes
D1320	Procedure	HCPCS	tobacco counseling for the control and prevention of oral disease
G0375	Procedure	HCPCS	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
G0376	Procedure	HCPCS	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes
G0436	Procedure	HCPCS	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes
G0437	Procedure	HCPCS	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minutes
G8093	Procedure	HCPCS	Newly diagnosed chronic obstructive pulmonary disease (COPD) patient documented to have received smoking cessation intervention, within 3 months of diagnosis
G8094	Procedure	HCPCS	Newly diagnosed chronic obstructive pulmonary disease (COPD) patient not documented to have received smoking cessation intervention, within 3 months of diagnosis
G8402	Procedure	HCPCS	Tobacco (smoke) use cessation intervention, counseling
G8403	Procedure	HCPCS	Tobacco (smoke) use cessation intervention not counseled
G8453	Procedure	HCPCS	Tobacco use cessation intervention, counseling
G8454	Procedure	HCPCS	Tobacco use cessation intervention not counseled, reason not specified
G8455	Procedure	HCPCS	Current tobacco smoker
G8456	Procedure	HCPCS	Current smokeless tobacco user
G8688	Procedure	HCPCS	Currently a smokeless tobacco user (e.g., chew, snuff) and no exposure to secondhand smoke

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code	Code Category	Code Type	Description
G8690	Procedure	HCPCS	Current tobacco smoker or current exposure to secondhand smoke
G8692	Procedure	HCPCS	Current smokeless tobacco user (e.g., chew, snuff) and no exposure to secondhand
G9016	Procedure	HCPCS	Smoking cessation counseling, individual, in the absence of or in addition to any other evaluation and management service, per session (6-10 minutes) [demo project code only]
G9276	Procedure	HCPCS	Documentation that patient is a current tobacco user
			Patient documented as tobacco user and received tobacco cessation intervention (must include at least one of the following: advice given to quit smoking or tobacco use, counseling on the benefits of quitting smoking or tobacco use, assistance with or referral to external smoking or tobacco cessation support programs, or current enrollment in smoking or tobacco use cessation program) if identified as a tobacco user
G9458	Procedure	HCPCS	
F17.200	Diagnosis	ICD-10-CM	Nicotine dependence, unspecified, uncomplicated
F17.201	Diagnosis	ICD-10-CM	Nicotine dependence, unspecified, in remission
F17.210	Diagnosis	ICD-10-CM	Nicotine dependence, cigarettes, uncomplicated
F17.211	Diagnosis	ICD-10-CM	Nicotine dependence, cigarettes, in remission
F17.220	Diagnosis	ICD-10-CM	Nicotine dependence, chewing tobacco, uncomplicated
F17.221	Diagnosis	ICD-10-CM	Nicotine dependence, chewing tobacco, in remission
F17.290	Diagnosis	ICD-10-CM	Nicotine dependence, other tobacco product, uncomplicated
F17.291	Diagnosis	ICD-10-CM	Nicotine dependence, other tobacco product, in remission
Z81.2	Diagnosis	ICD-10-CM	Family history of tobacco abuse and dependence
Z87.891	Diagnosis	ICD-10-CM	Personal history of nicotine dependence
V15.82	Diagnosis	ICD-9-CM	Personal history of tobacco use, presenting hazards to health
44950	Procedure	CPT-4	Appendectomy;
			Appendectomy; when done for indicated purpose at time of other major procedure (not as separate procedure) (List separately in addition to code for primary procedure)
44955	Procedure	CPT-4	
44960	Procedure	CPT-4	Appendectomy; for ruptured appendix with abscess or generalized peritonitis
44970	Procedure	CPT-4	Laparoscopy, surgical, appendectomy
49315	Procedure	CPT-4	LAPAROSCOPY SURGICAL APPENDECTOMY
56315	Procedure	CPT-4	LAP SURG; APPENDECTOMY
47	Procedure	ICD-9-PCS	Appendectomy
47.1	Procedure	ICD-9-PCS	Incidental appendectomy
47.01	Procedure	ICD-9-PCS	Laparoscopic appendectomy
47.11	Procedure	ICD-9-PCS	Laparoscopic incidental appendectomy
47.09	Procedure	ICD-9-PCS	Other appendectomy
47.19	Procedure	ICD-9-PCS	Other incidental appendectomy
90653	Procedure	CPT-4	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use
90663	Procedure	CPT-4	Influenza virus vaccine, pandemic formulation, H1N1
			Influenza virus vaccine (IIV), pandemic formulation, split virus, preservative free, for intramuscular use
90666	Procedure	CPT-4	
			Patient received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period
G2163	Procedure	HCPCS	

Appendix F.1. List of Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedural Coding System (ICD-9-PCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Characteristics in this Request

Code		Code		Description
Code	Category	Code Type		
Q0034	Procedure	HCPCS	Administration of influenza vaccine to Medicare beneficiaries by participating demonstration sites	
Q2033	Procedure	HCPCS	Influenza vaccine, recombinant hemagglutinin antigens, for intramuscular use (Flublok)	
3E01340	Procedure	ICD-10-PCS	Introduction of Influenza Vaccine into Subcutaneous Tissue, Percutaneous Approach	
3E02340	Procedure	ICD-10-PCS	Introduction of Influenza Vaccine into Muscle, Percutaneous Approach	
99.52	Procedure	ICD-9-PCS	Prophylactic vaccination against influenza	

Appendix G. Technical Specifications for this Request (Exposure)

The purpose of the request is to evaluate the incidence rate of inflammatory bowel disease (IBD), Crohn's disease (CD), and ulcerative colitis (UC) among Dipetidyl-peptidase-4 inhibitors (DPP4i), Sodium-glucose Cotransporter-2 Inhibitors (SGLT2i), and Sulfonylureas (SU) users as a feasibility analysis for a effectiveness study comparing DPP4i vs;. SGLT2i and DPP4i vs. SU users.

Query period: 3/29/2013 - 12/31/2022
Coverage requirement: Medical & Drug Coverage
Pre-index enrollment requirement: 365 days
Post-index requirement: 0 days
Post-episode requirement for Type 2 analyses: 0
Enrollment gap: 45 days
Age groups: 18-49, 50-59, 60-69, 70+
Stratifications: Age group, Sex
Follow-up time categorization: 0-364, 365-1094, 1095-1824, 1825+
Envelope macro: No reclassification
Features: Follow-up time table
Freeze data: Yes
Notes: Default stockpiling specifications will be used; stockpiling will be done by generic name only

Drug/Exposure

Scenario	Index Exposure	Code Details (type, days supply, etc.)	Care Setting	Washout (days)	Forced supply to attach to codes	Cohort definition	Prevalent cohort creation?	Exposure episode gap	Exposure extension period	Minimum episode duration	Minimum days supplied	Maximum episode duration	Minimum Dispensings	Minimum Days Between Dispensings	Create Baseline Table?	Censor treatment episode at evidence of:
1	DPP4i (excluding DPP4i/SGLT-2i combination medications)	Dispensings (Dispensings table only), native days supply	Any	ever	N/A	01	No	30 days	30 days	1 day	1 day	N/A	2	1	Yes	Death, Disenrollment, DP end date, Event, SGLT-2i
2	SGLT2i (excluding DPP4i/SGLT-2i combination medications)	Dispensings (Dispensings table only), native days supply	Any	ever	N/A	01	No	30 days	30 days	N/A	N/A	N/A	2	1	Yes	Death, Disenrollment, DP end date, Event, DPP-4i
3	DPP4i (excluding DPP4i/SGLT-2i combination medications)	Dispensings (Dispensings table only), native days supply	Any	ever	N/A	01	No	30 days	30 days	1 day	1 day	N/A	2	1	Yes	Death, Disenrollment, DP end date, Event, SGLT-2i

Drug/Exposure																
Scenario	Index Exposure	Code Details (type, days supply, etc.)	Care Setting	Washout (days)	Forced supply to attach to codes	Cohort definition	Prevalent cohort creation?	Exposure episode gap	Exposure extension period	Minimum episode duration	Minimum days supplied	Maximum episode duration	Minimum Dispensings	Minimum Days Between Dispensings	Create Baseline Table?	Censor treatment episode at evidence of:
4	SGLT2i (excluding DPP4i/SGLT-2i combination medications)	Dispensings (Dispensings table only), native days supply	Any	ever	N/A	01	No	30 days	30 days	N/A	N/A	N/A	2	1	Yes	Death, Disenrollment, DP end date, Event, DPP-4i
5	DPP4i (excluding DPP4i/SGLT-2i combination medications)	Dispensings (Dispensings table only), native days supply	Any	ever	N/A	01	No	30 days	30 days	1 day	1 day	N/A	2	1	Yes	Death, Disenrollment, DP end date, Event, SGLT-2i
6	SGLT2i (excluding DPP4i/SGLT-2i combination medications)	Dispensings (Dispensings table only), native days supply	Any	ever	N/A	01	No	30 days	30 days	N/A	N/A	N/A	2	1	Yes	Death, Disenrollment, DP end date, Event, DPP-4i
7	DPP4i (excluding DPP4i/SGLT-2i combination medications)	Dispensings (Dispensings table only), native days supply	Any	ever	N/A	01	No	30 days	30 days	1 day	1 day	N/A	2	1	Yes	Death, Disenrollment, DP end date, Event, SGLT-2i
8	SGLT2i (excluding DPP4i/SGLT-2i combination medications)	Dispensings (Dispensings table only), native days supply	Any	ever	N/A	01	No	30 days	30 days	N/A	N/A	N/A	2	1	Yes	Death, Disenrollment, DP end date, Event, DPP-4i
9	DPP4i (excluding DPP4i/SGLT-2i combination medications)	Dispensings (Dispensings table only), native days supply	Any	ever	N/A	01	No	30 days	30 days	1 day	1 day	N/A	2	1	Yes	Death, Disenrollment, DP end date, Event, SGLT-2i

Drug/Exposure																
Scenario	Index Exposure	Code Details (type, days supply, etc.)	Care Setting	Washout (days)	Forced supply to attach codes	Cohort definition	Prevalent cohort creation?	Exposure episode gap	Exposure extension period	Minimum episode duration	Minimum days supplied	Maximum episode duration	Minimum Dispensings	Minimum Days Between Dispensings	Create Baseline Table?	Censor treatment episode at evidence of:
10	SGLT2i (excluding DPP4i/SGLT-2i combination medications)	Dispensings (Dispensings table only), native days supply	Any	ever	N/A	01	No	30 days	30 days	N/A	N/A	N/A	2	1	Yes	Death, Disenrollment, DP end date, Event, DPP-4i
11	DPP4i (excluding DPP4i/SGLT-2i combination medications)	Dispensings (Dispensings table only), native days supply	Any	ever	N/A	01	No	30 days	30 days	1 day	1 day	N/A	2	1	Yes	Death, Disenrollment, DP end date, Event, SGLT-2i
12	SGLT2i (excluding DPP4i/SGLT-2i combination medications)	Dispensings (Dispensings table only), native days supply	Any	ever	N/A	01	No	30 days	30 days	N/A	N/A	N/A	2	1	Yes	Death, Disenrollment, DP end date, Event, DPP-4i
13	DPP4i (excluding DPP4i/SGLT-2i combination medications)	Dispensings (Dispensings table only), native days supply	Any	ever	N/A	01	No	30 days	30 days	1 day	1 day	N/A	2	1	Yes	Death, Disenrollment, DP end date, Event, SGLT-2i
14	SGLT2i (excluding DPP4i/SGLT-2i combination medications)	Dispensings (Dispensings table only), native days supply	Any	ever	N/A	01	No	30 days	30 days	N/A	N/A	N/A	2	1	Yes	Death, Disenrollment, DP end date, Event, DPP-4i
15	DPP4i (excluding DPP4i/SGLT-2i combination medications)	Dispensings (Dispensings table only), native days supply	Any	ever	N/A	01	No	30 days	30 days	1 day	1 day	N/A	2	1	Yes	Death, Disenrollment, DP end date, Event, SGLT-2i

Drug/Exposure																
Scenario	Index Exposure	Code Details (type, days supply, etc.)	Care Setting	Washout (days)	Forced supply to attach to codes	Cohort definition	Prevalent cohort creation?	Exposure episode gap	Exposure extension period	Minimum episode duration	Minimum days supplied	Maximum episode duration	Minimum Dispensings	Minimum Days Between Dispensings	Create Baseline Table?	Censor treatment episode at evidence of:
16	SGLT2i (excluding DPP4i/SGLT-2i combination medications)	Dispensings (Dispensings table only), native days supply	Any	ever	N/A	01	No	30 days	30 days	N/A	N/A	N/A	2	1	Yes	Death, Disenrollment, DP end date, Event, DPP-4i
17	DPP4i (excluding DPP4i/SGLT-2i combination medications)	Dispensings (Dispensings table only), native days supply	Any	ever	N/A	01	No	30 days	30 days	1 day	1 day	N/A	2	Death, Disenrollment, DP end date, Event, DPP-4i	Yes	Death, Disenrollment, DP end date, Event, SGLT-2i
18	SGLT2i (excluding DPP4i/SGLT-2i combination medications)	Dispensings (Dispensings table only), native days supply	Any	ever	N/A	01	No	30 days	30 days	N/A	N/A	N/A	2	1	Yes	Death, Disenrollment, DP end date, Event, DPP-4i
19	DPP4i (excluding DPP4i/SGLT-2i combination medications)	Dispensings (Dispensings table only), native days supply	Any	ever	N/A	01	No	30 days	30 days	1 day	1 day	N/A	2	1	Yes	Death, Disenrollment, DP end date, Event, SGLT-2i
20	SGLT2i (excluding DPP4i/SGLT-2i combination medications)	Dispensings (Dispensings table only), native days supply	Any	ever	N/A	01	No	30 days	30 days	N/A	N/A	N/A	2	1	Yes	Death, Disenrollment, DP end date, Event, DPP-4i
21	DPP4i (excluding DPP4i/SGLT-2i combination medications)	Dispensings (Dispensings table only), native days supply	Any	ever	N/A	01	No	30 days	30 days	1 day	1 day	N/A	2	1	Yes	Death, Disenrollment, DP end date, Event, SGLT-2i

Drug/Exposure																
Scenario	Index Exposure	Code Details (type, days supply, etc.)	Care Setting	Washout (days)	Forced supply to attach codes	Cohort definition	Prevalent cohort creation?	Exposure episode gap	Exposure extension period	Minimum episode duration	Minimum days supplied	Maximum episode duration	Minimum Dispensings	Minimum Days Between Dispensings	Create Baseline Table?	Censor treatment episode at evidence of:
22	SGLT2i (excluding DPP4i/SGLT-2i combination medications)	Dispensings (Dispensings table only), native days supply	Any	ever	N/A	01	No	30 days	30 days	N/A	N/A	N/A	2	1	Yes	Death, Disenrollment, DP end date, Event, DPP-4i
23	DPP4i (excluding DPP4i/SGLT-2i combination medications)	Dispensings (Dispensings table only), native days supply	Any	ever	N/A	01	No	30 days	30 days	1 day	1 day	N/A	2	1	Yes	Death, Disenrollment, DP end date, Event, SGLT-2i
24	SGLT2i (excluding DPP4i/SGLT-2i combination medications)	Dispensings (Dispensings table only), native days supply	Any	ever	N/A	01	No	30 days	30 days	N/A	N/A	N/A	2	1	Yes	Death, Disenrollment, DP end date, Event, DPP-4i
ICD-9, ICD-10, HCPCS, and CPT codes are provided by Optum360. NDC codes are checked against First Data Bank's FDB MedKnowledge®.																

Appendix G. Technical Specifications for this Request (Inclusion/Exclusion)

The purpose of the request is to evaluate the incidence rate of inflammatory bowel disease (IBD), Crohn's disease (CD), and ulcerative colitis (UC) among Dipetidyl-peptidase-4 inhibitors (DPP4i), Sodium-glucose Cotransporter-2 Inhibitors (SGLT2i), and Sulfonylureas (SU) users as a feasibility analysis for a effectiveness study comparing DPP4i vs;. SGLT2i and DPP4i vs. SU users.

Query period: 3/29/2013 - 12/31/2022
Coverage requirement: Medical & Drug Coverage
Pre-index enrollment requirement: 365 days
Post-index requirement: 0 days
Post-episode requirement for Type 2 analyses: 0
Enrollment gap: 45 days
Age groups: 18-49, 50-59, 60-69, 70+
Stratifications: Age group, Sex
Follow-up time categorization: 0-364, 365-1094, 1095-1824, 1825+
Envelope macro: No reclassification
Features: Follow-up time table
Freeze data: Yes

Notes: Default stockpiling specifications will be used; stockpiling will be done by generic name only

Inclusion/Exclusion Criteria

Scenario	Inclusion/ Exclusion group	Condition	Code Details (type, days supply, etc.)	Care Setting	Principal diagnosis position	Evaluation period start	Evaluation period end	Exclude evidence of days supply if inclusion/exclusion evaluation period includes dispensings	Number of instances the criteria should be found in evaluation period	Forced supply to attach to dispensings
	Inclusion	Type 2 Diabetes	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Inclusion	Any oral antidiabetic drug	Dispensing (RX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Type 1 Diabetes	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Any IBD, including indeterminate	Diagnosis (DX) codes	Any	N/A	-365	180	No	1	N/A

Inclusion/Exclusion Criteria										
Scenario	Inclusion/ Exclusion group	Condition	Code Details (type, days supply, etc.)	Care Setting	Principal diagnosis position	Evaluation period start	Evaluation period end	Exclude evidence of days supply if inclusion/exclusion evaluation period includes dispensings	Number of instances the criteria should be found in evaluation period	Forced supply to attach to dispensings
1	Exclusion	Any IBD treatment prescription (aminosalicylates, corticosteroid, immunosuppressive/immunoregulatory agents, JAK inhibitor, S1P receptor agonist, anti-TNF, anti-integrin, anti-IL-23/12, tacrolimus)	Dispensing (RX) codes	Any	N/A	-365	180	No	1	N/A
	Exclusion	History of diverticulitis or colitis (ischemic colitis, pseudo-membranous colitis, microscopic colitis, eosinophilic colitis, eosinophilic gastroenteritis, eosinophilic gastritis, eosinophilic enteritis, or unspecified colitis)	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Colectomy, Colostomy, ileostomy	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Receipt of Ostomy Supplies	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Endoscopy (colonoscopy, sigmoidoscopy) under 50 years	Procedure (PX) codes	Any	N/A	Ever in enrollment history	-1	No	1	N/A
	Exclusion	SGLT2i (and combination drugs)	Dispensing (RX) codes	Any	N/A	Ever in enrollment history	0	No	1	N/A
	Inclusion	Type 2 Diabetes	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Inclusion	Any oral antidiabetic drug	Dispensing (RX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Type 1 Diabetes	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Any IBD, including indeterminate	Diagnosis (DX) codes	Any	N/A	-365	180	No	1	N/A

Inclusion/Exclusion Criteria										
Scenario	Inclusion/ Exclusion group	Condition	Code Details (type, days supply, etc.)	Care Setting	Principal diagnosis position	Evaluation period start	Evaluation period end	Exclude evidence of days supply if inclusion/exclusion evaluation period includes dispensings	Number of instances the criteria should be found in evaluation period	Forced supply to attach to dispensings
2	Exclusion	Any IBD treatment prescription (aminosalicylates, corticosteroid, immunosuppressive/immunoregulatory agents, JAK inhibitor, S1P receptor agonist, anti-TNF, anti-integrin, anti-IL-23/12, tacrolimus)	Dispensing (RX) codes	Any	N/A	-365	180	No	1	N/A
	Exclusion	History of diverticulitis or colitis (ischemic colitis, pseudo-membranous colitis, microscopic colitis, eosinophilic colitis, eosinophilic gastroenteritis, eosinophilic gastritis, eosinophilic enteritis, or unspecified colitis)	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Colectomy, Colostomy, ileostomy	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Receipt of Ostomy Supplies	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Endoscopy (colonoscopy, sigmoidoscopy) under 50 years	Procedure (PX) codes	Any	N/A	Ever in enrollment history	-1	No	1	N/A
	Exclusion	DPP4i (and combination drugs)	Dispensing (RX) codes	Any	N/A	Ever in enrollment history	0	No	1	N/A
	Inclusion	Type 2 Diabetes	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Inclusion	Any oral antidiabetic drug	Dispensing (RX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Type 1 Diabetes	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Any IBD, including indeterminate	Diagnosis (DX) codes	Any	N/A	-365	180	No	1	N/A

Inclusion/Exclusion Criteria										
Scenario	Inclusion/ Exclusion group	Condition	Code Details (type, days supply, etc.)	Care Setting	Principal diagnosis position	Evaluation period start	Evaluation period end	Exclude evidence of days supply if inclusion/exclusion evaluation period includes dispensings	Number of instances the criteria should be found in evaluation period	Forced supply to attach to dispensings
3	Exclusion	Any IBD treatment prescription (aminosalicylates, corticosteroid, immunosuppressive/immunoregulatory agents, JAK inhibitor, S1P receptor agonist, anti-TNF, anti-integrin, anti-IL-23/12, tacrolimus)	Dispensing (RX) codes	Any	N/A	-365	180	No	1	N/A
	Exclusion	History of diverticulitis or colitis (ischemic colitis, pseudo-membranous colitis, microscopic colitis, eosinophilic colitis, eosinophilic gastroenteritis, eosinophilic gastritis, eosinophilic enteritis, or unspecified colitis)	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Colectomy, Colostomy, ileostomy	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Receipt of Ostomy Supplies	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Endoscopy (colonoscopy, sigmoidoscopy) under 50 years	Procedure (PX) codes	Any	N/A	Ever in enrollment history	-1	No	1	N/A
	Exclusion	SGLT2i (and combination drugs)	Dispensing (RX) codes	Any	N/A	Ever in enrollment history	0	No	1	N/A
	Inclusion	Type 2 Diabetes	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Inclusion	Any oral antidiabetic drug	Dispensing (RX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Type 1 Diabetes	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Any IBD, including indeterminate	Diagnosis (DX) codes	Any	N/A	-365	180	No	1	N/A

Inclusion/Exclusion Criteria										
Scenario	Inclusion/ Exclusion group	Condition	Code Details (type, days supply, etc.)	Care Setting	Principal diagnosis position	Evaluation period start	Evaluation period end	Exclude evidence of days supply if inclusion/exclusion evaluation period includes dispensings	Number of instances the criteria should be found in evaluation period	Forced supply to attach to dispensings
4	Exclusion	Any IBD treatment prescription (aminosalicylates, corticosteroid, immunosuppressive/immunoregulatory agents, JAK inhibitor, S1P receptor agonist, anti-TNF, anti-integrin, anti-IL-23/12, tacrolimus)	Dispensing (RX) codes	Any	N/A	-365	180	No	1	N/A
	Exclusion	History of diverticulitis or colitis (ischemic colitis, pseudo-membranous colitis, microscopic colitis, eosinophilic colitis, eosinophilic gastroenteritis, eosinophilic gastritis, eosinophilic enteritis, or unspecified colitis)	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Colectomy, Colostomy, ileostomy	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Receipt of Ostomy Supplies	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Endoscopy (colonoscopy, sigmoidoscopy) under 50 years	Procedure (PX) codes	Any	N/A	Ever in enrollment history	-1	No	1	N/A
	Exclusion	DPP4i (and combination drugs)	Dispensing (RX) codes	Any	N/A	Ever in enrollment history	0	No	1	N/A
	Inclusion	Type 2 Diabetes	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Inclusion	Any oral antidiabetic drug	Dispensing (RX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Type 1 Diabetes	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Any IBD, including indeterminate	Diagnosis (DX) codes	Any	N/A	-365	180	No	1	N/A

Inclusion/Exclusion Criteria										
Scenario	Inclusion/ Exclusion group	Condition	Code Details (type, days supply, etc.)	Care Setting	Principal diagnosis position	Evaluation period start	Evaluation period end	Exclude evidence of days supply if inclusion/exclusion evaluation period includes dispensings	Number of instances the criteria should be found in evaluation period	Forced supply to attach to dispensings
5	Exclusion	Any IBD treatment prescription (aminosalicylates, corticosteroid, immunosuppressive/immunoregulatory agents, JAK inhibitor, S1P receptor agonist, anti-TNF, anti-integrin, anti-IL-23/12, tacrolimus)	Dispensing (RX) codes	Any	N/A	-365	180	No	1	N/A
	Exclusion	History of diverticulitis or colitis (ischemic colitis, pseudo-membranous colitis, microscopic colitis, eosinophilic colitis, eosinophilic gastroenteritis, eosinophilic gastritis, eosinophilic enteritis, or unspecified colitis)	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Colectomy, Colostomy, ileostomy	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Receipt of Ostomy Supplies	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Endoscopy (colonoscopy, sigmoidoscopy) under 50 years	Procedure (PX) codes	Any	N/A	Ever in enrollment history	-1	No	1	N/A
	Exclusion	SGLT2i (and combination drugs)	Dispensing (RX) codes	Any	N/A	Ever in enrollment history	0	No	1	N/A
	Inclusion	Type 2 Diabetes	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Inclusion	Any oral antidiabetic drug	Dispensing (RX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Type 1 Diabetes	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Any IBD, including indeterminate	Diagnosis (DX) codes	Any	N/A	-365	180	No	1	N/A

Inclusion/Exclusion Criteria										
Scenario	Inclusion/ Exclusion group	Condition	Code Details (type, days supply, etc.)	Care Setting	Principal diagnosis position	Evaluation period start	Evaluation period end	Exclude evidence of days supply if inclusion/exclusion evaluation period includes dispensings	Number of instances the criteria should be found in evaluation period	Forced supply to attach to dispensings
6	Exclusion	Any IBD treatment prescription (aminosalicylates, corticosteroid, immunosuppressive/immunoregulatory agents, JAK inhibitor, S1P receptor agonist, anti-TNF, anti-integrin, anti-IL-23/12, tacrolimus)	Dispensing (RX) codes	Any	N/A	-365	180	No	1	N/A
	Exclusion	History of diverticulitis or colitis (ischemic colitis, pseudo-membranous colitis, microscopic colitis, eosinophilic colitis, eosinophilic gastroenteritis, eosinophilic gastritis, eosinophilic enteritis, or unspecified colitis)	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Colectomy, Colostomy, ileostomy	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Receipt of Ostomy Supplies	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Endoscopy (colonoscopy, sigmoidoscopy) under 50 years	Procedure (PX) codes	Any	N/A	Ever in enrollment history	-1	No	1	N/A
	Exclusion	DPP4i (and combination drugs)	Dispensing (RX) codes	Any	N/A	Ever in enrollment history	0	No	1	N/A
	Inclusion	Type 2 Diabetes	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Inclusion	Any oral antidiabetic drug	Dispensing (RX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Type 1 Diabetes	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Any IBD, including indeterminate	Diagnosis (DX) codes	Any	N/A	-365	180	No	1	N/A

Inclusion/Exclusion Criteria										
Scenario	Inclusion/ Exclusion group	Condition	Code Details (type, days supply, etc.)	Care Setting	Principal diagnosis position	Evaluation period start	Evaluation period end	Exclude evidence of days supply if inclusion/exclusion evaluation period includes dispensings	Number of instances the criteria should be found in evaluation period	Forced supply to attach to dispensings
7	Exclusion	Any IBD treatment prescription (aminosalicylates, corticosteroid, immunosuppressive/immunoregulatory agents, JAK inhibitor, S1P receptor agonist, anti-TNF, anti-integrin, anti-IL-23/12, tacrolimus)	Dispensing (RX) codes	Any	N/A	-365	180	No	1	N/A
	Exclusion	History of diverticulitis or colitis (ischemic colitis, pseudo-membranous colitis, microscopic colitis, eosinophilic colitis, eosinophilic gastroenteritis, eosinophilic gastritis, eosinophilic enteritis, or unspecified colitis)	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Colectomy, Colostomy, ileostomy	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Receipt of Ostomy Supplies	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Endoscopy (colonoscopy, sigmoidoscopy) under 50 years	Procedure (PX) codes	Any	N/A	Ever in enrollment history	-1	No	1	N/A
	Exclusion	SGLT2i (and combination drugs)	Dispensing (RX) codes	Any	N/A	Ever in enrollment history	0	No	1	N/A
	Inclusion	Type 2 Diabetes	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Inclusion	Any oral antidiabetic drug	Dispensing (RX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Type 1 Diabetes	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Any IBD, including indeterminate	Diagnosis (DX) codes	Any	N/A	-365	180	No	1	N/A

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Scenario	Inclusion/ Exclusion group	Condition	Code Details (type, days supply, etc.)	Care Setting	Principal diagnosis position	Evaluation period start	Evaluation period end	Exclude evidence of days supply if inclusion/exclusion evaluation period includes dispensings	Number of instances the criteria should be found in evaluation period	Forced supply to attach to dispensings
8	Exclusion	Any IBD treatment prescription (aminosalicylates, corticosteroid, immunosuppressive/immunoregulatory agents, JAK inhibitor, S1P receptor agonist, anti-TNF, anti-integrin, anti-IL-23/12, tacrolimus)	Dispensing (RX) codes	Any	N/A	-365	180	No	1	N/A
	Exclusion	History of diverticulitis or colitis (ischemic colitis, pseudo-membranous colitis, microscopic colitis, eosinophilic colitis, eosinophilic gastroenteritis, eosinophilic gastritis, eosinophilic enteritis, or unspecified colitis)	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Colectomy, Colostomy, ileostomy	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Receipt of Ostomy Supplies	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Endoscopy (colonoscopy, sigmoidoscopy) under 50 years	Procedure (PX) codes	Any	N/A	Ever in enrollment history	-1	No	1	N/A
	Exclusion	DPP4i (and combination drugs)	Dispensing (RX) codes	Any	N/A	Ever in enrollment history	0	No	1	N/A
	Inclusion	Type 2 Diabetes	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Inclusion	Any oral antidiabetic drug	Dispensing (RX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Type 1 Diabetes	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Any IBD, including indeterminate	Dispensing (RX) codes	Any	N/A	-365	180	No	1	N/A

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Scenario	Inclusion/ Exclusion group	Condition	Code Details (type, days supply, etc.)	Care Setting	Principal diagnosis position	Evaluation period start	Evaluation period end	Exclude evidence of days supply if inclusion/exclusion evaluation period includes dispensings	Number of instances the criteria should be found in evaluation period	Forced supply to attach to dispensings
9	Exclusion	Any IBD treatment prescription (aminosalicylates, corticosteroid, immunosuppressive/immunoregulatory agents, JAK inhibitor, S1P receptor agonist, anti-TNF, anti-integrin, anti-IL-23/12, tacrolimus)	Dispensing (RX) codes	Any	N/A	-365	180	No	1	N/A
	Exclusion	History of diverticulitis or colitis (ischemic colitis, pseudo-membranous colitis, microscopic colitis, eosinophilic colitis, eosinophilic gastroenteritis, eosinophilic gastritis, eosinophilic enteritis, or unspecified colitis)	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Colectomy, Colostomy, ileostomy	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Receipt of Ostomy Supplies	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Endoscopy (colonoscopy, sigmoidoscopy) under 50 years	Procedure (PX) codes	Any	N/A	Ever in enrollment history	-1	No	1	N/A
	Exclusion	SGLT2i (and combination drugs)	Dispensing (RX) codes	Any	N/A	Ever in enrollment history	0	No	1	N/A
	Inclusion	Type 2 Diabetes	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Inclusion	Any oral antidiabetic drug	Dispensing (RX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Type 1 Diabetes	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Any IBD, including indeterminate	Diagnosis (DX) codes	Any	N/A	-365	180	No	1	N/A

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Scenario	Inclusion/ Exclusion group	Condition	Code Details (type, days supply, etc.)	Care Setting	Principal diagnosis position	Evaluation period start	Evaluation period end	Exclude evidence of days supply if inclusion/exclusion evaluation period includes dispensings	Number of instances the criteria should be found in evaluation period	Forced supply to attach to dispensings
10	Exclusion	Any IBD treatment prescription (aminosalicylates, corticosteroid, immunosuppressive/immunoregulatory agents, JAK inhibitor, S1P receptor agonist, anti-TNF, anti-integrin, anti-IL-23/12, tacrolimus)	Dispensing (RX) codes	Any	N/A	-365	180	No	1	N/A
	Exclusion	History of diverticulitis or colitis (ischemic colitis, pseudo-membranous colitis, microscopic colitis, eosinophilic colitis, eosinophilic gastroenteritis, eosinophilic gastritis, eosinophilic enteritis, or unspecified colitis)	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Colectomy, Colostomy, ileostomy	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Receipt of Ostomy Supplies	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Endoscopy (colonoscopy, sigmoidoscopy) under 50 years	Procedure (PX) codes	Any	N/A	Ever in enrollment history	-1	No	1	N/A
	Exclusion	DPP4i (and combination drugs)	Dispensing (RX) codes	Any	N/A	Ever in enrollment history	0	No	1	N/A
	Inclusion	Type 2 Diabetes	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Inclusion	Any oral antidiabetic drug	Dispensing (RX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Type 1 Diabetes	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Any IBD, including indeterminate	Dispensing (RX) codes	Any	N/A	-365	180	No	1	N/A

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Scenario	Inclusion/ Exclusion group	Condition	Code Details (type, days supply, etc.)	Care Setting	Principal diagnosis position	Evaluation period start	Evaluation period end	Exclude evidence of days supply if inclusion/exclusion evaluation period includes dispensings	Number of instances the criteria should be found in evaluation period	Forced supply to attach to dispensings
11	Exclusion	Any Any IBD treatment prescription (aminosalicylates, corticosteroid, immunosuppressive/immunoregulatory agents, JAK inhibitor, S1P receptor agonist, anti-TNF, anti-integrin, anti-IL-23/12, tacrolimus)	Dispensing (RX) codes	Any	N/A	-365	180	No	1	N/A
	Exclusion	History of diverticulitis or colitis (ischemic colitis, pseudo-membranous colitis, microscopic colitis, eosinophilic colitis, eosinophilic gastroenteritis, eosinophilic gastritis, eosinophilic enteritis, or unspecified colitis)	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Colectomy, Colostomy, ileostomy	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Receipt of Ostomy Supplies	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Endoscopy (colonoscopy, sigmoidoscopy) under 50 years	Procedure (PX) codes	Any	N/A	Ever in enrollment history	-1	No	1	N/A
	Exclusion	SGLT2i (and combination drugs)	Dispensing (RX) codes	Any	N/A	Ever in enrollment history	0	No	1	N/A
	Inclusion	Type 2 Diabetes	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Inclusion	Any oral antidiabetic drug	Dispensing (RX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Type 1 Diabetes	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Any IBD, including indeterminate	Diagnosis (DX) codes	Any	N/A	-365	180	No	1	N/A

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Scenario	Inclusion/ Exclusion group	Condition	Code Details (type, days supply, etc.)	Care Setting	Principal diagnosis position	Evaluation period start	Evaluation period end	Exclude evidence of days supply if inclusion/exclusion evaluation period includes dispensings	Number of instances the criteria should be found in evaluation period	Forced supply to attach to dispensings
12	Exclusion	Any Any IBD treatment prescription (aminosalicylates, corticosteroid, immunosuppressive/immunoregulatory agents, JAK inhibitor, S1P receptor agonist, anti-TNF, anti-integrin, anti-IL-23/12, tacrolimus)	Dispensing (RX) codes	Any	N/A	-365	180	No	1	N/A
	Exclusion	History of diverticulitis or colitis (ischemic colitis, pseudo-membranous colitis, microscopic colitis, eosinophilic colitis, eosinophilic gastroenteritis, eosinophilic gastritis, eosinophilic enteritis, or unspecified colitis)	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Colectomy, Colostomy, ileostomy	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Receipt of Ostomy Supplies	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Endoscopy (colonoscopy, sigmoidoscopy) under 50 years	Procedure (PX) codes	Any	N/A	Ever in enrollment history	-1	No	1	N/A
	Exclusion	DPP4i (and combination drugs)	Dispensing (RX) codes	Any	N/A	Ever in enrollment history	0	No	1	N/A
	Inclusion	Type 2 Diabetes	Dispensing (RX) codes	Any	N/A	-365	-1	No	1	N/A
	Inclusion	Any oral antidiabetic drug	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Type 1 Diabetes	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Any IBD, including indeterminate	Dispensing (RX) codes	Any	N/A	-365	180	No	1	N/A

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Scenario	Inclusion/ Exclusion group	Condition	Code Details (type, days supply, etc.)	Care Setting	Principal diagnosis position	Evaluation period start	Evaluation period end	Exclude evidence of days supply if inclusion/exclusion evaluation period includes dispensings	Number of instances the criteria should be found in evaluation period	Forced supply to attach to dispensings
13	Exclusion	Any IBD treatment prescription (aminosalicylates, corticosteroid, immunosuppressive/immunoregulatory agents, JAK inhibitor, S1P receptor agonist, anti-TNF, anti-integrin, anti-IL-23/12, tacrolimus)	Diagnosis (DX) codes	Any	N/A	-365	180	No	1	N/A
	Exclusion	History of diverticulitis or colitis (ischemic colitis, pseudo-membranous colitis, microscopic colitis, eosinophilic colitis, eosinophilic gastroenteritis, eosinophilic gastritis, eosinophilic enteritis, or unspecified colitis)	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Colectomy, Colostomy, ileostomy	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Receipt of Ostomy Supplies	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Endoscopy (colonoscopy, sigmoidoscopy) under 50 years	Procedure (PX) codes	Any	N/A	Ever in enrollment history	-1	No	1	N/A
	Exclusion	SGLT2i (and combination drugs)	Dispensing (RX) codes	Any	N/A	Ever in enrollment history	0	No	1	N/A
	Inclusion	Type 2 Diabetes	Dispensing (RX) codes	Any	N/A	-365	-1	No	1	N/A
	Inclusion	Any oral antidiabetic drug	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Type 1 Diabetes	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Any IBD, including indeterminate	Dispensing (RX) codes	Any	N/A	-365	180	No	1	N/A

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Scenario	Inclusion/ Exclusion group	Condition	Code Details (type, days supply, etc.)	Care Setting	Principal diagnosis position	Evaluation period start	Evaluation period end	Exclude evidence of days supply if inclusion/exclusion evaluation period includes dispensings	Number of instances the criteria should be found in evaluation period	Forced supply to attach to dispensings
14	Exclusion	Any IBD treatment prescription (aminosalicylates, corticosteroid, immunosuppressive/immunoregulatory agents, JAK inhibitor, S1P receptor agonist, anti-TNF, anti-integrin, anti-IL-23/12, tacrolimus)	Diagnosis (DX) codes	Any	N/A	-365	180	No	1	N/A
	Exclusion	History of diverticulitis or colitis (ischemic colitis, pseudo-membranous colitis, microscopic colitis, eosinophilic colitis, eosinophilic gastroenteritis, eosinophilic gastritis, eosinophilic enteritis, or unspecified colitis)	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Colectomy, Colostomy, ileostomy	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Receipt of Ostomy Supplies	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Endoscopy (colonoscopy, sigmoidoscopy) under 50 years	Procedure (PX) codes	Any	N/A	Ever in enrollment history	-1	No	1	N/A
	Exclusion	DPP4i (and combination drugs)	Dispensing (RX) codes	Any	N/A	Ever in enrollment history	0	No	1	N/A
	Inclusion	Type 2 Diabetes	Dispensing (RX) codes	Any	N/A	-365	-1	No	1	N/A
	Inclusion	Any oral antidiabetic drug	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Type 1 Diabetes	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A

Inclusion/Exclusion Criteria										
Scenario	Inclusion/ Exclusion group	Condition	Code Details (type, days supply, etc.)	Care Setting	Principal diagnosis position	Evaluation period start	Evaluation period end	Exclude evidence of days supply if inclusion/exclusion evaluation period includes dispensings	Number of instances the criteria should be found in evaluation period	Forced supply to attach to dispensings
15	Exclusion	Any IBD, including indeterminate	Dispensing (RX) codes	Any	N/A	-365	180	No	1	N/A
	Exclusion	Any IBD treatment prescription (aminosalicylates, corticosteroid, immunosuppressive/immunoregulatory agents, JAK inhibitor, S1P receptor agonist, anti-TNF, anti- integrin, anti-IL-23/12, tacrolimus)	Diagnosis (DX) codes	Any	N/A	-365	180	No	1	N/A
	Exclusion	History of diverticulitis or colitis (ischemic colitis, pseudo- membranous colitis, microscopic colitis, eosinophilic colitis, eosinophilic gastroenteritis, eosinophilic gastritis, eosinophilic enteritis, or unspecified colitis)	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Colectomy, Colostomy, ileostomy	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Receipt of Ostomy Supplies	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Endoscopy (colonoscopy, sigmoidoscopy) under 50 years	Procedure (PX) codes	Any	N/A	Ever in enrollment history	-1	No	1	N/A
	Exclusion	SGLT2i (and combination drugs)	Dispensing (RX) codes	Any	N/A	Ever in enrollment history	0	No	1	N/A
	Inclusion	Type 2 Diabetes	Dispensing (RX) codes	Any	N/A	-365	-1	No	1	N/A
	Inclusion	Any oral antidiabetic drug	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Type 1 Diabetes	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A

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Scenario	Inclusion/ Exclusion group	Condition	Code Details (type, days supply, etc.)	Care Setting	Principal diagnosis position	Evaluation period start	Evaluation period end	Exclude evidence of days supply if inclusion/exclusion evaluation period includes dispensings	Number of instances the criteria should be found in evaluation period	Forced supply to attach to dispensings
16	Exclusion	Any IBD, including indeterminate	Dispensing (RX) codes	Any	N/A	-365	180	No	1	N/A
	Exclusion	Any IBD treatment prescription (aminosalicylates, corticosteroid, immunosuppressive/immunoregulatory agents, JAK inhibitor, S1P receptor agonist, anti-TNF, anti- integrin, anti-IL-23/12, tacrolimus)	Diagnosis (DX) codes	Any	N/A	-365	180	No	1	N/A
	Exclusion	History of diverticulitis or colitis (ischemic colitis, pseudo- membranous colitis, microscopic colitis, eosinophilic colitis, eosinophilic gastroenteritis, eosinophilic gastritis, eosinophilic enteritis, or unspecified colitis)	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Colectomy, Colostomy, ileostomy	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Receipt of Ostomy Supplies	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Endoscopy (colonoscopy, sigmoidoscopy) under 50 years	Procedure (PX) codes	Any	N/A	Ever in enrollment history	-1	No	1	N/A
	Exclusion	DPP4i (and combination drugs)	Dispensing (RX) codes	Any	N/A	Ever in enrollment history	0	No	1	N/A
	Inclusion	Type 2 Diabetes	Dispensing (RX) codes	Any	N/A	-365	-1	No	1	N/A
	Inclusion	Any oral antidiabetic drug	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Type 1 Diabetes	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A

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Scenario	Inclusion/ Exclusion group	Condition	Code Details (type, days supply, etc.)	Care Setting	Principal diagnosis position	Evaluation period start	Evaluation period end	Exclude evidence of days supply if inclusion/exclusion evaluation period includes dispensings	Number of instances the criteria should be found in evaluation period	Forced supply to attach to dispensings
17	Exclusion	Any IBD, including indeterminate	Dispensing (RX) codes	Any	N/A	-365	180	No	1	N/A
	Exclusion	Any IBD treatment prescription (aminosalicylates, corticosteroid, immunosuppressive/immunoregulatory agents, JAK inhibitor, S1P receptor agonist, anti-TNF, anti- integrin, anti-IL-23/12, tacrolimus)	Diagnosis (DX) codes	Any	N/A	-365	180	No	1	N/A
	Exclusion	History of diverticulitis or colitis (ischemic colitis, pseudo- membranous colitis, microscopic colitis, eosinophilic colitis, eosinophilic gastroenteritis, eosinophilic gastritis, eosinophilic enteritis, or unspecified colitis)	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Colectomy, Colostomy, ileostomy	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Receipt of Ostomy Supplies	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Endoscopy (colonoscopy, sigmoidoscopy) under 50 years	Procedure (PX) codes	Any	N/A	Ever in enrollment history	-1	No	1	N/A
	Exclusion	SGLT2i (and combination drugs)	Dispensing (RX) codes	Any	N/A	Ever in enrollment history	0	No	1	N/A
	Inclusion	Type 2 Diabetes	Dispensing (RX) codes	Any	N/A	-365	-1	No	1	N/A
	Inclusion	Any oral antidiabetic drug	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Type 1 Diabetes	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A

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Scenario	Inclusion/ Exclusion group	Condition	Code Details (type, days supply, etc.)	Care Setting	Principal diagnosis position	Evaluation period start	Evaluation period end	Exclude evidence of days supply if inclusion/exclusion evaluation period includes dispensings	Number of instances the criteria should be found in evaluation period	Forced supply to attach to dispensings
18	Exclusion	Any IBD, including indeterminate	Dispensing (RX) codes	Any	N/A	-365	180	No	1	N/A
	Exclusion	Any IBD treatment prescription (aminosalicylates, corticosteroid, immunosuppressive/immunoregulatory agents, JAK inhibitor, S1P receptor agonist, anti-TNF, anti- integrin, anti-IL-23/12, tacrolimus)	Diagnosis (DX) codes	Any	N/A	-365	180	No	1	N/A
	Exclusion	History of diverticulitis or colitis (ischemic colitis, pseudo- membranous colitis, microscopic colitis, eosinophilic colitis, eosinophilic gastroenteritis, eosinophilic gastritis, eosinophilic enteritis, or unspecified colitis)	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Colectomy, Colostomy, ileostomy	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Receipt of Ostomy Supplies	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Endoscopy (colonoscopy, sigmoidoscopy) under 50 years	Procedure (PX) codes	Any	N/A	Ever in enrollment history	-1	No	1	N/A
	Exclusion	DPP4i (and combination drugs)	Dispensing (RX) codes	Any	N/A	Ever in enrollment history	0	No	1	N/A
	Inclusion	Type 2 Diabetes	Dispensing (RX) codes	Any	N/A	-365	-1	No	1	N/A
	Inclusion	Any oral antidiabetic drug	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Type 1 Diabetes	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A

Inclusion/Exclusion Criteria										
Scenario	Inclusion/ Exclusion group	Condition	Code Details (type, days supply, etc.)	Care Setting	Principal diagnosis position	Evaluation period start	Evaluation period end	Exclude evidence of days supply if inclusion/exclusion evaluation period includes dispensings	Number of instances the criteria should be found in evaluation period	Forced supply to attach to dispensings
19	Exclusion	Any IBD, including indeterminate	Dispensing (RX) codes	Any	N/A	-365	180	No	1	N/A
	Exclusion	Any IBD treatment prescription (aminosalicylates, corticosteroid, immunosuppressive/immunoregulatory agents, JAK inhibitor, S1P receptor agonist, anti-TNF, anti- integrin, anti-IL-23/12, tacrolimus)	Diagnosis (DX) codes	Any	N/A	-365	180	No	1	N/A
	Exclusion	History of diverticulitis or colitis (ischemic colitis, pseudo- membranous colitis, microscopic colitis, eosinophilic colitis, eosinophilic gastroenteritis, eosinophilic gastritis, eosinophilic enteritis, or unspecified colitis)	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Colectomy, Colostomy, ileostomy	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Receipt of Ostomy Supplies	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Endoscopy (colonoscopy, sigmoidoscopy) under 50 years	Procedure (PX) codes	Any	N/A	Ever in enrollment history	-1	No	1	N/A
	Exclusion	SGLT2i (and combination drugs)	Dispensing (RX) codes	Any	N/A	Ever in enrollment history	0	No	1	N/A
	Inclusion	Type 2 Diabetes	Dispensing (RX) codes	Any	N/A	-365	-1	No	1	N/A
	Inclusion	Any oral antidiabetic drug	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Type 1 Diabetes	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A

Inclusion/Exclusion Criteria										
Scenario	Inclusion/ Exclusion group	Condition	Code Details (type, days supply, etc.)	Care Setting	Principal diagnosis position	Evaluation period start	Evaluation period end	Exclude evidence of days supply if inclusion/exclusion evaluation period includes dispensings	Number of instances the criteria should be found in evaluation period	Forced supply to attach to dispensings
20	Exclusion	Any IBD, including indeterminate	Dispensing (RX) codes	Any	N/A	-365	180	No	1	N/A
	Exclusion	Any IBD treatment prescription (aminosalicylates, corticosteroid, immunosuppressive/immunoregulatory agents, JAK inhibitor, S1P receptor agonist, anti-TNF, anti- integrin, anti-IL-23/12, tacrolimus)	Diagnosis (DX) codes	Any	N/A	-365	180	No	1	N/A
	Exclusion	History of diverticulitis or colitis (ischemic colitis, pseudo- membranous colitis, microscopic colitis, eosinophilic colitis, eosinophilic gastroenteritis, eosinophilic gastritis, eosinophilic enteritis, or unspecified colitis)	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Colectomy, Colostomy, ileostomy	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Receipt of Ostomy Supplies	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Endoscopy (colonoscopy, sigmoidoscopy) under 50 years	Procedure (PX) codes	Any	N/A	Ever in enrollment history	-1	No	1	N/A
	Exclusion	DPP4i (and combination drugs)	Dispensing (RX) codes	Any	N/A	Ever in enrollment history	0	No	1	N/A
	Inclusion	Type 2 Diabetes	Dispensing (RX) codes	Any	N/A	-365	-1	No	1	N/A
	Inclusion	Any oral antidiabetic drug	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Type 1 Diabetes	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A

Inclusion/Exclusion Criteria										
Scenario	Inclusion/ Exclusion group	Condition	Code Details (type, days supply, etc.)	Care Setting	Principal diagnosis position	Evaluation period start	Evaluation period end	Exclude evidence of days supply if inclusion/exclusion evaluation period includes dispensings	Number of instances the criteria should be found in evaluation period	Forced supply to attach to dispensings
21	Exclusion	Any IBD, including indeterminate	Dispensing (RX) codes	Any	N/A	-365	180	No	1	N/A
	Exclusion	Any IBD treatment prescription (aminosalicylates, corticosteroid, immunosuppressive/immunoregulatory agents, JAK inhibitor, S1P receptor agonist, anti-TNF, anti- integrin, anti-IL-23/12, tacrolimus)	Diagnosis (DX) codes	Any	N/A	-365	180	No	1	N/A
	Exclusion	History of diverticulitis or colitis (ischemic colitis, pseudo- membranous colitis, microscopic colitis, eosinophilic colitis, eosinophilic gastroenteritis, eosinophilic gastritis, eosinophilic enteritis, or unspecified colitis)	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Colectomy, Colostomy, ileostomy	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Receipt of Ostomy Supplies	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Endoscopy (colonoscopy, sigmoidoscopy) under 50 years	Procedure (PX) codes	Any	N/A	Ever in enrollment history	-1	No	1	N/A
	Exclusion	SGLT2i (and combination drugs)	Dispensing (RX) codes	Any	N/A	Ever in enrollment history	0	No	1	N/A
	Inclusion	Type 2 Diabetes	Dispensing (RX) codes	Any	N/A	-365	-1	No	1	N/A
	Inclusion	Any oral antidiabetic drug	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A

Inclusion/Exclusion Criteria										
Scenario	Inclusion/ Exclusion group	Condition	Code Details (type, days supply, etc.)	Care Setting	Principal diagnosis position	Evaluation period start	Evaluation period end	Exclude evidence of days supply if inclusion/exclusion evaluation period includes dispensings	Number of instances the criteria should be found in evaluation period	Forced supply to attach to dispensings
22	Exclusion	Type 1 Diabetes	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Any IBD, including indeterminate	Dispensing (RX) codes	Any	N/A	-365	180	No	1	N/A
	Exclusion	Any IBD treatment prescription (aminosalicylates, corticosteroid, immunosuppressive/immunoregulatory agents, JAK inhibitor, S1P receptor agonist, anti-TNF, anti- integrin, anti-IL-23/12, tacrolimus)	Diagnosis (DX) codes	Any	N/A	-365	180	No	1	N/A
	Exclusion	History of diverticulitis or colitis (ischemic colitis, pseudo- membranous colitis, microscopic colitis, eosinophilic colitis, eosinophilic gastroenteritis, eosinophilic gastritis, eosinophilic enteritis, or unspecified colitis)	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Colectomy, Colostomy, ileostomy	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Receipt of Ostomy Supplies	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Endoscopy (colonoscopy, sigmoidoscopy) under 50 years	Procedure (PX) codes	Any	N/A	Ever in enrollment history	-1	No	1	N/A
	Exclusion	DPP4i (and combination drugs)	Dispensing (RX) codes	Any	N/A	Ever in enrollment history	0	No	1	N/A
	Inclusion	Type 2 Diabetes	Dispensing (RX) codes	Any	N/A	-365	-1	No	1	N/A
	Inclusion	Any oral antidiabetic drug	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A

Inclusion/Exclusion Criteria										
Scenario	Inclusion/ Exclusion group	Condition	Code Details (type, days supply, etc.)	Care Setting	Principal diagnosis position	Evaluation period start	Evaluation period end	Exclude evidence of days supply if inclusion/exclusion evaluation period includes dispensings	Number of instances the criteria should be found in evaluation period	Forced supply to attach to dispensings
23	Exclusion	Type 1 Diabetes	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Any IBD, including indeterminate	Dispensing (RX) codes	Any	N/A	-365	180	No	1	N/A
	Exclusion	Any IBD treatment prescription (aminosalicylates, corticosteroid, immunosuppressive/immunoregulatory agents, JAK inhibitor, S1P receptor agonist, anti-TNF, anti- integrin, anti-IL-23/12, tacrolimus)	Diagnosis (DX) codes	Any	N/A	-365	180	No	1	N/A
	Exclusion	History of diverticulitis or colitis (ischemic colitis, pseudo- membranous colitis, microscopic colitis, eosinophilic colitis, eosinophilic gastroenteritis, eosinophilic gastritis, eosinophilic enteritis, or unspecified colitis)	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Colectomy, Colostomy, ileostomy	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Receipt of Ostomy Supplies	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Endoscopy (colonoscopy, sigmoidoscopy) under 50 years	Procedure (PX) codes	Any	N/A	Ever in enrollment history	-1	No	1	N/A
	Exclusion	SGLT2i (and combination drugs)	Dispensing (RX) codes	Any	N/A	Ever in enrollment history	0	No	1	N/A
	Inclusion	Type 2 Diabetes	Dispensing (RX) codes	Any	N/A	-365	-1	No	1	N/A
	Inclusion	Any oral antidiabetic drug	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A

Inclusion/Exclusion Criteria										
Scenario	Inclusion/ Exclusion group	Condition	Code Details (type, days supply, etc.)	Care Setting	Principal diagnosis position	Evaluation period start	Evaluation period end	Exclude evidence of days supply if inclusion/exclusion evaluation period includes dispensings	Number of instances the criteria should be found in evaluation period	Forced supply to attach to dispensings
24	Exclusion	Type 1 Diabetes	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Any IBD, including indeterminate	Dispensing (RX) codes	Any	N/A	-365	180	No	1	N/A
	Exclusion	Any IBD treatment prescription (aminosalicylates, corticosteroid, immunosuppressive/immunoregulatory agents, JAK inhibitor, S1P receptor agonist, anti-TNF, anti- integrin, anti-IL-23/12, tacrolimus)	Diagnosis (DX) codes	Any	N/A	-365	180	No	1	N/A
	Exclusion	History of diverticulitis or colitis (ischemic colitis, pseudo- membranous colitis, microscopic colitis, eosinophilic colitis, eosinophilic gastroenteritis, eosinophilic gastritis, eosinophilic enteritis, or unspecified colitis)	Diagnosis (DX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Colectomy, Colostomy, ileostomy	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Receipt of Ostomy Supplies	Procedure (PX) codes	Any	N/A	-365	-1	No	1	N/A
	Exclusion	Endoscopy (colonoscopy, sigmoidoscopy) under 50 years	Procedure (PX) codes	Any	N/A	Ever in enrollment history	-1	No	1	N/A
	Exclusion	DPP4i (and combination drugs)	Dispensing (RX) codes	Any	N/A	Ever in enrollment history	0	No	1	N/A

ICD-9, ICD-10, HCPCS, and CPT codes are provided by Optum360.

NDC codes are checked against First Data Bank's FDB MedKnowledge®.

Appendix G. Technical Specifications for this Request (Event Outcome)

The purpose of the request is to evaluate the incidence rate of inflammatory bowel disease (IBD), Crohn's disease (CD), and ulcerative colitis (UC) among Dipetidyl-peptidase-4 inhibitors (DPP4i), Sodium-glucose Cotransporter-2 Inhibitors (SGLT2i), and Sulfonylureas (SU) users as a feasibility analysis for a effectiveness study comparing DPP4i vs.; SGLT2i and DPP4i vs. SU users.

Query period: 3/29/2013 - 12/31/2022
Coverage requirement: Medical & Drug Coverage
Pre-index enrollment requirement: 365 days
Post-index requirement: 0 days
Post-episode requirement for Type 2 analyses: 0
Enrollment gap: 45 days
Age groups: 18-49, 50-59, 60-69, 70+
Stratifications: Age group, Sex
Follow-up time categorization: 0-364, 365-1094, 1095-1824, 1825+
Envelope macro: No reclassification
Features: Follow-up time table
Freeze data: Yes

Notes: Default stockpiling specifications will be used; stockpiling will be done by generic name only

Event Outcome

Scenario	Event	Code Details (type, days supply, etc.)	Incident event washout period	Incident event with respect to	Care setting	Exclude evidence of days supply if event washout includes dispensings	Event de-duplication	Forced supply to attach to dispensings	Blackout period	Risk Window Interval Start
1	IBD (including indeterminate) with endoscopy and biopsy in 30 days prior to IBD diagnosis	Combo	N/A	N/A	Any	No	De-duplicates occurrences of the same event group on the same day	N/A	0 days	Day 0
2	IBD (including indeterminate) with endoscopy and biopsy in 30 days prior to IBD diagnosis	Combo	N/A	N/A	Any	No	De-duplicates occurrences of the same event group on the same day	N/A	0 days	Day 0

Event Outcome										
Scenario	Event	Code Details (type, days supply, etc.)	Incident event washout period	Incident event with respect to	Care setting	Exclude evidence of days supply if event washout includes dispensings	Event de-duplication	Forced supply to attach to dispensings	Blackout period	Risk Window Interval Start
3	UC with endoscopy and biopsy in 30 days prior to UC diagnosis	Combo	N/A	N/A	Any	No	De-duplicates occurrences of the same event group on the same day	N/A	0 days	Day 0
4	UC with endoscopy and biopsy in 30 days prior to UC diagnosis	Combo	N/A	N/A	Any	No	De-duplicates occurrences of the same event group on the same day	N/A	0 days	Day 0
5	CD with endoscopy and biopsy in 30 days prior to CD diagnosis	Combo	N/A	N/A	Any	No	De-duplicates occurrences of the same event group on the same day	N/A	0 days	Day 0
6	CD with endoscopy and biopsy in 30 days prior to CD diagnosis	Combo	N/A	N/A	Any	No	De-duplicates occurrences of the same event group on the same day	N/A	0 days	Day 0
7	IBD (including indeterminate) with IBD treatment in 30 days after IBD diagnosis	Combo	N/A	N/A	Any	No	De-duplicates occurrences of the same event group on the same day	N/A	0 days	Day 0
8	IBD (including indeterminate) with IBD treatment in 30 days after IBD diagnosis	Combo	N/A	N/A	Any	No	De-duplicates occurrences of the same event group on the same day	N/A	0 days	Day 0
9	UC with IBD treatment in 30 days after UC diagnosis	Combo	N/A	N/A	Any	No	De-duplicates occurrences of the same event group on the same day	N/A	0 days	Day 0

Event Outcome										
Scenario	Event	Code Details (type, days supply, etc.)	Incident event washout period	Incident event with respect to	Care setting	Exclude evidence of days supply if event washout includes dispensings	Event de-duplication	Forced supply to attach to dispensings	Blackout period	Risk Window Interval Start
10	UC with IBD treatment in 30 days after UC diagnosis	Combo	N/A	N/A	Any	No	De-duplicates occurrences of the same event group on the same day	N/A	0 days	Day 0
11	CD with IBD treatment in 30 days after CD diagnosis	Combo	N/A	N/A	Any	No	De-duplicates occurrences of the same event group on the same day	N/A	0 days	Day 0
12	CD with IBD treatment in 30 days after CD diagnosis	Combo	N/A	N/A	Any	No	De-duplicates occurrences of the same event group on the same day	N/A	0 days	Day 0
13	2 IBD (including indeterminate) diagnosis within 90 days	Diagnosis (DX) codes	N/A	N/A	Any	No	De-duplicates occurrences of the same event group on the same day	N/A	0 days	Day 0
14	2 IBD (including indeterminate) diagnosis within 90 days	Diagnosis (DX) codes	N/A	N/A	Any	No	De-duplicates occurrences of the same event group on the same day	N/A	0 days	Day 0
15	2 UC diagnosis within 90 days	Diagnosis (DX) codes	N/A	N/A	Any	No	De-duplicates occurrences of the same event group on the same day	N/A	0 days	Day 0
16	2 UC diagnosis within 90 days	Diagnosis (DX) codes	N/A	N/A	Any	No	De-duplicates occurrences of the same event group on the same day	N/A	0 days	Day 0

Event Outcome										
Scenario	Event	Code Details (type, days supply, etc.)	Incident event washout period	Incident event with respect to	Care setting	Exclude evidence of days supply if event washout includes dispensings	Event de-duplication	Forced supply to attach to dispensings	Blackout period	Risk Window Interval Start
17	2 CD diagnosis within 90 days	Diagnosis (DX) codes	N/A	N/A	Any	No	De-duplicates occurrences of the same event group on the same day	N/A	0 days	Day 0
18	2 CD diagnosis within 90 days	Diagnosis (DX) codes	N/A	N/A	Any	No	De-duplicates occurrences of the same event group on the same day	N/A	0 days	Day 0
19	IBD diagnosis (including indeterminate) AND Endoscopy + Biopsy within 30 days before IBD diagnosis AND Dispensing of IBD treatment within 30 days after IBD diagnosis	Combo	N/A	N/A	Any	No	De-duplicates occurrences of the same event group on the same day	N/A	0 days	Day 0

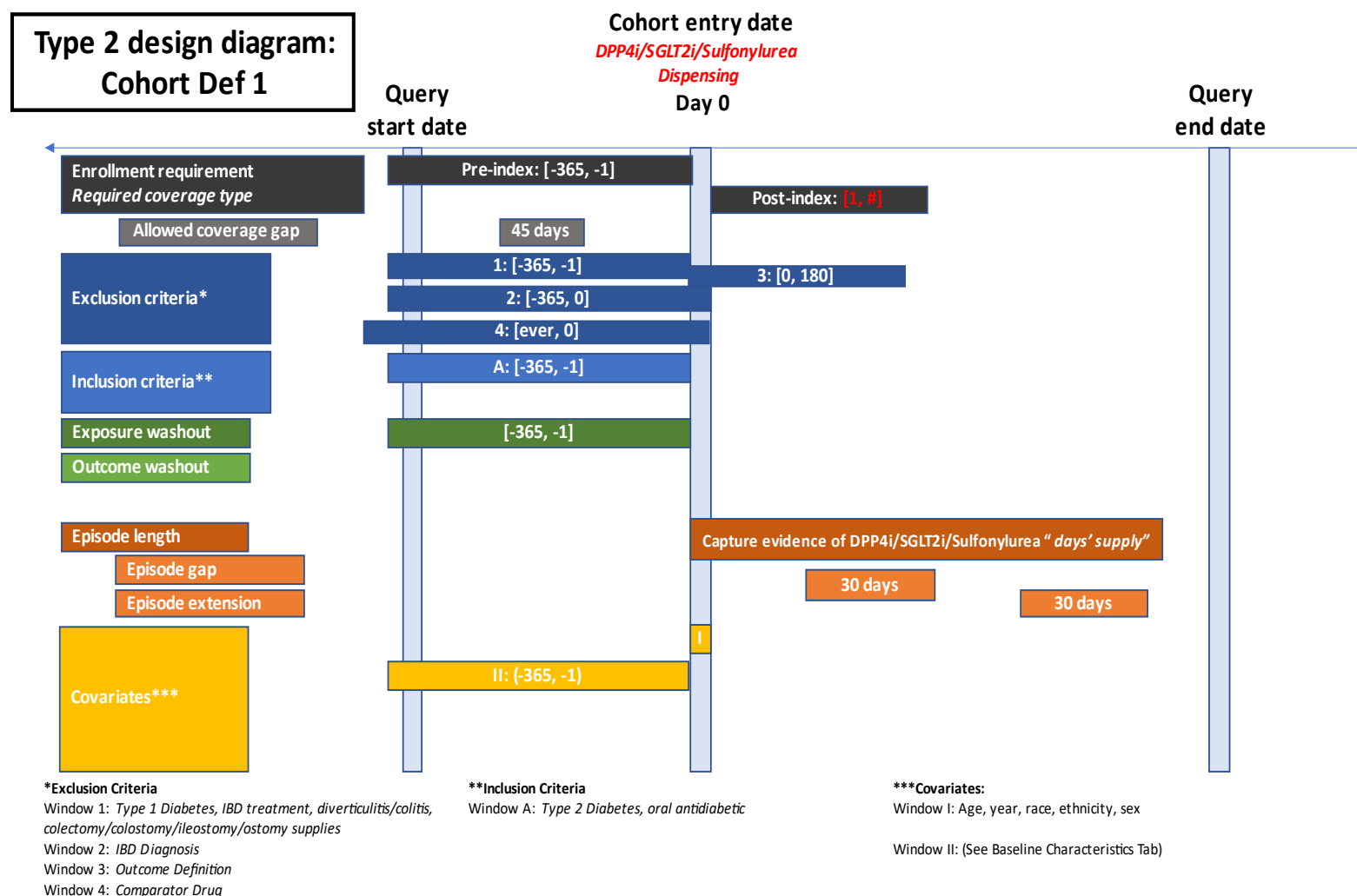
Event Outcome										
Scenario	Event	Code Details (type, days supply, etc.)	Incident event washout period	Incident event with respect to	Care setting	Exclude evidence of days supply if event washout includes dispensings	Event de-duplication	Forced supply to attach to dispensings	Blackout period	Risk Window Interval Start
20	IBD diagnosis (including indeterminate)									
	AND									
	Endoscopy + Biopsy within 30 days before IBD diagnosis	Combo	N/A	N/A	Any	No	De-duplicates occurrences of the same event group on the same day	N/A	0 days	Day 0
	AND									
	Dispensing of IBD treatment within 30 days after IBD diagnosis									
21	UC diagnosis									
	AND									
	Endoscopy + Biopsy within 30 days before UC diagnosis	Combo	N/A	N/A	Any	No	De-duplicates occurrences of the same event group on the same day	N/A	0 days	Day 0
	AND									
	Dispensing of IBD treatment within 30 days after UC diagnosis									

Event Outcome											
Scenario	Event	Code Details (type, days supply, etc.)	Incident event washout period	Incident event with respect to	Care setting	Exclude evidence of days supply if event washout includes dispensings	Event de-duplication	Forced supply to attach to dispensings	Blackout period	Risk Window Interval	Start
22	UC diagnosis										
	AND										
	Endoscopy + Biopsy within 30 days before UC diagnosis	Combo	N/A	N/A	Any	No	De-duplicates occurrences of the same event group on the same day	N/A	0 days	Day 0	
	AND										
	Dispensing of IBD treatment within 30 days after UC diagnosis										
23	CD diagnosis										
	AND										
	Endoscopy + Biopsy within 30 days before CD diagnosis	Combo	N/A	N/A	Any	No	De-duplicates occurrences of the same event group on the same day	N/A	0 days	Day 0	
	AND										
	Dispensing of IBD treatment within 30 days after CD diagnosis										

Event Outcome										
Scenario	Event	Code Details (type, days supply, etc.)	Incident event washout period	Incident event with respect to	Care setting	Exclude evidence of days supply if event washout includes dispensings	Event de-duplication	Forced supply to attach to dispensings	Blackout period	Risk Window Interval Start
24	CD diagnosis									
	AND									
	Endoscopy + Biopsy within 30 days before CD diagnosis	Combo	N/A	N/A	Any	No	De-duplicates occurrences of the same event group on the same day	N/A	0 days	Day 0
	AND									
	Dispensing of IBD treatment within 30 days after CD diagnosis									
ICD-9, ICD-10, HCPCS, and CPT codes are provided by Optum360.										
NDC codes are checked against First Data Bank's FDB MedKnowledge®.										

Appendix H. Design Diagram for this Request

Figure 1. Design Diagram of Cohort Entry Requirements, Index Exposure, and Event Outcome Assessment



Appendix H. Design Diagram for this Request

Figure 2. Inclusion / Exclusion Diagram

